**Original Article** 

# **Knowledge and Perception of Dental Practitioners towards Dental Implant Treatment in Routine Dental Practice**

Knowledge and Perception of Practitioners for **Dental Implant Treatment** 

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## **ABSTRACT**

**Objective:** To determine the knowledge and perception of dental implant among dental practitioners

Study Design: Cross sectional survey

Place and Duration of Study: This study was conducted at the Department of Periodontology / Prosthodontics, Peshawar Dental College Peshawar from September to November, 2022.

Materials and Methods: This cross sectional survey was conducted on 117 dental practitioners working in dental teaching hospitals or running an independent clinic in Peshawar through a structured questionnaire containing close ended questions. The inclusion criteria were qualified dental doctors registered with Pakistan medical commission, both genders and working in Peshawar. Undergraduate dental students and dental house surgeons were excluded. They were asked about different parameters of implant placement procedures, for example, type of implants fixtures, surgical placement of fixture, impression taking procedures and post-operative care. Chi-square test was applied for comparison awareness about implants among level of qualification.

**Results:** The females were 50 (42.74%) and males were 67 (57.26%). Fairly informed participants were 36(30.77%), 49(41.88%) were moderately informed and 32 (27.35%) were well informed. Most common source of knowledge was clinical observations (n=58, 49.57%) followed by continuing dental education (n=46, 39.32%). The knowledge about dental implant system was fairly enough in 62 (52.99%) and moderate in 25 (21.37%). The knowledge about designs of implant abutment were fair in 59 (50.43%) and well informed in 18 (15.38%).

Conclusion: There is lack of proper knowledge about dental implants among dental practitioners about materials, types, surgical placement and design of appliance. Post graduate qualified dentist are more aware than general dentists.

Key Words: Awareness, Dental Implant, Dental Practitioners, Dentists

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## **INTRODUCTION**

Loss of tooth is most traumatizing experience from functional and psychological aspect and adversely affecting one's quality of life. Dental caries and periodontal pathologies are most common etiologies for tooth loss. The less common causes of tooth loss are trauma, endodontic treatment and congenital cause.1 Dental implant is becoming an indispensible specialty in dentistry.2 In last three decade the dental field evolved enormously.

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Dental implants can replaced the missing dentition in comfortable, natural and stable way.<sup>3</sup> Dental implants treatment modality lacks all biological complications of fixed prosthodontics like preparation of abutments and failure in long terms. Implants can preserve bone and can an option to have fixed teeth in completely edentulous patients.4

The awareness about dental implant is increasing due to mass and social media. Previous studies by Sheth et al.5 and Dhami et al.6 found that general dentists have less knowledge about dental implants and most of them demand that implantology should be taught at undergrade level. Another study reported that 80% were well informed about implant material and 57% about various types of implants, 46.1% about implant placement technique, 67.8% know the concept of osseointegration.<sup>7</sup>

Due to social and print media the awareness about dental implant is increasing among patients. Usually patients demand about implants from general practitioners. The practitioners should be aware about this treatment options to guide their patients properly. To our knowledge there is lack of research in this area

in our population. This study will help to elucidate the awareness about dental implant among dental practitioners.

The objective of this study was determine the knowledge and perception of dental implant among dental practitioners.

### **MATERIALS AND METHODS**

This cross sectional survey was conducted on dental practitioners working in dental teaching hospitals (public/private sectors) or running an independent clinic (institutional based practice/private) in Peshawar through a structured questionnaire containing close ended questions. Sampling was done using convenient sampling technique. Verbal informed consent was obtained from all participants. The sample size was calculated as 117 participants using 30.3% information about dental implant from previous study at 90% confident level and 7% margin of errors in WHO calculator.

The inclusion criteria were qualified dental doctors registered with Pakistan medical commission, both genders and working in Peshawar. Undergraduate dental students and dental house surgeons were excluded from study. Participants were approached personally during their free clinical time. They were asked about different parameters of implant placement procedures, for example, type of implants fixtures, surgical placement of fixture, impression taking procedures and post-operative care. Their responses were recorded in the pre-designed proforma handed over to them.

Data analysis was done in SPSS 22. Frequencies and percentages were calculated for categorical variables and mean and SD for continuous data. Chi-square test was applied for comparison of awareness about implants among level of qualification.

#### **RESULTS**

The females were 50(42.74%) and males were 67(57.26%). The most practitioners has BDS level of qualification (n=86, 73.50%) and 31(26.50%) had post graduate qualification. Most of practitioners have experience more than 5 years (n=70, 59.83%). (Table 1) Most common age group was 36-45 years (n=65, 55, 56%) followed by 27-35 yeas (n=34, 29.06%). (Fig 1) Fairly informed participants were 36(30.77%), 49(41.88%) were moderately informed and 32 (27.35%) were well informed. Most common source of knowledge was clinical observations (n=58, 49.57%) followed by continuing dental education (n=46, 39.32%). The knowledge about dental implant system was fairly enough in 62(52.99%) and moderate in 25(21.37%). The knowledge about designs of implant abutment were fair in 59(50.43%) and well informed in 18(15.38%). When participants were ask do they give dental implant as a replacement option, most of them

responded they give 'when needed' (n=68, 58.12%) followed by 'always' (n=34, 29.06%). (Table 2)

Table No.I: Distribution of Gender, Qualification and Experience

Variable	Characteristic	n(%)		
Candan	Female	50 (42.74)		
Gender	Male	67 (57.26)		
O1:6:+:	BDS	86 (73.50)		
Qualification	Post graduate	31 (26.50)		
Ei	Less than 5yrs	47 (40.17)		
Experience	More than 5yrs	70 (59.83)		

**Table No.2: General Knowledge about Dental Implant Among Practitioners** 

Implant Among Practitioners					
Variable	Characteristic	n(%)			
General	Fairly informed	36 (30.77)			
knowledge	Moderately informed	49 (41.88)			
about implant	Well informed	32 (27.35)			
Source	Continuing dental education	46 (39.32)			
knowledge about dental	Clinical observation	58 (49.57)			
implants	Postgraduate programme	13 (11.11)			
Knowledge	Fairly informed	62 (52.99)			
about	Moderately informed	25 (21.37)			
implant	Nil	14 (11.97)			
systems	Well informed	16 (13.68)			
<b>.</b>	Fairly informed	59 (50.43)			
Designs	Moderately informed	25 (21.37)			
implant abutments	Nil	15 (12.82)			
	well informed	18 (15.38)			
Do you give	Always	34 (29.06)			
implant	Never	15 (12.82)			
replacement option	When needed	68 (58.12)			
When you	Lack of skill	7 (5.98)			
not give	Nil	102			
implant a		(87.18)			
treatment	Patient issue	5 (4.27)			
option	Treatment time	3 (2.56)			

Most of practitioners reported that 'their colleague' (n=38, 32.48%) followed 'their selves' (n=25, 21.37%) should do the surgical placement of dental implants. Nine (7.69%) participants reported they don't performed surgical placement of dental implant due lack of confidence, 2(1.71%) said due to lack of interest and 2(1.71%) reported due to time consumption. Most of practitioners tell the longevity of dental implant to be 10-15yrs (n=50, 42.74%) followed by 5-10yrs (n=30, 25.64%). Thirty nine (33.33%) practitioners planed for dental prostheses. Most of the practitioners responded that the design of the prostheses should be done by practitioner (n=60, 51.28%) followed by laboratory (n=42, 35.90%). Most of the practitioners reported the

dental implants are superior to other restorative option due to conservation of adjacent of teeth (n=82, 70.09%) followed by longevity and esthetics (n=15, 12.82%). (Table 3)

Table No.3: Knowledge about of surgical procedure, longevity, restorative options and success of dental

implant among dental practitioners

impiant among deni		(0.1.)
Variable	Characteristic	n(%)
Operator for	Colleague	38 (32.48)
surgical	Combined	25 (21.37)
placement of	Myself	41 (35.04)
implant should be?	Nil	13 (11.11)
Why you are not	Confidence	9 (7.69)
operator for	Interest	2 (1.71)
surgical	Nil	104 (88.89)
placement of implant?	time consuming	2 (1.71)
II 4-11	10y-15yr	50 (42.74)
How you tell about longevity of	15yr-20yr	21 (17.95)
dental implant?	5yr-10yr	30 (25.64)
dentai iiipiant:	Nil	16 (13.68)
Do you plan for	No	78 (66.67)
prosthesis in dental implant	Yes	39 (33.33)
Design of	Both	15 (12.82)
prostheses should	Lab	42 (35.90)
be done by	Practitioner	60 (51.28)
C	Longevity	15 (12.82)
Superiority of	Conservative	82 (70.09)
implant over restorative option	Esthetic	15 (12.82)
restorative option	All of the above	5 (4.27)
	Multidisciplinary	20 (17.09)
Who should	Periodontist	12 (10.26)
place dental	Prosthodontist	39 (33.33)
implants	Surgeon	46 (39.32)
	Experience	45 (38.46)
Important factor dental implant	Patient's compliance	18 (15.38)
success	Treatment plan	54 (46.15)

General knowledge, source of knowledge, knowledge about implant systems, designs of implant abutments, operators for surgical placement of implant were more among practitioners with post graduate qualification than graduation statistically (P<0.001). (Table 4)

The knowledge about planning of prosthesis before implant placement, design of prostheses, superiority implant over other options, and who should place dental implants more among practitioners with post graduate qualification than graduation statistically (p<0.05). (Table 5)

Table No.4: Comparison of general knowledge about dental implant among practitioners

about dental implant among practitioners				
Variable	Charac- teristic	BDS, n=	post graduate, n = 31	o-value*
General	Fairly informed	34(39.53)	2 (6.45)	
knowledge about	moderately informed	43(50.00)	6 (19.35)	< 0.001
implant	well informed	9 (10.47)	23 (74.19)	
Source of	CDE	33(38.37)	13(41.94)	
knowledge about	Clinical observation	53(61.63)	5(16.13)	< 0.001
implant	postgrad programme	0 (0.00)	13 (41.94)	
Vnovilodas	fairly informed	56(65.12)	6 (19.35)	
Knowledge about	moderately informed	16(18.60)	9 (29.03)	< 0.001
implant systems	Nil	14(16.28)	0 (0.00)	
systems	well informed	0 (0.00)	16 (51.61)	
Designs	fairly informed	54(62.79)	5 (16.13)	<0.001
about implant	moderately informed	16(18.60)	9 (29.03)	
abutments	Nil	15(17.44)	0 (0.00)	
aduments	well informed	1 (1.16)	17(54.84)	
You give	Always	27(31.40)	7 (22.58)	
implant	Never	14(16.28)	1 (3.23)	0.064
replacement option	when needed	45(52.33)	23(74.19)	0.004
You not give implant an option	lack of skill	6 (6.98)	1 (3.23)	0.276
	Nil	72(83.72)	30 96.77)	
	patient issue	5 (5.81)	0 (0.00)	
	treatment time	3 (3.49)	0 (0.00)	
Who	Colleague	34(39.53)	4 (12.90)	<0.001
performed	Combined	18(20.93)	7 (22.58)	
surgical	Myself	21(24.42)	20(64.52)	
placement of implant	Nil	13(15.12)	0 (0.00)	

Table No.5: Comparison of knowledge about of surgical procedure, longevity, restorative options and success of dental implant among dental practitioners

prucuioners				
Variable	Characteristic	BDS, n = 86	post graduate, n = 31	p- value*
Why you not do surgical placement of implant	Confidence	9 (10.47)	0 (0.00)	
	Interest	2 (2.33)	0 (0.00)	
	Nil	73 (84.88)	31(100.00)	0.153
	time consuming	2 (2.33)	0 (0.00)	
What you	10y-15yr	34 (39.53)	16 (51.61)	
tell implant	15yr-20yr	16 (18.60)	5 (16.13)	0.22
longevity	5yr-10yr	21 (24.42)	9 (29.03)	

	Nil	15 (17.44)	1 (3.23)	
You plan	No	70 (81.40)	8 (25.81)	
prosthesis				
before	Yes	16 (18.60)	23 (74.19)	< 0.001
implant	168	10 (18.00)	23 (74.19)	
placemat				
Design of	Both	6 (6.98)	9 (29.03)	
prosthesis	Lab	33 (38.37)	9 (29.03)	0.007
should done by	Practitioner	47 (54.65)	13 (41.94)	0.007
Superiority	All	0 (0.00)	5 (16.13)	0.002
implant	Conservative	62 (72.09)	20 (64.52)	
over other	Esthetic	12 (13.95)	3 (9.68)	
options	Longevity	12 (13.95)	3 (9.68)	
	Multidiscipli nary	10 (11.63)	10 (32.26)	
who should	Periodontist	10 (11.63)	2 (6.45)	0.03
place dental implants	Prostho- dontist	30 (34.88)	9 (29.03)	
	Surgeon	36 (41.86)	10 (32.26)	
Important factor dental implant success	Experience	35 (40.70)	10 (32.26)	
	Patient's compliance	15 (17.44)	3 (9.68)	0.271
	Treatment plan	36 (41.86)	18 (58.06)	

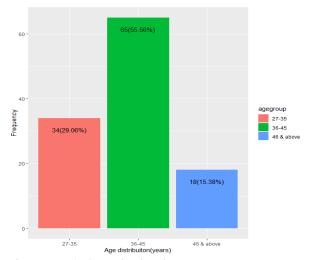


Figure No. 1: Age Distribution

#### **DISCUSSION**

This study was conducted to determine the awareness level about dental implants among dental practitioners. Our findings shows that knowledge of practitioners about dental implant placement, design of prostheses and treatment planning was less than 50%. Post graduate qualified dental professionals were more than graduated professionals.

Dental practitioners have key role in educating patients about oral health and various treatment options available. The awareness about dental implant is very important to properly educate the patients. Both health and functions of fixed prosthodontics is better than removable dentures.<sup>8</sup>

Most of the previous studies are conducted on patients awareness about dental implants like cost, complication and stability. A study was conducted on 500 dental residents in India about awareness of dental implants and their results showed that they have low level of knowledge about surgical placement, material and design of abutment. 10

Our findings showed that most common source of knowledge about implants were clinical observations followed by continuing dental education and post graduate training. For dental practitioner's clinical observations in dental department with senior colleague is an important of learning. The second common source of knowledge about dental implants was continuing dental education in the form of short courses like workshop and short certificate programmes. The dental field is never static and it evolves through advancement in technologies. Each practitioner need to learn these advancements while providing care to the patients. Sakshi et al<sup>11</sup> explore the knowledge of undergraduate students about dental implants and reported that most common source of knowledge was internet and clinical observation.

Kohli et al<sup>12</sup> conducted a study on awareness about dental implant and found that around one third participants had adequate knowledge about implants and most common source of information was dentists themselves and mass media.

## **CONCLUSION**

There is lack of proper knowledge about dental implant among dental practitioners about materials, types, surgical placement and design of appliance. Post graduate qualified dentist are more aware than general dentists

#### **Author's Contribution:**

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