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RESEARCH ARTICLE

PREDICTING DENTIST'S WILLINGNESS TO TREAT HIV INFECTED PATIENTS – A QUESTIONNAIRE BASED STUDY.

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Manuscript Info Abstract Manuscript History: Evaluating the response of dental health care professionals (staff and students) in willingness to provide treatment to HIV/AIDS patients was the Received: 26 April 2016 main objective.Dentists have an ethical responsibility to provide treatment to Final Accepted: 26 May 2016 HIV-infected patients, particularly because oral lesions are common among Published Online: June 2016 them.Also, people with HIV infection require increasingly competent and compassionate health care, including oral health care. As access to oral Key words: health care is extremely important for those infected with HIV, oral findings Dentist, willingness, HIV, attitude... can lead to early detection and management of HIV infection. According to this survey based study, 77% of the Dentists have opted to treat HIV patients *Corresponding Author willingly. This will improve the health of HIV infected patients both physically and mentally. T. Priadarsini. Copy Right, IJAR, 2016,. All rights reserved.

Introduction:-

The main cause of acquired immunodeficiency syndrome (AIDS) is the Human Immunodeficiency Virus(HIV) which continues to spread across the world, occupying the fourth place among the deadliest diseases worldwide[1]. India being the second most populated country in the world, has over one billion inhabitants. Of this number, it is estimated that around 23.9 lakh people are currently suffering with HIV. HIV / AIDS has caused estimated deaths of 25 million globally and has generated profound demographic changes in the most heavily affected countries in last 27 years[1]. People living with HIV/AIDS require increasingly competent and compassionate health care, including oral health care.

Oral health being an essential aspect of overall medical care for individuals with HIV, also plays a vital role in improving their intake of nutrition, effectiveness and tolerance to medication, treatment success rate, and quality of life[2], [3]. When the survival rate is improved it is expected that more HIV-positive patients will be seeking dental care in the near future, with or without the knowledge of their serological status[4]. HIV treatment is associated with the oral conditions involving a spectrum of potentially painful and health compromising conditions. People living with HIV/AIDSare subject to a spectrum of potentially painful and health-compromising oral conditions that are associated with HIV disease and/or HIV treatment[5],[6]. Recent international studies indicate that oral lesions like oral candidiasis and Kaposis sarcoma occur in as many as 50 to 70 percent of all HIV/AIDS cases[7]. These conditions being preventable and/or treatable with regular dental care often persists and can lead to discomfort, dysfunction and if left untreated can be fatal.

Blood and saliva contains a variety of blood borne pathogens and microorganisms such as HIV which is the frequently involved dental therapeutic procedure[1]. The possibility of HIV transmission in the oral health care is very low [8]. However, Dentists fall into the high-risk category for cross-contamination as most lesions of HIV infections are present orally during the first stages of the disease[9]. The professional and ethical responsibility of a

Dentist is to provide oral healthcare to all individuals without discrimination[10]. According to the World Health Organization (WHO), it is imperative for all dentists to treat HIV-positive patients. It is unethical and unlawful for a dentist or dental student to refuses to treat a HIV patient[11]. People diagnosed with HIV live longer lives due to the success of antiretroviral therapies[1]. Hence it is essential that every effort be made to protect both health care workers and patients from HIV exposure in the dental practice as the usual route of transmission is through an individual's contact with infected blood or other bodily fluids . Many of the people living with HIV/AIDSindividuals fail to receive adequate oral health care treatment despite knowing the importance of oral healthcare.[1]

The purpose of this study was to evaluate the knowledge, attitudes and willingness of staff and students (dental health care professionals) of Saveetha Dental college to treat patients with HIV/AIDS.

Materials and methods:-

A cross-sectional questionnaire survey was conducted among the dental students studying in the third and final year of the dental course ,the internees and the staffs at Saveetha Dental College and Hospital, Chennai, Tamilnadu, India. The questionnaire was adapted from the survey questionnaire used by in a previous study with some modifications. All the students participated voluntarily in the study and were informed that participation would not affect their grade. All participants were asked to report about their gender and year of study.

The questionnaire included twenty questions to evaluate the knowledge of HIV infection. Participants had the options of correct and incorrect to answer the first ten questions and agree, disagree and don't know were the options for the next 10 questions respectively.

Results:-

The questionnaire was distributed to 200 participants comprising both the students and staffs. This included 62 male and 138 female participants. 68 students from III year, 71 students from IV year, 40 internees and 21 staffs participated in this survey.

When asked about the willingness to treat HIV positive individuals 77.5% (155 people)have been reported to be willing in offering treatment to them. 11.5%(23 people)have agreed to show less interest to treat HIV patients and 11% (22 people)have reported that they don't know.

Also, 77.5%(155 people) have agreed to get treatment from the Dentists who treat HIV positive individuals , 20.5%(41 people) have answered that they would refuse to get treatment and the don't know population includes 2%(4 people).

Discussion:-

HIV-related oral conditions occur in a large proportion of individuals who are HIV-positive and frequently are misdiagnosed or inadequately treated[12]. Proper and appropriate dental care should be provided for them. The risk of transmission of HIV in the dental care setting has been reported to be low; however, this does not indicate a zero risk as dentists can be accidentally exposed to the virus and other blood-borne pathogens in the course of treating patients [13].

As the number of people with HIV/AIDS increases, the need of these individuals for medical care including dental care will increase [4]. So, dental practitioners will be required to enhance their knowledge of the disease and its oral manifestations [14].

The level of willingness found in this survey was high when compared to previous reports of various groups' willingness to treat: 63.3 percent of Nigerian preclinical students,[15] 63.6 percent[16] and 78.4 percent[17]of Nigerian dentists, 62 percent of U.S. dental school seniors,[18] and is lesser than 84.3 percent of final year dental students in the United Kingdom[19], and 83 percent of U.S. dental students.[20][21] .Willingness to treat is thought to be the most significant predictor of actual treatment of an HIV-positive patient.[22] Consequently, if HIV-positive individuals feel abandoned by caregivers, they are less likely to understand the need for prevention and to be motivated to protect others.[23] It is important when using the

social intervention approaches to HIV prevention to avoid discrimination against people who are HIV-positive.[24],[25]

Research has found that HIV prevalence may influence a dental practitioner's location of practice and choice of specialty[26]. HIV individuals living with oral diseases is often hard to treat and often require the attention of both highly knowledgeable dental and medical providers.

About, 27.5% (55 respondents) had a fairly appreciable knowledge on HIV, 63.5% (127 respondents) had an average and the adequate knowledge and 9% (18 respondents) had comparatively lower knowledge to deal with HIV patients.

It is to be noted that nearly 87.5% (175) of the respondents record their patients immuno competency status regularly where 34% (68 respondents) have reported verbal records and 53.5% (107 respondents) as lab reports; 12.5%(25 respondents) have said that they usually don't record the immuno competency status.

72.5% (145 people) of the respondents have agreed to the fact that treating HIV positive patients puts the Dentist at high risk of acquiring HIV; 14.5%(29 people) said that they don't know and 13% (26 people) have answered no.

About 48% (96 people) have answered that routine dental care should be a part of treatment of HIV/AIDS patients, 19.5% (39 people) have disagreed and 32.5% (65 people) have chosen the don't know option. 81.5% (163 respondents) have agreed to the fact that the infection control procedures for the treatment of HIV/AIDS patient are time consuming , 7.5% (15 respondents) have reported no and 11% (22 respondents) have reported that they dint know.

In treatment, creating an HIV-relevant experiential learning environment is more complex, considering HIPAA regulations and the fact that many PLWHA fail to disclose their status to DCPs(Dental care providers).[27]

Overestimation of the transmission risk of HIV seemed to be the most important reason for fear in providing dental care to HIV/AIDS patients [8]. Fear in an Individual may overpower their intellectual and practical ability to cope with the treatment and management of such patients [9].

There are also structural or institutional factors in health care settings, hospitals, and clinics that may encourage or discourage HIV-related stigma [28]. These factors may include policies and standard operational procedures. There has been a lack of research on institutional or structural factors associated with HIV stigma, which is important to inform effective interventions [29]. A lack of confidence in their own ability to manage HIV/AIDS patients could have amplified their perceived risk of being infected with HIV as well [30].

A viable clinical option is to integrate HIV-specific community-based clinical experiences into the dental curriculum. Kuthy et al[31],found this strategy to be helpful in increasing dental students' willingness to treat a variety of underserved populations, including people infected with HIV/AIDS.

Conclusion:-

Our study concluded a positive attitude and willingness of dental professionals, staff and students of Saveetha Dental College in treating an HIV infected patients. About 77.5% of the participants have agreed to treat HIV positive individuals. This will be very helpful for the people living with HIV/AIDS for their treatment and they will not be vulnerable to any discrimination. Though there are considerably many researches on AIDS, uncertainty towards people living with AIDS and refusal to treat them still persists along with the fear and possibility that an HIV positive patient can prevent a Dentist from practicing their profession.

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