



Knowledge About Oral Cancer in Older Adults at the Wajay Grandparent's House

Odalís de las Mercedes Sánchez Quintero^{1*}, Dra Kerly Alonzo Hernández², Amparo Pérez Borrego¹, Xiomara María Calzadilla Mesa¹ and Grethell Bertran Herrero¹

¹Department of General Estomatología Integral, University of Medical Sciences of Havana, Cuba

²Department of Periodoncia, University of Medical Sciences of Havana, Cuba

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*Corresponding author: Odalís de las Mercedes Sánchez Quintero, Department of General Estomatología Integral, University of Medical Sciences of Havana, Cuba, Tel: 6456182, E-mail: odalissanchez@infomed.sld.cu

Abstract

Introduction: One of the causes of aging in people is associated with the appearance or increase of stomatological conditions, within them oral cancer is the highest incidence in the elderly population and its prevention plays an important role in primary health care **Objective:** to determine knowledge about oral cancer in older adults at the Wajay Grandparent's House.

Materials and Methods: A cross-sectional descriptive study was carried out from February to April 2015 to 45 elderly adults belonging to the Wajay grandparent's home of the polyclinic Dr. Mario Muñoz Monroy, a questionnaire was created by the researcher where the following variables: age, sex, knowledge about cancer risk factors, knowledge about oral self-examination, frequency, signs and symptoms of alarm and where to go if changes are observed, and the level of knowledge about oral cancer of the respondents.

Results: The predominant gender was male (53.8) and the age of 60-74 years (44.4%), most of the geronants had in the knowledge about smoking as a fundamental risk factor (62.2%) more than half of the population does not knowing the Oral Cancer Detection Program (82.2%), only the general level of knowledge was poor (48.8%).

Conclusion: The male group aged 60-74 years predominated and there was a poor level of knowledge about oral cancer in the studied population.

Keywords: Senior citizens; Deontology of geriatric people; Oral cancer; Level of knowledge.

Introduction

The sustained advance of contemporary Cuban society requires progressive changes in its National Health System that increase the level of satisfaction of the population; This has improved educational and preventive health programs, in which the state has invested considerable resources. These social projects are aimed at raising awareness of health problems and their risks, improving styles and quality of life, prophylactic measures to prevent diseases, control of risk factors and early diagnosis of morbidity [1]. Globally in recent years, the increase in oral cancer

mortality has been noticeable, and its impact on the population of all age groups in both developed and underdeveloped countries has been increased [2,3]. According to the latest report of the National Office of Statistics (ONE) [2], the life expectancy at birth of the Cuban population is 77.45 years; 19.4% of the population is over 60 years old, figures that reflect the demographic characteristics of aging and give us the measure of what in health, food and nutrition we must prepare ourselves to offer and achieve a better quality of life.

Since 1982, the Oral Cancer Detection Program (PDCB) was implemented in 1984, specifying the need for the country's stomatologists to join the fight against this terrible disease, this program is unique in the world by their national coverage; its objective is to reduce morbidity and mortality from oral cancer by means of prevention and early diagnosis by examining the oral complex [4-9]. Cancer, in any of its variants and locations, constitutes a health problem for modern man, especially since it is a chronic disease, which increases proportionally to the aging of the population [12-14]. It is important to know and control the risk factors that can trigger the occurrence of lesions of the oral cavity. It is the duty of stomatologists to identify, prevent and eliminate them, because by juggling their evolutionary process they are performing the detection or prevention of oral cancer [15]. Despite the fact that PDCB exists and preventive measures are implemented by health professionals, premalignant and malignant lesions continue to appear in the oral cavity, especially in the elderly, so we set out to carry out this investigation to determine knowledge about oral cancer in older adults at Wajay's Grandparents' House.

Methodological Design

A cross-sectional descriptive study was carried out on the elderly adult population belonging to the Casa de Abuelo in the Wajay municipality of Boyeros, in the period from February to April 2016. The population consisted of 45 elderly adults of both sexes to that institution to which the development of the investigation, the benefits of the investigation were explained to them and that would not pose any danger to their physical or emotional health, there was no criterion of exclusion.

To reach the proposed objectives, a questionnaire was designed by the author of the research (annex1) where the following variables were analyzed and operationalized:

- Edad: 60-74, 75-89 and 90 and more according to the years completed.
- Sexual: according to biological group (female and male).

The questionnaire had five questions which were analysed and approved by criteria of experts in the subject as a Maxillofacial, a master's degree in Odontogeriatrics, a General Intensive Stomatologist and a Psychologist.

1: Knowledge about oral cancer risk factors and damage to the oral mucosa.

- a) Poor oral hygiene; b) maladjusted prosthesis; c) smoking; d) ingestion of alcoholic beverages e) diet sparse in fruits and vegetables f) very hot and spicy foods.

Correct answer clause b, c, d, f. This answer is assigned 40 points, 10 points for each correct item of knowledge about risk factors.

- 2: Knowledge about how to perform the self-examination. a) Yes; b) No

Correct answer (a). This answer is assigned 10 points.

- 3: Knowledge about the frequency of oral self-examination a) Check the mouth and neck monthly; b) Check the mouth and neck every 6 months; c) Check the mouth and neck once a year.

Correct answer: subsection c, this answer is assigned 10 points.

- 4: Knowledge about signs and symptoms of alarm against oral cancer. a) White / red spots or bulging; b) ulcers that do not heal; c) do not know.

Correct answer clause a, b. This response is assigned 20 points, 10 points for each correct item.

- 5: Location to be addressed if any alteration is observed.

- a) Family doctor's office, b) Stomatologist, c) Hospital, d) Does not know

Correct answer clause a, b. This response is assigned 20 points, 10 points for each correct item

To determine the level of knowledge of the respondents was obtained by a quali-quantitative qualification in Good, Regular and Mala. Se considered knowledge level Good when the sum of the questions were between 80 and 100 points, Regular from 50 to 79 points and Bad less than 50 points. The collected information was stored in a data matrix and processed using the SPSS 11.5 statistical package. Univariate statistical methods were applied through frequency distributions with absolute and relative frequency (percentage) calculations. The results were summarized in tables and figures for your best understanding.

Ethical Aspects

Participants voluntarily confirmed their readiness to participate and were informed in a timely manner about the characteristics of the study. Each patient was told that

information related to their identity would be treated confidentially. The researcher did not coerce or influence to participate or remain in the study, considered the maximum expression of the principle of autonomy.

Result

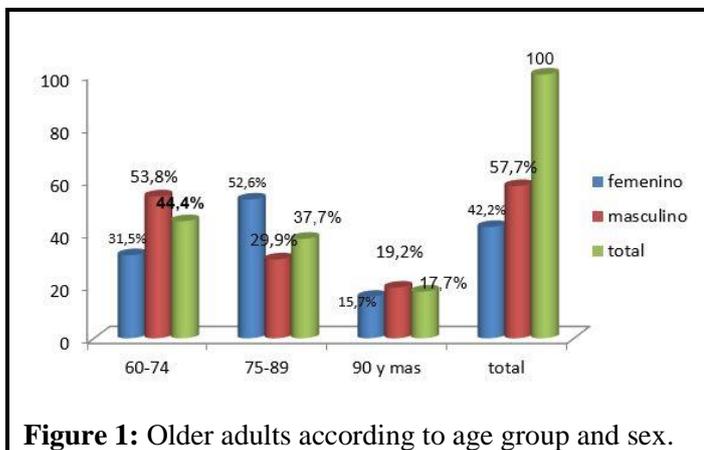


Figure 1: Older adults according to age group and sex.

Figure 1 shows that 45 older adults were studied, 57.7% were male, with the age group of 60-74 years predominating for 44.4% of the total population.

Table 1: Knowledge about oral self-examination in older adults.

Aspects of self-examination	Knowledge n=45			
	Si		No	
	No	%	No	%
How it is performed	4	8.8	37	82.2
How often	2	4.4	30	66.4
Symptoms and warning signs	1	2.2	33	73.3
Where to look for help	4	8.8	7	15.5

In Table 1, in most of the population studied, there is a lack of knowledge about the PDCB program. However, it should be noted that a small percentage of the population studied has some knowledge about it. In Table 2, 62.2% of the population studied did not know the effects of smoking on the buccal mucosa, followed by the low fruit and vegetable diet with 55.5%; however, a small percentage of the total population has a minimum knowledge of the health benefits of consuming fruits and vegetables.

In Table 3 the level of knowledge of the elderly on oral cancer was bad (48.8%) of the total of the respondents.

Table 2: Knowledge of oral cancer risk factors.

Risk factors	Knowledge n=45			
	Si		No	
	No	%	No	%
Smoking habit	1	2.2	28	62.2
Ingestion of alcoholic beverages	2	4.4	9	20
Irritating factors	2	4.4	18	40
Scarce diet in fruits and vegetables	3	6.6	25	55.5

Table 3: Older adults according to level of knowledge.

Level of knowledge	Adults greater surveyed n=45	
	No	%
Good	10	22.4
Regular	13	28.8
A little	22	48.8
Total	45	100

Discussion

In the third age life expectancy increases progressively, for this reason there is the possibility of appearance of oral lesions or other diseases. The predominant age group was 60-74 and males. National and international studies coincide with the results obtained away from the values of Ramón Jiménez Ruth 5 where the group that prevailed was the one of 80 years; this is due to technical scientific advances, increased life expectancy and quality of care, since age acts as a cumulative risk factor and therefore makes them more vulnerable to suffering from the disease.

Research carried out by different authors suggests that smoking and alcohol consumption are high risk factors for oral cancer [1,16]. In the present investigation predominance the ignorance on smoking and in smaller percentage the ingestion of alcoholic drinks. These data coincide with studies conducted by Dra. Rosa María González Ramos [17] and differs with the results of Dr. Yaimara Pérez Hernández et al., Where smoking was not closely related to the appearance of oral lesions [18]. Tobacco is the most important local factor to take into account to produce the main premalignant and malignant lesions of the oral cavity; just as alcohol has a synergistic effect, but both play an independent role. Some authors have suggested that alcohol is a promoter and not a carcinogenic complex, others consider it as a solvent for tobacco carcinogens [4,19]. Early detection of oral complex lesions depends on whether the patient is

examined in time and the disease is accurately diagnosed to achieve a significant reduction in morbidity and mortality and increase healing and survival⁷. There are publications, which relate these signs of alarm with poor knowledge about them. In Cuba, in the revised literature, there are no findings on the level of knowledge of the population related to these warning signs, however Dr Santana and Dr. Miranda mentioned them in their study on incipient oral cancer lesions.

Conclusion

The research was predominant in the group of 60-74 years and male sex, a high ignorance about risk factors, alarm signs and self-examination of the oral cavity was identified, so the level of knowledge was poor.

References

1. Herrera EMS, Argüelles DM, Llanes RR, et al. Need for smoking cessation for the prevention of periodontal disease and other conditions. *Rev Cubana Estomatol* 2011; 48.
2. Ministry of Public Health. National directorate of medical records and health statistics. *Statistical Yearbook for Health 2015*, Havana.
3. Silva A, Padovani JA, Maniglia JV, et al. Head and neck cancer: Causes, prevention and treatment. *Braz J Otorhinolaryngol* 2013; 79: 239-247.
4. Rosales MCS, González MP, Ramos RM, et al. National program for integrated stomatology support to population editorial. *Medicina Científica*, La Habana, 2011
5. Naya G, Castillo ME. *Integral general stomatology*. Havana, Editorial medical sciences 2013; p372.
6. Beatriz de las LP, María LMS, Josué FL, et al. Oral diseases in the elderly. *CCM* 2013; 17: 477-488.
7. Rosales MS. Promotion of oral health and disease prevention, 2015.
8. Díaz RP, Castillo O, Torres EM, et al. Influence of smoking and alcoholism on the health status of the population of Pinar del Río. *Rev Med Sci* 2015; 19: 4655.
9. Segura MG, Ramírez YS, Santiesteban YC, et al. Lesions in the oral mucosa of patients older than 60 years and patients with prostheses. *CCM* 2013; 17.
10. Wang YF, Shang S, Zhou ZT, et al. A retrospective analysis on the malignant transformation rate, time and risk factors of oral leukoplakia. *Shanghai Kou Qiang Yi Xue* 2011: 55-61.
11. Fernández M, Ana MOG, Noroña A, et al. Educational intervention for the prevention of oral cancer in older adults. *Rev Med Sci* 2013; 17: 24-32.
12. Garay S. *Atlas of pathology of the oral complex*. 2nd edn. Editorial Medical Sciences, 2010.
13. Tarragó JD. Oral health and healthy aging. *Rev Cubana Stomatology* 2012; 49.
14. Cordero PR, Fontanillo JA. The elderly and their health: Current situation. *Av Odontostomatol* 2015; 31: 107-116.
15. Ramos RM, Ordaz DE, López MA, et al. Knowledge about oral health risk factors in older adults in grandparent circles. *Habana J Med Sci* 2012; 11: 519-527.
16. Yaimara PH, Danisbel PA, Planes EM, et al. Prosthetic rehabilitation in the oral lesions of the elderly. *Rev Med Sci* 2015; 19: 13.
17. Jiménez R, Rey M, Martínez BO, et al. Characterization of older adults with premalignant and malignant oral lesions. *MEDISAN* 2015; 19: 730-737.
18. *Prevention of oral cancer. Public health, Promotion of Oral Health* 2011.
19. Santana J, Miranda J. Main signs of incipient carcinomas of laboca. *Rev Cubana Estomatol* 1982; 19: 120.

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