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Supplementary Material



Quality of Life in Oral Submucous Fibrosis- A Case Report with a Literature Review

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Abstract:

Oral Submucous Fibrosis (OSMF) is a potentially malignant disorder commonly found in the Southeast Asian region, classically characterized through restricted mouth opening and burning sensation in the mouth on consuming spicy food. The etiopathogenesis and treatment aspects of OSMF have been extensively researched and reviewed. However, the effect of this condition on the Quality of Life (QoL) of patients has not gained much consideration. The aim of our case report is to highlight the importance of evaluating the QoL in an OSMF patient by using discipline-specific questionnaire and also to present to the readers a review of the recently published research articles on the application of QoL questionnaires in OSMF patients.

Results:

It was observed that most of the researchers used generic and discipline-specific questionnaire for evaluating the quality of life in OSMF patients.

Conclusion:

Evaluation of QoL is recommended during the treatment of OSMF patients. There is a need to develop and employ more of disease-specific QoL instruments for OSMF patients.

Keywords: Oral submucous fibrosis, Quality of life, Life quality, Health-related quality of life.

Article History

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Supplementary Table 1. Questionnaire used to evaluate The QoL in the case report (Source- Tadakamadla J, Kumar S, Laloo R, Johnson NW. Development and validation of a quality-of-life questionnaire for patients with oral potentially malignant disorders. Oral Surg Oral Med Oral Pathol Oral Radiol. 2017 ;123(3):338-349).

-	-	Not at All	A little	Somewhat	Quite a Bit	Very much
1	How difficult was it for you to get your mouth condition diagnosed?	-	-	-	-	-
2	How much did the need to visit many doctors for getting your mouth condition diagnosed affect daily life activities?	-	-	-	-	-
3	How stressful was it for you to take a variety of treatments before being diagnosed with your mouth condition?	-	-	-	-	-
4	How much pain and agony does your mouth condition cause you?	-	-	-	-	-
5	How much burning sensation do you experience while having spicy food?	-	-	-	-	-

(Supp. Table 1) contd.....

-	-	Not at All	A little	Somewhat	Quite a Bit	Very much
6	How difficult is it for you to open your mouth widely?	-	-	-	-	-
7	How much is your oral condition causing you to limit your desired foods?	-	-	-	-	-
8	How much is your mouth condition limiting you from enjoying your meals?	-	-	-	-	-
9	How much does your mouth condition affect your taste sensation?	-	-	-	-	-
10	How much dryness do you feel in your mouth?	-	-	-	-	-
11	How frustrated are you because of your oral condition?	-	-	-	-	-
12	How depressed or low do you feel because of your mouth condition?	-	-	-	-	-
13	In general, how much is your mouth condition affecting your relationship with family and friends?	-	-	-	-	-
14	How much is your mouth condition affecting your satisfaction with life?	-	-	-	-	-
15	How scared are you about the possibility of your oral condition turning into cancer?	-	-	-	-	-
16	How scared are you about the outcome of this condition affecting your life?	-	-	-	-	-
17	How embarrassing is it for you to eat foods at parties, functions, or other social gatherings?	-	-	-	-	-
18	How much pain do you experience with treatment of your oral condition?	-	-	-	-	-
19	How satisfied are you with the effectiveness of treatment for your mouth condition?	-	-	-	-	-
20	How much are your treatment appointments affecting your daily schedule	-	-	-	-	-

Supplementary Table 2. OHIP-14 Questionnaire (Source-Husain FA, Tatengkeng F. Oral Health-Related Quality of Life Appraised by OHIP-14 Between Urban and Rural Areas in Kutai Kartanegara Regency, Indonesia: Pilot Pathfinder Survey. Open Dent J. 2017 Oct 31; 11:557-564).

List of Question on OHIP-14 Questioner	Never	Seldom	Sometimes	Often	Always	Mean SD
Have you had trouble pronouncing any words because of problems with your teeth or mouth	-	-	-	-	-	-
Have you felt that your sense of taste has worsened because of problems with your teeth or mouth	-	-	-	-	-	-
Have you had painful aching in your mouth	-	-	-	-	-	-
Have you found it uncomfortable to eat any foods because of problems with your teeth or mouth	-	-	-	-	-	-
Have you been self-conscious because of your teeth or mouth	-	-	-	-	-	-
Has been your diet been unsatisfactory because of problems with your teeth of mouth	-	-	-	-	-	-
Have you had to interrupt meals because of problems with your teeth or mouth?	-	-	-	-	-	-
Have you found it difficult to relax because of problems with your teeth or mouth	-	-	-	-	-	-
Have you been a bit embarrassed because of problems with your teeth or mouth	-	-	-	-	-	-
Have you been a bit irritable with other people because of problems with your teeth or mouth	-	-	-	-	-	-
Have you had difficulty doing your usual jobs because of problems with your teeth or mouth	-	-	-	-	-	-
Have you felt that life in general was less satisfying because of problems with your teeth or mouth	-	-	-	-	-	-
Have you been totally unable to function because of problems with your teeth or mouth	-	-	-	-	-	-

Supplementary Table 3. WHOQOL-BREF questionnaire. (Source- introduction, administration, scoring and generic version of the assessment. Field Trial Version December 1996).

-	Domain	Facets Incorporated within Domains Domain
1	Physical health	Activities of daily living Dependence on medicinal substances and medical aids Energy and fatigue Mobility Pain and discomfort Sleep and rest Work Capacity
2	Psychological	Bodily image and appearance Negative feelings Positive feelings Self-esteem Spirituality / Religion / Personal beliefs Thinking, learning, memory and concentration
3	Social relationships	Personal relationships Social support Sexual activity
4	Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation / leisure activities Physical environment (pollution / noise / traffic / climate) Transport

Supplementary Table 4. EORTC QLQ-H&N 35 questionnaire (Source- Ouattassi N, Benmansour N, ElFakir S, Nejari C, Alami MN. Translation and validation of EORTC QLQ-H&N 35 into Moroccan Arabic for ENT head and neck cancer patients in Morocco. *Eur Arch Otorhinolaryngol.* 2016 ; 273(9):2727-34.

-	List of Issues Included in Questionnaire
1	Pain
2	Senses impairment (taste/smell)_
3	Swallowing
4	Speech trouble
5	Trouble eating in public
6	Trouble with social contact
7	Sexuality impairment
8	Dental problems
9	Xerostomia
10	Sticky saliva
11	Cough
12	Feeling ill
13	Need for pain killers
14	Nutritional supplements
15	Feeding tube
16	Weight gain
17	Weight loss