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LIFESTYLE AND QUALITY OF LIFE IN USERS OF AN ODONTOLOGICAL CLINIC OF SÃO PAULO

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ARTICLE INFO	ABSTRACT
	Objective: To investigate the profile of users of a dental clinic associated to lifestyle and quality of life related to health. **Method:** Cross-sectional observational study with participants of both sexes. Quality of Life (QoL) and Lifestyle (EV) evaluation, socioeconomic assessment and Caries, Lost and Sealed indexes were used. **Results:** There were 68 participants with average age of 47.16 ± 12.78. The distribution according to sex was balanced, with a predominance of social classes B2 (29.4%) and C1 (32.4%). Regarding Lifestyle, 54.5% was Good, 23.5% regular and 20.6% Very Good. Regarding quality of life, the best results were in the areas of Functional Capacity, followed by Pain and General Status For the CPOD Index, the average of the overall score was $16.57 \pm 6.94\%$. From the possible associations, there was a weak correlation between the DMFT index and the age in the total score and in the obturated and healthy items, we observed a very weak and weak inverse correlation, respectively. **Conclusion:** The predominant profile of dental clinic users was with Good Life Style (54.4%). Negative results were observed with regard to Social Aspects, Vitality and Mental Health.

INTRODUCTION

The World Health Organization (WHO, 1995) conceptualizes Quality of Life (QL) as the individual's perception of their insertion in the context of the value system in which they live and in relation to their goals, expectations and concerns. The expression Lifestyle (EV) is defined by Nahas (2013) as the set of habitual actions that reflect the attitudes, values and opportunities in the life of the subjects. These actions are permeated by the possibility of choosing the individual and adopting or not practices in their daily life (Souza *et al*., 2016, Porto, Souza, 2016, Porto *et al*., 2015). The literature provides evidence that lifestyle has an impact on the individual's quality of life, as lifestyle choices involve lifelong choices (Pereira *et al*, 2017). There are clear relationships between oral conditions and the individual's systemic condition, although individual perception is not always clear (Al-Harthi, 2013).

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Research confirms the influence of oral health on quality of life and its positive impact bilaterally (Gabardo, 2013; Reissmann, 2013). Relationship also highlighted by Martins *et al*. (2010) concluding that oral health, especially in adulthood and in the elderly, is the result of a life of good habits, related to favorable education, social environment, cultural and dental care. Thus, the present study investigated the profile of the users of a dental clinic in relation to lifestyle and quality of life related to health. It was proposed to draw a profile of the patient that seeks dental care, in relation to quality and lifestyle, as well as socioeconomic and oral health aspects, in addition to seeking relationships between variables.

METHODS

It was a cross-sectional observational study in which 68 adult and elderly individuals of both genders participated. All procedures were in accordance with Resolution 466/12 of the National Health Council and the Declaration of Helsinki (World Medical Association, 2015), and the data were only collected after approval of the Research Ethics Committee of UNASP under the n°. 1.857.119.

The study was carried out in the premises of a private dental clinic in the city of São Paulo, Brazil. The following were included in the study: patients under treatment for oral rehabilitation; between 18 and 90 years old, who had already started treatment and agreed to participate.

MATERIALS

- SF-36 Questionnaire: The Medical Outcomes Study 36-item short-form health survey (SF-36) is considered as the appropriate instrument for generic health assessment (Dieppe *et al.*, 1997).
- Fantastic Lifestyle Questionnaire (EVF); The "Fantastic Lifestyle Instrument" has a generic instrument intended to evaluate lifestyle based on individuals' behavior in the last month and whose results allow to determine the association between lifestyle and health (Sharratt *et al.*, 1984);
- Socio-Economic Questionnaire Criterion Brazil 2015;
- Clinical examination sheet;
- CPOD Index; is the abbreviation for; Caries, Lost and Sealed: is the index recommended by the World Health Organization (WHO), in order to measure and verify the oral health experience of populations (Brazil, 2007; Cypriano, 2005).

Statistical analysis

Data analysis was performed using the Graph Pad Prism v.6 statistical package. Data are presented as mean ± standard deviation. A descriptive analysis of the data was performed. In order to perform the associations between lifestyle and quality of life and the CPOD Index, the Pearson or Sperman correlation was used. In all cases, the descriptive level α was 5% (α <0.05)

RESULTS

Of the 400 patients who were frequent in the clinic during the period of data collection, 68 were eligible and accepted to respond to the survey. With a mean age of 47.16 ± 12.78, the gender distribution was balanced, although a majority (55.9%) of the female sex did not observe a significant difference in relation to the frequency of women and men. Regarding socioeconomic classification, the result was heterogeneous, although the frequency was higher among classes B2 (29.4%) and C1 (32.4%), accounting for 61.8%. In relation to the Lifestyle evaluated by the Fantastic Instrument, we observed higher average scores in the domains Alcohol, work, family and friends respectively. It was also highlighted that the Activity and Nutrition domains had the lowest mean score.

54.5% of the sample presented a lifestyle classified as Good, 23.5% regular and 20.6% Very Good respectively. In contrast, only 1.5% of the interviewees were classified with excellent EV. The Medical Outcomes Study 36 - Iten Short Form Health Survey was used to evaluate the Quality of Life. The best results presented were in the areas of Functional Capacity, followed by Pain and General Health Status. Negative results were observed regarding Social Aspects, Vitality and Mental Health respectively. It was also highlighted that the Activity and Nutrition domains had the lowest mean score. 54.5% of the sample presented a lifestyle classified as Good, 23.5% regular and 20.6% Very Good respectively.

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Table 1. Average score of the SF – 36 questionnaire by domains

Instrument / Field N = 68	N = 68
SF – 36 – Functional Capacity	75,96±26,12
SF – 36 – Limitation Physical Aspects	61,03±42,40
SF – 36 – Pain	74,74±16,00
SF – 36 – General Health Status	70,66±15,00
SF – 36 – Vitality	45,59±12,77
SF – 36 – Social Aspects	48,16±17,71
SF – 36 – Limitation by Emotional Aspects	63,24±45,20
SF – 36 – Mental Health	54,71±10,60

Source: Own elaboration. Osasco, 2016.

The CPOD Index was used to evaluate the oral health condition of the individuals. The total index average was the highest number listed in table 2. The index dismemberment resulted in a higher index of Healthy teeth, curiously followed by the Lost, with very close standard deviation, as shown in Table 2.

Table 2. Average score of the domains CPOD

Instrumento / Domínio	N = 68
Score CPOD	16,57±6,94
Score CPOD – Cariados	1,03±1,02
Score CPOD – Perdidos	10,18±7,47
Score CPOD – Obturados	5,34±3,41
Score CPOD – Hígidos	15,46±7,02

Source: Own elaboration, Osasco, 2016.

Dividing the sample into two groups, those who had better and worse EV (by the median score of the Fantastic Questionnaire = 62 points), 32 (47%) had a score below the median of the FLE, and 36 (53% above the median. There was a statistically significant difference in the variable age, and in the domains: Physical Aspects Limitation, Emotional Aspects Limitation, Mental Health of the SF-36 Instrument. In the score of total CPOD Index and its domains, no statistically significant difference was found, although surprisingly, individuals above the median presented worse than below the median indices, as described in Table 3. Dividing the sample into two groups, 32 (47%) subjects had a score below the SF-36 median, and 36 (the median score of the "general health" domain score = 72 points). 53%) of the individuals presented a score above the median. Only the decoded CPOD index has a statistically significant correlation. Of the possible associations, the only exception in this table was the association between Age (years) and CPOD - Lost by the Pearson test, due to the normality of the data with: r 0.494 and p 0.001. The others were made by Spearman's correlation. There was a weak correlation in the DMFT index in relation to age in the total score, indicating that the higher the age the worse the DMFT. In the obturated and healthy items, we observed an inverse correlation, very weak and weak, respectively. Among the other variables, no statistically significant correlation was found.

Table 3. Sample in two groups by the median of the Fantastic Questionnaire score (those with better and worse lifestyle)

Median Fantastic Quiz	Bellow Median (62)	Above Median (62)	p
N	32	36	
Age (years)	46,97±10,93	47,33±14,36	*0,033
Score index CPOD	15,66±7,12	17,39±6,76	0,572
Index CPOD – Caries	1,03±1,12	1,03±0,94	0,351
Index CPOD – Lost	9,69±7,94	10,61±7,09	0,588
Index CPOD – Shuttered	4,81±3,13	5,81±3,60	0,916
Index CPOD – Liver	16,47±7,22	14,56±6,81	0,591
SF36 - Functional Capacity	74,53±26,00	77,22±26,52	0,899
SF36 - Limitation Physical Aspects	53,13±45,23	68,06±39,01	*0,053
SF36 – Pain	77,25±16,13	72,50±15,75	0,826
SF36 - General Health Status	73,31±15,71	68,31±14,13	0,624
SF36 – Vitality	47,50±11,43	43,89±13,79	0,127
SF36 - Social Aspects	48,44±19,50	47,92±16,22	0,710
SF36 – Limitation Emotional Aspects	55,21±47,60	70,38±42,74	*0,059
SF36 - Mental Health	53,38±12,51	55,89±8,57	*0,011

Source: Own elaboration. Osasco, 2016.*p< 0,05

Table 4. Sample in two groups by median SF - 36 questionnaire (those with better and worse quality of life)

Median SF-36 (General Health Status)	Bellow Median (72)	Above Mediana (72)	p
N	32	36	
Age (years)	47,38±14,26	46,97±11,49	0,272
Score Index CPOD	18,25±7,15	15,08±6,47	0,647
Index CPOD - Caries	1,22±1,21	0,86±0,79	*0,042
Index CPOD - Lost	11,03±7,35	9,42±7,58	0,352
Index CPOD - Shuttered	6,00±3,03	4,75±3,64	0,521
Index CPOD - Liver	13,75±7,33	16,97±6,46	0,592
Fantastic Score	61,53±10,25	62,03±10,90	0,693

Source: Own elaboration. Osasco, 2016. *p< 0,05

Table 5. Correlations between variables

Variables	r	p
Score CPOD X Age (years)	*0,378	0,001
Age X CPOD – Caries	0,208	0,088
Age X CPOD – Shuttered	**-0,275	0,023
Age X CPOD – Liver	*-0,363	0,002
Fantastic Score X Score CPOD	0,133	0,281
Fantastic Score X CPOD – Caries	0,000	1,000
Fantastic Score X CPOD – Lost	0,135	0,273
Fantastic Score X CPOD – Shuttered	0,003	0,984
Fantastic Score X CPOD – Liver	-0,148	0,230
Fantastic Score X SF36 – Functional Capacity	0,048	0,698
Table 5– Correlations between variables (Continued)		
Variables	r	p
Fantastic Score X SF36 – Limitation Physical Aspects	0,199	0,103
Fantastic Score X SF36 – Pain	-0,105	0,394
Fantastic Score X SF36 – General Health Status	-0,209	0,087
Fantastic Score X SF36 – Vitality	-0,110	0,372
Fantastic Score X SF36 – Social Aspects	-0,042	0,733
Fantastic Score X SF36 – Emotional Aspects	0,176	0,151
Fantastic Score X SF36 - Mental Health	0,079	0,522

* The correlation is significant at the 0.01 level (2 extremities).
** The correlation is significant at the 0.05 level (2 extremities).

DISCUSSION

The oral health of the individual is directly related to the conditions of sanitation, food, housing, education, income and access to health services. The association between oral disease and systemic disease was postulated more than 100 years ago. Studies were carried out in the following years, some of which demonstrated a significant relation between oral disease and components of the systemic disease (Turkylmaz, 2010; Ellis, 2007; Zucoloto, 2016). However, in the instrument that seeks to measure the perception of quality of life, SF 36 presented more than half of the individuals reporting limitations in daily life due to emotional aspects. There was a correlation between individuals who presented better EV and age, the younger the better the EV, although the distribution was relatively homogeneous, the above correlation was statistically significant. This finding is in line with a study by Abdi and colleagues (2015), adding that older people also tend to have a more sedentary lifestyle. Colditz and Mariane (2003) further add that sedentarism may result in high rates of deaths from chronic degenerative diseases. When comparing the variables, we noticed that age interferes directly in the oral health, as described by the DMFT index. It is observed that when ascending the age greater the DMFT. Result that is repeated for the divided index in lost. When the number of healthy teeth

is analyzed, the tendency is reversed: with the rise of age there is a lower frequency of healthy and obturated teeth (which are treated and remain functional), a result similar to that of other authors who studied oral health even more widely and suggest that with the age the risk of loss and low quality of oral health is clear (Singh and Purohit, 2014; Razak *et al.*, 2014; Gil-Montoya *et al.*, 2015; Meneghim, Pereira e Silva, 2002; Peixoto, 2013).

Conclusion

The profile of the style and quality of life of the users of the dental clinic studied was not very polarized, grouping a large part of the sample with improvement needs in both variables. The best results presented in relation to QV were in the areas of Functional Capacity, followed by Pain and General Health Status. There were negative results regarding Social Aspects, Vitality and Mental Health, respectively. Limitation by physical and emotional aspects presented a very similar average. It is concluded that although the patient seeks the dental clinic with the intention of healing a specific issue of their biological health, there are social, psychological factors that have the potential to interfere in their quality of life. The aforementioned results suggest a more integral attention with regard to Health Education as an important instrument of empowerment and improvement in the capacity to guide better choices and consequent QV.

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