
ASSOCIATION OF GENDER AND TOOTH LOSS DUE TO DENTAL CARIES - A RETROSPECTIVE STUDY

A.ASHWATHA PRATHA¹, ARTHI BALASUBRAMANIAM^{2*}, RAVINDRA KUMAR
JAIN³

¹Saveetha Dental College and Hospitals, Saveetha Institute of Medical and technical sciences (SIMATS)
Saveetha University, Chennai, India

²Senior Lecturer, Department of Public Health Dentistry, Saveetha Dental College and Hospitals, Saveetha
Institute of Medical and technical sciences (SIMATS), Saveetha University, Chennai, India

³Reader, Department of Orthodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and
technical sciences (SIMATS), Saveetha University, Chennai, India

*Corresponding Author

Email: 151501052.sdc@saveetha.com¹, arthib.sdc@saveetha.com², ravindrakumar@saveetha.com³

Abstract: The retention or loss of permanent teeth is of central importance to an individual's oral health status and to qualify for life. Prevalence of tooth loss and dental caries has been documented more among women than in men in many parts of the world. Smoking habits more performed by men had increased chance of development of dental caries progressively leading to tooth loss. Thus this study aimed to find association of gender and tooth loss. This retrospective study was conducted using records of patients visited private Dental College. A total of 644 consecutive case records of patient age ranging from 20-90 years were retrieved. Data on the number of missing teeth due to caries from their records were entered and subjected to statistical analysis. Descriptive statistics was done to present the prevalence of missing teeth. Chi-square association was performed to find the association. Among the patients 53.88% males and 38.04% females had one tooth loss due to caries. About 0.93% of patients in age group 41-60 years, 0.78% in age group 20-40 years had four missing teeth due to caries. A significant association exists between age groups and missing teeth due to caries ($p < 0.05$) whereas no significant association was observed between gender and missing teeth due to caries. Within the limits of the study, prevalence of tooth loss due to caries is higher in males compared to females with insignificant association.

Keywords : age, association, caries, gender, tooth loss,

INTRODUCTION:

Tooth loss is an oral condition that leads to functional, aesthetic and social damage with impact on people's quality of life (Gerritsen et al., 2010). Tooth loss is considered the most useful indicator of general condition of oral health (Silva Junior, Batista and de Sousa, 2019). A decrease in the number of teeth might result in poor dietary habits and deterioration of the oral health related quality of life (Aida et al., 2006). Tooth loss is known to have an essential role in loss of mastication and esthetics (Sheiham and Steele, 2001). In general, various reasons for tooth loss include dental caries, periodontal diseases, socioeconomic status, malnutrition (Susin et al., 2005; Prabakar, 2018). Gender difference has played a major role in tooth loss and edentulism due to culturally mediated behavior which can be temporal or regional (Russell et al., 2013; Prabakar, John and Srisakthi, 2016).

Measures of lifestyle included dietary habits, smoking habits and physical activity. Women were found to have better lifestyles than men. This might be due to the general cultural and social norms where women are more concerned about their general and oral health than men (Baskaradoss et al., 2019). Better dental behavior among females can be attributed to their raised perception to esthetics and also their greater sensitivity towards illness and discomfort (Sakki et al., 1994). Men had worse dietary habits consuming significantly less vegetables, fruit and milk, but too much meat; they consumed more processed meat and fat-containing items within the food sub-categories; they preferred to take less amount of low-fat milk products and less wholemeal products. Men more often consumed alcohol, drank more of it and often crossed the limits hazardous for health. There were more smokers among the men, they smoked more cigarettes and the non-smokers more often indicated passive exposure to cigarette smoke. Women, as opposed to men, displayed more interest in comprehensive primary preventive medical examinations (Fiala and Brázdrová, 2000).

In general, prevalence of tooth loss and dental caries has been documented more among women than in men in many parts of the world due to more consumption of cariogenic diet (Lukacs, 2011a). Changing hormonal levels

in women's reproductive function can cause destruction of periodontium which in turn lead to tooth loss (Lukacs, 2011b; Prabakar, John, Arumugham, Kumar and Srisakthi, 2018) Fluctuation levels of hormone during pregnancy increase oral vascular permeability, decrease host immunocompetence and alter the levels of oral bacteria thereby leading to periodontal infection (Russell and Mayberry, 2008). Gingivitis is common during pregnancy (Gürsoy et al., 2008; Pradeep Kumar and Preethi, 2017). Monthly hormonal fluctuation in menses plays a major role in gingival inflammation (Machtei et al., 2004). Compared with men, women have lower stimulated and unstimulated salivary flow rates (Kannan et al., 2017). Thus cleaning effects and buffering capacity will be decreased (Percival, Challacombe and Marsh, 1994; Kumar and Vijayalakshmi, 2017). Menopause is associated with xerostomia (Patir et al., 2008). And this leads to increased incidence of dental caries (Samuel, Acharya and Rao, 2020). Recent research has found that there is an association between a gene called Amelogenesis X which is present in X-chromosome and experience of high caries (Holm, 1994; Mebin George Mathew et al., 2020).

Factors related to tooth loss include smoking, diet and oral hygiene practices. Smoking is a risk factor for periodontal diseases ('DietaryGuidelines2010', 2010). Different diet intake largely attributed to different energy needs (Jimenez et al., 2009; Khatri et al., 2019). Socioeconomic status of less wealth, lower income, less education can lead to poor oral hygiene (R and Jayashri, 2019). Men with elevated bone lead levels had approximately three times the odds of having experienced an elevated degree of tooth loss compared with those participants who were in the lowest tertile of bone lead concentrations. Moreover, blood lead levels were associated with tooth loss, suggesting that bone lead concentrations are a better indicator of the risk of tooth loss posed by cumulative long-term environmental lead exposure (Arora et al., 2009). Oral health habits like brushing and flossing play an important role in oral hygiene and it was found that women appear to use floss and brush compared to men (Coda Berteau et al., 2007). Sex steroids have been found to be linked to oral bone health. Estrogen may provide protection against tooth loss in menopausal women, and testosterone may be related to periodontal health in hypogonadotropic men. Moreover, both estrogen and androgen may have direct effects on the periodontium. A variety of potential mechanisms might explain the effects of sex steroids on periodontal disease, including modulation of immunological events (Orwoll et al., 2009). With this background on gender difference in tooth loss, the present study intended to measure strength of association between gender and tooth loss due to caries. Our team has rich experience in research and we have collaborated with numerous authors over various topics in the past decade (Deogade, Gupta and Ariga, 2018; Ezhilarasan, 2018; Ezhilarasan, Sokal and Najimi, 2018; Jeevanandan and Govindaraju, 2018; J et al., 2018; Menon et al., 2018; Prabakar, John, Arumugham, Kumar and Srisakthi, 2018; Rajeshkumar et al., 2018, 2019; Vishnu Prasad et al., 2018; Wahab et al., 2018; Dua et al., 2019; Duraisamy et al., 2019; Ezhilarasan, Apoorva and Ashok Vardhan, 2019; Gheena and Ezhilarasan, 2019; Malli Sureshbabu et al., 2019; Mehta et al., 2019; Panchal, Jeevanandan and Subramanian, 2019; Rajendran et al., 2019; Ramakrishnan, Dhanalakshmi and Subramanian, 2019; Sharma et al., 2019; Varghese, Ramesh and Veeraiyan, 2019; Gomathi et al., 2020; Samuel, Acharya and Rao, 2020)

Thus, the retention or loss of permanent teeth is of central importance to an individual's oral health status and to qualify for life. This present study was contemplated to find the association between gender and tooth loss.

MATERIALS AND METHODS :

Study setting and design :

A retrospective study was conducted by reviewing 86,000 patient records of the authors University hospital for a period of nine months from June 2019 to March 2020.

Case records selection:

About 8564 consecutive case records of patients with age ranging from 20 - 90 years were sorted. 1289 case reports of patients with complete edentulism were excluded. Of 7275 patient records; 644 case records with recorded Decayed, Missing, Filled teeth Index were sorted and retrieved. No restriction was placed on gender.

Permission:

Prior permission to utilize and to analyze the data form the case records of patients from the University was obtained.

Data Collection:

Total number of teeth missing due to caries as recorded under the missing criteria of Decayed, Missing and Filled Teeth index given by Klein, Palmer, Knutson (1938) was collected from the 644 patient records. Age of the patients in the case records were categorized as 20-40 years, 41-60 years, 61-80 years and 81-100 years for statistical convenience.

Statistical analysis:

Statistical analysis was done using Statistical Package for the Social Sciences (SPSS) Version 23.0. Descriptive statistics was done to present the prevalence of missing teeth based on age and gender. Chi square association using crosstabs was done to find the association of age and gender with the number of missing teeth. A p value <0.05 was considered to be significant.

RESULTS AND DISCUSSION :

The final data set consisted of 644 patients of Indian origin who underwent treatment in University hospital. About 408 (63.3%) of patients were at the age between 20-40 years, 195(30.2%) belonged to the age range of 41-60 years and 39 (6.1%) were at age between 61-80 years. Among the patients 58.2% were males and 41.8% were females. The age group of 20-40 years had 36.02% males and 27.33 % females; similarly 17.08% of males and 13.20% of females were at the age range of 41-60 years. There were 4.81% males and 1.24% females belonging to the age range of 61-80 years.

Figure 1 showed that 57.45%, 28.42%, 5.75% of patients of age ranging from 20-40, 41-60, 61-80 years had a minimum of one missing tooth due to caries. About 0.78%, 0.93% of patients aged 20-40, 41-60 had a maximum of 4 teeth missing due to caries. A statistical significant association on Fisher's exact test exists between age groups and number of missing teeth due to caries ($p=0.022$).

On analysing gender (Figure 2), 53.88% of males and 38.04% of females had one tooth loss due to caries. About 3.42% of males and 2.64% of females had 3 teeth loss due to caries. Among them 0.93% of females and 0.78% of males had a maximum of 4 teeth missing due to caries. No statistical significant association exhibited between gender and number of missing teeth due to caries on Fisher's exact test ($p=0.825$)

This study was based on individuals seeking treatment at University hospital. According to a study done by Saber Khazaei et al., on tooth loss due to caries among Iranian adults, it has been proved that tooth loss is more prevalent in males (Khazaei et al., 2013; Neralla et al., 2019). Another study showed high prevalence of tooth loss among males compared to females in the Brazil population (Montandon, Zuza and Toledo, 2012). which was supporting our study. The results of the present study are in consistency with present study which shows males have more tooth loss (58.21%) compared to females (41.79%). This could be attributed to the reason of unhealthy dietary practices among males with some adverse habits such as smoking.

Studies done on medical adults found female predilection (57.9%) over tooth loss (Medina-Solís et al., 2006; Prabakar, John, Arumugham, Kumar and Sakthi, 2018). According to Desvarieux M, after age adjustment, dentate males (19.2 ± 7.0) tended to have more teeth present than females (18.7 ± 7.0 ; $P=0.12$) (Desvarieux et al., 2004). A couple of studies showed more high prevalence of tooth loss in females (72%) compared to males (28%) (Silva-Junior, Batista and de Sousa, 2017; Mohapatra et al., 2019). Another study by Natto ZS, a more prevalent population of tooth loss was females (55.92%) with an age group of 70-80 years (Natto et al., 2014). All these study results were in contrast to our present study. The reason for high prevalence of tooth loss due to caries might be due to the frequent consumption of more refined free sugar foods by females.

The present study showed high prevalence of tooth loss due to caries in the age group 20-40 years. According to Qulam M et.al, a Chennai based study population of 18-30 years old showed 98% of participants having low income and also DMFT scores of the low income patients are higher compared to the medium income patients (Mohamad Qulam Zaki Bin and Gheena, 2018). Socio-economic status mediated by education, occupation and income may function as a third variable for the prevalence of tooth loss due to caries. Also the food insecurity and decreased use of preventive oral health services among adults of low income might lead to more tooth loss.

Thus gender has no influence over tooth loss due to dental caries, however gender has significant influence on tooth loss due to caries. The biological plausibility being social and environmental factors more than the genetic factors which contribute to the prevalence of tooth loss due to caries (Harini G, 2019). At an individual level, an understanding of how age, gender and tooth retention affect the impact of oral health on daily activities may inform the delivery of appropriate oral health services (Steele et al., 2004). The study results cannot be extrapolated due to cultural and ethnic variation in oral hygiene practices and utilization of preventive dental services according to Black's classification. Further longitudinal prospective studies are needed to prove the hypothesis. Our institution is passionate about high quality evidence based research and has excelled in various fields ((Pc, Marimuthu and Devadoss, 2018; Ramesh et al., 2018; Ezhilarasan, Apoorva and Ashok Vardhan, 2019; Ramadurai et al., 2019; Sridharan et al., 2019; Vijayashree Priyadharsini, 2019; M. G. Mathew et al., 2020)

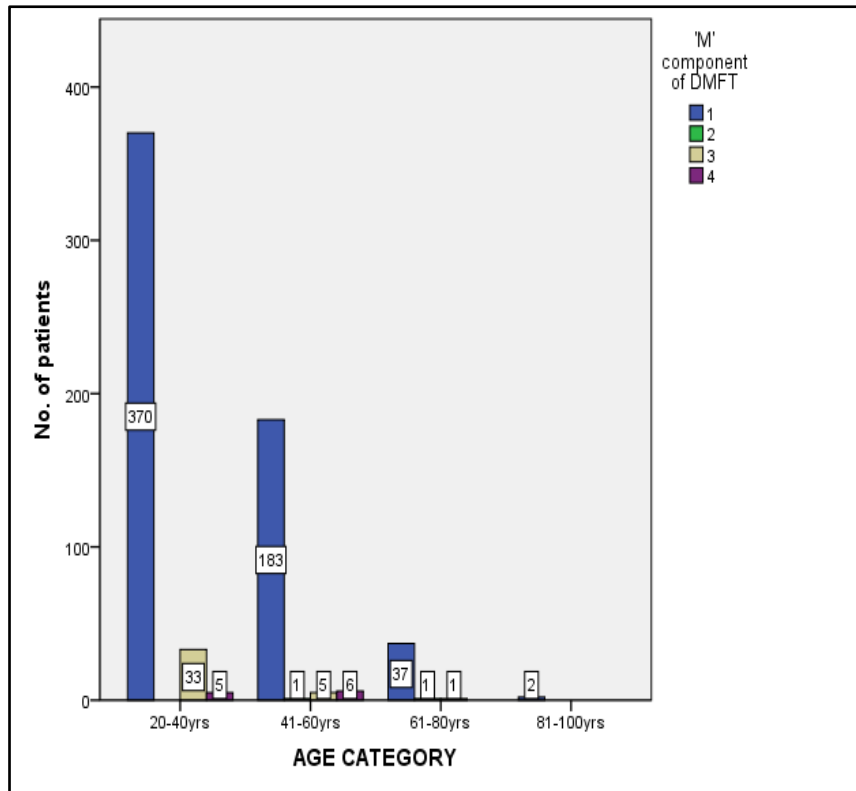


Fig.1: Bar chart showing association of “M” component of DMFT Index among different age groups. X axis shows age group in years. Y axis shows the number of patients with dental caries. Association between the missing tooth and age was done using Chi-square test and it was significant. Chi-square association test (Fisher’s exact test value = 21.113; p value = 0.022 (statistically significant). Missing teeth due to dental caries was seen more in the age group of 20-40 years compared to other age groups.

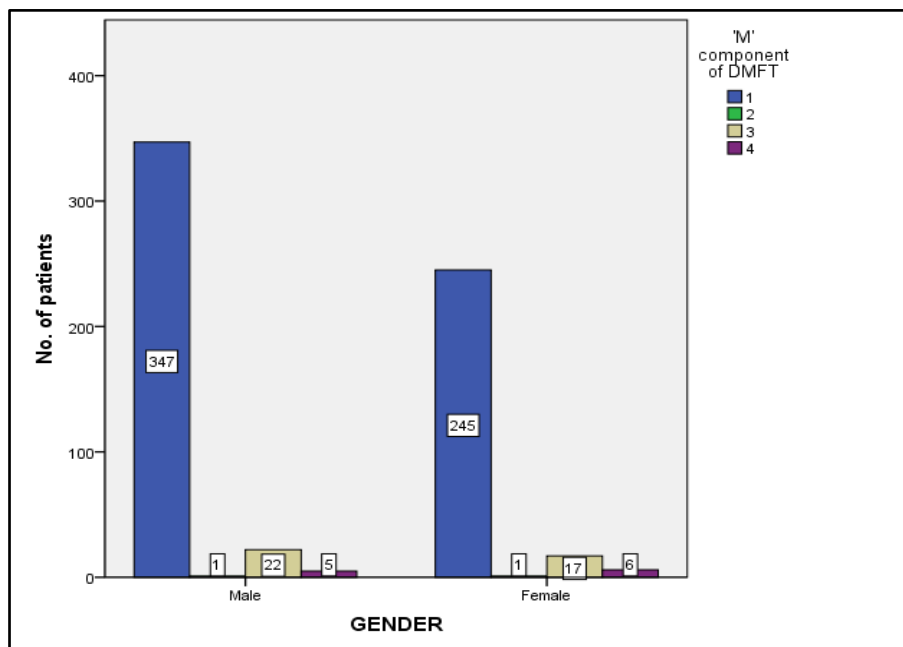


Fig.2: Bar chart shows the association of the “M” component of the DMFT Index. X axis shows gender. Y axis shows the number of patients. Association between the missing tooth and gender was done using Chi-square test and it was not significant. Chi-square association test (Fisher’s exact test value = 1.230; p value = 0.825 (statistically not significant). Missing teeth due to dental caries was more among males compared to females.

CONCLUSION :

Within the limitations of this study, it was found that the prevalence of tooth loss seems to be higher in males compared to females. Middle aged adults had more tooth loss due to caries. This suggests the need to spread awareness among people about the necessary oral hygiene practices to be taken and use of preventive dental health services to prevent tooth loss at its earlier stage.

Author's contribution:

First author A.Ashwatha Pratha performed data collection, analysis, and interpretation and wrote the manuscript. Second author .Arthi Balasubramaniam contributed to conception, study design, analysis, interpretation and critically revised the manuscript

Third author (Jain) contributed to review the manuscript.

All the authors have discussed the results and contributed to the final manuscript.

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CONFLICT OF INTEREST:

None

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