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Estudos transversais com pré-escolares brasileiros

- Viegas et al. (2012): ECOHIS x trauma dentário (S), Belo Horizonte, n=388, 5 anos
- Scarpelli et al. (2013): ECOHIS x cárie dentária (S), Belo Horizonte, n=1632, 5 anos
- Martins-Junior et al. (2013): ECOHIS x cárie precoce (S), Diamantina, n=638, 2-5 anos



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Estudos transversais com pré-escolares brasileiros

- Buczynski et al. (2011): ECOHIS x lesões de cárie (**S**), Rio de Janeiro, n=31, 3 to 6 anos HIV+.

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**Impact of oral health
on the quality of life
of 3-6-years old
HIV-infected children.
Quality of life
in HIV+ children**

[Acs and Ng, 2002; Gift et al., 1992]. This negative impact can be more significant in HIV-infected children because oral lesions associated with immune condition and disease prognosis frequently affect them. Candidiasis, increase parotid gland, herpetic stomatitis, hairy leukoplakia, linear gingival erythema, and cervical lymphadenopathy are amongst the most common orofacial lesions [Chigurapat et al., 1996]. It is worth emphasising that the use of antiretroviral therapy by the children has been decreasing the prevalence of oral soft tissue lesions over the years. Children represents a special group in which factors related to caries disease and gingivitis take part of their daily life which explains its high prevalence. Long-term use of sugary medications, change in the salivary flow due to medication use and/or salivary gland alterations [Ribeiro et al., 2002], diet rich in carbohydrates [Ribeiro et al., 2002], repeated hospitalisations [Ribeiro et al., 1996], poor oral hygiene [Souza et al., 1996], immune-suppression by HIV-infection [Castro et al., 2001] are amongst these factors. Little is known about the difficulties and adverse factors

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Em Resumo...

- cárie dentária: consistência nos resultados 
- trauma dentário: diversidade nos indicadores
- má oclusão: falta de indicador reconhecido
- estudos case-control e cohort
- estudos clínicos (intervenção)
- revisões sistemáticas

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Estudos transversais com escolares brasileiros

- Vargas-Ferreira et al. (2010): CPQ x erosão (**NS**), Santa Maria, n=944, 11 a 14 anos.
- Piovesan et al. (2011): CPQ x trauma dentário (**NS**), Santa Maria, n=792, 12 anos.
- Piovesan et al. (2012): CPQ x aproveitamento e absenteísmo escolar (**S**), Santa Maria, n=312, 12 anos.
- Vargas-Ferreira & Ardenghi (2011): CPQ x defeitos de desenvolvimento do esmalte (**S – limitação funcional**), Santa Maria, n=944, 11 a 14 anos.
- Scapini et al. (2013): CPQ x má oclusão (**S**), Osorio, n=519, 11-14 anos.

Child Oral Health-related Quality of Life and Socioeconomic Factors Associated with Traumatic Dental Injuries in Schoolchildren

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Purpose: To assess the relationship of child oral health-related quality of life and socioeconomic backgrounds to traumatic dental injuries in schoolchildren.

Materials and Methods: This study followed a cross-sectional design, with a multistage random sample of 792 12-year-old schoolchildren, representative of Santa Maria, a city in southern Brazil. The participants completed the Brazilian version of the Child Perceptions Questionnaire (CPQ₁₁₋₁₄); their parents or guardians answered questions on socioeconomic status, and a dental examination provided information on the prevalence of dental trauma. The assessment of association used Poisson regression models.

Results: The prevalence of TDI was 9.7%. The maxillary central incisors were the most frequently traumatised, and the most commonly observed traumatic dental injury was enamel fracture. No association was observed among child oral health-related quality of life and socioeconomic factors with traumatic dental injuries after the adjustment.

Conclusion: Socioeconomic indicators are not associated with dental trauma in schoolchildren and this oral health condition has no negative impacts on children's quality of life.

Key words: quality of life, socioeconomic factors, traumatic dental injuries

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Caries Research

Original Paper

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Tooth Erosion with Low Severity Does Not Impact Child Oral Health-Related Quality of Life

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Influence of children's oral health-related quality of life on school performance and school absenteeism

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Keywords: oral health, quality of life, schools, absenteeism

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Abstract

Objective: This study assessed the relation of child oral health-related quality of life with school performance and school absenteeism.

Methods: We followed a cross-sectional design with a multistage random sample of 312 12-year-old schoolchildren living in Brazil. The participants completed the child perceptions questionnaire (CPQ₁₁₋₁₄) that provides information about psychological factors, while their parents or guardians answered questions on their socioeconomic status measured by parents' education level and household income. A dental examination of each child provided information on the prevalence of caries and

Pediatric Dentistry

Developmental enamel defects and their impact on child oral health-related quality of life

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Abstract: This cross-sectional study assessed the impact of Developmental Enamel Defects (DED) on Child Oral Health-Related Quality of Life (COHRQoL). A sample of 944 11- to 14-year-old Brazilian schoolchildren was examined for the prevalence and severity of DED. The children completed the Child Perceptions Questionnaire (CPQ₁₁₋₁₄), and socioeconomic status was also collected using a questionnaire. Poisson regression models were used to assess the association between DED and overall and domain-specific CPQ₁₁₋₁₄ scores. The prevalence of DED was 19.7%. In general, children with DED did not indicate any decrease in self-perception. However, this condition was associated with an impact on the

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- Castro et al. (2010): Child-OIDP x cárie dentária (**S**), Rio de Janeiro, n=571, 11 e 12 anos.

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COMMUNITY
DENTISTRY AND
ORAL EPIDEMIOLOGY

Oral health–related quality of life of 11- and 12-year-old public school children in Rio de Janeiro

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Estudos transversais com escolares brasileiros

- Bendo et al. (2010): CPQ x trauma dentário **(NS)**, Belo Horizonte, n=1612, 11 a 14 anos.
- Costa et al. (2011): CPQ x tratamento ortodôntico com aparelho fixo **(S)**, Brumadinho, n=575, 11 a 14 anos.
- Paula et al. (2012): CPQ x necessidade de tratamento ortodontico **(S)**, cárie dentária **(NS)**, traumatismo dentário **(NS)**, defeitos de esmalte **(NS)**, sangramento gengival **(NS)**, Juiz de Fora, n=515, 12 anos.
- Sardenberg et al. (2012): CPQ₈₋₁₀ x má oclusão **(S)**, Belo Horizonte, n=1204, 8 a 10 anos.
- Martins-Júnior et al. (2012): CPQ₈₋₁₀ x cárie não tratada **(S)**, Diamantina, n=112, 8 a 10 anos.
- Ramos-Jorge et al. (2013): Child-OIDP x trauma dentário não tratado **(S)**, Diamantina, n=668, 11 a 14 anos.

Bendo et al. Health and Quality of Life Outcomes 2010, 8:114
http://www.hqlo.com/content/8/1/114



RESEARCH

Open Access

Association between treated/untreated traumatic dental injuries and impact on quality of life of Brazilian schoolchildren

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Original Article

Malocclusion and oral health-related quality of life in Brazilian schoolchildren
A population-based study

Fernanda Sardenberg¹; Milene T. Martins²; Cristiane B. Bendo¹; Isabela A. Pordeus¹;
Saul M. Paiva¹; Sheyla M. Auad¹; Miriam P. Vale¹



Paula et al. Health and Quality of Life Outcomes 2012, 10:6
http://www.hqlo.com/content/10/1/6



RESEARCH

Open Access

The influence of oral health conditions, socioeconomic status and home environment factors on schoolchildren's self-perception of quality of life

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SCIENTIFIC SECTION

Impact of wearing fixed orthodontic appliances on oral health-related quality of life among Brazilian children

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