TEST Engineering & Management

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

Prevalence of Malocclusion and its Relationship with Deleterious Oral Habits among 18-25 Years old adults Attending a Private Dental College- A Hospital based Cross Sectional Study

Running study-Prevalence of malocclusion in relationship with deleterious oral habits.

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Article Info
Volume 83
Page Number: 2739 – 2752
Publication Issue:
July-August 2020

Article History
Article Received:*06 June 2020*
Revised: *29 June 2020*
Accepted: *14 July 2020*
Publication: *25 July 2020*

Abstract:
Abnormal oral habit could alter a normal growth of oro-facial structure and alo related to malocclusion which is caused by various reasons such as unusual repetitive behaviours in oral cavityTo evaluate the prevalence of malocclusion and its association with deleterious oral habits in adults from 18-25 years old.The present cross sectional study was undertaken to evaluate the prevalence of malocclusion and its association with deleterious oral habits in adults,from 18-25years old in south Indian population.Case sheets of 158 patients were evaluated for adverse oral habits and malocclusion. The collected information from the case sheet of the patients was entered in Microsoft Excel 2012.Descriptive statistics were expressed by means of frequency and percentage and Chi-square test was used to find the association between Independent variables (Age and Gender) and Deleterious Oral Habits. Level of statistical significance was set at $p<0.05$. Total sample size n=158,out of which patients with biting habits-52.91%,Tongue thrusting-25.58%,Mouth breathing-15.82%,Lip biting-8.86%,Thumb sucking-6.33%,biting and lip biting-3.80%,Tongue thrusting and lip biting-3.80%,Thumb sucking biting,Thumb sucking and mouth breathing-0.63%. In conclusion, the majority of the study population had a biting habit and Angle's class I malocclusion and also found that there was no relationship between Malocclusion and deleterious oral habits among the study subjects enrolled in the present study.

Keywords*Deleterious oral habits,malocclusion,biting ,adults.*

INTRODUCTION

Abnormal oral habit could alter a normal growth of oro-facial structure and alo related to malocclusion which is caused by various reasons such as unusual repetitive behaviours in oral cavity(Lo and Moyers,

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

1953)(Singaraju and Chetan, 2009)(Wigdorowicz-Makowerowa*et al.*, 1979).

Development of malocclusion is determined by combination of genetic and environmental influence.Recent years ,the etiological importance of genetic factor has been reduced considering that many malocclusion recognize a post natal origin(Nobile *et al.*, 2007).Oral habit especially if they persist beyond the pre-school age,have been implicated as an important environmental factor associated with the development of malocclusion(Kharbanda *et al.*, 2003).Deleterious habits can be classified into digital sucking,lipbiting,Nail biting and Mouth breathing(Hanson and Andrianopoulos, 1982).These habits could alter normal growth of oro-facial structures and relate to malocclusion.

Increased concern about dental appearance during childhood and adolescent to early adulthood has been observed.The public equates good dental appearance with success in many pursits.Ingeneral,society forces define the norms for acceptable normal and attractive physical appearance.

The word malocclusion literally means “bad bite".Malocclusion can be defined as an occlusion in which there is a malrelationship between the arches in any of the planes of space or in which there are anomalies in tooth position beyond normal limits(Shivakumar*et al.*, 2009)(Walther and Houston, 1976).Malocclusion has not been thoroughly investigated because they are related to pain and misery are eldomacute.A large impact on both the individuals of the society in terms of discomfort,quality of life and social and functional limitations(Ansai*et al.*, 1993)(McLain and Proffitt, 1985).Hence,it is important to determine the prevalence of malocclusion and its occurrence and distribution in a community.

The prevalence of malocclusion various from country to country and between different age and sex group.If proper correction or treatment for malocclusion is not addresed then it will cause problems such as accumlation of food particles in between the dentition and might lead to development of dental caries(Prabakar, John and Srisakthi, 2016)(Samuel, Acharya and Rao, 2020)(Mohapatra *et al.*, 2019)(Mathew *et al.*, 2020).For the prevention for dental caries during the orthodontic treatment since,its difficult to main the oral hygine.Before starting the orthodontic treatment sealents and flurodie gels are given to the patients in order to prevent development of caries during the course of the treatement(Prabakar, John, I. M. Arumugham, *et al.*, 2018)(Prabakar, John, I. Arumugham, Kumar and Srisakthi, 2018)(Khatri *et al.*, 2019)(Kumar, Pradeep Kumar and Vijayalakshmi, 2017)(Prabhakar, Murthy and Sugandhan, 2011).During the course of the treatment and after to prevent the formation of plaque mouthwash are advised by the dentist to patients(Prabakar, John, I. Arumugham, Kumar and Sakthi, 2018).It is also important for the dentist to take proper photographs or the dentition and profile along with impression,these records must be kept safely in the dentist office for future uses(Kannan *et al.*, 2017).

Thus,the present study was undertaken to evaluate the prevalence of malocclusion and its relationship with deleterious oral habits among 18-25 years old adults attending a private dental college.

MATERIALS AND METHOD

Study design and study setting

This present study is a descriptive, record based study conducted in a university setting at Saveetha dental college, Chennai . The Case sheets of all the Patients in OP Department of Saveetha dental college for the period of two months [DEC 2019 and JAN 2020] were collected from the data of 86 , 000 patients visited Saveetha dental college during the time period of June 2019 to March 2020.

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

Sample size

The study was done for a period of 2 months (Dec 2019 to Jan 2020) with Type - 3 examination procedure. 158 case sheets were reviewed .

Ethical approval

The ethical approval is SDC/SIHEC/2020/DIASDATA/0619-0320 was passed by the Institutional ethical committee,Saveetha Dental college & Hospitals Saveetha Institute of medical and Technical science,Saveetha University,

Participants

Inclusion Criteria

- Patients aged from 18-25 years old
- Patients with deleterious oral habits
- No history of orthodontic treatment
- Non syndromic patients

Exclusion Criteria

- Craniofacial anomalies
- Without any deleterious oral habits
- Patients with previous orthodontics appliance therapy.

Statistical Analysis

The collected information from the case sheet of the patients was entered in Microsoft Excel 2012.Descriptive statistics were expressed by means of frequency and percentage and Chi-square test was used to find the association between Independent variables (Age and Gender) and Deleterious Oral Habits. Level of statistical significance was set at $p<0.05$

RESULTS AND DISCUSSION

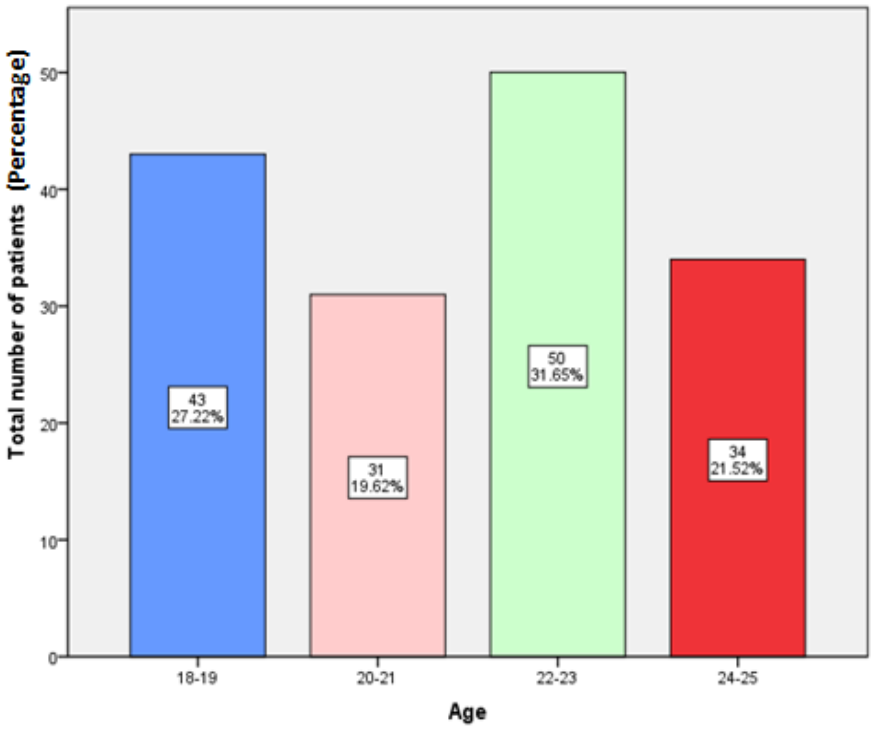

Figure 1:Bar chart represents the distribution of study subjects based on age. X axis denotes the age of the patients and Y axis denotes total number of patients(Percentage). 27.27% of the study population were distributed in the age group between 18-19 years old(Blue),19% of were in the age group between 20-21 years old(Pink) and 31% were in the age group between 22-23 years old(Green) and 21%were in the age group of 24-25 years (Red).

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

In our study the total sample size is 158.Prevalence of deleterious oral habits and their malocclusion were assessed.Figure 1 shows the distribution of study subjects according to age.Patient with age group ranging from 18-19 years of age were found to be 27.22%,Patient age group of 20-21 years old were found to be 19.62%,Patient age group 22-23 years old were to be 31.65%,Patient age group between 24-25 year were found to be 21.52%.It was found in our study that patient within the age group of 22-23 years had higher prevalence of deleterious habits when compared to other.

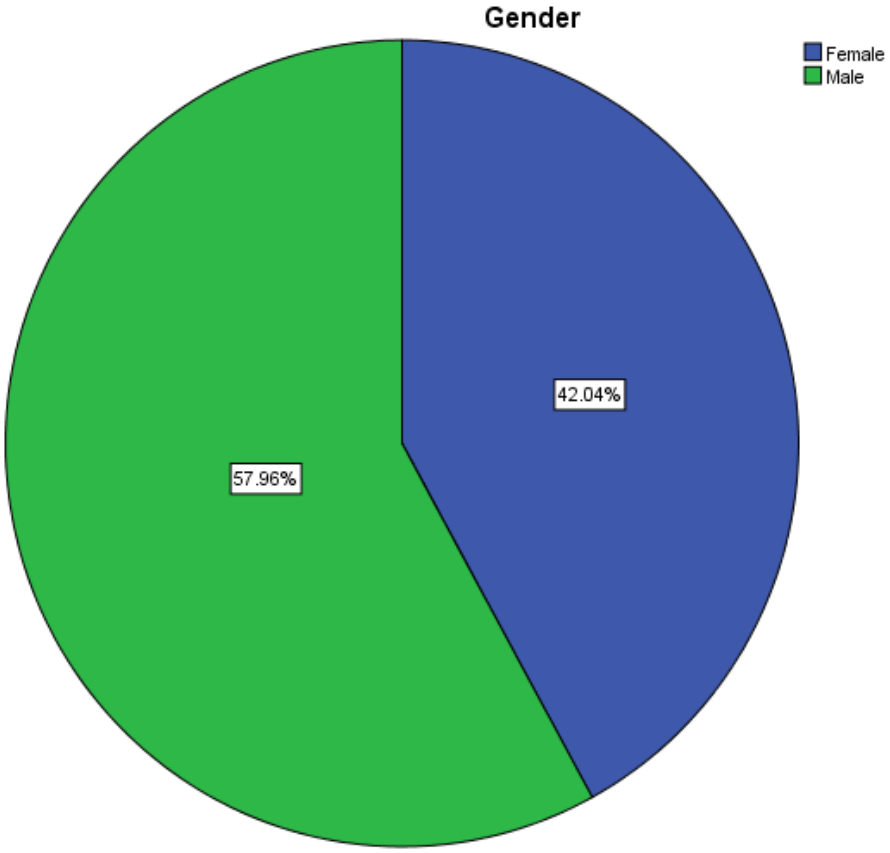

Figure 2- Distribution of study subjects according to the gender. 42% of the study population were females (Blue) and 57.9% were males (Green).

Figure 2 shows the distribution of study subjects according to the gender.In our present study the total number of Female patients were found to be 57.59%,and the total number of male patients accounted for 42.41%.It was found in our study that high prevalence of oral habits are seen in the female population,when compared to male.

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

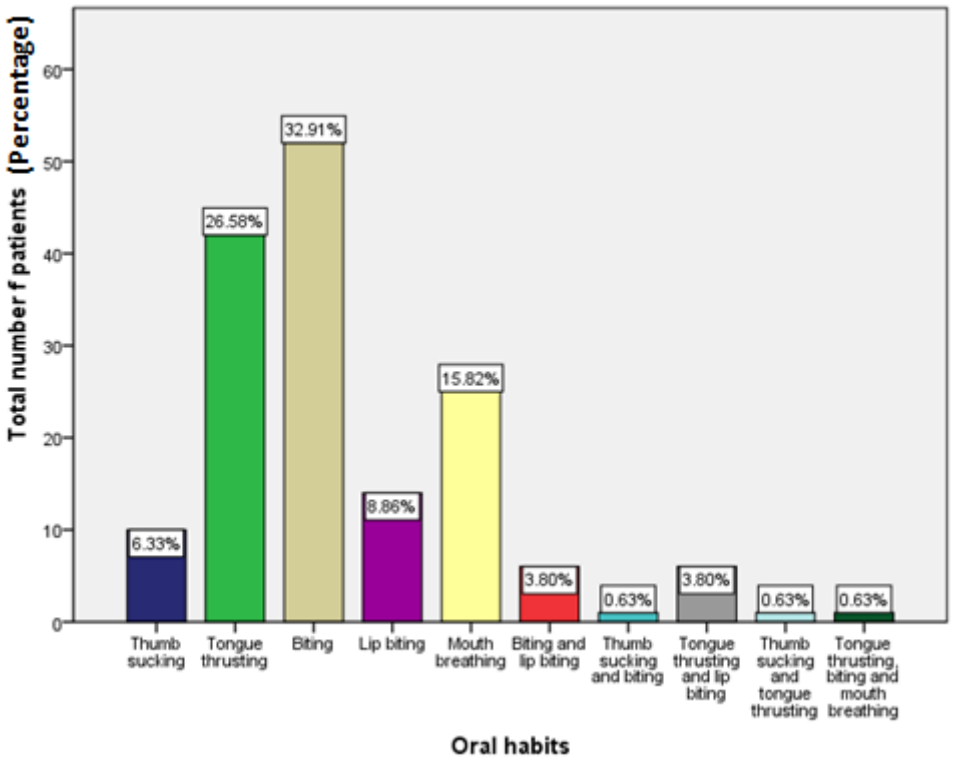

Figure 3- Bar chart depicts the distribution of study subjects according to oral deleterious habits. X axis represents the oral deleterious habits and Y axis represents the count of the total number of patients with the habit(Percentage). Nail biting(32.91) and Tongue thrusting(26.58%) are the most common deleterious oral habits among the study population.

Figure 3 shows distribution of study subjects according to the oral habits.In our study it was found that the patients with Thumb sucking habit were found to be 6.33%,Patients with Tongue thrusting were accounted for 26.58%,Patients with Biting habited were accounted for 32.91%,Patient with Lip biting habit were of 8.86%,Patients with Mouth breathing habit were found to be 15.82%,Patients with Biting and lip biting habit were found to be 3.80%,Patients with Thumb sucking and biting,Thumb sucking and tongue thrusting,tonguethrusting.biting and mouth breathing were accounted for 0.63% for combination of each deleterious oral habit. Patients with Tongue thrusting and lip biting recorded as the highly prevalent oral habit followed by tongue thrusting,mouth breathing and thumb sucking in our study.

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

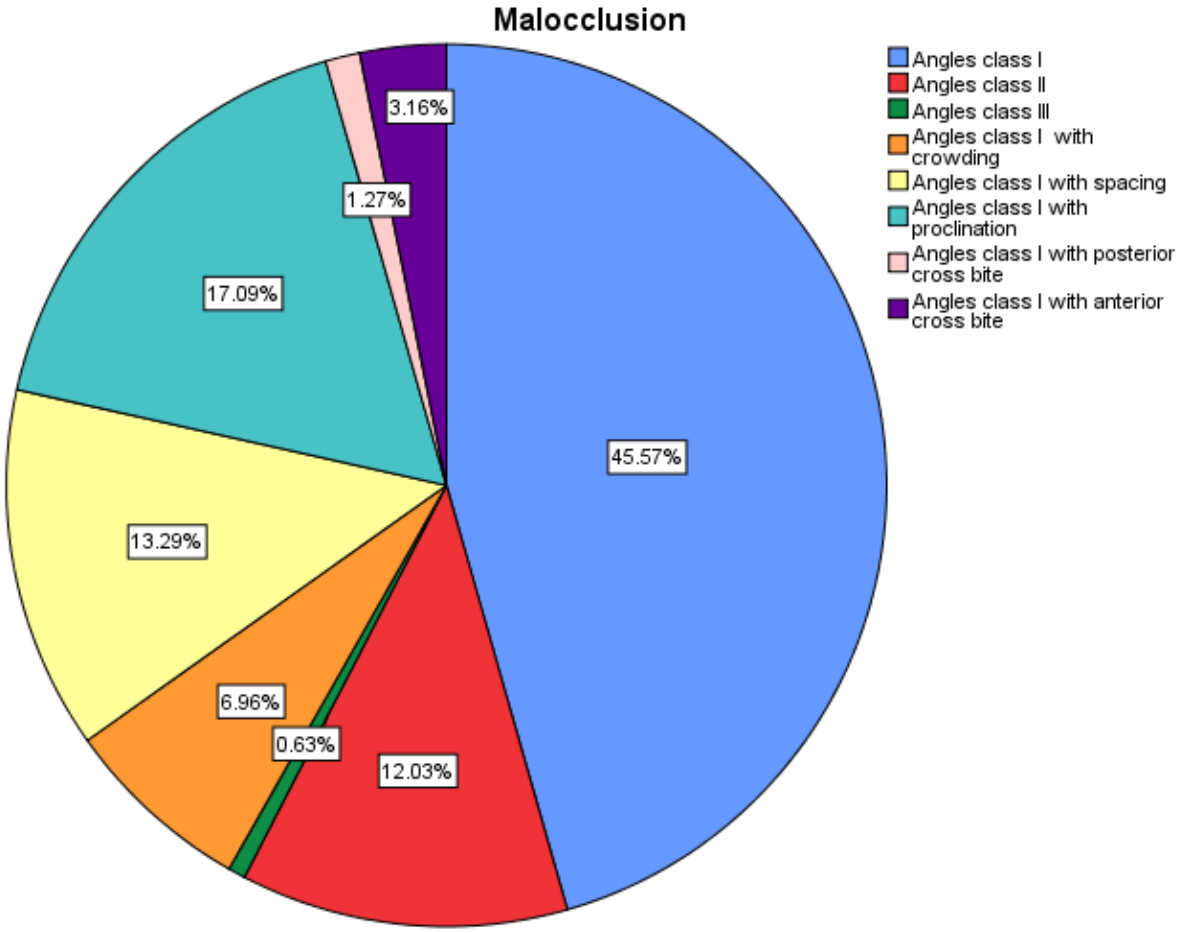

Figure 4-Pie chart depicts the distribution of the study subjects according to malocclusion. Majority of the study population (45.5%) had Angle's class I occlusion(Blue) followed by 17.09% and 12.03% of the study subjects had Angle's Class I with proclination (green) and Angle's Class II malocclusion (Red) respectively.

Figure 4 shows the distribution of the study subjects according to malocclusion.Patients with angles class I accounts for 45.5%,class II accounts for 12%,class III accounts for 0.6%,class I with crowding accounts for 6.9%,class I with spacing accounts fo 13.2%r,class I proclination accounts for 17%,class I posterior crossbite accounts for 1.2%,class I anterior cross accounts for3.16%.

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

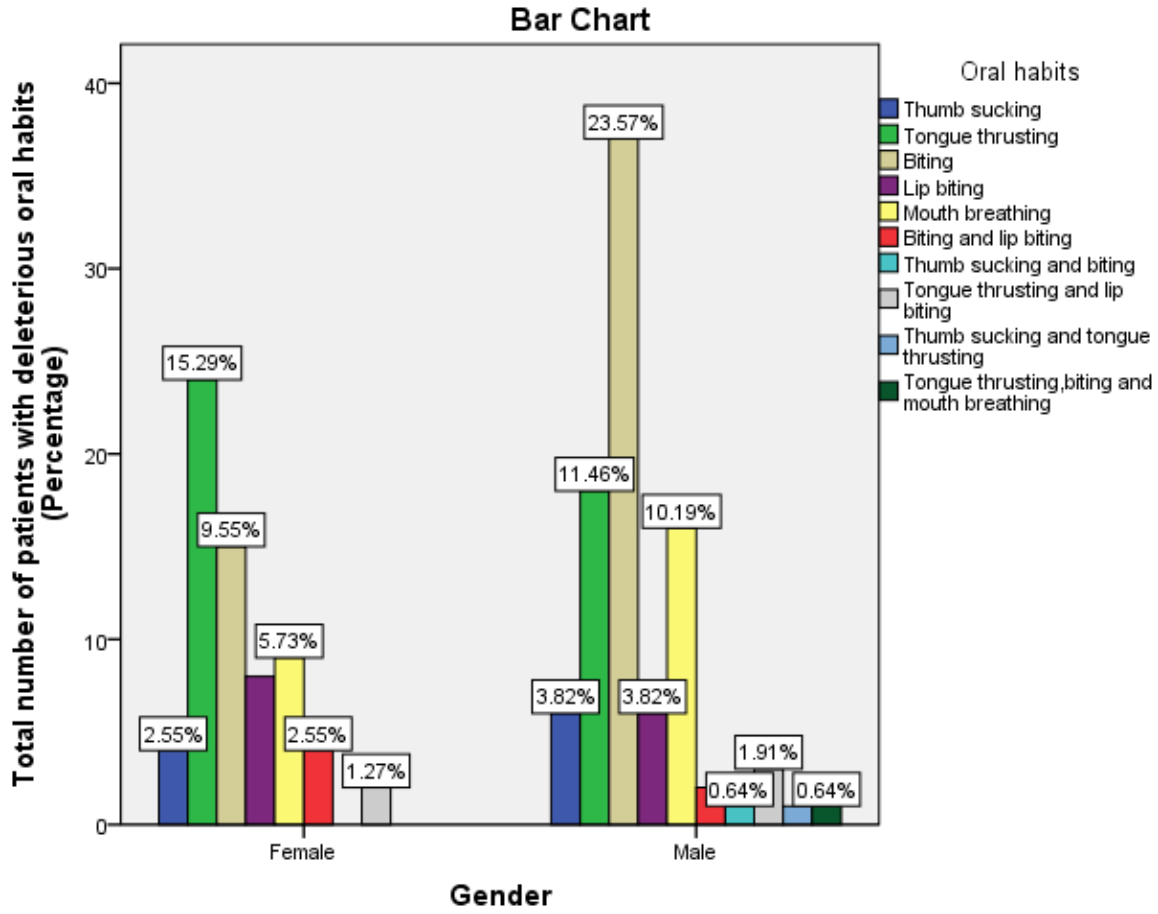

Figure 5-The Bar graph shows the association between gender and oral habits. X axis represents the Gender and Y axis represents the total number of patients with deleterious oral habit. Nail biting habit (23.57%)was found to be more common among male study subjects than females.However the association between Gender and oral habits was found to be statistically not significant. [Chi-square value- 13.02; p value- 0.16 (p>0.05)].

In Figure 5 the Bar graph shows the association between Gender and oral habits. X axis represents the Gender and Y axis represents the Percentage distribution of patients with Oral habits. Chi- square test was done and was found to be statistically not significant [Chi-square value- 13.02; p value- 0.16 (p>0.05)]. However the association between Gender and oral habits was found to be statistically not significant, Thumb sucking (Blue) was found to be more common among male study subjects than females.

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

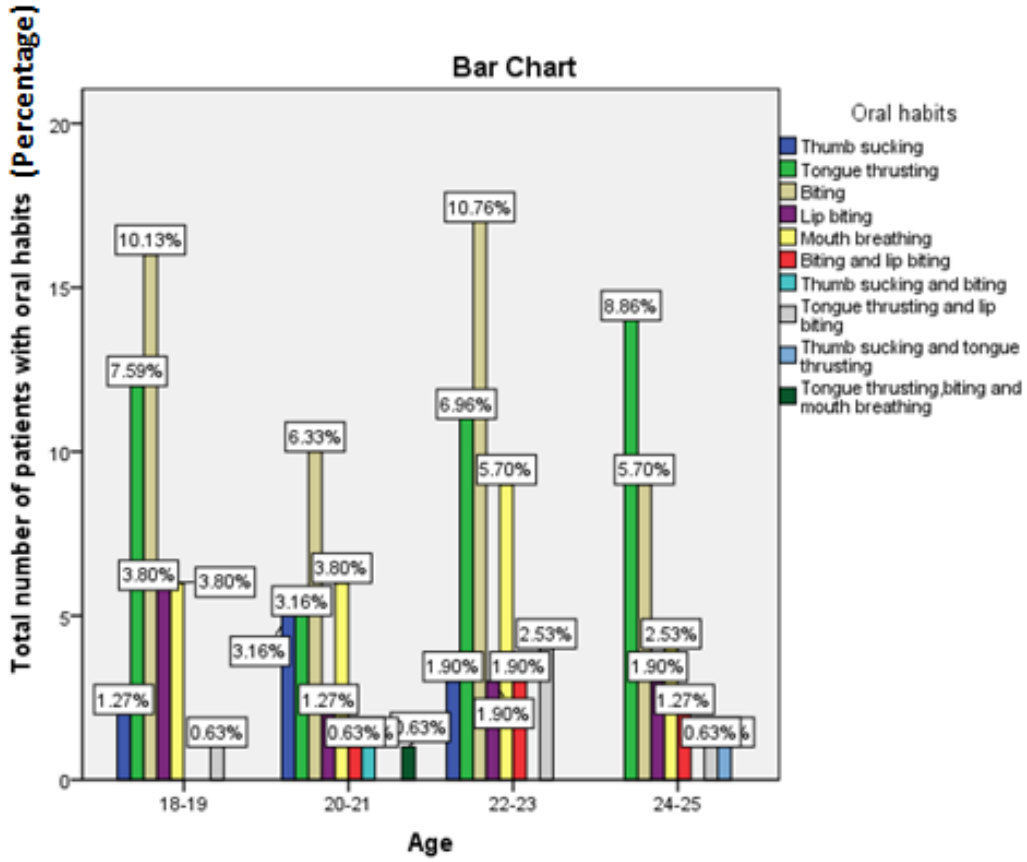

Figure 6-The Bar graph shows the association between age and oral habits. X axis represents the age and Y axis represents the total number of patients withOral habits. Nail Biting habit was found to be more common among 22-23 age groups than other age groups.However the association between age and oral habits was found to be statistically not significant.[Chi-square value- 33.27; p value- 0.18 (p>0.05)].

The Bar graph (figure 6)shows the association between age and oral habits. X axis represents the age and Y axis represents the total number of patients withOral habits. Chi- square test was done and was found to be statistically not significant [Chi-square value- 33.27; p value- 0.18 (p>0.05)]. However the association between Gender and oral habits was found to be statistically not significant, Biting was found to be more common among all the age groups.

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

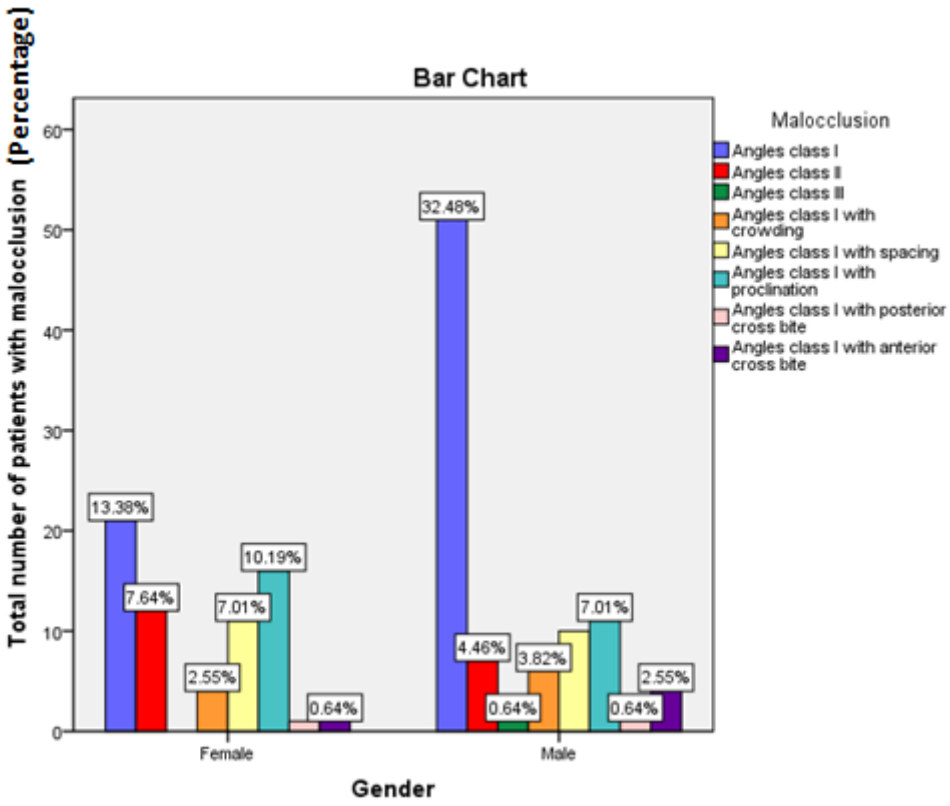

Figure 7-The Bar graph shows the association between gender and malocclusion. X axis represents the gender and Y axis represents the Percentage distribution of the patients with malocclusion(Percentage). Angle's class I (32.48%)was found to be more common among male study subjects and female patients. However the association between gender and oral malocclusion was found to be statistically not significant. [Chi-square value- 14.37; P value- 0.04 (p>0.05)].,

The Bar graph(figure 7) shows the association between Age and malocclusion. X axis represents the gender and Y axis represents the Percentage distribution of the patients with malocclusion. Chi-square test was done and was found to be statistically not significant [Chi-square value- 14.37; P value- 0.04 (p>0.05)]. However the association between gender and oral malocclusion was found to be statistically not significant, Angle's class I (Light Blue) was found to be more common among both male and female patients.

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

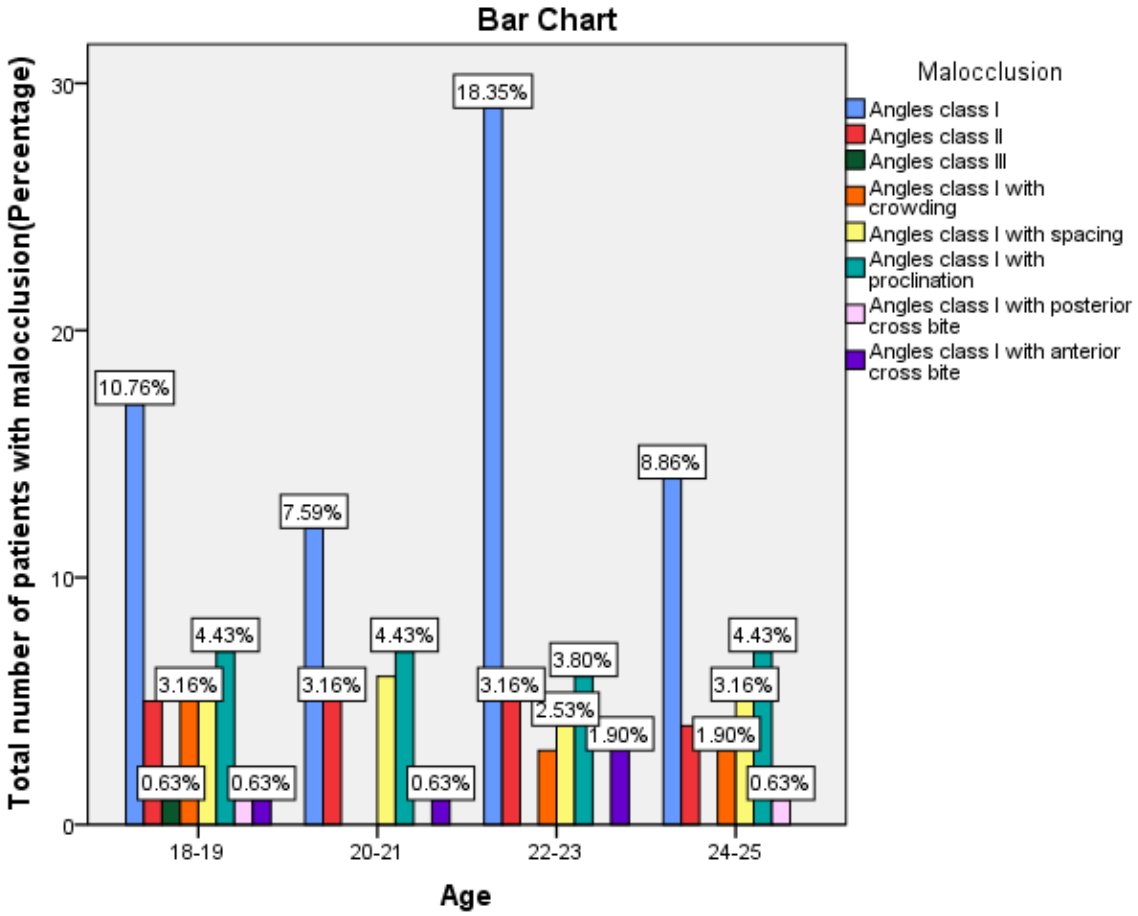

Figure 8-The Bar graph shows the association between age and malocclusion. X axis represents the age and Y axis represents the total number of patients with malocclusion(Percentage). Angle's class I (18.35%) was found to be more common among patients aged between 22-23 years old when compared to other age groups. However the association between age and oral malocclusion was found to be statistically not significant.
[Chi-square value- 17.67; P value- 0.67 (p>0.05)].

Figure 8 represents association between Age and malocclusion. X axis represents the age and Y axis represents the Percentage distribution of the patients with malocclusion. Chi- square test was done and was found to be statistically not significant [Chi-square value- 17.67; P value- 0.67 (p>0.05)]. However the association between age and oral malocclusion was found to be statistically not significant, Angle's class I (Light Blue) was found to be more common among patients aged between 22-23 years old when compared to other groups.

Variables	Spearman's rho Correlation Coefficient Value	P value
Malocclusion and Oral Habits	0.135	0.09

TEST Engineering & Management

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

Table 1: depicts the correlation between Malocclusion and deleterious oral habits. Spearman Correlation was done and was found to be statistically not significant. A negligible correlation (correlation value- 0.13; p>0.05) existed between Malocclusion and deleterious oral habits. Hence proving that there was no relationship between Malocclusion and deleterious oral habits among the study subjects enrolled in the present study.

Table 1 depicts the correlation between Malocclusion and deleterious oral habits. Spearman Correlation was done and was found to be statistically not significant. A negligible correlation (correlation value- 0.13; p>0.05) existed between Malocclusion and deleterious oral habits. Hence proving that there was no relationship between Malocclusion and deleterious oral habits among the study population enrolled in this study.

The present study determined the prevalence of malocclusion and the relationship of associated factor such as deleterious oral habits in south indian adults population of 18-25 years old.There are many studies that reported the prevalence of abnormal oral habits in various study population which was25.8%(Pruthi, Sogi and Fotedar, 2013) and in some studies it might reach up to 96.6%(23)(Pruthi, Sogi and Fotedar, 2013; Sasigornwong*et al.*, 2016).Thi wide range may be due to differences in race,geographic factors(region) and also various inclusion criteria of samples and classification of abnormal oral habits.

Oral habits such as mouth breathing,abnormalswallowing,thumbsucking,lip sucking and nail biting can have direct effect on the stomatognathic system of the body(Agarwal et al,2012)(Agarwal *et al.*, 2014).One such abnormal factor which caused abnormal malocclusion is in patients suffering from oral submucous fibrosis were the patients has difficulty in mouth opening and caused continuous clenching of the teeth which further lead to bruxism(Harini and Leelavathi, 2019; Nerallа*et al.*, 2019)(Pratha, AshwathaPratha and Prabakar, 2019)(Pavithra, Preethi Pavithra and Jayashri, 2019) Many authors have written about the relationship between bad habits and malocclusion,Oral habits are repetitive behaviour in the oral cavity that results in loss of tooth structure and include biting,nailbiting,bruxism,self injurious habit and tongue thrusting (Garde *et al.*, 2014).Their effect is dependent on the nature of onset,duration of habits.Persistent habit will have effect in stomatognathic system leading to imbalance between muscles(Bell *et al.*, 2011).

In our study it was found that the highest prevalence of deleterious oral habits was biting.which was common in 32.9%.It is a similar study which has a about 65%(Giuglianoet *al.*, 2014).The habit of mouth breathing was seen in 15%.It was lower when compared to Garde et al(Garde *et al.*, 2014). Our study found that the prevalence of class II molar relation is less when compared to the study conducted in Thailand and Pakistan (Garde *et al.*, 2014; Sasigornwong*et al.*, 2016)and similar to India(Sridharan *et al.*, 2011).Other types of malocclusion associated with tongue thrusting is swallowing was also found in the study.But it was not found in other studies(Aslam, 2010)(Jalaly, Ahrari and Amini, 2009)(Al-Atabi, 2013)(Melsen, Stensgaard and Pedersen, 1979).

Since the population size of the study is small it cannot be determined to the overall population of the region.Different studies have to be conducted in various geographical locations to find out the prevalence state and the relationship with deleterious oral habits.

CONCLUSION

Within the limitations of our study we would like to conclude that the majority of the study population had a biting habit and Angle's class I malocclusion and also found that there was no relationship

July-August 2020
ISSN: 0193-4120 Page No. 2739 – 2752

between Malocclusion and deleterious oral habits among the study subjects enrolled in the present study.

AUTHORS CONTRIBUTION

Author1(Amanthi Ganapathi) Carried out the retrospective study by collecting the data and drafting the manuscript after performing the necessary statistical analysis.Author 2(Dr.Jayashri.P) aided in the conception of the topic,participated in the study design,statistical analysis and supervised the preparation of the manuscript and helped in study design and has coordinated in developing the manuscript.All the authors have equally contributed in developing this manuscript.

CONFLICT OF INTEREST

None to declare.

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July-August 2020
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