

KNOWLEDGE, ATTITUDE AND PRACTICE OF ANTI-SIALAGOGUE AMONG DENTAL STUDENTS

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ABSTRACT

AIM:

To find out the knowledge attitude and practice of anti-sialagogue among dental students in chennai.

BACKGROUND:

The substances that decrease the production of saliva are called ANTISIALAGOGUE. Their effect is opposite to that of sialagogues. Sialagogue are the agents or drugs which are used to increase the salivation during dryness of mouth. Anti-Sialagogue may be natural or synthetic. The various role of antisialagogue are studied and are reviewed.

REASON:

The study is chosen on this topic so that it can help the dentist to know its uses in a detail and helps them to use in an appropriate manner.

KEY WORDS:

Antisialagogue, oral hygiene, saliva, hyper salivation.

INTRODUCTION:

In 20th century the world is witnessing much revolution in the medical treatment and care. Many new technique and technologies have taken dentistry to next level. The main aim of the dentist is to provide quality service to their patient. New advancements have made the job of the dentist quite easy. One such is the use of antisialagogue.

Antisialagogue are substances that decrease the production of saliva and their effect is opposite to that of sialagogue^[1]. Their effect is opposite to that of sialagogues. Sialagogue are the agents or drugs which are used to increase the salivation during dryness of mouth. Anti-Sialagogue may be natural or synthetic^[2,3].

The most common side effect of using these drugs is it can lead to xerostomia and other side effects are large pupils, urinary retention, fast heart rate, constipation etc. It should not be used in patients with angle closure glaucoma. Antisialagogue drugs are anticholinergics which works by inhibiting the parasympathetic nervous system^[4,5]. Saliva may be combined with traditional approaches and methods for verification, resulting in rapid and reliable diagnosis of numerous dental conditions and diseases, as well as the ability to monitor and evaluate a person response to, and the effectiveness of treatment^[6].

Hypersalivation causes inconvenience in dental treatments such as RCT, extraction etc. It may be due to jaw fracture, improper closure of mouth, radiation therapy and neurologic disorders^[7]. Antisialagogue play a main role in dental treatments by decreasing the salivary flow, reducing the chair time and increasing the efficiency of treatment provided^[8-10]. This study is done to know about the knowledge attitudes and practice of antisialagogue among dental students.

MATERIALS AND METHODS:

The participants of this study are dental students. Dental students across two colleges had participated in this study. Most of the students participated in this study are 3rd, 4th year and internship students.

A questionnaire was distributed to the participants. The questionnaire contains 10 open ended question regarding the various management, knowledge of antisialagogue. Various questions such as Awareness, uses and questions relating decreasing the chair timewere asked. The participants were asked to fill the questionnaire.

About 100 students actively participated in the study and they answered all the questions. The questionnaire were collected back and the results are as follows

RESULTS:

From the study we came to know that 87% are aware of antisialagogue and the remaining 13% are unaware of this (figure 1). And it reported that 73% have proper knowledge about antisialagogue drug saying it as drug which reduces the production of saliva and the 20% said it as some oral medication drug and the remaining 7% doesn't know about it.

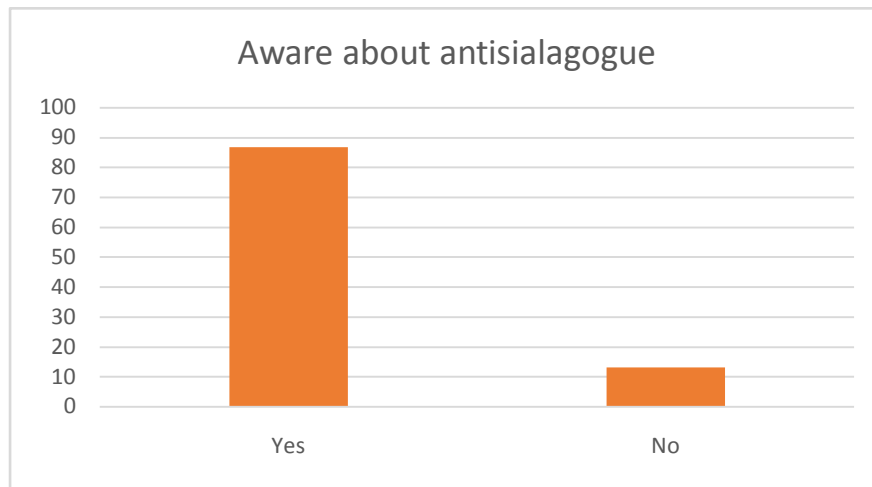


FIGURE 1

While talking about the usage of the drug only 3% of the participants use the drug often in clinical practice (figure 2). The remaining participants use other technique. 27% prefer antisialagogue drug during the time of hyper salivation and the rest doesn't prefer antisialagogue during hyper salivation.

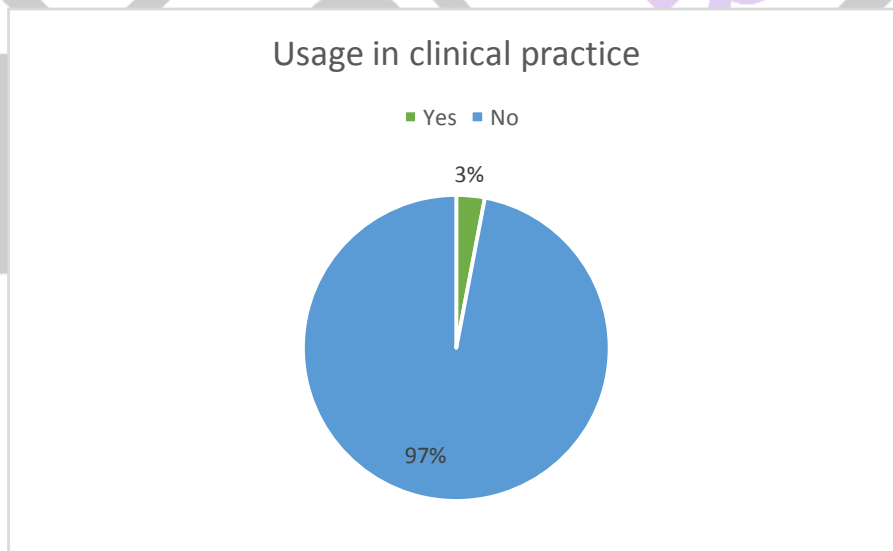


FIGURE 2

77% of participants said that antisialagogue are effective in their action and the remaining 23% of them are not satisfied with the action of the drug (figure 3). While considering the side effect of the drug 84% of the participants reported that it has side effects and the remaining 16% are Antagonist to the report.

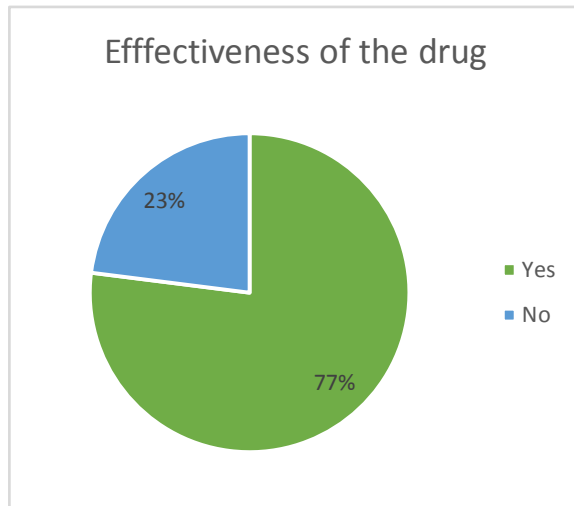


FIGURE 3

The various effects caused due to the antisialogogue are as follows, 40% of the participants said it cause nausea, 14% of them says irritation and 21% said it cause head ache and the rest 25% said it doesn't have any adverse action (figure 4).

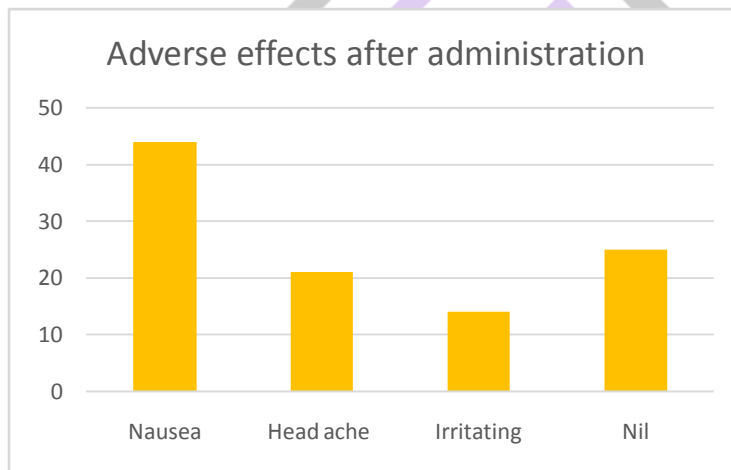


FIGURE 4

Out of 100 participants 69% of them said that it doesn't decrease the chair time of the patients and the remaining 31% of said that it decreases the chair time (figure 5).

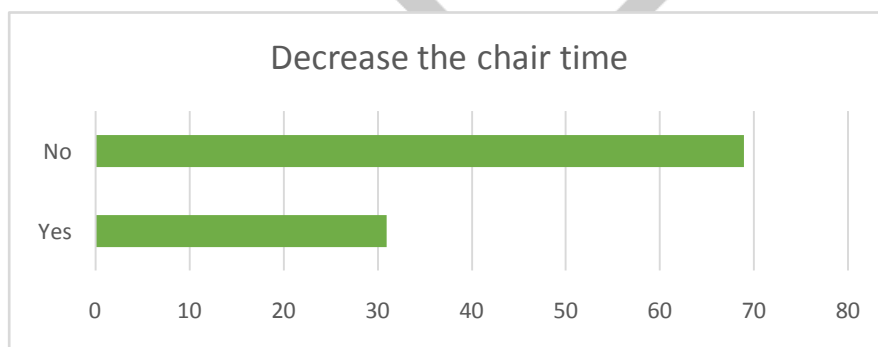


FIGURE 5

DISCUSSION:

Antisialogogue drugs are not being used in modern dental treatments. The significant reason is it can cause xerostomia and also has other side effects which is also said in the past research^[11]. The clinical practitioners rarely use these drugs so that it can sufficiently reduce the chair time but many studies says that there is no reduction of chair time^[5,6]. These drugs are usually being used in procedures such as orthodontic, pedodontic procedures and the same result are discussed in various other study^[11]. The study shows that only 3% practitioners use these drugs and it is not prevalent among the clinicians. The drug is 77% quite

effective in dental treatments. The study shows that 84% of these drugs cause side effects such as xerostomia, tachycardia, constricted pupils etc. 40% of these drugs have nauseating behaviour towards patients and the rest of them don't have any reaction. Due to modern developments in dentistry, people find new ways to treat diseases.

CONCLUSION:

The study proves that antisialagogue drugs are getting devoid of use among the practitioners. The study says that it doesn't decrease the chair time. Further research must be done to find the efficacy of antisialagogue and the knowledge, usage of antisialagogue among the dental students can be improved by conducting various conferences and CME (continuing medical education) programs.

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