

DMFT and OHIP-14: Sociomedical Perspectives on Migrants' Oral Health and Life Quality

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Introduction: Increase in geopolitical issues worldwide has led to a wave of migration, resulting in a significant rise in the diversity of European and global populations [1]. Portugal, although economically less attractive, has assumed a prominent role in migration trends [2]. There's a lack of data on accessibility, use of oral health services by migrants and the adequacy of care provided. Recent studies highlight that migrants experience the greatest inequality in oral health [1].

Objective:

To evaluate the relationship between the DMFT Index and OHIP-14.

Materials and Methods:

The study was a cross-sectional analysis conducted at The Summer Berry Portugal, SA, located in Alentejo, specifically in Odemira. The sample consisted of 66 individuals. The Oral Health Impact Profile-14 (OHIP-14) questionnaire was administered, followed by the measurement of the number of decayed, missing, and filled teeth. Statistical analysis was performed using SPSS version 29.0, with a significance level set at 5%.

Results/Discussion:

In Table 1, the prevalence of dental caries can be observed through the DMFT Index of the sample. The results reveal an average DMFT value of 8.5.

DMFT	
Mean ± SD	8,5 ± 4,4

Table 1: Descriptive Analysis of the DMFT Index.

Following the analysis of the responses obtained through the OHIP-14 questionnaire, these were converted into a score to assess the impact of oral health on the quality of life of the sample. In Table 2, the average OHIP-14 score is shown to be 7.30.

OHIP-14	
Mean ± SD	7,3 ± 9,5

Table 2: Descriptive Analysis of the OHIP-14 Score.

Regarding the correlation between the OHIP-14 and the DMFT index, it is notably strong, with a coefficient of 0.838, indicating a positive relationship; in other words, as one value increases, the other also tends to increase.

		OHIP-14
Spearman correlation coefficient	DMFT	0,838

Table 3: Spearman Correlation between the OHIP-14 Score and the DMFT Index.

The results show that the oral health of migrants is directly related to the negative impact of oral health on the participants' quality of life, as indicated by the strong Spearman correlation coefficient between the OHIP-14 and DMFT index (0.838). This means that the higher the OHIP-14 score, the higher the DMFT index. This finding is supported by existing literature, which associates an increase in dental problems with a negative impact on individuals' quality of life. This highlights the deteriorated conditions of oral health, reflected in high DMFT values, which are directly linked to a negative perception of quality of life, possibly due to the discomfort, pain, and aesthetic impact these issues may cause [3].

Conclusion: The oral health of migrants in Portugal reflects a combination of social, cultural, and economic challenges that negatively impact their quality of life. Specifically, inadequate oral health was found to be associated with a higher DMFT Index, which in turn corresponded to a higher OHIP-14 score, indicating a greater negative impact on quality of life. These findings underline the importance of an integrated and tailored approach to healthcare that addresses not only individual health determinants but also the structural and cultural conditions that shape the health experience of migrants. Such a holistic approach is essential for improving migrants' access to equitable and effective care, ultimately enhancing their overall quality of life.

Clinical Relevance: Improving oral health is crucial for enhancing the overall quality of life, particularly for vulnerable populations such as migrants. The direct relationship between the DMFT Index and the OHIP-14 score in this study highlights the significant impact that poor oral health has on daily functioning, social integration, and psychological well-being. As the study shows, higher DMFT values, indicative of greater dental decay, missing teeth, or untreated fillings, are directly correlated with a higher perception of oral health-related discomfort, pain, and reduced social participation. These factors can have a compounding effect, leading to lower self-esteem and potentially exacerbating existing social inequalities.

References:

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