

A Study on the Function of Oral Medicine as the Secondary Clinic Based on Analysis on Admissive Channel and Case Features

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The epidemiological researches on the inpatients hospitalized at the oral medicine ward have been continuously carried out since 1970, and most researches have been performed by centering around the oral medicine wards of college hospitals. Numerous specialists have been produced after the establishment of oral medicine, and they have been active in various fields. As dental clinics have gotten bigger, the function of oral medicine in the secondary clinics is being brought out. As admissive channel, case features, case composition and otherwise have not been researched for a long time, the related researches should be carried out from now on. Hereupon, this study was carried out by targeting the 100 inpatients hospitalized at the oral medicine ward of Sun Hospital located in Daejeon Korea, through questionnaire. As the result, the following results were derived.

1. The ages of the inpatients in Sun Hospital were 29.21 ± 11.31 on the average; 71 females' mean average was 29.63 ± 11.29 and 29 males' mean average was 28.17 ± 11.48 . In regard of school career, the patients who finished high-school course or higher accounted for 78%; the patients'school career seemed to be relatively high. The patients who complained of temporomandibular pain accounted for the highest proportion with 65%. In motivation to visit this hospital, internet surfing was 11%, mass media was 10%, acquaintance's introduction was 38%. The patients, who were hospitalized at another hospital due to the same symptom, accounted for 56%.
The dental clinics, which made the patients visit this hospital, accounted for 20%. The patients, who were previously aware that the present symptom should be treated by oral medicine, accounted for 38%. The patients, who were not aware of the fact in advance, were 62%. The respondents of 51% answered that they were aware of the fact one month or below before hospitalization.
2. The patients, who complained of craniocervical ache, accounted for 58%; the patients, whose ache aches affect daily life, were 22%. Continuous ache was 14% and intermittent ache was 68%, and dull pain was 23%.
3. Life variations were compared with each other by using SRRS (Social Readjustment Rating Scale). In consequence, the variation within 3 years indicated a significant difference in the both groups but the variation within 6 months did not indicate any differences.
4. In regard of the questionnaire on the incidents happened for a week, the ache-group was compared with the group free from the ache. As the result, the number of strain arisen for a week, the decrease of favorite works and sudden fear indicated a significant difference. Pleasant feeling and the decrease of interests in looks did not indicate a significant difference, but came close to the significance.
5. In the questionnaire on impatience, the ache-group indicated higher value but there was not a significant difference.
6. In the questionnaire on the symptoms caused by stress, the two groups indicated significant differences in the item of 'the teethridge itches and feels a tooth rising' and 'the occiput or the nape is stiff.' In the item 'the inside of the cheek or the teethridge are widely peeled off, accompanied with ache and hemorrhage', 'the face has acne or pimple' and 'headache frequently attacks', a significant difference was not observed but the two groups came close to the significance.

Key words: Admissive channel, Oral Medicine, Life variation, Stress

I. INTRODUCTION

Ordinarily, oral medicine has well performed its function in a part of dental college hospitals. Oral medicine dentally treats the patients diagnosed with temporomandibular disorder, orofacial pain, soft tissue diseases related with oral mucosa and facial focus, systemic diseases and otherwise, performs age determination or human identification, and generally diagnoses oral diseases. Oral medicine, which has functioned as the tertiary clinic in a part of dental college hospitals, is firmly putting down roots in the dentistry.

Numerous specialists in oral medicine have been produced for so long a time and those specialists have been active in dental fields such as private dental clinics, group clinics, general hospitals and otherwise. Although specialists in oral medicine are being active in various fields, the inpatients hospitalized at the oral medicine ward of dental college hospitals, i.e., tertiary clinic, have been just researched.^{1,2)} Specialists in oral medicine are expected to be more produced later on and to be active in various dental clinics without mentioning dental college hospitals. Consequently, the actual conditions of inpatients in respective spheres will be investigated in order that oral medicine can be an index in various fields including dental college hospitals.^{3,4)}

The epidemiology on the inpatients hospitalized at oral medicine ward has been researched by centering on the patients having temporomandibular disorder, and most theses have focused on the inpatients hospitalized at dental college hospitals. Granted temporomandibular disorder accounts for high proportion of hospital treatments, that is not all. For this reason, all inpatients hospitalized at the

oral medicine ward are needed to be analyzed in general traits including temporomandibular disorder.

Lee et al.^{3,5)} researched the epidemiology of tonic headache and its clinical features, targeting the inpatients hospitalized at the dental college hospital, and researched the relativity with dental medicine. The research¹⁾ was carried out by centering around Korea's Southern Chungcheong Province, and genders, case histories, addresses and diagnostic symptoms of the patients diagnosed with temporomandibular disorder were generally researched. This study was also carried out by targeting the inpatients hospitalized at university hospitals as the tertiary clinic. Jung et al.²⁾ researched the function of oral medicine in the aspect of specialization, and dealt with its function and weight through analysis on admittance channel.

Currently, the function of oral medicine is active in a part of private dental clinics, the dental clinics affiliated to general hospitals, group dental clinics, the dental clinics affiliated to dental college hospitals and otherwise. This study was carried out on purpose to research admittance channel and traits of the inpatients hospitalized at the dental clinics affiliated to general hospitals, and to present prospective aims. Such patients are mostly hospitalized at oral medicine wards of dental college hospitals, but the capacity of college hospitals may reach the limits as the number of patients is continuously increasing. Thus, it is considered that the function of the dental clinics affiliated to general hospitals, i.e., the secondary clinics in which oral patients can be treated all out, can be easily transferred to the primary clinic and can be cooperated with other medicines, are needed to be analyzed.

This study was carried out to analyze the patients hospitalized at the oral medicine of the secondary clinic, and to present prospective plans of dental clinics in general hospitals of which inpatients are expected to increase.

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II. MATERIALS AND METHODS

1. Subjects

The 100 inpatients hospitalized at Sun Hospital in Daejeon Korea were subject to this study. Their ages were 29.21 ± 11.31 on the average; 71 females' mean average was 29.63 ± 11.29 and 29 males' mean average was 28.17 ± 11.48 .

2. Methods

1) Clinical Examination

Normal clinical examination was performed by the same clinician who finished the course of oral medicine, on purpose to secure the consistency of results. In addition, case histories, medical records and questionnaires were filled out.

2) Questionnaire

(1) The causes to be hospitalized and admmissive channel were analyzed by using the following questionnaire.

name:

age/gender:

1. What is your occupation?

- 1) No occupation, 2) Housewife,
- 3) Professional job, 4) Engineering job
- 5) Sales job, 6) Self-employed, 7) Others

2. Marital status

- 1) Bachelor, 2) Married, 3) Unmarried

3. What is monthly average income level?

- 1) High, 2) Middle, 3) Low

4. What is your final education?

- 1) Uneducated, 2) Elementary school
- 3) High school, 4) University
- 5) Graduate school & higher

5. How many members are in your family?

- 1) Alone, 2) 2-3 persons, 3) 4-5 persons

4) Morethan 6 persons

6. What is your satisfaction on present family life?

- 1) Very satisfied, 2) Satisfied
- 3) Unsatisfied, 4) very unsatisfied

7. If you are working now, write down your satisfaction on your job.

- 1) Very satisfied, 2) Satisfied
- 3) Unsatisfied, 4) Very unsatisfied

8. Please note the influence of your malaise on the satisfaction of family life.

- 1) Not influenced, 2) A little influenced,
- 3) Much influenced

9. What is the degree of stress that you now feel?

- 1) Non, 2) A little, 3) Much, 4) Too much

10. If you have the stress, write down how much you get rid of stress.

- 1) Very satisfactorily relieved
- 2) Satisfactorily relieved
- 3) A little relieved
- 4) Never relieved

11. Do you have breakfast?

- 1) Everyday, 2) Almost everyday
- 3) Sometimes, 4) Never

12. Do you have an unbalanced diet? (Yes, No)

13. Do you eat too much? (Yes, No)

14. Write down your symptom.

- 1) TMJ pain, 2) Joint sound, 3) Headache
- 4) Mouth opening limitation, 5) Intraoral lesion
- 6) Malodor, 7) Others

15. When was the symptom generated?

- 1) 1 week -4 weeks, 2) 1 month -3 months
- 3) More than 6 months, 4) More than 2 years
- 5) Others

16. How do you come to the hospital?
 - 1) Through a web searching, 2) Through media,
 - 3) With an introduction from friends
 - 4) Through a medical examination
 - 5) Through another hospital's request, 6) Others
 17. Have you gone to the hospital due to your present malaise before coming to this hospital? (Yes, No)
 18. If yes, write down the name of hospital
 - 1) Another local dental clinic 2) Otolaryngology
 - 3) Orthopedics 4) Internal medicine
 - 5) Neurology, 6) Pain clinics
 - 7) Other dental departments, 8) Others
 19. If you have experience in going to another hospital due to the present malaise, how many times have you gone to that hospital?
 - 1) 1-2 times 2) 3-5 times 3) 5-10 times
 - 4) More than 20 times, 5) Others
 20. If you have experience in going to another hospital due to the present malaise, how long times have you gone to that hospital?
 - 1) More than 1 week, 2) More than 1 month
 - 3) More than 3 month, 4) More than 6 month
 - 5) More than 1 year, 6) Others
 21. If you have experience in going to another hospital due to the present malaise, were you treated? (Yes, No)
 22. If yes, write down the treatment methods.
 - 1) Physical therapy, 2) Orally medication
 - 3) Medicine injection
 - 4) Intraorally splint therapy
 - 5) surgery, 6) Others
 23. If you were treated due to the present malaise, how much were you satisfied with the medical treatment?
 - 1) Very satisfied, 2) Satisfied,
 - 3) Unsatisfied, 4) Very unsatisfied.
 24. If you have experience in going to another dental clinic due to the present malaise, how many times have you gone to that hospital?
 - 1) 1-2 times, 2) 3-5 times, 3) 5-10 times
 - 4) More than 20 times, 5) Others
 25. If you have experience in going to another dental clinic due to the present malaise, how long times have you gone to that hospital?
 - 1) More than 1 week, 2) More than 1 month
 - 3) More than 3 month, 4) More than 6 month
 - 5) More than 1 year, 6) Others
 26. If your hospital requested you to go to this hospital before coming to this hospital, write down the kind of the former hospital.
 - 1) Another local dental clinic, 2) Otolaryngology
 - 3) Orthopedics, 4) Internal medicine
 - 5) Neurology, 6) Pain clinics
 - 7) Other dental departments, 8) others
 27. Did you know that your malaise is the symptom which must be treated in the oral diagnosis? (Yes, No)
 28. If yes, when did you know?
 - 1) More than 1 week, 2) More than 1 month
 - 3) More than 3 month, 4) More than 6 month,
 - 5) More than 1 year, 6) Others
 29. If no, write down how you knew.
 - 1) Through web searching or media
 - 2) Information sharing through friends
 - 3) With the introduction from the doctor of the hospital where I was treated
 - 4) With the introduction from the dentist who treated me
 - 5) Ythrough the medical examination
 - 6) Ythrough the public health center's doctor
 - 7) Others
- (2) Evaluating Social Readjustment Rating Scale
Social Readjustment Rating Scale (SRRS) was designed by Homes and Rahe. Korea-version

SRRS, constituted by 43 questions in 6 categories, was used in this study. Subjects were divided into two groups; a group having craniocervical ache and a group free the ache. Their total life variation and total change frequency, shown within 6 months and 3 years respectively, were analyzed.

Behavioral pain scale constituted by 26 items was filled up to evaluate the pain. The items are to check whether craniocervical ache is being, how the pain is painful, whether the pain is worsened or is alleviated, whether the pain affects daily life, what its pattern is, whether the pain affects sleep and whether the patient ingest caffeine.

(3) Evaluating Strain and Impatience for a Week

To evaluate the degree of strain and its volume, the uneasiness by strain, emotional change, fear, the change of daily life, etc., the questionnaire constituted by 14 items was filled up. Also, the subjects said yes or no to the 9 items to evaluate the degree of impatience. Each item was analyzed by drawing a comparison between the two groups.

(4) The Symptoms Caused by Stress

These items are to check the symptoms easily caused the stress on the head and the neck. Each item was divided into the category related with the lips, the inside of the cheek, the tongue, the tooth or the teethridge and otherwise, and the subjects marked 'O' on suitable items. Each item was analyzed by drawing a comparison between the two groups.

III. RESULTS

1. Patients' Ordinary Data and Questionnaire on admmissive channel

Mean average was 29.21 ± 11.31 ($n=100$), the number of female patients was 71 (mean average: 29.63 ± 11.29) and the number of male patients was 29 (mean average: 28.17 ± 11.48). In occupations, inoccupation accounted for 11%, housewife was 12% and professional was 15%, followed by

technician of 2%, salesman of 1%, businessman of 4% and other occupations of 55%. In marriage, unmarried patients accounted for 64% and the married were 35%. However, the patients of 11% did not reply. In income, mid-income was 49%, high income was 5% and low income was 23%. In school career, the uneducated were 10%, the patients finished the primary course were 12%, the patients graduated from high-school course were 22%, the patients graduated from university were 49% and the patients completed the postgraduate course were 7%.

The patients, whose symptoms do not affect home life or work life, accounted for 50%, the patients whose symptom somewhat affect their lives were 37% and the patients whose symptom remarkably affect their lives were 10%.

The patients who are currently under a little of stress were 48%, the patients who are currently under stress were 37% and the patients who are under a lot of stress were 10%. The patients of 42% answered that they get rid of stress satisfactorily, but the patients of 57% answered that they cannot get rid of stress.

The patients who complained of temporomandibular pain accounted for the highest proportion of 65%, followed by crackling jaw of 50%, headache of 13%, trismus of 23%, halitosis of 7% and other factors of 2%. In respect to onset, the period within a month was 19%, the period within 3 months was 17%, the period over 6 months was 25% and the period over 2 years was 31%.

In motivation to visit this hospital, internet surfing was 11%, mass media was 10%, acquaintance's introduction was 38%, health inspection was 4% and other hospital's introduction was 9%.

The patients, who were hospitalized at another hospital due to the same symptom, accounted for 56%. Among them, private dental clinic was 35%, followed by otolaryngological clinic of 7%, orthopedic clinic of 23%, internal medicine of 9%, neurological clinic of 35, dolorific clinic of 4%, another medicine in the same hospital of 9% and

other clinics of 6%.

The patients, who visited another hospital due to the present symptom once or twice, accounted for 33%. The period over a week was 13%, but the patients who did not reply were 45%. The patients, who underwent medical treatment at other hospitals, accounted for 60%. Regarding therapy, physical therapy was 27%, followed by medicinal therapy (17%), injection (10%) and intraoral device (9%). In particular, one case underwent a surgical operation.

The patients, who visited other dental clinics once or twice, accounted for 10%. The frequency over 3 times was 10%, and the rest of subjects did not reply.

Among the hospitals that asked the patients to visit to this hospital, dental clinics were 20%,

patients did not reply.

The patients, who were previously aware that the present symptom should be treated by oral medicine, accounted for 38%, and the patients who were not aware of the fact were 62%. The patients, who were aware of the fact one month before visiting the hospital, were 51%. With regard to the channel, mass media was 12%, acquaintance was 13%, another doctor was 11%, another dentist was 17% and others were 8%.

2. Behavioral Pain Scale

The patients, who complained of craniocervical ache, accounted for 58%; the patients, whose ache aches affect daily life, were 22%. Continuous ache was 14% and intermittent ache was 68%, and dull pain was 23%. The patients, who do nothing to relieve the ache, accounted for 60%; the patients, who take exercises to relieve the ache but it is worsened, were 37% (Fig. 1).

3. Comparing Life Variations by Using SRRS

Life variations were compared with each other by using SRRS (Social Readjustment Rating Scale). In consequence, the variation within 3 years indicated a significant difference in the both groups but the variation within 6 months did not indicate any differences (Table 1).

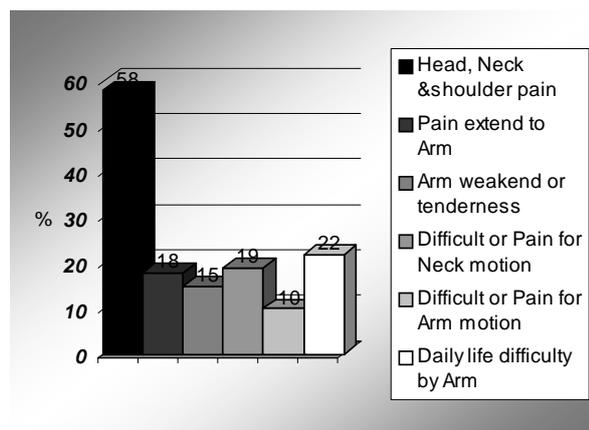


Fig. 1. Frequency of Head & neck pain pattern

Table 1. Comparison of SRRS by Head, Neck and Shoulder pain group

	~6months		~3years	
	unit	number	unit	number
pain (n=58)	46.0 ± 52.2	1.6 ± 1.8	53.6 ± 75.4	1.6 ± 2.3
No pain(n=42)	39.4 ± 50.4	1.4 ± 1.8	24.0 ± 44.5	0.8 ± 1.5
p	NS	NS	**	**

NS: not significant, **: p < 0.01

ordinary hospitals were 7%. However, 61-percented

Table 2. Comparison of experience in the last oneweek by Head, Neck and Shoulder pain group

	mean±SD		
	pain (n=58)	No pain(n=42)	p
WK1	2.1 ± 1.1	2.9 ± 1.0	***
WK2	2.3 ± 1.1	1.8 ± 1.1	**
WK3	2.8 ± 0.8	3.0 ± 0.9	NS
WK4	2.1 ± 0.8	1.9 ± 0.6	NS
WK5	2.4 ± 1.0	3.0 ± 1.0	**
WK6	1.9 ± 1.0	2.3 ± 1.1	†
WK7	2.1 ± 1.2	1.7 ± 1.0	NS
WK8	2.7 ± 0.7	2.9 ± 0.7	NS
WK9	2.2 ± 0.9	2.0 ± 0.8	NS
WK10	3.4 ± 0.9	3.3 ± 0.9	NS
WK11	2.7 ± 1.1	3.1 ± 0.9	†
WK12	2.1 ± 1.1	2.1 ± 1.2	NS
WK13	3.4 ± 0.7	3.6 ± 0.5	**
WK14	1.8 ± 0.8	1.7 ± 0.6	NS

NS: not significant, † :<0.1

*:p<0.05 **:p<0.01 ***:p<0.001

Table 3. Comparison of PP by Head, Neck and Shoulder pain group

	pain (n=58)	No pain(n=42)
	3.67 ± 1.86	3.19 ± 1.78
P	NS	NS

NS: not significant

Table 4. Comparison of Stress symptom by Head, Neck and Shoulder pain group

	%				
	Str3	Str12	Str16	Str17	Str18
pain (n=58)	12	11	34	30	45
No pain(n=42)	3	0	18	13	16
P	†	*	†	†	***

† :<0.1 *:p<0.05 ***:p<0.001

Str3: The inside of the cheek or the teethridge are widely peeled off, accompanied with ache and hemorrhage.

Str12: The teethridge itches and feels a tooth rising.

Str16: The face has acne (pimple, tumor)

Str17: Headache frequently attacks

Str18: The occiput or the nape is stiff

4. Comparing the Incidents Happened for a Week

In regard of the questionnaire on the incidents happened for a week, the ache-group was compared with the group free from the ache. As the result, the number of strain arisen for a week, the decrease of favorite works and sudden fear indicated a significant difference. Pleasant feeling and the decrease of interests in looks did not indicate a significant difference, but came close to the significance (Table 2).

5. The Questionnaire on Impatience

In the questionnaire on impatience, the ache-group indicated higher value but there was not a significant difference (Table 3).

6. The Symptoms Caused by Stress

In the questionnaire on the symptoms caused by stress, the two groups indicated significant differences in Str12 and Str18. With regard to other items, significant differences were not observed but the groups came close to the significance (Table 4).

IV. DISCUSSION

The medical research, which is to overcome humans' constitutional disorders, is largely divided into three parts, i.e., clinical medicine, experimental medicine and epidemiology. The purpose of epidemiology is to research the causes of the diseases arisen in human groups, to prevent such diseases and to control their development. It has been actively studied in dental medicine, not to mention normal medicines^{1,7-9)}. Clinical medicine researches the onset of diseases and their developments, centering on cases, and researches remedies. As most patients voluntarily visit hospitals, clinical medicine has been lopsided in medical researches.

Experimental medicine is preferred by basic medical scientists, and its purpose is to clarify the causes of diseases or their mechanisms. However, it is somewhat difficult to apply its results to the human body because it ordinarily focuses on animals. Further, it is irrational to apply to the human body because experimental places or environments are remarkably different from natural conditions. On the other hand, epidemiology can research human diseases without any risks as it is focused on human groups in natural conditions.

Epidemiological researches are mostly carried out by using clinical examinations or questionnaires and by evaluating the symptoms and the signs of subjects. Although the research based on questionnaires has a problem with exactitude, it can be easily performed and various information can be collected in the shortest amount of time on the premise that subjects correctly understand it.

In the sex ratio of the patients hospitalized at oral medicine ward, female patients indicated higher proportion with 71% same as other theses¹⁰⁻¹³⁾. The inpatients, who graduated from high school or higher, accounted for 78%, and among them, the inpatients completed postgraduate course, reached 56%; the proportion of highly educated inpatients was higher, and this result corresponded to the study of Lee et al¹⁾. With regard to stress, the

patients of 57% answered that they cannot get rid of stress sufficiently; the problem of stress should be effectively treated.

The group having facial ache indicated high values in analyzing the life variation within 6 months, but it was not significant statistically. However, life variation and the incidents indicated significant differences in evaluating the SRRS within 3 years. It is considered that the patients might be under stress and might feel the aches due to long-term life variation rather than total life variation within 6 months.

In regard of the questionnaire on the incidents happened for a week, the two groups indicated a significant difference in the number of strain arisen for a week. It is considered that they felt strains and stresses before hospitalization because the number of strain arisen for a week, the decrease of favorite works, anxiety and fear indicated the significance. In the ache-groups, favorite works was significantly decreased a week before the questionnaire as well as the days of anxious thoughts were longer in the ache-group. In the item of sudden fear, the two groups indicated a significant difference. With regard to the item 'pleasant feeling' and 'the decrease of interests in looks', statistical significances were not observed but a difference was observed. Specifically, the two items indicated decreasing phenomena.

In regard of comparing life variations by using SRRS, the variation within 3 years indicated a significant difference in the two groups but the variation within 6 months did not indicate any differences. It is considered that the facial ache-group might be influenced by the life variation within 3 years and its frequency without mentioning the short-term life variation^{14,15)}.

In the questionnaire on the symptoms caused by stress, the two groups indicated significant differences in the item of 'the teetheridge itches and feels a tooth rising' and 'the occiput or the nape is stiff.' In the item 'the inside of the cheek or the teetheridge are widely peeled off, accompanied with ache and hemorrhage', 'the face has acne or pimple'

and 'headache frequently attacks', a significant difference was not observed but the two groups came close to the significance¹⁶⁻¹⁸⁾.

As this study was focused on the inpatients hospitalized at the oral medicine ward of Sun Hospital, the result might be lopsided in selecting subjects. Nevertheless, it is considered that it might be suitable to the purport because the function of oral medicine as the secondary clinic was dealt with. Some subjects could not fill up the questionnaire due to short consultation hours, and such questionnaires could not be included in this study. Some subjects manifested dissatisfaction by reason of long-time questionnaire, differently than the oral medicine wards of college hospitals. Such defects are expected to be supplemented by collecting more data later on.

Since 1970, the epidemiological researches on temporomandibular disorder have been reported overseas in many countries¹⁹⁻²⁵⁾ including Korea²⁶⁻²⁸⁾. Since then, the epidemiology of inpatients, case features and case patterns have been researched by centering around college hospitals. However, now oral medicine is needed to be researched in the aspect of the secondary clinic as its specialty and necessity is gathering strength. Son et al²⁹⁾ epidemiologically researched on the temporomandibular disorders of ordinary men, schoolteachers, ordinary dental patients and orthodontic patients, using the simple questionnaire. According to the report of Jung et al.²⁾ on admissive channel, the proportion of the patients transferred from other hospitals accounted for 58.51%, especially, the patients transferred from other dental clinics accounted for 82.23%. In this study, the patients transferred from other hospitals accounted for 27%; among them, the patients transferred from other private dental clinics were 74.1%. The proportion was lower as compared with the tertiary clinics. Lee et al.¹⁾ researched the epidemiology of the inpatients hospitalized at the oral medicine ward of college hospitals with the result that the patients transferred by dentists accounted for 80.7%, followed by orthopedists,

physicians and otorhinolaryngologists. Exclusive of them, neurologists and dolorific clinicians accounted for significant proportion. Altogether, general practitioners' recognition to oral medicine is still insufficient³⁰⁾.

The patients, who were aware of their symptoms before hospitalization, accounted for 38%, and the respondents of 51% answered that they were aware of the fact one month or below before hospitalization. Likewise, they answered that they got information through mass media, acquaintances, other dentists or doctors.

According to the results of this study based on the questionnaire, the proportion of the patients transferred from other dental clinics was lower than the oral medicine of college hospitals as the tertiary clinic. It is considered that publicity should be more actively performed. Most patients complained of temporomandibular aches, and they mostly consulted with dentists about their symptoms. Besides, they frequently used internet, mass media or surrounding information. Consequently, the oral medicine is needed to be publicized through internet or mass media.

V. CONCLUSIONS

The 100 inpatients in Sun Hospital were subject to this study and an epidemiological research was carried out, on purpose to clarify the function of oral medicine in the secondary clinic and to perform the S-Evaluation on admissive channel and case features.

1. The ages of the inpatients in Sun Hospital were 29.21 ± 11.31 on the average; 71 females' mean average was 29.63 ± 11.29 and 29 males' mean average was 28.17 ± 11.48 . In regard of school career, the patients who finished high-school course or higher accounted for 78%; the patients' school career seemed to be relatively high. The patients who complained of temporomandibular pain accounted for the highest proportion with 65%. In motivation to visit this

hospital, internetsurfing was 11%, mass media was 10%, acquaintance's introduction was 38%. The patients, who were hospitalized at another hospital due to the same symptom, accounted for 56%.

The dental clinics, which made the patients visit this hospital, accounted for 20%. The patients, who were previously aware that the present symptom should be treated by oral medicine, accounted for 38%. The patients, who were not aware of the fact in advance, were 62%. The respondents of 51% answered that they were aware of the fact one month or below before hospitalization.

2. The patients, who complained of craniocervical ache, accounted for 58%; the patients, whose ache aches affect daily life, were 22%. Continuous ache was 14% and intermittent ache was 68%, and dull pain was 23%.
3. Life variations were compared with each other by using SRRS (Social Readjustment Rating Scale). In consequence, the variation within 3 years indicated a significant difference in the both groups but the variation within 6 months did not indicate any differences.
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국문요약

내원경위 분석과 환자 특성 평가에 따른 2차 진료기관으로서 구강내과 역할에 대한 연구

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구강내과에 내원하는 환자에 대한 역학 연구가 1970년대 이후로 계속 이루어져 왔으며, 대부분이 대학병원내의 구강내과를 중심으로 이루어져 왔다. 구강내과가 개설한 이후에 많은 전문인력이 배출되었으며, 치과의 각계각층에서 활발한 활동을 보여주고 있다. 치과병원이 대형화되어가는 추세에 있어 대학병원급이 아닌 2차 진료기관에서의 구강내과의 역할이 새삼 부각되고 있다. 이렇듯 대형치과병원이나 종합병원내의 치과병원에 구강내과가 개설됨에 따라 2차 진료기관에서의 구강내과 환자의 내원 분석이나 환자의 특성, 환자의 구성 등에 대한 연구가 전무함에 이에 대한 연구가 필요하리라 생각하여 대전 선병원 구강내과에 내원하는 환자 100명에게 설문지 작성을 통한 역학 조사를 실시하여 다음의 결과를 얻었다.

1. 선병원 구강내과 환자의 평균나이는 29.21±11.31(n=100)세였으며, 여자 71명 (평균나이 29.63±11.29세) 남자 29명 (평균나이 28.17±11.48세)였으며, 최종학력은 고등졸 이상이 78%로 고학력을 지니고 있었다. 현재 불편해 하는 증상은 턱관절 통증이 65%으로 제일 많았으며 내원하게 된 동기는 인터넷 검색 11%, 방송매체 10% 주변사람의 소개가 38%였으며, 같은 불편감으로 다른 병원을 내원한 경험이 있는경우가 56%이었다. 본병원에 가도록 의뢰한 다른 병원은 치과의원은 20%를 나타내었으며, 현재의 불편감이 구강내과에서 진료 받아야 하는 지 사전에 인지하고 있는 경우는 38%, 그렇지 않은 경우는 62%였으며 응답한 대상자의 51%가 한달 안쪽에 그 사실을 알게 되었다고 응답하였다.
2. 두경부예의 동통은 58%에서 호소 하였으며, 이러한 통증으로 인하여 일상 생활에 지장이있다고 대답한 경우는 22%였다. 지속적인 통증은 14% 간헐적인 통증은 68%에서 나타났으며, 통증의 성질은 둔한 통증이 23%였다.
3. 사회재적응 평가 척도를 이용한 생활 변화량의 비교에서는 3년이내의 변화량에서 두경부 동통이 있는군과 없는 군사이에 유의성을 보였으며 6개월이내의 변화량에서는 유의성을 보이지 않았다
4. 일주일간 겪었던 일에 대한 설문에서는 동통이 있는 군과 아닌 군의비교에서 일주일동안 긴장감을 지닌 날의 수와 예전부터 즐겨 하던 일의감소, 갑작스런 공포를 느낌 항목에서 유의성을 보였으며, 기분이 즐겁고 들뜨다 항목과 외모에의 관심 감소항목에서는 유의한 차이를 보이지는 않았으나 유의함에 근접하였다
5. 조급함을 평가하는 설문지에서는 동통군이 비록 약간 더 상승을 보였으나 통계학적으로 유의한 차이를 나타내지는 않았다.
6. 스트레스로 인한 증상 발현은 잇몸에 근질거리는 감각이나 이가솟는 듯한 느낌의 잇몸 증상과 뒷머리가 당기거나 목덜미가 뻣뻣하다는 항목 에서 두경부 동통군과 비동통군 사이에 유의한 차이를 보였으며 불안쪽이나 잇몸에 껌질이 벗겨지면서 피가 남의 항목과 스트레스시 여드름 뽀로지, 두통의 항목에서 유의성은 보이지 않았으나 유의수준에 근접하였다.

주제어 : 내원경로, 구강내과, 생활변화량, 스트레스