

Lockdown routines: The effect of working from home on oral hygiene habits.

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BACKGROUND

- Dental caries and periodontal disease are two of the most prevalent but largely preventable diseases worldwide. The wealth of evidence pertaining to the link between good oral health and good general health has driven guidance on preventative measures to optimise oral hygiene regimes to prevent oral disease [1].
- This year, the COVID-19 pandemic saw the British Government place a temporary cessation on non-essential services and advised for people to work from home (WFH) to avoid unnecessary social contact. Numerous studies have investigated the impact that a person's work plays on their oral health, however there are a lack of studies investigating the oral hygiene behaviours of those who work from home [2, 3].

AIM

To determine whether working from home (WFH) has altered oral hygiene habits.

OBJECTIVES

To analyse and evaluate the change in oral hygiene habits in a defined population who have changed their location of work to their home.

METHODOLOGY

- Descriptive observational study design.
- Survey distributed via email to all staff working in two different sectors; public and private.
- Inclusion criteria included any participant whose job location had changed to WFH.
- A pilot was conducted prior to deployment.
- The final survey was conducted over 2 weeks during September 2020.
- The data collected was entered in Microsoft Office Excel for a descriptive analysis to be made.
- Ethical approval was sought but deemed not required following advice from the NHS Health Research Authority

RESULTS

DEMOGRAPHICS

- 88 respondents with 83 meeting the inclusion criteria
- 5 participants were excluded as they had previously been WFH.
- 74.7% (n=62) were female
- 21.1% (n=20) were male
- 1.2% (n=1) preferred not to say

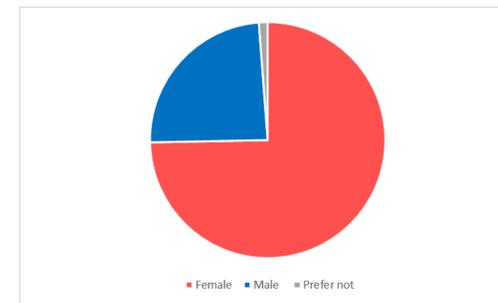


Figure 1: Gender of included participants

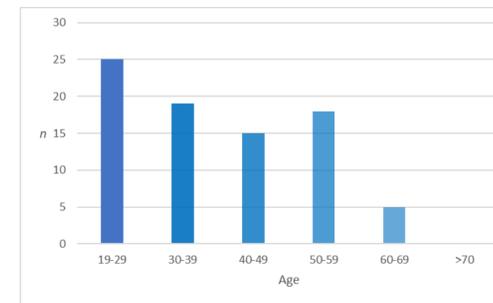


Figure 2: Ages of included participants

ORAL HYGIENE HABITS

NOT WORKING FROM HOME

WORKING FROM HOME

COMPARISONS

FREQUENCY OF BRUSHING

- At least once a day: 100% (n=83)
- Once a day: 10.8% (n=9)
- Twice a day: 76.3% (n=71)
- More than twice: 3.6% (n=3)

- At least once a day: 100% (n=83)
- Once a day: 15.7% (n=13)
- Twice a day: 76.3% (n=66)
- More than twice: 4.8% (n=4)

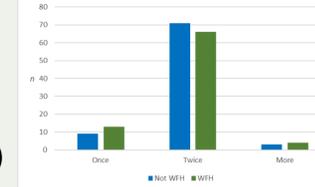


Figure 3: Comparison of the frequency of brushing before and while WFH

DURATION OF BRUSHING EPISODE

- Less than 1 minute: 0%
- 1-3 minutes: 84.3% (n=70)
- More than 3 minutes: 15.7% (n=13)

- Less than 1 minute: 6% (n=5)
- 1-3 minutes: 81.9% (n=68)
- More than 3 minutes: 12.1% (n=10)

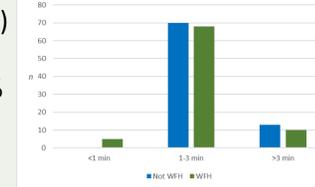


Figure 4: Comparison of the duration of brushing before and while WFH

ORAL HYGIENE ADJUNCT

- Used an oral hygiene aid: 68.7% (n=57)
- Interdental brushes: 36.1% (n=30)
- Floss: 6.0% (n=5)
- Water flosser: 3.6% (n=3)
- Mouthwash: 34.9% (n=29)
- Another dental aid: 15.6% (n=13)

- Used an oral hygiene aid: 73.4% (n=61)
- Interdental brushes: 37.3% (n=31)
- Floss: 30.1% (n=25)
- Water flosser: 3.6% (n=3)
- Mouthwash: 36.1% (n=30)
- Another dental aid: 8.4% (n=7)

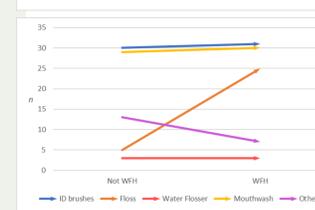
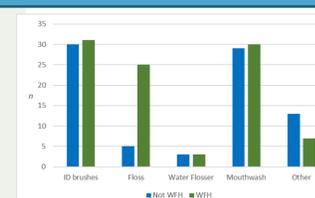


Figure 5 (above) and 6 (below): Comparison of the OH adjuncts used before and while WFH

DOES WORKING FROM HOME AFFECT ORAL HYGIENE HABITS?



Participants were asked whether they believe working from home **negatively** affected their oral hygiene habits.

- NO: 75.9% (n=63)
- YES: 24.1% (n=20)

57.8% (n=48) had a missed or cancelled dental appointment since working from home

Figure 7: Schematic representation of the number of participants who believe WFH negatively affected their oral hygiene habits

DISCUSSION

- The results from this study suggest that WFH has had an impact on oral hygiene habits.
- As participants changed to working from home
 - More participants brushed less frequently.
 - More participants spent less time brushing.
 - More participants used an oral hygiene adjunct.
 - A lot more participants used floss.
- Almost a quarter of respondents felt their oral hygiene had been negatively affected since working from home.
- More than a half of participants missed or had a dental appointment cancelled.

LIMITATIONS

- Small sample which may be under representative of the general population.
- Differences in the level of oral hygiene may be evident in different work sectors
- The questionnaire was piloted and feedback gained on the ambiguity, complexity and suggestibility of the questions. However, there is likely to be a level of questionnaire bias including intrusive reporting, hypothesis guessing and the respondents' conscious reactions to be socially desirable and acceptable.
- No statistical comparisons were completed due the absence of a control group.

CONCLUSIONS

- Considering the constraints of this research, the results suggest that WFH has had an influence on the level of oral hygiene within a specific population.
- With dental services being significantly disrupted over the past year, the opportunity for healthcare professionals to deliver frequent oral hygiene advice has reduced.
- In order to suitably manage the oral health of the general population, a consideration must be taken on the method of health promotion and delivery of oral hygiene advice to those working from home.

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