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**Prevalence, risk factors and the level of public awareness of oral potentially malignant disorders in the Sabaragamuwa Province of Sri Lanka
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This study was carried out in two phases. The first phase, a cross-sectional community based study interviewing 1029 subjects included on over sampling from the estate sector over 30 years of age, were randomly selected from 14 clusters from two areas of Medical Officer of Health (MOH) in the Sabaragamuwa Province, over a one year period from November 2006. A multistage ,stratified, clustered sampling technique was adopted for this study. The study protocol included an interviewer administered questionnaire to gather socio-demographic factors, information to assess the level of public awareness of oral cancer /OPMD and habits which include betel chewing, smoking, and alcohol consumption. The study protocol also included a three day food diary, to assess the protective effect of consumption of fruit and vegetable on OPMD. A visual oral soft tissue examination was carried out for identification of abnormalities, with reliability analysis. One hundred and two Oral Potentially Malignant Disorders were detected among these 1029 subjects. This study discloses high prevalence of OPMD and risk factors such as betel chewing, in this community. Therefore, there is a necessity to develop preventive strategies for the early detection and control of oral cancer. This study provides important information needed to prepare such strategies to combat oral cancer. The betel chewing without tobacco is also emerged as a highly significant risk factors for occurrence of OPMD and lack of knowledge on areca nut as a risk factor for OPMD, need to be addressed in future health education programme aimed at preventing oral cancer. Legislation regarding the import and sale of areca nut should be introduced to prevent consumption of areca nut by the younger generation. It is also recommended that further studies are required to investigate the non-significant results observed in this study. Furthermore , as observed that knowledge on OPMD is very poor among the rural and estate communities and the flow of information is different in each sector. Therefore different health education and promotion strategies are needed based on relevance.