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Relationship Between Index of Complexity, Outcome and Need and Dental Aesthetic Index in the Assessment of Orthodontic Treatment Complexity and Need of Nigerian Adolescents


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Objective: To assess the relationship between Index of Complexity, Outcome and Need (ICON) and Dental Aesthetic Index (DAI) in the assessment of orthodontic treatment complexity and need among adolescents in Ibadan, Nigeria.

Methods: The orthodontic treatment complexity and need of 274 adolescents drawn from 4 secondary schools in Ibadan city, Nigeria aged 12-17 years – 142 (51.8%) females and 132 (48.2%) males were examined using the ICON. The orthodontic treatment need of the same subjects was assessed using the DAI. One investigator assessed all the subjects. In addition to descriptive and chi-square statistics, non-parametric correlations (Spearman Rank Order and Pearson’s Product Moment Correlation Coefficients) were used to test the relationship between the indices.

Results: Both indices agreed that 102 (37.2%) of the subjects had no treatment need while out of 27 (9.9%) that ICON considered as belonging to the difficult/very difficult complexity grades, DAI grouped 22 (8.0%) of them as having handicapping malocclusions. The agreements between the indices for both treatment needs as well as for complexity and severity of malocclusions were very statistically significant (P < .01). Overall, the correlations of the scores by both indices were found to be positively strong and very significant (r = .715; P < .01).

Conclusion: Both orthodontic indices agreed satisfactorily on both facets of orthodontic treatment provision assessed, suggesting that ICON could validly be used to assess such in orthodontic care of Nigerians.
INTRODUCTION

Occlusal indices are useful for research, audit, practice management, and quality assurance in orthodontics. Over the years, different indices have been developed for various facets of orthodontic provision but they could not enjoy international acceptance. This contributed to making international comparison of data difficult.

The Dental Aesthetic Index (DAI) was developed originally based on North American Caucasian sample. However, subsequently the DAI was adopted as a cross-cultural index by the World Health Organization for assessment of orthodontic treatment need, and its excellent reliability and validity has also been documented. In response to the need for an international composite index for assessment of different facets of orthodontic provision, the Index of Complexity, Outcome and Need (ICON) was developed based on the opinion of 97 practising orthodontists in 9 countries - Germany, Greece, Hungary, Italy, Netherlands, Norway, Spain, UK and the United States of America. Importantly, the ICON has helped to solve the problem of modifying indices for assessment of orthodontic treatment outcome such as the Peer Assessment Rating (PAR) Index for use in different countries as well as being a universal index for clinical application and international comparison of data. In addition to being relatively easy to use and its cost-effectiveness, recent reports have shown that the ICON could replace other orthodontic indices in assessing different facets of orthodontic care in other countries.

This makes it an index of great potential for both developing and developed economies of the world. Also, a recent clinical-based pilot study in Nigeria on this index agrees with the related North American study, thereby suggesting that the ICON could also replace the DAI in assessing orthodontic treatment need in Nigerian patients as a valid index. It was deemed necessary to go beyond the demand population in assessing the relationship between ICON and DAI.

Therefore, this epidemiological study aimed at evaluating the agreement between the Index of Complexity, Outcome and Need and the Dental Aesthetic Index in the assessment of orthodontic treatment complexity and needs of adolescents in Ibadan, Nigeria.

METHODODOLOGY

The subjects were Nigerian junior and senior secondary school children selected from four (4) secondary schools in Ibadan city, Oyo State, Nigeria. The schools selected included both public (no fee-paying) and private (high fee-paying) schools in order to involve children from both the low and high socio-economic groups in the society. The authorities of the selected schools were also approached for permission to carry out the study in their schools while only those adolescents who consented to the study were recruited.

In all, two hundred and seventy four (274) adolescents aged 12-17 years – 132 (48.2%) males and 142 (51.8%) females were examined for orthodontic treatment complexity and need using the Index of Complexity, Outcome and Need. The same subjects were also assessed according to the Dental Aesthetic Index. One investigator assessed all the subjects clinically in their schools under natural illumination while strictly following the guidelines for both the ICON and DAI. None of the children examined had received any form of orthodontic treatment before the assessment.

ICON: For orthodontic treatment complexity and need, the standard criteria for such classifications were used: treatment complexity graded according to the total ICON scores into easy (<29), mild (29-50), moderate (51-63), difficult (64-77) and very difficult (>77) while treatment need was categorized into ‘no treatment’ when the total ICON score was less than 43 and ‘treatment need’ when ICON score was equal or more than 43.

DAI: The standard criteria for grouping the total scores was followed – normal or minor malocclusion with no treatment need or slight need (≤25), definite malocclusions with treatment considered elective (26-30), severe malocclusions with treatment highly desirable (31-35) and very severe or handicapping malocclusion with treatment considered mandatory (>36).

Intra-Examiner Reliability Tests

Although excellent intra-examiner reliabilities of the investigator on the uses of these orthodontic indices had been reported, 20 subjects who were not part of this sample were randomly selected and re-examined after 2-4 weeks interval. The first and second examinations were evaluated statistically using both Pearson Product Moment Correlation Coefficient and Spearman’s Rank Correlation Coefficient (Spearman’s rho) and excellent agreements were found (According to Pearson, ICON: r = .996, P = .000; DAI: r = .993, P = .000; According to Spearman, ICON: r = .994, P = .000; DAI: r = .985, P = .000).

In addition to descriptive statistics, parametric and non-parametric statistics were applied in the analysis of the data. The cross-tabulation analysis was used to determine the ability of ICON and DAI to detect the same treatment needs as well as to determine the agreement between severity of malocclusion according to the DAI and the complexity of cases using the ICON. The non-parametric correlations (Spearman Rank Order and Pearson’s Product Moment Correlation Coefficients) were used to test the relationship between the two indices. All analyses were done using the Statistical Package for Social Sciences (SPSS) for Windows release 11.5 (SPSS Inc. Chicago, IL). P values of less than 0.05 were considered as statistically significant.
RESULTS

The range and mean scores according to both the ICON and DAI for the subjects are shown in Table 1.

Table 1. Descriptive statistics of the scores of the indices for the subjects.

<table>
<thead>
<tr>
<th>Index</th>
<th>Score Range</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICON</td>
<td>7</td>
<td>106</td>
<td>41.93</td>
<td>274</td>
</tr>
<tr>
<td>DAI</td>
<td>15</td>
<td>74</td>
<td>28.68</td>
<td>274</td>
</tr>
</tbody>
</table>

The cross tabulation between DAI and ICON treatment needs reveals very statistically significant agreement as shown in Table 2 ($X^2 = 84.985; df = 3; P = .000$). Out of 116(42.3%) subjects that were considered by DAI standard as having no or slight treatment need, 102(37.2%) of them were considered by ICON criteria as having no orthodontic treatment need as well. Equally, out of 60(21.9%) subjects that were considered as having very severe / handicapping malocclusion according to DAI criteria, ICON considered 48(17.5%) of them as having need for orthodontic treatment.

Table 3 shows very statistically significant agreement between the orthodontic treatment complexity levels of the malocclusions according to the ICON and the severity levels of the malocclusions according to DAI ($X^2 = 150.099; df = 12; P = .000$). Out of 55(20.1%) subjects that ICON considered their orthodontic treatment complexity as easy, 52(19.0%) of them had treatment need (severity) considered by DAI as little or no need for orthodontic treatment while 2(0.7%) belonged to severity level of malocclusion with orthodontic treatment considered as elective. Twenty seven (9.9%) subjects had malocclusions considered by ICON as belonging to difficult / very difficult complexity grades while DAI considered 22(8.0%) of them as belonging to the group of malocclusions classified as very severe / handicapping in nature.

Table 2. Cross tabulation of the ICON and DAI treatment needs groups.

<table>
<thead>
<tr>
<th>DAI Treatment Need levels</th>
<th>No Treatment Need ($\leq 43$)</th>
<th>Treatment Need ($\geq 43$)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>$\leq 25$</td>
<td>102</td>
<td>87.9</td>
<td>14</td>
</tr>
<tr>
<td>26-30</td>
<td>32</td>
<td>49.2</td>
<td>33</td>
</tr>
<tr>
<td>31-35</td>
<td>13</td>
<td>39.4</td>
<td>20</td>
</tr>
<tr>
<td>$\geq 36$</td>
<td>12</td>
<td>20.0</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>159</td>
<td>58</td>
<td>115</td>
</tr>
</tbody>
</table>

$X^2 = 84.985; df = 3; P = .000$

Table 3. Cross tabulation of the complexity grades of malocclusion according to ICON and severity levels of malocclusion according to DAI.

<table>
<thead>
<tr>
<th>Complexity (ICON)</th>
<th>Severity Levels of Malocclusion</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\leq 25$</td>
<td>26-30</td>
</tr>
<tr>
<td>Easy (&lt;29)</td>
<td>52</td>
<td>94.5</td>
</tr>
<tr>
<td>Mild (29-50)</td>
<td>59</td>
<td>39.9</td>
</tr>
<tr>
<td>Moderate (51-63)</td>
<td>4</td>
<td>9.1</td>
</tr>
<tr>
<td>Difficult (64-77)</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Very Difficult (&gt;77)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td>42.3</td>
</tr>
</tbody>
</table>

$X^2 = 150.099; df = 12; P = .000$

The spearman’s rank order correlation between the orthodontic treatment according to DAI and ICON derived orthodontic treatment need as shown in Table 4 was found to be very statistically significant ($r = .588; P = .000$), as well as the correlation between the DAI treatment need/ severity and ICON complexity grades ($r = .620; P = .000$). Generally, Pearson correlation coefficient between the ICON- derived scores of the subjects and DAI- derived
scores were found to be very statistically significant \( (r = .715; P = .000) \) while almost the same strength was found with Spearman’s rank correlation coefficient \( (r = .699; P = .000) \).

Table 4. Spearman correlations between DAI treatment need/ severity and ICON treatment need and complexity grades.

<table>
<thead>
<tr>
<th>DAI component</th>
<th>Treatment needs</th>
<th>Treatment complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Component</td>
<td>Component</td>
</tr>
<tr>
<td></td>
<td>.588**</td>
<td>.620**</td>
</tr>
</tbody>
</table>

**DISCUSSION**

Quality assurance in every aspect of health care delivery remains crucial to the maintenance good standard. The possibility of using ICON in the assessment of different facets of orthodontic provision holds promise internationally because of its cost-effectiveness in addition to its documented reliability and validity \(^{16,19}\). Otuyemi et al.\(^ {20}\) had earlier shown significant similarity in the perception of dental aesthetics in the United States of America and Nigeria, according to the dental aesthetics index.

The mean ICON score recorded in this study is expectedly lower than those – 67.38 ± 19.63 (SD), 72.5, 69 and 72.9 ± 13 (SD), reported in previous clinic-based studies in Nigeria \(^ {16}\), Sweden \(^ {21}\), Greece \(^ {22}\) and UK \(^ {14}\). Meanwhile, the present mean ICON score in this study is comparable to 42.05 being the average for the two overall mean ICON score for Riga and Daugavpils secondary school children in Latvia reported in a similar epidemiological study \(^ {23}\). Similarly, the mean DAI score in the present study is lower than that reported in a similar Nigerian clinic-based study \(^ {16}\).

The highly significant relationship between orthodontic treatment needs as assessed by ICON as well by DAI in the present study is in agreement with the similar Nigerian clinic-based study by Onyeaso \(^ {16}\) and a North American report \(^ {15}\). It is also comparable to the finding of Fox et al.\(^ {14}\) in UK involving ICON and IOTN.

The present finding of highly significant relationship between orthodontic treatment complexity according to ICON and severity of malocclusion according to DAI is consistent with an earlier Nigerian study in a demand population \(^ {18}\). Complexity or treatment difficulty has been defined in orthodontic literature to mean the degree of effort associated with correcting malocclusion and obtaining normal or ideal occlusion \(^ {24}\). Cassinelli et al.\(^ {25}\) reported treating the cases they identified as difficult for a longer time and more frequently as those cases they identified as easy without even achieving the same final results. They reported that besides patients’ characteristics, severity of malocclusions contributed to the difficult cases. Both Richmond et al.\(^ {21}\) and Onyeaso and Begole\(^ {26,27}\) reported that pre-treatment ICON scores were equally significantly associated with duration of orthodontic treatment with cases having higher pre-treatment scores taking longer time to treat.

Generally, in this present study, the high correlations of .7 found between ICON scores and the DAI scores using both Spearman rank order and Pearson product moment correlation coefficients is an indication that the power of prediction of the scores by either index for the other in these subjects was not a matter of chance. When correlation \( r \) values for positive correlations are up to .7 and above, it is indicative of strong and very reliable prediction \(^ {28}\).

The present Nigerian epidemiological study has not only supported earlier similar but clinic-based studies \(^ {15,16}\) but has provided the first African epidemiological study reporting on such facets of pretreatment orthodontic assessment involving these two important international orthodontic indices.

**CONCLUSIONS**

1) The ICON promises to be a cost-effective and valid index for the assessment of pretreatment needs of Nigerian orthodontic patients;
2) The present study has also confirmed the strong significant relationship between severity of malocclusions as assessed by the DAI and the complexity of malocclusions as assessed by ICON.

**RECOMMENDATIONS**

The authorship recommends the use of this composite index – Index of Complexity, Outcome and Need (ICON) in the pre treatment assessment of Nigerian patients.

More studies involving ICON is encouraged especially from other parts of the world at least for the purposes of comparison of data.

**REFERENCES**


