

Editorial

RSBO steps into its third number of 2012 completing five issues published in English. The journal will maintain the politics of supporting the costs of the translation of papers written in Portuguese and the revision of the papers in English, to facilitate its consolidation. Moreover, we are preparing the journal to be indexed in other databases, and probably news should already appear in the beginning of 2013, the year in which RSBO will publish its 10th volume. The current update of the Qualis Capes in which RSBO has its concept increased from B5 to B4 was considered fair, once the journal showed the criteria for this qualification since 2007.

The tendency of RSBO for the last issue of 2012 is towards maintaining the number of papers that the journal normally published, around 17 per issue, and a planning is being prepared to increase the number of papers in 2013 and/or to modify RSBO periodicity from four to six times per year. This alteration still depends on studies by the editorial board, but it is the natural sequence of the journal growth, which initiates as published twice a year, changed to three times per year, and for already 3 years is being published four times per year.

Flares Baratto-Filho, MS, PhD
Fabricio Scaini, MS
Luiz Carlos Machado Miguel, MS, PhD
RSBO Editors

Guest editorial

Malocclusion and life quality

Even more, clinical studies aim to relate life quality to the health of the subject. Measurements for this purpose are of more importance from the moment the researchers understand that traditional studies have little relevance to patients. To evaluate any intervention in health area, including in oral health, measurements which are important for the patients by reflecting their perceptions, as well as measurements which are informative for the clinicians are necessary. Therefore, subjective indicators have become an important tool, enabling to evaluate the impact of oral diseases on the life quality of the patients [6].

Traditionally, the determination of the need for orthodontic treatment is performed based on normative measurements which do not consider either the expectations or perceptions of the patients regarding to which accounted for making them search for treatment [2, 7]. These measurements do not inform, for example, how much the malocclusion would negatively affect the patients' life on daily basis considering the functional limitations and psychosocial well-being. For this purpose, how is the life quality of the patients seeking for treatment because of the presence of malocclusion instead of the presence of the malocclusion itself should be diagnosed; however, the latter has been routinely measured with excellence. The use of socio-dental indicators which measure the life quality in Orthodontics enable to evaluate the impact of the malocclusion and consequently its aesthetic, functional and social alterations will generate on the patient's routine, because for the same type of malocclusion there are different psychosocial impacts. This means that a given malocclusion may be perceived in different manners by people [2, 7, 8]. It is believed that this individual perception is the trigger for searching orthodontic treatment, related or unrelated to the problem severity [1, 3, 9].

Orthodontics is especially the area of Dentistry in which the use of socio-dental indicators is most recommended because orthodontic treatment generates a profound psychological and social influence on patients at all phases of the treatment [7].

In this context, it is important to understand the biopsychosocial aspects of the malocclusion and its repercussion on the life quality of teenager patients because adolescence is a specific phase of the human development characterized by several changes and anatomical, physiological, psychological and social transformations. Information, in this sense, may favor a better evaluation of the need and priority of treatment as well as enable a better planning of the resources required to access the orthodontic treatment of this population [4, 5, 7].

References

1. Bernabé E, Sheiham A, Tsakos G, Messias de Oliveira C. Impacts on daily performances attributed to malocclusions using the condition specific feature of the oral impacts on daily performance index. *Angle Orthod.* 2008 Mar;78(2):241.
2. Kiyak HA. Cultural and psychological influences on treatment demand. *Seminars in Orthodontics.* 2000;26:504-14.
3. Mandall NA, Wright J, Conbou F, Kay E, Harvey L, O'Brien K. Index of orthodontic treatment need as predictor of orthodontic treatment uptake. *American Journal of Orthodontics and Dentofacial Orthopedics.* 2005;128:703-7.
4. Marques LS, Barbosa CC, Ramos-Jorge ML, Paiva SM, Pordeus IA. Malocclusion prevalence and orthodontic treatment need in 10-14-year-old schoolchildren in Belo Horizonte, Minas Gerais State, Brazil: a psychosocial focus. *Cad Saúde Pública.* 2005 Jul-Aug;21(4):1099-106.

5. Marques LS, Ramos-Jorge ML, Paiva SM, Pordeus IA. **Malocclusion: esthetic impact and quality of life among Brazilian schoolchildren.** Am J Orthod Dentofacial Orthop. 2006 Mar;129(3):424-7.
6. Miguel JM. Ortodontia para todos. Revista ABO Nacional. 2009 Feb-Mar;17(1).
7. Oliveira CM, Sheiham A. Orthodontic treatment and its impact in oral health relates quality of life in Brazilian adolescents. J Orthod. 2004;31:20-7.
8. Patel RR, Tootla R, Inglehart MR. Does oral health affect self perceptions parental ratings and video based assessments of children's smiles? Community Dentistry and Oral Epidemiology. 2007;35:44-52.
9. Zhang M, McGrath C, Hagg U. Changes in oral health related quality of life during fixed orthodontic appliance therapy. American Journal of Orthodontics and Dentofacial Orthopedics. 2008;133:25-30.

Simone Pizzato

DDS; Specialist in Orthodontics; MSc in Clinical Dentistry

Eduardo Pizzato

DDS; Specialist, MSc, PhD in Dental Collective Health
Full Professor of the Dentistry Course of Positivo University
Professor of the Master Course in Clinical Dentistry of Positivo University