

3209, Self-perceived oral health, problem in communication and social network

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The aim of the study was to assess the associations between problems in communication, dental appearance and socio demographic factors with self-perceived oral health in Tehran, Iran. Methods: A self-administered questionnaire was used for data collection in a sample of 21,039 (34.5% female) 15-to 64-year-olds. Data were extracted from a large population-based cross-sectional survey that was carried out in Tehran, in 2011 by using the Urban Health Equity Assessment and Response Tool (Urban-HEART). The social network which is a network of social interactions and personal relationships was checked using a specific questionnaire. The social backgrounds were educational levels, income and ethnicity. Tehran Urban Research Center and the ethics committee of Iran University of Medical Sciences approved the study. Descriptive statistics, t-test and binary logistic regression were used for analysis. Results: Married individuals (OR: 1.4, 95% CI 1.2-1.7), higher educational level (OR: 1.4, 95% CI 1.1- 1.7) higher wealth status (OR: 1.3, 95% CI 1.1-1.6), higher social network (OR: 1.14, 95% CI 1.08-1.20), and never had problem in communication (OR: 5.3, 95% CI 3.5-7.9) showed significant relation with good self-perceived oral health. Conclusions: The results of this study suggested that in the group studied higher socio demographic features and a higher social network were related with good self-perceived oral health among 15-to 64-year-olds. Individuals share their health knowledge, behaviour and norms through social network.

3211, Factors influencing the impact of oral health on Oral Health Related Quality of Life

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The purpose of this study was to investigate factors influencing the impact of oral health status on the Oral Health Related Quality of Life (OHRQoL) in the Belgian population. Methods: The results reported in this study are based on the 'Oral Health Data Registration an Evaluation System (OHDRES) in Belgium 2009'. A multistage stratified sampling method was used to obtain a sample representative of the Belgian population starting from the age of 5 years. A complete survey for a participant consisted of a Health Interview (self-administered questionnaire) and Health Examination (standardised oral examination by trained dentist-interviewers in the participant's home) supplemented with data on utilization of (oral) health care services retrieved from health insurance funds. The validity and reproducibility of the questionnaire was tested in a pilot-study. The clinical parameters were validated in previous studies or recommended by WHO. Analyses were performed using the SAS statistical package (SAS v. 9.4). The OHDRES- 2009 was approved by the Ethical Committee of the University of Ghent, Belgium. Results: In total 2755 participants