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KAP STUDY ON ALCOHOL CONSUMPTION OF INDIAN DENTISTS – A CROSS SECTIONAL MIXED METHODS APPROACH

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ABSTRACT

Introduction: Clinical practice of Dentistry often is encountered with stressful situations. It requires close and personal interaction with patients, hence, the ethical and moral standards leave no room for error in judgment by the clinician. The practice of Dentistry is often associated with strained physical and psychological atmosphere, which has direct and indirect harmful effects on the clinician. **Aim:** The study aims at assessing knowledge, awareness and perception of Indian Dentists on alcohol dependence. **Methods:** This is cross – sectional mixed methods study constituting of both quantitative and qualitative approach. A sample size of 50 was taken for quantitative survey and five in-depth interviews were conducted for qualitative findings. **Conclusion:** From the results, 74% Dentists knew about alcohol dependence and its implications, 43% participants admitted consuming alcohol on a daily basis, 18% of which were self-identified alcoholics. From a the qualitative interviews, major reasons identified for alcohol dependency were mental stress, physical strain, emotional trauma, anxiety, poor family life and previous substance and alcohol addiction.

KEYWORDS: Alcohol consumption, Dentists, Substance abuse, Alcoholism, Stress, Clinical practice.

INTRODUCTION

India is the second fastest growing economy in the world occupying 3% of total land area of the world and housing a population of 1.2 billion people (16.2% of world's population).[1] Indian households consists of multi-religious, multi-lingual and multi-ethnic cultures. There are 18 official languages of India with hundreds of dialects in over 29 states. More than half the alcohol consumers in India fall under the category of hazardous drinking, it is an emerging public health problem in the country. India practices abstinence culture in matters of alcohol, but slowly the inhibitions have been lowered and people have accepted alcohol in their regular diets. India is one of the lowest consumers of alcohol around the world, 21% men and 2% women consumers, up-to a fifth of this group – about 14 million people require help with their addiction.[2] At present, there are a total of 1,18,000 Dentists practicing in India.[3] Dentists usually work alone with minimal auxiliary and have reported psychological stress.[4] He/she is recognised as a high-skilled professional in his field and the expectations of his patients puts him/her in a very challenging, but vulnerable position.

METHODOLOGY

The aim of this paper is to assess knowledge, awareness and perception of Indian Dentists on alcohol consumption habits in a major urban city of Uttar Pradesh. A cross sectional mixed methods design was adopted. The quantitative part consisted of administering a pre-tested structured questionnaire as a survey tool and the qualitative part consisted of an in-depth face-to-face interview with the respondents. The sample size of 50 was calculated using mean proportions by simple random sample technique. For qualitative interviews, purposive sampling was done and five interviews were taken. Informed consent was taken from all the respondents. For the analysis, descriptive statistics using SPSS (IBM) was done for quantitative samples. For qualitative data, transcriptions followed by categorization and thematic analysis were done in MS WORD and MS Excel.

RESULTS

74% Dentists knew about alcohol dependence and its implications, 43% participants admitted consuming alcohol on a daily basis, 18% of which were self-identified alcoholics. Out of total respondents, 46% admitted facing difficulty in clinical practice due to alcohol consumption and 7% of the total identified alcoholics were willing to seek treatment for their habit. Out of the people who consumed alcohol, 94% used other intoxicants like tobacco, areca nut, betel nut etc. The alcoholics were selected for qualitative interviews.

"*It is stressful, from convincing the patients to get the appropriate treatment to maintaining running costs to paying off the mortgage and study loans. I know I will not be able to continue doing this for a very long time. It is taking a toll on my body. "* (A Dentist practicing in a major metropolitan city).

Out of the qualitative interviews, the major factors identified were mental stress due to profession, physical strain due to long sitting hours and tense postures during performing procedures, emotional trauma attributing to personal reasons, anxiety due to factors like competition in the market, financial reasons and worrying about their future. Some respondents also commented on poor quality of family life and previous substance and alcohol addiction towards their alcohol dependency.

DISCUSSION

Katz (1986) found that the stress in the dental working environment is a topic of great importance, and the effective reduction of stress in the dental environment has emotional and health benefits for the dentist and everyone else involved. The researcher experienced that some dentists consume alcohol to relieve stress and strain caused by their profession. At first this measure might be beneficial to reduce the effects of stress and strain on the dentist's emotions, but for some dentists, this measure leads to dependency that has devastating consequences.[5] Forrest (1978) hypothesized that the practice of dentistry is a rewarding but demanding profession, and he claimed that the health of dentists may depend on how successfully they keep the rewards and demands of their profession in proper perspective. He suggested that dentists need to identify factors that cause stress and strain, and must take measures to eliminate, or at least reduce, the harmful effects of stress and strain on their health and emotions.[6] Through the ages, alcohol and other chemical substances have been used to relieve physical and emotional pain. Unfortunately, even if chemical substances such as alcohol are used for good reasons, the use of these substances can lead to dependency on such substances. Bernadt (1986) claims that substance dependency is a universal phenomenon that does not distinguish between age, race, status, gender or title and substance use, abuse and dependency may occur regardless of a person's occupation.[7] According to Dick (2006), the potential of dependency to a substance was only recognized in the late 19th century. Alcohol is easily available, and dentists do not need to abuse the authority provided by their profession to obtain alcohol. The researcher believes that alcohol is commonly used as an emotional pain reliever in the health professions, because in order to obtain other addictive substances, medical practitioners and dentists and even other health professionals have to abuse their professional rights to prescribe drugs in order to obtain the substances.[8] Kenna *et al* (2004) reported that dentists consume more alcohol than other health professionals, but when compared to the general population in the USA, health professionals appear to take less alcohol. They found that when methodologically rigorous studies on alcohol and other drugs were performed involving the dental profession, the researchers focused exclusively on dental students and early dental career practitioners. They also found that much of the data pertaining to dentists on alcohol consumption have largely been based on review articles, retrospective analyses of treatment seeking dentists, and qualitative studies.[9] Osborne *et al* (1994) reported that the social interaction that exists between a dentist and a patient is an occupational-related stress factor, which may produce burnout in dentists.[10] In the researcher's experience there are many stress factors that a dentist has to cope with, and the literature confirms this. In a study conducted as far back as 1995, Freeman *et al* reported that an exploratory factor analysis led them to hypothesize six sources of stress among dentists, namely: patient compliance, pain and anxiety, interpersonal relations, the physical strain of work, economic pressures, third party constraints and the strain of seeking ideal results.[11] Stress and health problems among dentists were determined by Rankin and Harris (1989). They reported that dentists are vulnerable to health problems due to the stress associated with the profession, but most of the literature on the stress that dentists experience is based on opinions rather than systematic research.[12]

CONCLUSION

The prevalence of alcohol consumers is 0.43 out of which 18% are self-identified alcoholics. There is presence of several socio-behavioral-economic factors behind consumption of alcohol amongst the Dentist population of the city. The authors suggest proper counseling towards ill-effects of alcoholism and psychiatric therapy sessions with pharmacological treatment for alcoholics. This is a problem constituting of both physical and psychological relevance – family, friends and peers play a front-line role in identifying such victims. They should be alert and willing to help those in need.

REFERENCES

1. Mohan D, Chopra A, Ray R, Sethi H. Alcohol consumption in India: a cross-sectional study. Surveys of drinking patterns and problems in seven developing countries Geneva: World Health Organization. 2001; 103-14.
2. Prasad R. Alcohol use on the rise in India. The Lancet. 2009; 373(9657): 17-8.
3. Ahuja N, Parmar R. Demographics & Current Scenario with Respect to Dentists, Dental Institutions & Dental Practices in India. Indian journal of dental sciences. 2011; 3(2).
4. Alexander RE. Stress-related suicide by dentists and other health care workers: fact or folklore? The Journal of the American Dental Association. 2001; 132(6): 786-94.

5. Katz C. Stress factors operating in the dental office work environment. Dental clinics of North America. 1986; 30(4 Suppl): S29-36.
6. Forrest W. Stresses and self-destructive behaviors of dentists. Dental Clinics of North America. 1978; 22(3): 361-71.
7. Bernadt MW, Murray RM. Psychiatric disorder, drinking and alcoholism: what are the links? The British Journal of Psychiatry. 1986; 148(4): 393-400.
8. Dick DM, Bierut LJ. The genetics of alcohol dependence. Current psychiatry reports. 2006; 8(2): 151-7.
9. Kenna GA, Wood MD. The prevalence of alcohol, cigarette and illicit drug use and problems among dentists. The Journal of the American Dental Association. 2005; 136(7): 1023-32.
10. Osborne D, Croucher R. Levels of burnout in general dental practitioners in the south-east of England. British dental journal. 1994; 177(10): 372-7.
11. Freeman R, Main J, Burke F. Occupational stress and dentistry: theory and practice. Part I. Recognition. British dental journal. 1995; 178(6): 214-7.
12. Rankin J, Harris M. Comparison of stress and coping in male and female dentists. Journal of dental practice administration: JDPA: official publication of American Academy of Dental Practice Administration, Organization of Teachers of Dental Practice Administration, American Academy of Dental Group Practice. 1989; 7(4): 166-72.