1. PREAMBLE/INTRODUCTION

“What is beautiful is good” phrase depicts the importance of facial attractiveness in the social outlook. We usually perceive attractive people positively. Attractive people are thought to achieve more in terms of various social attributes like employment, personal life and social attention. (Little AC et al, 2006) Surprisingly this is true for even children where attractive children are biased by the teachers and peers. (Boyce, 1979; De Sousa et al, 2009; Rosser et al, 2010)

The patients with abnormal facial appearance often have to face discrimination in the society; individuals with abnormal facial appearance are rated as less attractive and are often considered as less capable, less intelligent and less honest. They face interferences with personal life, employability and social interaction. (Van den Elzen et al, 2012). Several studies have shown that these disfiguring conditions can lead to various psychosocial problems such as high level of social anxiety, social avoidance and affect the quality of life. (Moss, 2005; Versenal et al, 2010; Van den Elzen et al, 2012).

Craniofacial anomalies are a highly diverse group of complex anomalies. Collectively they affect a significant proportion of the population. There spectrum is very large; however cleft lip/palate, craniosynostosis forms the major groups. These anomalies have an impact on speech, facial appearance, hearing and cognition that leads to adverse influences on health and social and emotional integration. (WHO, 2002). Subjects that are affected by craniofacial anomalies (cleft lip/palate) are more dissatisfied with their facial appearance than others and this may be associated with psychosocial functioning leading to an increased risk of social and adjustment problems.
The appearance problems in this patient group are further compounded by an increased prevalence of dental anomalies and malocclusion. (Desilva et al, 2006; Menezes, Vieira, 2008; Da silva et al, 2008; Vettore, Sousa Campose, 2011; Tannure et al, 2012). The treatment approach is multi disciplinary which needs team work and support from various specialty. During almost all phases of treatment, dental services are needed and the orthodontics is almost always needed from early treatment till late adult life. (Lorenzzoni, et al, 2010) Treatment needs are usually high in these patients. Dental aesthetics is an important component of facial attractiveness and various studies have shown that some patients markedly improved body image and appearance related self confidence after orthodontic treatment. Good dental aesthetics might have a beneficial role on behavioral and self esteem. (Klages et al, 2006; Kenealy et al, 2007; Rappaport et al, 2010). Therefore the objective assessment of the impact of dental aesthetics on subject well being is very important in clinical practice.

Identifying the patients expectations of treatment and how it affect their life is important in understanding their oral health needs, their level of satisfaction with treatment provided and quality of treatment delivered. (Sayers, Newton, 2006; Duggal R et al, 2010; Barakati, 2011). However for patients with craniofacial anomalies there is little understanding of the perception regarding orthodontic treatment.

The research in this area is more conflictive and suffers various lacunas due to variety of psychometric scales and constructs used and the lack of validity and reliability in the test population, small sample size, no sub categorization of the anomaly and many other methodological errors. Investigators have highlighted the need to move towards a “social science model” from a “medical model”. (Strauss, Broder, 1991; Broder, 1997; Speltz, Richman, 1997; Endriga, Kapp simon, 1999)
This study was undertaken considering the lack of consensus due to various methodological errors regarding psychological adjustment due to altered facial appearance in patients of craniofacial anomalies and utilized the Derriford appearance scale which is specially designed for evaluating psychological adjustment in people with appearance problems. There are no such studies in the Nepali population as per indexed literature and very few studies globally utilizing the Derriford appearance scale. The psychological impact of dental aesthetics in this group of patients and their expectations from orthodontic treatment is still not studied as per indexed literature.