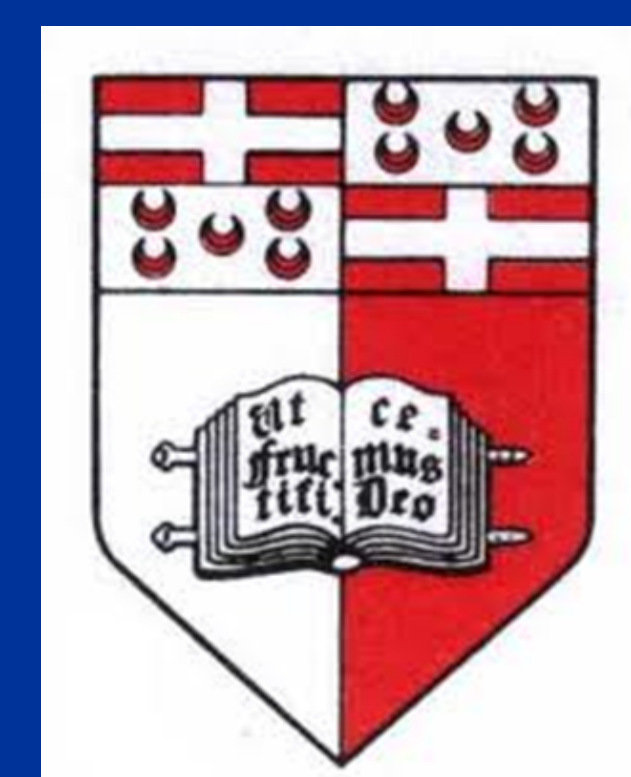


Compliance with Protocols in Dental Conditions

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Introduction

The mouth can easily expose the overall health of an individual, implying that one cannot be healthy if oral hygiene is ignored¹. Evidence-based protocols are a convenient method for assessing the individual patients' oral health and whether any intervention is necessary.

Aims

To develop treatment protocols for community pharmacists when responding to oral symptoms, and assess their compliance with the protocols through the dissemination of case studies.

Setting

Community pharmacies in Malta and Gozo (n=203)

Method

Extensive literature review using books, journals and the Internet

Development of the treatment protocols

Development of the case studies to assess compliance

Validation of the protocols and case studies by a panel of pharmacists, dentists and general practitioners

Formulation into an A5 booklet

Distribution of the booklet and case studies to community pharmacies

Collection of case studies completed by community pharmacists, 2 weeks later

Adopted a scoring system (1=step complied with, 0=step omitted/not followed)

Data collection and analysis using Microsoft® Office Excel 2007 and SPSS® v.17

Compliance with the individual protocols as percentage compliance

Results

- When compiled, the validated booklet consisted of a total of 40 pages with 123 steps, which was made available online at <http://www.um.edu.mt/ms/pharmacy/research/publications/protocols>.
- Out of the 203 case studies distributed, a total of 125 were collected, giving a response rate of 62%.
- An average compliance of 73% was obtained.

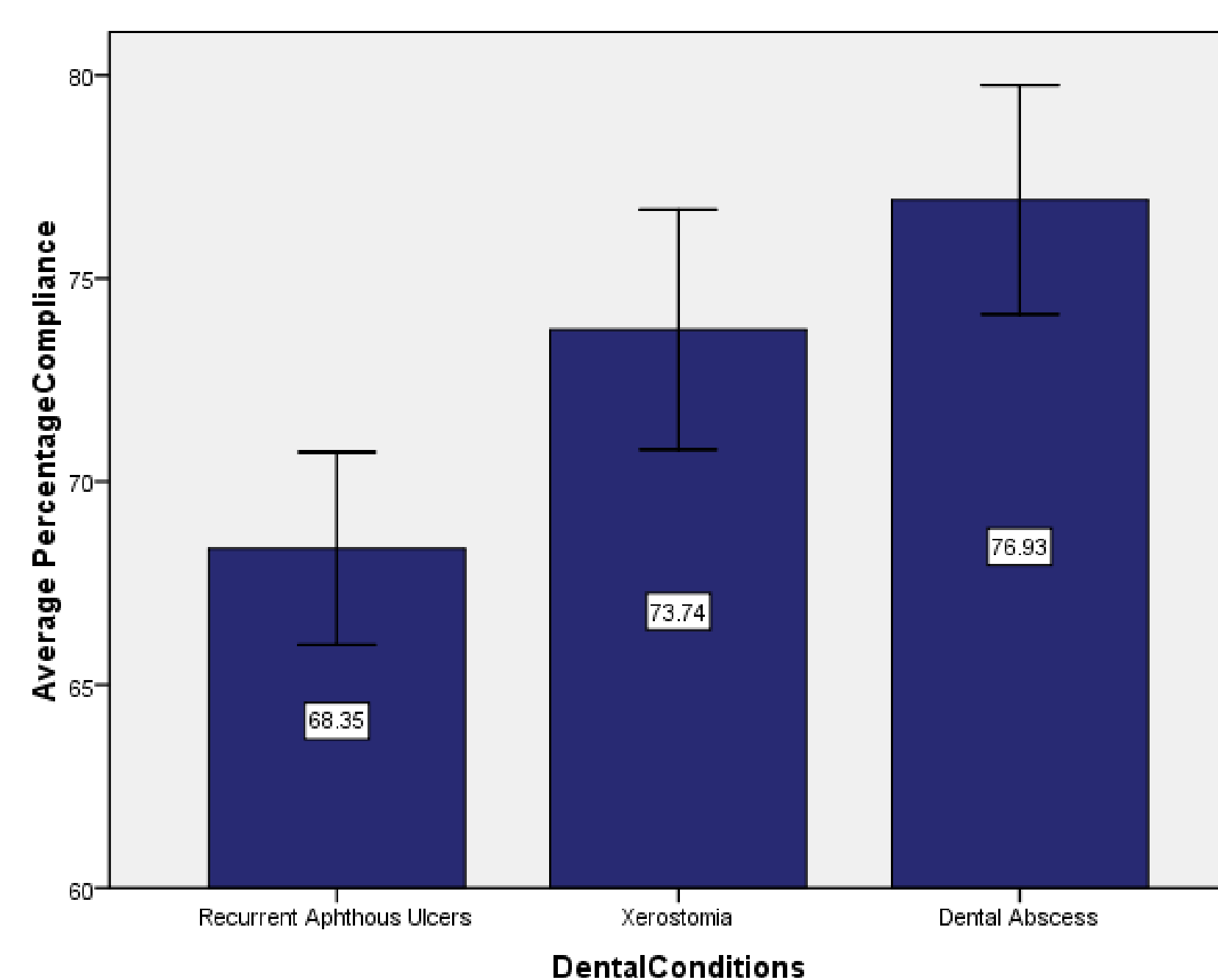


Figure 1 - Comparison of the percentage compliance with the 95% confidence interval for each condition (n=125)

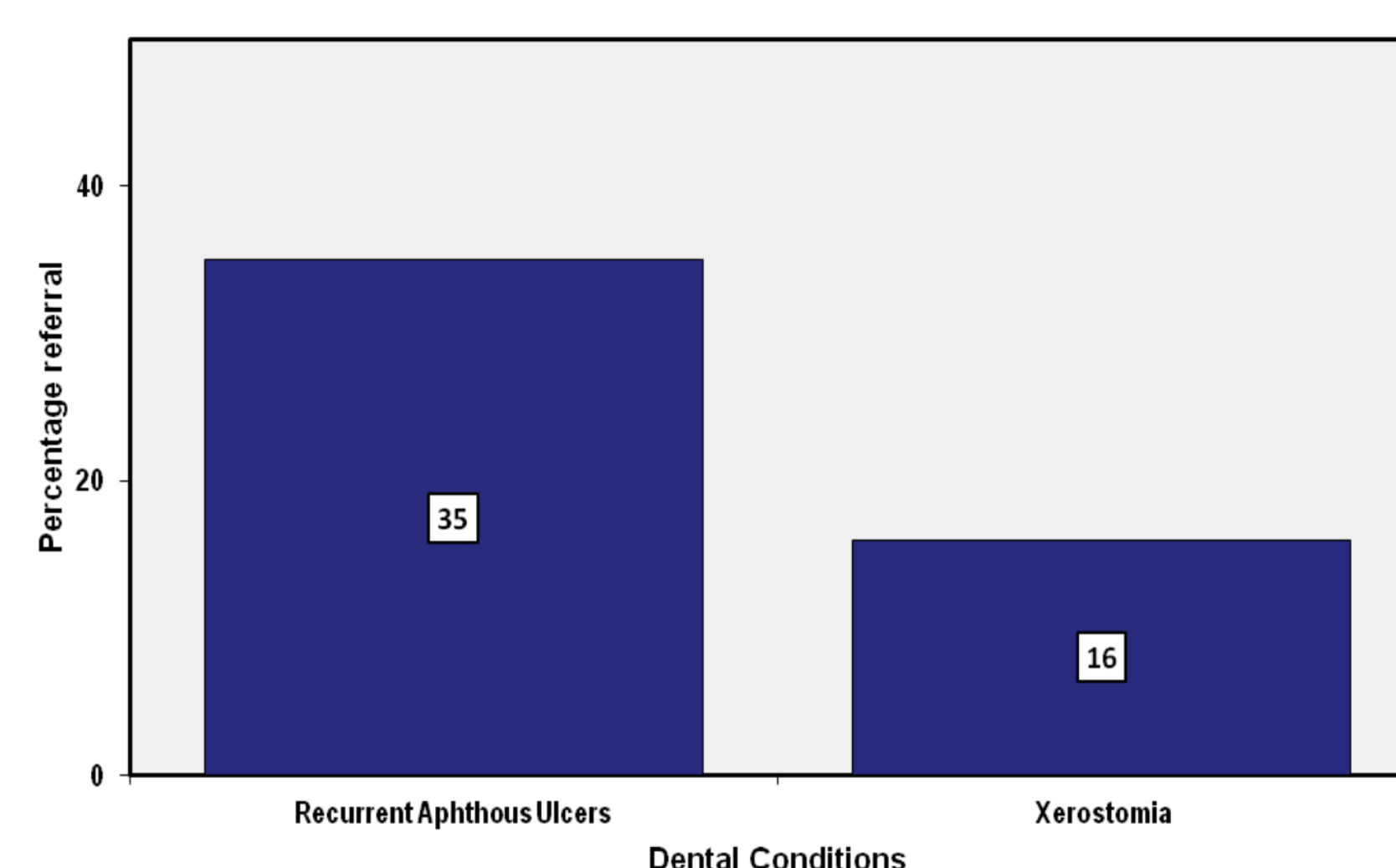


Figure 2 - Percentage referral for the case studies by community pharmacists (n=125)

Conclusion

The overall percentage compliance obtained (73%) indicates that pharmacists followed the steps highlighted in the protocols. The higher compliance obtained with the dental abscess protocol (77%) shows that pharmacists tend to be more cautious when dealing with more severe conditions, which usually require referral. The lower compliance obtained with the recurrent aphthous ulcers protocol (68%) reflects unnecessary referral, as shown in figure 2. This may indicate lack of awareness regarding management of recurrent aphthous ulcers.

References

1. Aphale S, Oswal AP, Dhat S, Bagul US, Shah KK. Dental care: Needs, Methods, Current Status and Role of Pharmacist. IJPBA 2010; 1(2): 255-260.