

Attitudes and opinions of oral health and oral care among community-dwelling elderly subjects in Sweden: an interview study

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Objective: The aim of this study was to investigate attitudes and opinions of old, independently living people about their oral health and how it has affected them through life. **Material and methods:** A random selection of 12 individuals was made in a group of 79 individuals who earlier participated in a study about self-reported oral health. The average age was 78.4 years. An interview guide was used as support to focus on oral health. The respondents themselves decided what was important within the topics. The respondents were encouraged to speak freely about their childhood, family, social relations, memories from early dental care, general health situation, experience from health care, life and their future. The interviews were recorded and extended from 60 to 90 min. All of them were transcribed and analysed with phenomenological method inspired by Giorgi. The analysis was made by two researchers independently. After 11 interviews, no new information was found; similar opinions, answers and stories recurred. **Results:** Seven of 11 respondents were born and grown up in the countryside and had moved to Stockholm in the forties. Awareness about dental care was generally low. Many of them have terrible memories from early dental visits, and the dentist was authoritarian and rough. Many had no memories of brushing their teeth as a child. Most of the respondents went to dentists as adults and when they could afford to pay by themselves. After retirement, all have continuous dental care and have visited a dental hygienist during the last 20 years. Nine of 11 have regular contact with a dental hygienist. Most of them are satisfied with their oral health and want to continue being clean and healthy in the mouth. **Conclusions:** Most of the respondents experienced an improved oral health, information and instructions from the dental hygienist have affected their self-care. Many tell that they have become more aware and carry out the oral hygiene more carefully after retirement. All of them experience that oral health affects the quality of life.

Ingredients in dentifrices and their effect on plaque, gingivitis and mutans streptococci

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The main objectives of this thesis were to study: (i) the effect of an enzyme-containing dentifrice (Zendium Dentine[®]), with addition of xylitol on mutans streptococci (MS) in saliva and dental plaque (Paper I) (ii) the effect of a combination of triclosan

and xylitol in a dentifrice (Colgate Total[®]) on MS in saliva and dental plaque (Paper II), and (iii) the effect of oxybenzone on prostaglandin E₂ (PGE₂)-production in cell culture and the effect of an oxybenzone-containing dentifrice on plaque, gingivitis and MS (Paper III). In Paper I, the subjects were divided into two test groups: one using a 10% xylitol and the other using a 5% xylitol dentifrice for 3 months. The addition of 10% xylitol to Zendium Dentine[®] had an inhibitory effect on MS in both saliva and dental plaque, and the effect of xylitol seemed to be dose dependent. In Paper II, three groups were using one of the following dentifrices: (i) Colgate Total[®] with addition of 10% xylitol; (ii) Colgate Total[®]; and (iii) Colgate Total[®] without triclosan and without xylitol. The results showed that the addition of 10% xylitol to Colgate Total[®] reduced the number of MS in saliva and plaque. This effect was more pronounced at 6 months than at 2 months. In Paper III, the effect of oxybenzone was studied *in vitro* and *in vivo*. Human Embryo Palatal Mesenchyme (HEPM) cells were used to test the inhibition of IL-1 β -stimulated PGE₂ production by different concentrations of oxybenzone. The results revealed that there was no decrease of cell viability up to 50 μ M. A dose-dependent inhibition of stimulated PGE₂ production was found: 50% inhibition (IC₅₀) was found at 0.6 μ M. Paper III also included a double-blind clinical trial testing two fluoride dentifrices: one with the addition of 0.5% oxybenzone and one without. Plaque index was reduced in both groups. There was no difference between the groups. A 25% reduction in gingival index was observed in the oxybenzone group after 6 weeks, compared to 2% in the placebo group, indicating an anti-inflammatory effect of oxybenzone.

Research utilisation among Swedish dental hygienists

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Dental hygienists have to practise evidence-based decision making in the future, which means that actively seeking and utilising research findings will become more important. **Objective:** The objective of this study was to explore barriers to and facilitators of research utilisation in clinical practice among Swedish dental hygienists. **Methods:** The study was a descriptive, comparative cross-sectional survey including a random sample of 491 dental hygienists in Sweden. The response rate was 62%. A validated questionnaire covering different aspects of participation in research, support for and availability of research, and research utilisation was employed. **Results:** The most common research-related activities were: reading research projects in professional journals, 83%; participating in clinical audit, 67%; and sharing research findings with their own professional colleagues, 65%.

The most commonly reported available research-related resources were computer services to access the internet, which was true for 84%. A total of 31% reported exploring how research findings can be used in clinical settings as the best help to make research more useful. The most reported item that discouraged dental hygienists the most from using research in clinical practice was time limitation (42%). Dental hygienists with continuing education university courses reported a higher activity in seeking new research and more support and available research-related activities than those without a university course. Dental hygienists with a 2-year education reported a more positive attitude towards research and rated their own research utilisation in

clinical practice higher than those with a 1-year education. Dental hygienists educated at universities without a dental school reported a more positive attitude towards research and rated their own research utilisation in clinical practice higher than those who were educated in connection with a dental school. Dental hygienists working in public dental care reported higher activity in seeking new research and rated their own research utilisation in clinical practice higher than those working in private dental offices. *Conclusions:* There is a need for continuing education in evidence-based dental hygiene. The length of the education is important, and a more comprehensive education support research utilisation.

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