Editorial

Reach Rural Reach Poor: Reducing the Residential Demographic Disparity in Oral Health

It is a great honor to become a 'Managing Editor' for the International Journal of Prosthodontics and Restorative Dentistry (IJOPRD) at this budding stage of my career. The credit goes to the respected Editor-in-Chief of IJOPRD, Dr Ramesh Chowdhary, who has laid a full faith in me. Working with Dr Ramesh is a great experience. His close association with the pioneer of dental implants and osseointegration, the legendary Professor Per-Ingvar Brånemark, is another good reason to cherish. I express my deep gratitude to him and assure you all to give the best justice to this post. I take an opportunity to write an editorial in this very first issue of the year 2012. I congratulate editorial board members and all registered reviewers of the journal selected for year 2012. Hope, we work synergistically and build a great team to constantly improve the quality of articles to be published. Four types of articles we accept, namely the review, original, research and case report. This year, under each category above-mentioned, the preference will be given for systematic review, innovative ideas/techniques, substantial research and case series respectively. The journal is open to all for submitting the curriculum vitae to become the reviewer and editorial board members for next year and is keen to develop a fine working panel ahead, especially with the young aspirants.

I believe that the technological advancements are constantly changing its face in dentistry and hence become one of the fastest growing fields in health sciences. With increasing usage of world-wide-web, the best possible treatment modalities are being shared in the form of publications, videos, presentations, etc. Dental clinics and research is taking up the 'global' shape, where entire dental fraternity, including students, faculty, clinicians, researchers, technicians and industrialists are sharing their thoughts and developing the profession just to improve the one and only 'patient care.' I believe that if we are going 'global' means we are reaching to the last person for offering the services. When trying to trace that last person, I always remember the face of a villager. Now think… up to what extent, we have reached there? Not much…really not much...

I believe that a prosthodontist can play a vital role in rural health care both in (1) oral cancer and (2) elderly edentulism. A nationally representative survey carried out by Dixit et al on 'cancer mortality in India' published in 'The Lancet' this year revealed the truth.[1] They surveyed the causes to 122,429 deaths which occurred in 1.1 million homes in 6,671 small areas that were randomly selected to be representative of all of India. They found that tobacco-related cancers represented 42.0% (84,000) of male and 18.3% (35,700) of female cancer deaths and were twice as many deaths from oral cancers as lung cancers. Prevention and earlier detection of tobacco-related cancers would reduce cancer deaths in India, particularly in the rural areas that are underserved by cancer services.[1] We, as the prosthodontists, should be keen enough to completely rehabilitate the oral cancer patients, as many a times they remain unattended following the surgical intervention. They live under tremendous psychological trauma due to inability to eat and speak and are reluctant to go back to society. The esthetic disfigurement only exaggerates this deteriorated stage. The role of a prosthodontist (in particular) becomes vital in such a vulnerable stage of the patient, where careful execution of prosthodontic-rehabilitation can improve their quality of life.

The oral health of elderly living in rural areas is also a critical issue. Shah et al[2] studied a total of 1,240 (716 urban and 524 rural) elderly people in India. The level of edentulousness was found to be high, more so in rural than in urban people. The striking finding of this study was that only <50% of those needing complete dentures and <13% of those needing partial dentures were wearing dentures. Ariga et al[3] conducted a cross-sectional study on 150 elderly men and women from South India using the systematic cluster sampling method and found that 15.6% of the rural elderly were completely edentulous and 54.7% were partially edentulous. Although 70.3% of the evaluated elderly actually required prosthodontic treatment, only 14.4% perceived the need to replace missing teeth. The scenario is more or less similar in the developed countries like USA.[4] Vargas et al[4] analyzed data from the 'Third National Health and Nutrition Examination Survey and the 1995, 1997 and 1998 National Health Interview Surveys'. A higher proportion of rural residents than urban residents were edentulous (36.7% *vs* 28.2% respectively) and reported poor dental status (50.7% *vs* 42.2%, respectively). The prosthodontists can play a crucial role in developing the oral health-related quality of life of the elderly in rural areas.

We must reach to rural and tribal areas to serve poor people. The 'denture camps' as a part of dental health camps in rural areas should be encouraged. The fully equipped 'mobile dental van' reaching to the remote areas is one good concept many dental institutions are practicing including my parent-institute, 'Government Dental College and Hospital, Nagpur,' which has recently completed '100th rural dental health camp' in last 4 years. Dental Council of India has taken a significant step including 'Public Health Dentistry' as a major subject in BDS undergraduate curriculum. Now, the time has come to really think and act to reduce the residential demographic disparity in oral health care.

REFERENCES

1. Dikshit R, Gupta PC, Ramasundarahettige C, Gajalakshmi V, Aleksandrowicz L, Badwe R, et al. Million death study collaborators. Cancer mortality in India: A nationally representative survey. Lancet 2012; 12;379(9828):1807-16.
2. Shah N, Parkash H, Sunderam KR. Edentulousness, denture wear and denture needs of Indian elderly—a community-based study. J Oral Rehabil 2004;31(5):467-76.
3. Ariga P, Bridgitte A, Rangarajan V, Philip JM. Edentulousness, denture wear and denture needs of the elderly in rural south India. Iranian J Publ Health 2012;41(7):40-43.
4. Vargas CM, Yellowitz JA, Hayes KL. Oral health status of older rural adults in the United States. J Am Dent Assoc 2003;134(4):479-86.

Pravinkumar G Patil MDS
Managing Editor
International Journal of Prosthodontics
and Restorative Dentistry
Assistant Professor
Department of Prosthodontics
Government Dental College and Hospital
Nagpur, Maharashtra-440003, India