

The effect of right or left handedness on caries experience and oral hygiene

Sir,

We read the article “The effect of right or left handedness on caries experience and oral hygiene”^[1] with great interest as oral health is important in the reduction of caries and gingival disease. In the present study the authors noted that subjects who used their right hands were doing better in terms of oral hygiene than those using the left with lower incidence of caries. However, the conclusion in the present study that right-handed people have better caries control is in contrast to many other studies where it was found that the left handed were more successful at oral hygiene check than the right handed.^[2,3] In another study there was no significant relationship between manual dexterity and plaque control efficiency.^[4] Not only the manual dexterity but many other factors can influence dental hygiene and

caries prevalence^[5,6] including culture, socioeconomic status, life style, dietary patterns,^[7,8] education level,^[8] psychological profile,^[9] brushing habits,^[10] the use of tooth paste, tooth-brushing time and the practice of correct tooth-brushing,^[11,12] cigarette smoking,^[13] local and/or systemic diseases affecting oral aperture, causing xerostomia or affecting dominant upper extremity strength, motion, and dexterity.^[14-19] We agree that further research with well-designed studies involving larger numbers of subjects is needed for better understanding of role of handedness and it would be interesting to understand the role of handedness (with many other factors) in oral hygiene and dental care and to use this information in an effective way to prevent occurrence of dental caries.

Anuja Agarwal, Roli Gupta¹, Harsha Jain²

Department of Oral and Maxillofacial Surgery, I.T.S. Dental College and Hospital Knowledge Park Greater Noida U.P., ¹Dental Surgeon and ²Consultant Oral & Maxillofacial Surgeon, Prakash Hospital Noida U.P., India

Address for correspondence:

Prof. Anuja Agarwal,
B-114, Swasthya Vihar, Vikas Marg, Delhi - 92, India.
E-mail:dranujaagar@yahoo.com

References

1. Cakur B, Yildiz M, Dane S, Zorba YO. The effect of right or left handedness on caries experience and oral hygiene. *J Neurosci Rural Pract* 2011;2:40-2.
2. Tezel A, Orbak R, Canakci V. The effect of right or left-handedness on oral hygiene. *Int J Neurosci* 2001;109:1-9.
3. Cicek Y, Arabaci T, Canakci CF. Evaluation of oral malodour in left- and right-handed individuals. *Laterality* 2010;15:317-26.
4. Bercy P, Tenenbaum H. Manual dexterity and acquisition of correct dental hygiene. *Rev Belge Med Dent (1984)* 1989;44:110-4.
5. Chandra P, Anandakrishna L, Ray P. Caries experience and oral hygiene status of children suffering from attention deficit hyperactivity disorder. *J Clin Pediatr Dent* 2009;34:25-9.
6. Al-Qahtani Z, Wyne AH. Caries experience and oral hygiene status of blind, deaf and mentally retarded female children in Riyadh, Saudi Arabia. *Odontostomatol Trop* 2004;27:37-40.
7. ur Rehman MM, Mahmood N, ur Rehman B. The relationship of caries with oral hygiene status and extra-oral risk factors. *J Ayub Med Coll Abbottabad* 2008;20:103-8.
8. Brennan DS, Spencer AJ, Roberts-Thomson KF. Caries experience among 45-54 year olds in Adelaide, South Australia. *Aust Dent J* 2007;52:122-7.
9. Gabre P. Studies on oral health in mentally retarded adults. *Swed Dent J Suppl* 2000;142:1-48.
10. Ganss C, Schlueter N, Preiss S, Klimek J. Tooth brushing habits in uninstructed adults—frequency, technique, duration and force. *Clin Oral Investig* 2009;13:203-8.
11. Kang BH, Park SN, Sohng KY, Moon JS. Effect of a tooth-brushing education program on oral health of preschool children. *J Korean Acad Nurs* 2008;38:914-22.
12. Vehkalahti MM, Paunio IK. Occurrence of root caries in relation to dental health behavior. *J Dent Res* 1988;67:911-4.
13. Ojima M, Hanioka T, Tanaka K, Aoyama H. Cigarette smoking and tooth loss experience among young adults: A national record linkage study. *BMC Public Health* 2007;7:313.
14. Poole JL, Brewer C, Rossie K, Good CC, Conte C, Steen V. Factors related to oral hygiene in persons with scleroderma. *Int J Dent Hyg* 2005;3:13-7.
15. Pedersen TK, Gronhoj J, Melsen B, Herlin T. Condylar condition and mandibular growth during early functional treatment of children with juvenile chronic arthritis. *Eur J Orthod* 1995;17:385-94.
16. Tanchyk AP. Dental considerations for the patient with juvenile rheumatoid arthritis. *Gen Dent* 1991;39:330-2.
17. Zifer SA, Sams DR, Potter BJ, Jerath R. Clinical and radiographic evaluation of Juvenile Rheumatoid Arthritis: Report of a case. *Spec Care Dentist* 1994;14:208-11.
18. Welbury RR, Thomason JM, Fitzgerald JL, Steen IN, Marshall NJ, Foster HE. Increased prevalence of dental caries and poor oral hygiene in juvenile idiopathic arthritis. *Rheumatology (Oxford)* 2003;42:1445-51.
19. Walton AG, Welbury RR, Thomason JM, Foster HE. Oral health and juvenile idiopathic arthritis: A review. *Rheumatology (Oxford)* 2000;39:550-5

Access this article online

Quick Response Code:



Website:

www.ruralneuropractice.com

DOI:

10.4103/0976-3147.98268