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Connaissances, perceptions et compréhension des fumeurs adultes concernant l'impact du tabac sur la santé bucco-dentaire

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Travail de fin d'études présenté en vue de l'obtention du grade de
Bachelier : hygiéniste bucco-dentaire

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**Knowledge, perceptions, and understanding of adult smokers
regarding the impact of tobacco on oral health.**

Translated with AI

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Résumé

Introduction

Le tabagisme est un facteur de risque majeur pour la santé bucco-dentaire, impliquant des pathologies allant de la gingivite et la parodontite aux lésions précancéreuses et au cancer oral. Les connaissances et les perceptions des fumeurs adultes sur ces risques influencent leurs comportements de santé et leur recours aux soins dentaires.

Méthodes

Cette étude repose sur une recherche bibliographique basée sur 7 articles scientifiques sélectionnés dans les bases PubMed, Ebscohost et Scopus, portant sur les connaissances, perceptions et compréhension des fumeurs adultes concernant l'impact du tabac sur la santé bucco-dentaire.

En complément, des entrevues ont été réalisées auprès de 8 professionnels de santé afin d'explorer leurs perceptions et pratiques en matière de prévention.

Les données ont été synthétisées afin d'identifier les tendances, lacunes et implications pour la prévention et le suivi dentaire.

Résultats

Les études montrent que les connaissances des fumeurs adultes sur les effets du tabac sur la santé bucco-dentaire sont souvent limitées et incomplètes. Les perceptions des risques varient fortement selon l'expérience clinique, l'éducation sanitaire et l'exposition à des programmes de sensibilisation. De plus, les fumeurs adultes sous-estiment souvent l'importance du rôle des dentistes et des professionnels de santé bucco-dentaire dans le sevrage tabagique et la prévention.

Discussion / Conclusion

Ces résultats soulignent l'importance de renforcer les interventions éducatives et de prévention, en utilisant des approches interactives et pratiques pour améliorer la compréhension des fumeurs adultes. Le soutien actif des hygiénistes bucco-dentaires, associé à un suivi personnalisé et des campagnes de sensibilisation adaptées, apparaît essentiel pour augmenter la motivation à cesser de fumer et réduire les risques bucco-dentaires associés au tabac.

Abstract

Background

Smoking is a major risk factor for oral health, contributing to conditions ranging from gingivitis and periodontitis to precancerous lesions and oral cancer. Smokers' knowledge and perceptions of these risks influence their health behaviors and dental care utilization.

Methods

This study is based on a literature review of 7 scientific articles selected from PubMed, Ebscohost, and Scopus, focusing on smokers' knowledge, perceptions, and understanding of the impact of tobacco on oral health.

In addition, interviews were conducted with 8 healthcare professionals to explore their perceptions and preventive practices.

The data were synthesized to identify trends, gaps, and implications for prevention and dental care.

Results

Studies indicate that smokers often have limited and incomplete knowledge of tobacco's effects on oral health. Risk perceptions vary significantly depending on clinical experience, health education, and exposure to awareness programs. Additionally, smokers frequently underestimate the role of dentists and oral health professionals in tobacco cessation and preventive care.

Discussion / Conclusion

These findings highlight the need to strengthen educational and preventive interventions using interactive and practical approaches to improve smokers' understanding. Active support from dental hygienists, with personalized follow-up and tailored awareness campaigns, appears essential to increase motivation for cessation and reduce tobacco-related oral health risks.

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The individuals mentioned above have given their consent to be cited by name.

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Introduction

General context

Smoking has been a major public health issue for several decades and remains one of the leading risk factors for both systemic and oral diseases. Its effects are well documented, affecting dental, periodontal, and mucosal tissues, and can lead to conditions such as dental caries, gingivitis, periodontitis, precancerous lesions, and oral cancer (Muniandy, 2019; More et al., 2021).

According to the World Health Organization (WHO), approximately 1.20 billion people were smokers worldwide in 2024, with tobacco use being responsible for more than 7 million deaths annually, including those linked to passive smoking (WHO, 06/2025).

In parallel, oral diseases affect nearly 3.5 to 3.7 billion people worldwide (WHO, 03/2025). Among these, periodontal diseases affect more than one billion individuals, while oral cancer accounts for over 380,000 new cases annually (WHO, 07/2024).

Despite this high prevalence and the significant clinical consequences, adult smokers' knowledge regarding the impact of tobacco on oral health remains insufficiently explored, suggesting a gap in the available evidence.

In this context, and based on clinical observations, it appears relevant to further investigate adult smokers' knowledge and perceptions regarding the impact of tobacco on oral health.

Oral health: definition and specificities

Oral health is not limited to the absence of pain or to aesthetic criteria. It relies on adequate oral hygiene, healthy lifestyle habits, and regular follow-up with healthcare professionals. Some conditions develop progressively and silently, without early clinical signs, which makes their detection and perception more difficult for adult smokers. In the absence of symptoms, they tend to consult less frequently and do not always modify risk behaviours, particularly smoking.

Perceptions and understanding of adult smokers

The literature shows that adult smokers often assess their oral health based on subjective criteria such as absence of pain, masticatory function, or aesthetics. These perceptions may differ from clinical evaluation. The level of understanding of risk factors, particularly tobacco, plays a key role in the adoption of preventive behaviours and in motivation for smoking cessation. Several studies highlight that risk perceptions directly influence health behaviours (Jeihooni et al., 2018).

Tobacco and perceptions of oral health

Among adult smokers, studies report an uneven level of knowledge regarding the effects of tobacco on oral health. Visible consequences are generally more easily recognised than deeper conditions such as periodontal disease or precancerous lesions (Muniandy, 2019; More et al., 2021). A general underestimation of risks is also observed, particularly concerning certain tobacco products or exposure situations (Ludovichetti et al., 2024).

Research problem

Despite preventive efforts, adult smokers' perceptions and understanding of the impact of tobacco on oral health remain variable. This variability raises the question of the relationship between level of knowledge, perceptions of oral health, and preventive behaviours, particularly dental attendance and motivation to quit smoking.

Several studies indicate that adult smokers have more limited knowledge and less regular preventive behaviours compared to non-smokers (Wong et al., 2021).

In clinical practice, it is also observed that many adult smokers underestimate the consequences of tobacco use on their oral health.

Aim of the thesis

Research question: What is the level of knowledge, perceptions, and understanding among adult smokers regarding the impact of tobacco on oral health, and how does this influence their preventive behaviours and motivation for smoking cessation?

General objective: To explore these knowledge levels, perceptions, and understanding, as well as their influence on health behaviours and motivation for smoking cessation.

Specific objectives: To assess adult smokers' knowledge of the effects of tobacco, identify their risk perceptions, analyse their understanding of oral pathologies, explore their behaviours regarding follow-up and smoking cessation, and gather healthcare professionals' perspectives on these elements and on preventive strategies.

Bibliographic methodology

Search strategy

The literature search was conducted using three main databases: PubMed, Ebscohost, and Scopus. These platforms were selected due to their comprehensive coverage of international scientific literature in the fields of health and dentistry.

Search criteria defined according to the PICO framework

PICO: P = adult smokers; I = health knowledge; C = none; O = oral health.

MeSH terms

SMOKERS – HEALTH KNOWLEDGE – ORAL HEALTH

The terms were combined using the Boolean operator AND in order to refine the search.

This search equation was applied consistently across all three databases (PubMed, Ebscohost, and Scopus).

Search parameters

Publication period: 2016 to 2026

Study population: adult smokers

Level of evidence and relevance

The selected articles were assessed according to the grading system of the Haute Autorité de Santé (HAS) (Appendix 1).

Article selection

Article selection was carried out in several stages based on predefined inclusion and exclusion criteria.

The inclusion criteria consisted of articles published between 2016 and 2026, written in English or French. The study population had to include adult smokers or populations containing adult smokers. Selected articles had to address knowledge, perceptions, or understanding of the effects of tobacco on oral health. The included studies were mainly observational, particularly cross-sectional studies, as well as relevant interventional studies. Finally, only full-text articles were included in the analysis.

The exclusion criteria included articles published before 2016, as well as those not focused on oral health. Studies involving only children or adolescents were excluded, along with articles not addressing the relationship between tobacco and oral health and those not available in full text. Duplicate articles identified across the different databases were also excluded from the selection process.

In total, 273 articles meeting the search criteria were identified. After screening titles and abstracts, 259 articles were excluded due to lack of relevance or inappropriate population. Fourteen articles were then selected for full-text review. After removing a further 7 duplicates, 7 articles were ultimately included in the analysis, as they met the relevance criteria and the objectives of this study. A flow diagram was used to illustrate the selection and screening process (Appendix 2).

Bibliographic results

Among the 7 included studies, the majority consist of descriptive cross-sectional studies classified as Level of Evidence Grade C, reflecting a moderate to low level of evidence. This is explained by the observational nature of these studies, which does not allow causal relationships between the studied variables to be established. Two studies were classified as Grade B due to their interventional or comparative design, providing an intermediate level of evidence.

The critical appraisal of the articles was conducted using a reading grid, and the results are summarised in the data extraction table (Appendix 3).

To facilitate readability and highlight recurring elements across the studies, the results were organised into common themes identified in the literature, namely: level of knowledge, risk perceptions, understanding of the link between tobacco and oral health, and health behaviours and attitudes towards smoking cessation.

Level of knowledge among adult smokers regarding the effects of tobacco

The findings show that adult smokers' knowledge of the effects of tobacco on oral health is generally limited and varies across studies.

Several studies indicate that adult smokers primarily identify the visible effects of smoking, such as tooth discoloration or halitosis (bad breath), whereas deeper conditions, particularly periodontal diseases or precancerous lesions, are less well known (Muniandy, 2019; More et al., 2021).

Furthermore, some studies highlight a lack of awareness regarding the role of tobacco in the development of oral cancer, as well as a limited ability to recognise its early signs (AbuJwaid et al., 2026).

Finally, a comparison between smokers and non-smokers shows that adult smokers have a significantly lower level of knowledge regarding tobacco-related oral health risks (Wong et al., 2021).

Perceptions of smoking-related risks

The studies show that perceptions of smoking-related risks are often incomplete and sometimes biased.

Adult smokers tend to underestimate the severity of tobacco's consequences on oral health, particularly in relation to non-visible or long-term effects. This underestimation is also observed for certain forms of consumption, especially

e-cigarettes and heated tobacco products, which are often perceived as less harmful (Ludovichetti et al., 2024).

Moreover, perceptions of individual risk appear low among some adult smokers. However, one interventional study shows that improved knowledge is associated with an increase in perceived vulnerability and perceived severity of risks (Jeihooni et al., 2018).

Understanding of the link between tobacco and oral health

The results highlight a partial understanding of the link between tobacco use and oral health.

While some adult smokers recognise the association between tobacco and serious conditions such as cancer, understanding of the mechanisms involved in periodontal diseases remains limited (Muniandy, 2019; More et al., 2021).

This incomplete understanding results in difficulties in fully appreciating the overall impact of tobacco on oral health, particularly in the absence of immediate symptoms.

Health behaviours and attitudes towards smoking cessation

The studies show that knowledge levels and risk perceptions influence adult smokers' health behaviours.

Overall, adult smokers demonstrate fewer preventive behaviours, particularly regarding oral cancer screening and regular dental check-ups (Wong et al., 2021).

Moreover, although some adult smokers express a positive attitude towards smoking cessation, this does not systematically translate into action (More et al., 2021).

Finally, several studies highlight that adult smokers recognise the potential role of dentists in smoking cessation and express expectations regarding such support (Beklen et al., 2021).

Explanation of the phenomenon

The gap observed between adult smokers' knowledge and their behaviours can be explained using behavioural change theories. The Transtheoretical Model of Change (Prochaska and DiClemente, 1983) describes different stages through which an individual progresses before adopting a health-promoting behaviour, ranging from precontemplation to maintenance. Thus, an adult smoker may be aware of the risks associated with smoking without being ready to change their behaviour, which explains the persistence of certain habits despite partial knowledge of the dangers.

In this context, motivational interviewing (Miller and Rollnick, 2013) is a particularly suitable tool for supporting adult smokers in their behaviour change process. This patient-centred approach aims to strengthen intrinsic motivation and reduce ambivalence towards smoking cessation. Its use by oral health professionals could contribute to improving smokers' engagement in preventive behaviours and smoking cessation.

Interview methodology

Study design

A qualitative descriptive study was conducted using written interviews distributed electronically. This approach was chosen in order to collect, through open-ended questions, the experiences and perceptions of healthcare professionals regarding adult smokers' knowledge, as well as tobacco prevention practices in oral health care.

Target population

The study population consisted of healthcare professionals involved in tobacco prevention and oral health care, including dentists, oral hygienists, tobacco specialists, and health promotion professionals.

Participants were selected using non-probability purposive sampling, based on their professional activity and experience in the field of healthcare.

In total, 15 professionals were contacted in order to obtain a diversity of perspectives from different disciplines.

Data collection tool

A structured and intentionally concise interview guide was developed to facilitate participation and optimise the response rate. It included open-ended questions aimed at collecting qualitative data on professional perceptions and practices.

The topics addressed included adult smokers' level of knowledge regarding the effects of tobacco on oral health, their understanding and risk perceptions, as well as the relationship between knowledge and behaviours. The guide also explored prevention practices, barriers encountered, the role of oral hygienists, and possible areas for improvement in preventive strategies. The interview guide is presented in the appendix (Appendix 4).

Procedure

The interviews were conducted electronically. A link to the interview guide was sent by email to the selected healthcare professionals, along with an information sheet, an informed consent form, an explanation of the study objectives, and an estimated completion time of approximately 10 to 15 minutes. Participation was voluntary and unpaid.

Responses were collected between 23 April 2026 and 4 May 2026 (n = 8).

The sample included at least one representative from each targeted professional category: dentist, oral hygienist, tobacco specialist, and health promotion professional.

Data analysis

The collected responses (Appendix 4) were analysed using qualitative thematic analysis. This method made it possible to identify recurring themes, including dominant perceptions, encountered difficulties, and improvement strategies proposed by participants.

Ethical considerations

Participation was voluntary. Participants were informed in advance about the study objectives, the anonymity of responses, and the use of the collected data. Informed consent was provided in the form of an attached document; however, as some responses were collected anonymously, it was not always possible to obtain a signed return form. Completion of the questionnaire was considered as implicit consent to participate (Appendix 5).

Discussion

Generally limited and incomplete knowledge

The bibliographic results show overall insufficient knowledge regarding the effects of tobacco on oral health. Adult smokers mainly identify visible manifestations (tooth discoloration, halitosis), whereas deeper conditions, particularly periodontal diseases, remain poorly known (Muniandy, 2019; More et al., 2021).

This focus on visible signs suggests perceptions strongly influenced by immediately perceptible symptoms, while chronic and asymptomatic pathologies are less integrated. This may lead to an underestimation of risk and reduced preventive behaviour.

Interviews with professionals confirm these findings: adult smokers mainly recognise visible effects (staining, halitosis), whereas more serious consequences such as periodontal disease or oral cancer remain less well known. These observations are consistent with the literature.

Biased and underestimated risk perceptions

Beyond knowledge gaps, risk perceptions are influenced by psychological mechanisms associated with addictive behaviours, such as denial, minimisation, and rationalisation, which reduce cognitive dissonance between awareness of risk and continued smoking (WHO, 07/2021).

As a result, some adult smokers continue their consumption despite adequate information, particularly when effects are not immediately visible or felt in the short term. These perceptions are further distorted by confusion regarding tobacco products, with e-cigarettes and heated tobacco products often perceived as less harmful, thereby normalising risk (Ludovichetti et al., 2024).

These findings align with the Transtheoretical Model of Change (Prochaska and DiClemente, 1983), according to which individuals progress through different stages: many

adult smokers remain in precontemplation or contemplation, where awareness of risk alone is insufficient to trigger change.

Interviews confirm these biased perceptions: professionals report that smokers tend to minimise tobacco's consequences or delay preventive actions despite receiving information, with denial or trivialisation leading to low engagement in prevention or cessation efforts. These observations are consistent with the literature.

A gap between knowledge, perceptions, and behaviours

The bibliographic results highlight a gap between adult smokers' knowledge, their risk perceptions, and their health behaviours. Even when risks are identified, this does not systematically lead to behaviour change (More et al., 2021).

This gap can be explained by low perceived personal vulnerability, difficulty translating knowledge into action, and ambivalence towards change, as described in Motivational Interviewing (Miller & Rollnick, 2013). Thus, information alone is insufficient, highlighting the importance of motivation-centred and supportive approaches.

Interviews confirm that, despite awareness of risks, adult smokers do not systematically modify their habits. This is reflected in irregular dental visits, fluctuating motivation to quit smoking, sometimes inadequate oral hygiene, delayed use of dental care services, and difficulties maintaining long-term preventive behaviours.

In this context, sustainable behavioural change requires a comprehensive approach integrating not only information, but also motivational strategies, personalised support, and regular follow-up. Motivational interviewing, strengthening the therapeutic relationship, and referral to specialised services therefore appear as essential tools to support engagement in behaviour change.

The central role of the dentist in prevention

Several studies show that adult smokers recognise the role of dentists in smoking prevention and cessation (Beklen et al., 2021). However, this role remains underutilised in practice, despite the dental setting being a privileged environment for prevention due to regular follow-up and direct observation of tobacco-related oral effects.

In this context, motivational interviewing appears to be an appropriate approach to support behaviour change by addressing ambivalence rather than relying solely on information delivery.

Interviews confirm this central role of oral health professionals. Participants emphasise the importance of systematically addressing tobacco use during follow-up visits. They also highlight the specific role of oral hygienists in providing information, motivational support, and referral to smoking cessation services. Some also underline the value of interprofessional collaboration and the need for appropriate tools to strengthen preventive interventions.

Strengths and limitations of this study

The included studies have the advantage of directly exploring adult smokers' knowledge and perceptions, providing a concrete insight into smoking-related representations.

However, several limitations must be considered. Most studies rely on self-reported data, which may introduce response bias. In addition, sample sizes are often limited or specific, restricting generalisability. Finally, the cross-sectional design of the studies does not allow causal relationships to be established.

Furthermore, the limited number of available studies and their varying levels of evidence reflect a still insufficient research focus on perceptual and behavioural aspects of smoking in oral health.

The interviews also present limitations related to the small sample size and the self-reported nature of responses, which must be considered when interpreting the findings.

Summary of findings

Overall, findings from both the literature review and the professional interviews converge. Adult smokers generally have limited knowledge of tobacco's effects on oral health, often focused on visible manifestations, while deeper and silent conditions are less well recognised. In addition, a persistent gap exists between knowledge, risk perception, and preventive behaviours, reflecting difficulties in translating information into action. Finally, professionals highlight the central role of oral hygienists in education, support, and prevention, emphasising the importance of tailored and multidisciplinary approaches.

Link to the research problem

The results highlight a complex interaction between knowledge, perceptions, and behaviours among adult smokers. While awareness of risks exists, it is not sufficient to trigger behavioural change, which may be explained by psychological mechanisms such as denial and rationalisation, and by incomplete progression through the stages of change described in the Transtheoretical Model (Prochaska and DiClemente, 1983).

Therefore, management of adult smokers cannot be limited to information provision but must integrate motivational and behavioural strategies, with a central role for oral health professionals.

Interviews confirm this observation: professionals report that adult smokers may possess general knowledge about risks without translating it into concrete behaviour change. They emphasise the importance of individualised support and motivational approaches to encourage engagement in cessation and prevention. These elements reinforce the research problem and the need for a comprehensive approach combining information, motivation, and support.

Practical implications

These findings underline the importance for oral health professionals, particularly oral hygienists, to systematically record smoking status in medical histories and identify adult smokers during consultations.

In clinical practice, appropriate education on the oral health consequences of tobacco should be delivered regularly, taking into account the patient's level of understanding and perceptions. The use of motivational approaches, such as motivational interviewing, appears particularly relevant to support reflection and strengthen engagement towards behaviour change.

Finally, referral of adult smokers to specialised smoking cessation services is an essential step in providing comprehensive and appropriate care.

Perspectives and areas for improvement

More broadly, strengthening prevention campaigns is a key priority to improve understanding of smoking-related risks. These initiatives should further integrate oral hygienists in roles related to education, counselling, and referral, in order to enhance the effectiveness of preventive messages.

In this perspective, developing tobacco-related competencies among oral hygienists appears essential to support structured and coherent management of adult smokers. This would improve the quality of care and promote better continuity of follow-up.

Furthermore, several institutional and associative actors can contribute to this dynamic. Local Health Promotion Centres (CLPS, 2026) provide educational tools and training in health promotion. The Respiratory Health Fund (FARES, 2026) supports prevention and smoking cessation through specialised programmes. The Tabacstop helpline (Cancer Foundation, 2026) offers free smoking cessation support and referral resources. The Health Observatory of Hainaut (2026) provides epidemiological data useful for prevention. Finally, public health programmes such as the Walloon tobacco prevention plans (Walloon Tobacco-Free Plan, 2026) contribute to population awareness.

Together, these resources could support a truly interdisciplinary approach to tobacco prevention and cessation in dental care settings.

General conclusion

This final year project aimed to explore the level of knowledge, perceptions, and understanding among adult smokers regarding the impact of tobacco on oral health, as well as their influence on preventive behaviours and motivation for smoking cessation.

The results of the literature review highlight an overall limited level of knowledge, mainly focused on the visible manifestations of smoking, while deeper and often asymptomatic conditions, such as periodontal diseases or precancerous lesions, remain insufficiently identified. These incomplete perceptions contribute to an underestimation of risks and sometimes insufficient engagement in preventive behaviours.

The interviews conducted with healthcare professionals confirm these findings and highlight a gap between adult smokers' theoretical knowledge and their actual behaviours. Even when certain risks are known, they do not systematically lead to changes in habits, particularly regarding dental follow-up or smoking cessation. These results emphasise the importance of considering psychological and motivational dimensions in the support of adult smokers.

In this context, oral health professionals, and particularly oral hygienists, occupy a privileged position to intervene in prevention and smoking cessation support. The systematic integration of smoking status into

medical history taking, the use of appropriate motivational approaches, and referral to specialised services represent essential tools to improve patient management. However, although elements of motivational interviewing are introduced during training, they sometimes remain insufficient for in-depth application in clinical practice, highlighting the need to strengthen professionals' competencies in this field.

Finally, this work underlines the need to reinforce awareness and prevention actions in oral health, by developing appropriate educational tools and promoting interdisciplinary collaboration among healthcare professionals. Future research, based on larger samples, would help deepen the understanding of adult smokers' behaviours and optimise preventive strategies in oral health.

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Additional digital resources

A QR code is provided to allow access to all documents and links related to this work.



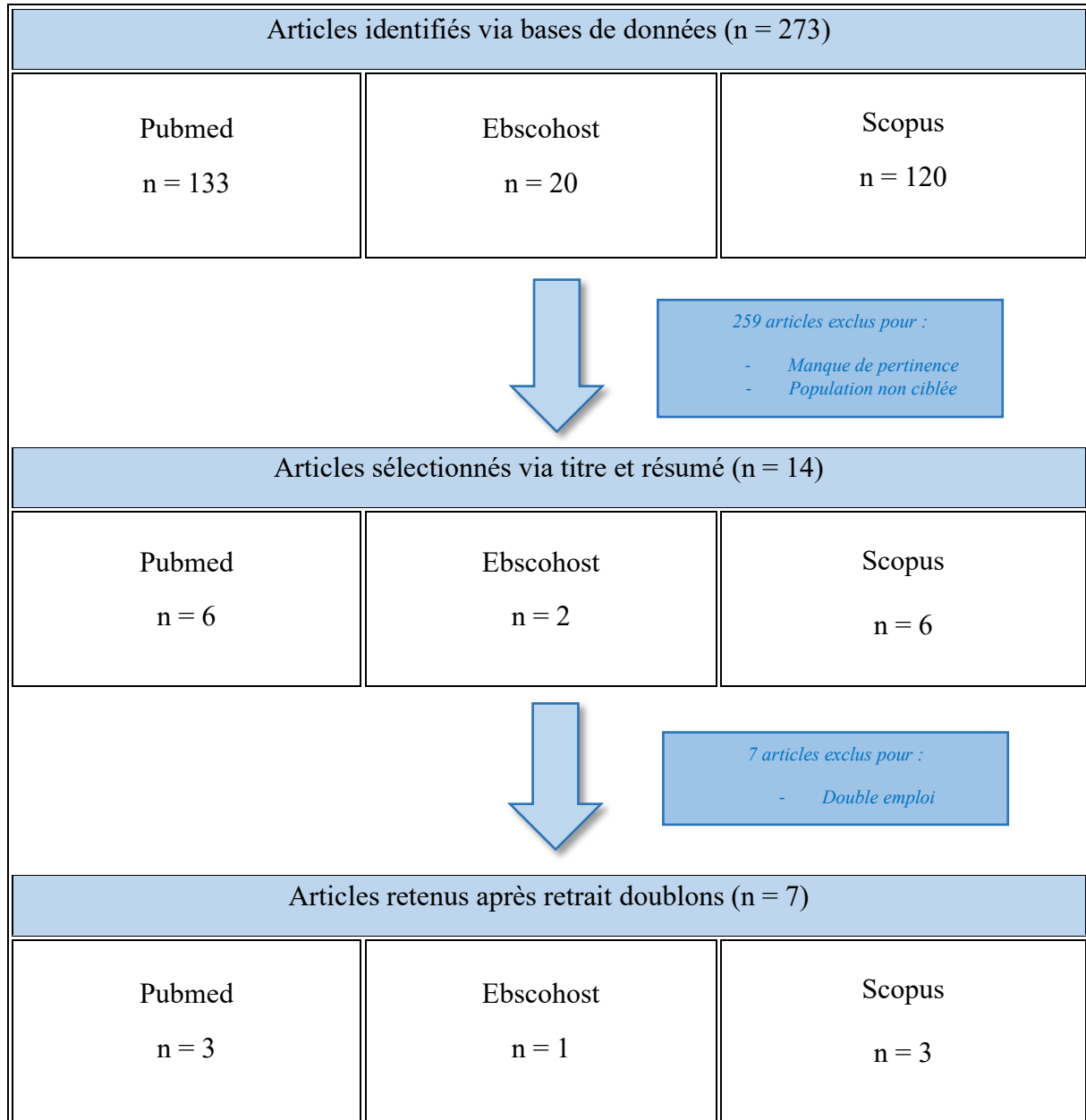
Appendix 1 :

Grading table of the Haute Autorité de Santé (HAS)

Grade de recommandations	Niveau de preuve scientifique fourni par la littérature
A : Preuve scientifique établie	Niveau 1 -essais comparatifs randomisés de forte puissance ; -méta-analyses d'essais comparatifs randomisés ; -analyses de décision fondées sur des études bien menées
B : Présomption scientifique	Niveau 2 -essais comparatifs randomisés de faible puissance ; -études comparatives non randomisées bien menées ; -études de cohorte
C : Faible niveau de preuve scientifique	Niveau 3 -études cas-témoins ; Niveau 4 -études comparatives avec biais importants ; -études rétrospectives ; -séries de cas ; -études épidémiologiques descriptives (transversales ou longitudinales)

Appendix 2 :

Flow diagram



Appendix 3 :

Bibliographic data extraction table

Auteur (année)	Pays	Type d'étude	Population	Objectif	Résultats principaux	Limites	Niveau de preuve
Jeihooni et al. (2018)	Iran	Etude quasi-expérimentale	Fumeurs adultes hommes	Evaluer l'effet d'une intervention éducative	Amélioration des connaissances après intervention	Suivi limité	Grade B
Wong et al. (2021)	Etats-Unis	Etude transversale	Fumeurs adultes vs non fumeurs	Comparer connaissances et comportements	Fumeurs moins informés et moins préventifs	Population locale	Grade B
AbuJwaid et al. (2026)	Palestine	Etude transversale	Adultes	Evaluer connaissances cancer oral	Connaissances limitées	Biais en ligne	Grade C
More et al. (2021)	Inde	Etude transversale	Fumeurs adultes hommes	Evaluer perceptions des effets	Effets visibles mieux connus	Auto déclaration	Grade C
Muniandy (2019)	Malaisie	Etude transversale	Fumeurs adultes et non fumeurs	Evaluer connaissances tabac vs parodonte	Connaissances meilleures par rapport aux études antérieures	Auto déclaration	Grade C
Beklen et al. (2021)	Turquie	Etude transversale	Patients fumeurs et non fumeurs	Evaluer perceptions du rôle du praticien	Rôle reconnu mais peu appliqué	Biais de perception	Grade C
Ludovichetti et al. (2024)	Italie	Etude transversale	Population générale	Evaluer connaissances tabagisme passif	Nouveaux produits perçu moins nocif	Auto déclaration	Grade C

Appendix 4 :

Interview guide and participants' responses

Question	Propositions	Réponses des participants
Question 1 Comment décririez-vous le niveau de connaissances des fumeurs adultes concernant les effets du tabac sur la santé bucco-dentaire ?	Pas de connaissances	
	Connaissances très limitées	X X X X X
	Connaissances partielles (centrées sur le visuel)	X
	Connaissances moyennes	
	Bon niveau de connaissances globales mais incomplet	X X
	Bon niveau de connaissances	
Question 2 Quels effets du tabac sur la santé bucco-dentaire sont généralement les mieux connus par les fumeurs adultes ?	Réponse libre	Coloration : X X X X X X X Halitose : X X X Effets visibles : X
Question 3 Quels effets du tabac sur la santé bucco-dentaire sont généralement les moins connus par les fumeurs adultes ?	Réponse libre	Genèse : X Problèmes paro : X X X X X Cancer oral : X X X X Xérostomie : X X X Vasoconstriction : X X Déchaussement : X X X Caries : X
Question 4 Avez-vous l'impression que les fumeurs adultes comprennent réellement les conséquences du tabagisme sur la santé bucco-dentaire ?	Oui	X X
	Non	X X X X X X

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<p>Question 5</p> <p>Si oui, quelles sont les conséquences les mieux connues par les fumeurs adultes ?</p>	<p>Maladies parodontales</p> <p>Cancer oral</p> <p>Colorations dentaires</p> <p>Mauvaise haleine</p> <p>Perte de dents</p> <p>Retard de cicatrisation</p> <p>Sécheresse buccale</p> <p>Diminution du goût / de l'odorat</p> <p>Autres :</p>	<p>X</p> <p>X</p> <p>X X X X X X</p> <p>X X X X X</p> <p>X X</p> <p></p> <p></p> <p>X</p> <p></p>
<p>Question 6</p> <p>Selon vous, les fumeurs adultes ont-ils tendance à sous-estimer les risques liés au tabac pour leur santé bucco-dentaire ?</p>	<p>Oui</p> <p>Non</p>	<p>X X X X X X X</p> <p>X</p>
<p>Question 7</p> <p>Si oui, comment cela se manifeste-t-il ?</p>	<p>Réponse libre</p>	<p>Etonnement des patients lors de l'explication des conséquences qu'ils ne soupçonnaient pas</p> <p>Manque d'attention aux conseils donnés</p> <p>Routine d'hygiène bucco-dentaire insuffisante</p> <p>Absence de lien établi entre consommation de tabac et pathologies bucco-dentaires</p> <p>Présence de dissonance cognitive</p> <p>Réactions de surprise lorsque des liens directs sont établis entre pathologie et tabagisme</p> <p>Caractère insidieux des maladies parodontales (absence de symptômes visibles ou ressentis précocement)</p> <p>Absence d'action bucco-dentaire spécifique chez les patients fumeurs</p>

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<p>Question 8</p> <p>Observez-vous un lien entre le niveau de connaissance des fumeurs adultes et leurs comportements (ex : comportements cliniques, préventifs ou de motivation au changement) ?</p>	<p>Oui</p> <p>Non</p>	<p>X X X X X X</p> <p>X X</p>
<p>Question 9</p> <p>Si oui, comment cela se manifeste-t-il ?</p>	<p>Consultations régulières</p> <p>Consultations irrégulières ou retardées</p> <p>Bonne hygiène bucco-dentaire</p> <p>Hygiène bucco-dentaire insuffisante</p> <p>Motivation à l'arrêt du tabac</p> <p>Absence de motivation à l'arrêt du tabac</p> <p>Respect des conseils professionnels</p> <p>Faible adhésion aux recommandations de soins</p> <p>Participation au dépistage buccal (cancer oral, lésions)</p> <p>Refus ou évitement des soins</p> <p>Autre :</p>	<p>X</p> <p>X X</p> <p>X X</p> <p>X X X</p> <p>X X X</p> <p>X X</p>
<p>Question 10</p> <p>Dans votre pratique professionnelle, abordez-vous la question du tabac avec les patients ?</p>	<p>Oui</p> <p>Non</p>	<p>X X X X X X X X</p>

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<p>Question 11</p> <p>Si oui, comment abordez-vous ce sujet ? (Moment, outils spécifiques... ou autre)</p>	<p>Réponse libre</p>	<p>Abord lors de la première consultation (anamnèse et explication des impacts bucco-dentaires)</p> <p>Discussion direct avec le patient</p> <p>Consultation spécifique en tabacologie</p> <p>Information adaptée à la situation du patient</p> <p>Conseils ciblés et travail sur les représentations tabagiques</p> <p>Augmentation de la motivation au sevrage</p> <p>Questionnement systématique lors de l'anamnèse</p>
<p>Question 12</p> <p>Quels sont les principaux obstacles rencontrés dans la prévention du tabagisme en santé bucco-dentaire ?</p>	<p>Manque de motivation des patients</p> <p>Déni ou minimisation des risques par les patients</p> <p>Manque de temps en consultation</p> <p>Manque d'outils de prévention adaptés</p> <p>Difficulté à aborder le sujet du tabac avec les patients</p> <p>Manque de formation des professionnels</p> <p>Priorité donnée à d'autres problèmes de santé bucco-dentaire</p> <p>Absence de suivi structuré du sevrage tabagique</p> <p>Faible collaboration entre professionnels de santé</p> <p>Difficulté à orienter vers des structures spécialisées (tabacologie)</p> <p>Manque d'intérêt des patients pour le sujet</p> <p>Autres :</p>	<p>X X X</p> <p>X X X X X X</p> <p>X X X</p> <p>X X</p> <p>X X</p> <p>X X X X X</p> <p>X X</p> <p>X X X</p> <p>X</p> <p>X</p> <p></p> <p>X</p> <p>J'adore la problématique</p>

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<p>Question 13</p> <p>Quelles actions ou outils pourraient améliorer la prévention du tabagisme en santé bucco-dentaire ? (Par exemple : supports visuels, formation, travail en réseau avec des partenaires...)</p>	<p>Supports visuels</p> <p>Formation</p> <p>Travail en réseaux avec des partenaires</p> <p>Autre :</p>	<p>X X X X X X X</p> <p>X X X X X X X X</p> <p>X X X X X X X X</p> <p>X</p> <p>Sensibilisation et formation pour tous les professionnels de santé</p>
<p>Question 14</p> <p>Quel(s) rôle(s) les hygiénistes bucco-dentaires peuvent-ils jouer dans la prévention du tabagisme et l'accompagnement des patients fumeurs ?</p>	<p>Réponse libre</p>	<p>Aide au sevrage tabagique</p> <p>Maintien d'une bonne santé bucco-dentaire</p> <p>Explication des conséquences bucco-dentaires</p> <p>Motivation et accompagnement du patient</p> <p>Orientation vers un tabacologue</p> <p>Suivi bucco-dentaire régulier</p> <p>Accompagnement structuré, curatif et préventif</p> <p>Utilisation de l'entretien motivationnel</p> <p>Soutien et orientation vers des structures spécialisées</p> <p>Rôle central dans la prévention</p>
<p>Question 15</p> <p>Souhaitez-vous ajouter des éléments ou réflexions qui n'auraient pas été abordés dans les questions précédentes ?</p>	<p>Réponse libre</p>	<p>Nécessité d'une formation en tabacologie pour les hygiénistes afin d'améliorer le suivi des patients fumeurs</p> <p>Remerciement pour le questionnaire</p> <p>Remarque sur l'adaptation du questionnaire, jugé plus adapté aux médecins qu'aux tabacologues</p>

Appendix 5 :

Informed consent

Dans le cadre de mon Travail de Fin d'Études en hygiène bucco-dentaire, portant sur les connaissances et perceptions des fumeurs adultes concernant l'impact du tabac sur la santé bucco-dentaire, je réalise des interviews auprès de professionnels de santé.

L'objectif est de recueillir votre perception concernant :

- Le niveau de connaissances des fumeurs adultes
- Les pratiques professionnelles en matière de prévention
- Les obstacles rencontrés
- Les pistes d'amélioration possibles

Votre participation consiste à répondre à quelques questions ouvertes.

Le temps estimé de participation est d'environ 10 à 15 minutes.

Votre participation est entièrement volontaire.

Vous êtes libre :

- D'accepter ou de refuser de participer
- De ne pas répondre à certaines questions
- D'interrompre votre participation à tout moment

Les informations recueillies seront utilisées uniquement dans le cadre de ce Travail de Fin d'Études.

✓ Vos réponses seront traitées de manière anonyme

✓ Vos coordonnées resteront strictement confidentielles

✓ Les données seront conservées par l'étudiante et ne seront pas transmises à des tiers

✓ Les résultats seront présentés sous forme globale et anonymisée

Les données recueillies seront utilisées uniquement dans le cadre du Travail de Fin d'Études et pourront être présentées lors de la défense académique.

Si vous le souhaitez :

Je souhaite recevoir une copie du travail final

Je souhaite être informé(e) de la date de la défense

Accord de participation

Je confirme avoir pris connaissance des informations ci-dessus et accepter de participer à cette interview.

Profession : _____

Date : _____

J'accepte que mes réponses soient utilisées de manière anonyme dans le cadre du Travail de Fin d'Études.

Nom : _____