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Research Article

KNOWLEDGE AND AWARENESS AMONG MIDDLE AGED ADULTS REGARDING DESENSITISING PASTES

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ABSTRACT

The aim of this study is to evaluate the uses of desensitising toothpastes in dentistry and also the effect of different application sequence OD desensitising pastes in dentistry. Desensitising pastes are commonly used for dentin hypersensitivity. The pain associated with dentin hypersensitivity is caused by some type of external stimulus and the sensitivity can range in its intensity from patient to patient. Chemical erosion, traumatic abrasion, attrition from wear damage related occlusal trauma can all lead to an exposed root surface and leads to dentin hypersensitivity. There are various Desensitising paste that are used for procedures in dentistry and they are used worldwide as it's mainly used for dentin hypersensitivity.

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INTRODUCTION

Dentin hypersensitivity (DH) is one of the most commonly encountered clinical problem and is characterised by short, sharp pain arising from exposed dentin in response to stimuli, typically thermal, evaporative, tactile, osmotic or chemical, and which cannot be ascribed to any other dental defect or disease.[1,2] Gingival recession, resulting from abrasion or periodontal disease, is the primary route through which the underlying dentin becomes exposed, and acid erosion is an important factor in opening exposed dentin tubules.[1,5,6,7] Once a patient has DH, any external stimulus, such as physical pressure or air movement, can cause discomfort for the patient.

Dentin Hypersensitivity

Its diagnosis can be challenging and the dental professional must perform differential diagnosis to exclude all other dental defects and diseases that might give rise to similar presentations[1,3] such as a split or broken tooth, dental caries, or periodontal disease. Correct diagnosis is important to develop and implement an appropriate treatment plan.[3,4]

The most widely accepted theory for DH is the hydrodynamic theory proposed by Brännström.[8] A simple clinical method of diagnosing DH includes evaporative or "air blast" method or using an exploratory probe on the exposed dentin, in a mesiodistal direction, examining all the teeth in the area in which the patient complains of pain.[9] The severity or degree of pain can be quantified either according to the categorical

scale (i.e., slight, moderate or severe pain) or using a visual analog scale (VAS). Another commonly used method is "Schiff" scale.[10]

Desensitising pastes

All the toothpastes could penetrate and occlude the exposed dentin tubules which are responsible for dental sensitivity through the irritation of nerves. *In vitro* studies have showed that n-HA toothpaste causes remineralization comparable to or even higher than a fluoride toothpaste and inhibited caries development.[11] Therefore, n-HA containing toothpastes could be an effective alternative to fluoride toothpaste, and might help to promote remineralization.

Other treatments for DH such as laser therapy and iontophoresis are also used.[12,13] However, these treatments have several disadvantages, including high cost, the complexity of use, and decreasing effectiveness over time. Furthermore, when the use of these pastes is stopped, the potassium ions at the site of action are diffused, and the relief of sensitivity is lost. This is an important aspect that dentists must discuss with patients when recommending these pastes. [14]

MATERIALS AND METHODS

The present study is a cross sectional survey where a questionnaire consisting of 14 questions were distributed to 100 individuals of age group 25-40 and the results were further evaluated

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RESULTS

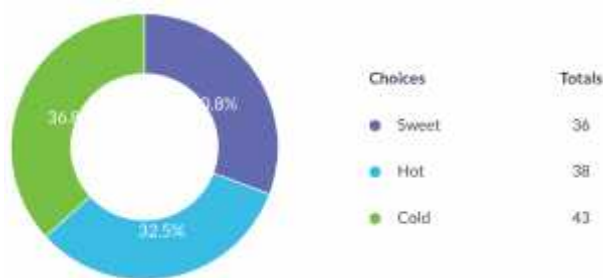


Fig 1 Aggravating factors for dentin hypersensitivity

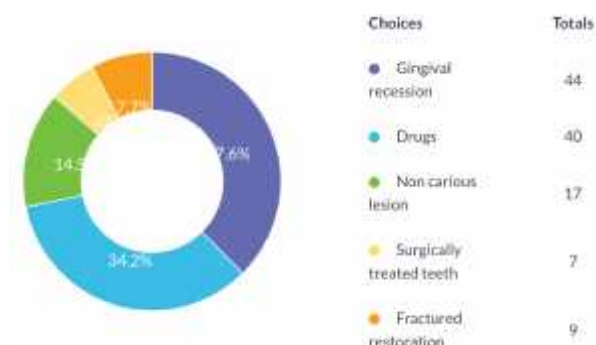


Fig 2 Commons cause for dentin hypersensitivity

DISCUSSION

The results of present study concluded that majority of the responses were aware of Bruxism. According to the survey the statistical analysis showed that According to the statistical results 70% of the individuals use desensitizing pastes and the main reason for dentin hypersensitivity is gingival recession(44%). (43%) of people have chose cold food has the aggravating factor for dentin hypersensitivity. These most preferred desensitizing paste is sensodine. This study has an increasing need to create awareness in understanding the use of desensitising pastes as it is important to save the tooth as if left untreated, patients may suffer from further risk of deterioration of valuable tooth structure

CONCLUSION

Dentin hypersensitivity may be considered an enigma. The pain is of a sharp nature and patients approach the dentist for permanent relief. Although the presently available commercial desensitizing toothpaste formulations do not offer permanent relief, the recent technologies based on bioglass and arginine appear promising. Further research should be performed to improve the composition of these dentifrices and clinical trials should concusively establish their role in the treatment of hypersensitivity.

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