

QUESTIONNAIRE ON AWARENESS, PRACTICE AND ROLE OF MEDICAL PRACTITIONERS IN A UNIVERSITY HOSPITAL ON THE EFFECTS OF BISPHOSPHONATES TOWARDS ORAL HEALTH

Dear Medical Practitioners,

I hope this message finds you well. My name is Dr. Fatimah binti Che Rahimi, a postgraduate student at the Faculty of Dentistry, Universiti Malaya. I am currently conducting a research study entitled "Awareness, Practice, and Role of Medical Practitioners in a University Hospital Regarding the Effects of Bisphosphonates on Oral Health."

The objective of this survey is to assess the awareness, practices, and role of medical practitioners within a university hospital setting regarding the impact of bisphosphonates on oral health. While there may be no immediate benefit to you as a participant, your contribution is invaluable in helping us gain insight into the role of medical professionals in this area of study.

The survey will take approximately 10–15 minutes to complete. It consists of six sections, and we ask that you answer all questions sincerely. Rest assured that all information provided will be kept strictly confidential and used solely for research purposes. Data collection will continue for three months from the date the survey link is distributed to medical specialist, medical officer currently undergoing clinical master training and medical officers through the heads of the RUKA, Medical and Orthopaedics departments at University Malaya Medical Centre (UMMC). After this period, the link will be disabled, and only the researchers will have access to the data.

Please note that your participation in this study is entirely voluntary. You are not obligated to take part, and you may withdraw at any time without any consequence to your professional performance evaluations. Should you choose to withdraw, any data collected up to that point will still be used for research purposes. This study is supported by the Dental Postgraduate Research Grant from the Faculty of Dentistry, Universiti Malaya. All data will be handled in accordance with relevant laws and regulations to ensure confidentiality. Your identity will not be disclosed in any publications or presentations without your explicit consent. Authorized personnel, including qualified monitors, auditors, and regulatory authorities, may inspect the data if deemed appropriate. For further information can be found in this Patient Information Sheet (PIS): <https://drive.google.com/file/d/1tU-Qtez7xQV2R232GTe7CqnIkPnWE6TT/view?usp=sharing>.

Honorarium of RM30 in the form of voucher will be given to every participants.

If you have any questions regarding the study or if you believe you have experienced a study-related injury and require further information, please do not hesitate to contact the study team members.

Thank you for your time and invaluable participation in this survey. Should you need any additional information, feel free to contact us:

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Email will be collected for the purpose of distributing honorarium only

* Indicates required question

1. Email *

Consent Form

Study Title: Awareness, practice and role of medical practitioners in a university hospital on the effects of bisphosphonates towards oral health.

This consent form is used for answering a questionnaire on awareness, practice and role of medical practitioners in a university hospital on the effects of bisphosphonates towards oral health.

Name of Researchers: Professor Dr Lai Siew Mei Pauline / Dr Jessica A/P Francis / Professor Dr Chai Wen Lin / Dr Fatimah binti Che Rahimi

1. I confirm that I have read and understand the information sheet dated 11/11/2024 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected.
3. I agree to take part in the above study.

Please click YES if you agree to participate and continue answering this questionnaire. Click NO if you do not want to participate.

2. Do you agree to participate in this study? *

Mark only one oval.

Yes
 No

[Skip to question 3](#)

Socio-Demography

3. 1. Gender *

Mark only one oval.

Male
 Female

4. 2. Age *

5. 3. Year of graduation *

6. 4. Country which you graduated from? *

7. 5. Education level *

Mark only one oval.

MBBS
 Masters
 MD/PHD

8. 6. Years of practices *

9. 7. Department of practice: *

Mark only one oval.

- Department of Orthopaedics
- Department of Medicine
- Primary care medicine (RUKA)

10. 8. Position *

Mark only one oval.

- Specialist
- Medical Officer
- Medical officer currently undergoing Clinical Master training

[Skip to question 11](#)

Awareness on the effects of bisphosphonates towards oral health

11. 1. Are you aware of any complications of biphosphonates? *

Mark only one oval.

- No
- Yes (please specify at question 2)

12. 2. Yes (please specify any complications of biphosphonates)

Check all that apply.

- Medication-related osteonecrosis of the jaw (MRONJ)
- Atypical femoral fracture
- Gastroesophageal reflux (GERD)
- Flu-like symptoms
- Ocular complication like uveitis, scleritis, and conjunctivitis
- Other: _____

13. 3. Are you aware of any guidelines, position statements or clinical recommendations concerning oral health and biphosphonates? *

Mark only one oval.

- No
- Yes (please specify at question 4)

14. 4. Yes (Please specify any guidelines, position statements or clinical recommendations concerning oral health and biphosphonates)

Check all that apply.

- Ministry of Health (MOH) Guidelines
- Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology/American Society of Clinical Oncology (MASCC/ISOO/ASCO) Clinical Practice Guideline
- American Association of Oral and Maxillofacial Surgeons(AAOMS) guidelines
- UK based guidelines (NICE, BDJ, NHS England and Scotland)
- Australian based guidelines
- Other: _____

15. 5. I have received sufficient information on oral health and bisphosphonates. *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

16. 6. Do you think that you would benefit from a multispecialty approach in managing patients on bisphosphonates? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

[Skip to question 17](#)

Practices on prescription of bisphosphonates

17. 1. How often do you see patients on bisphosphonates in your practice? *

Mark only one oval.

- Never
- Monthly
- Weekly
- Daily

18. 2. How often do you prescribe bisphosphonates for patients in your practice? *

Mark only one oval.

- Never
- Monthly
- Weekly
- Daily

19. 3. What form of bisphosphonates do you commonly prescribe? *

Check all that apply.

- Oral
- Intravenous
- I do not prescribe bisphosphonates

20. 4. For what conditions do your patients most commonly require bisphosphonates? *

Check all that apply.

- Osteoporosis
- Paget's Disease
- Oncology
- Other: _____

21. 5. Have you ever withdrawn or stopped a patient's bisphosphonates? *

Mark only one oval.

No (please go to question 7)

Yes (please go to question 6)

22. 6. If you have stopped a patient's bisphosphonates, why?

Mark only one oval.

No longer required

Alternative therapy

Medication-related osteonecrosis of the jaw (MRONJ)

Other: _____

23. 7. Have you considered any alternatives to bisphosphonates? *

Mark only one oval.

No

Yes (please specify at question 8)

24. 8. Yes (specify any alternatives to bisphosphonates)

Skip to question 25

Role of medical practitioner

25. 1. What advice do you give patients on bisphosphonates? *

Check all that apply.

Regular dental checkup

Maintain good oral hygiene

Inform if there is any changes in their oral cavity

Dental checkup before start bisphosphonates only

Dental checkup and treatments before start bisphosphonates

Advice on medication-related osteonecrosis of the jaw (MRONJ) and dental problems while on bisphosphonates

Advice on GIT precautions and problem while taking oral bisphosphonates

Advice on maintaining skeletal health

Other: _____

26. 2. If you prescribe bisphosphonate, do you refer patients for dental examination and treatment before starting them on bisphosphonates? *

Mark only one oval.

Yes

No

Not applicable

27. 3. Do you ask your patients to inform their dentist that they are on bisphosphonates? *

Mark only one oval.

Yes

No

Skip to section 8 (The end.)

The end.

Thank you very much for participating in our study. We truly appreciate your time and responses. The honorarium will be given through email registered.

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