Gayeong Lee, Lynn Tepper, Steven Chussid Columbia University College of Dental Medicine, New York, NY



INTRODUCTION

Dental anxiety is a common form of anxiety in the general population that contributes to delays in seeking care, missed appointments, difficult operations, and negative oral health outcomes.

Its etiology has been studied a number of times with a focus on past negative experiences in dental settings that create unpleasant stimuli.

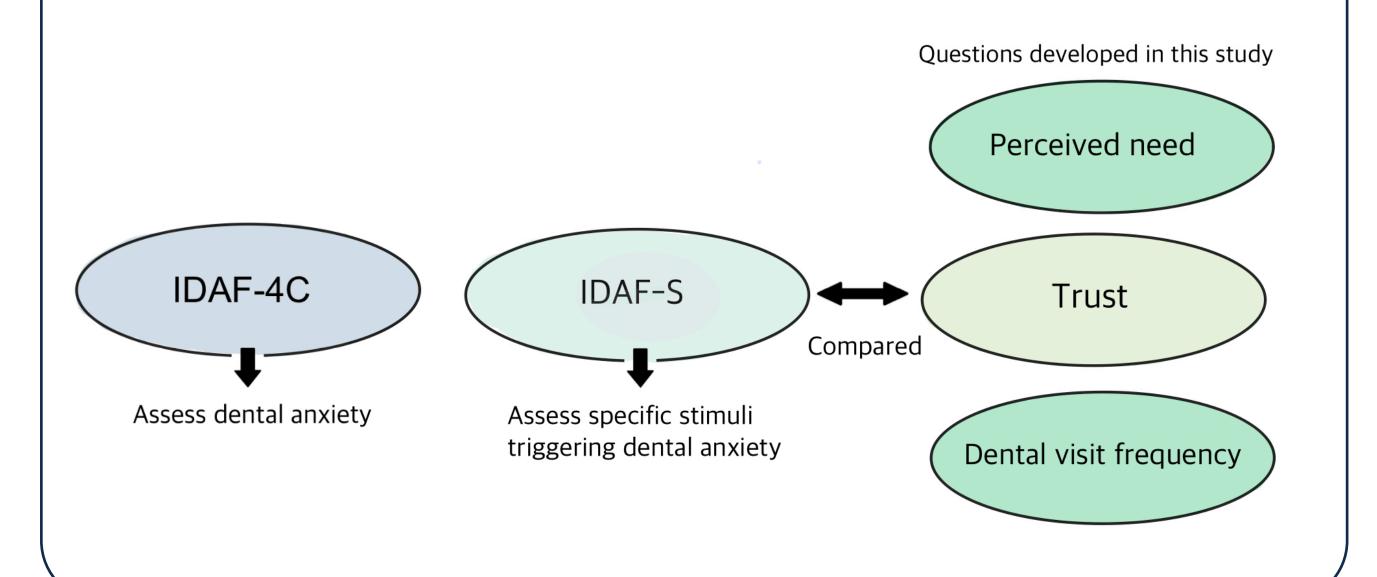
There are a few studies that examined the element of trust in contribution to dental anxiety and perceived treatment need in dental visit frequency, and the results show that these are significant factors that deserve further study.

However, there is a dearth of studies that focus on trust or perceived treatment needs, and there is currently no trust scale that is made specifically for dentists.

The aim of this study was to investigate factors that may contribute to low trust in dentists, explore the patient's perceived need for different dental procedures, and relate the findings to dental visit frequency and dental anxiety.

METHODS & MATERIAL

- English-speaking adults (n=44) in the pre-doctoral clinic at Columbia Dental Medicine
- Subjects were recruited in-person from Feb to June 2022
- Observational study using questionnaire methodology

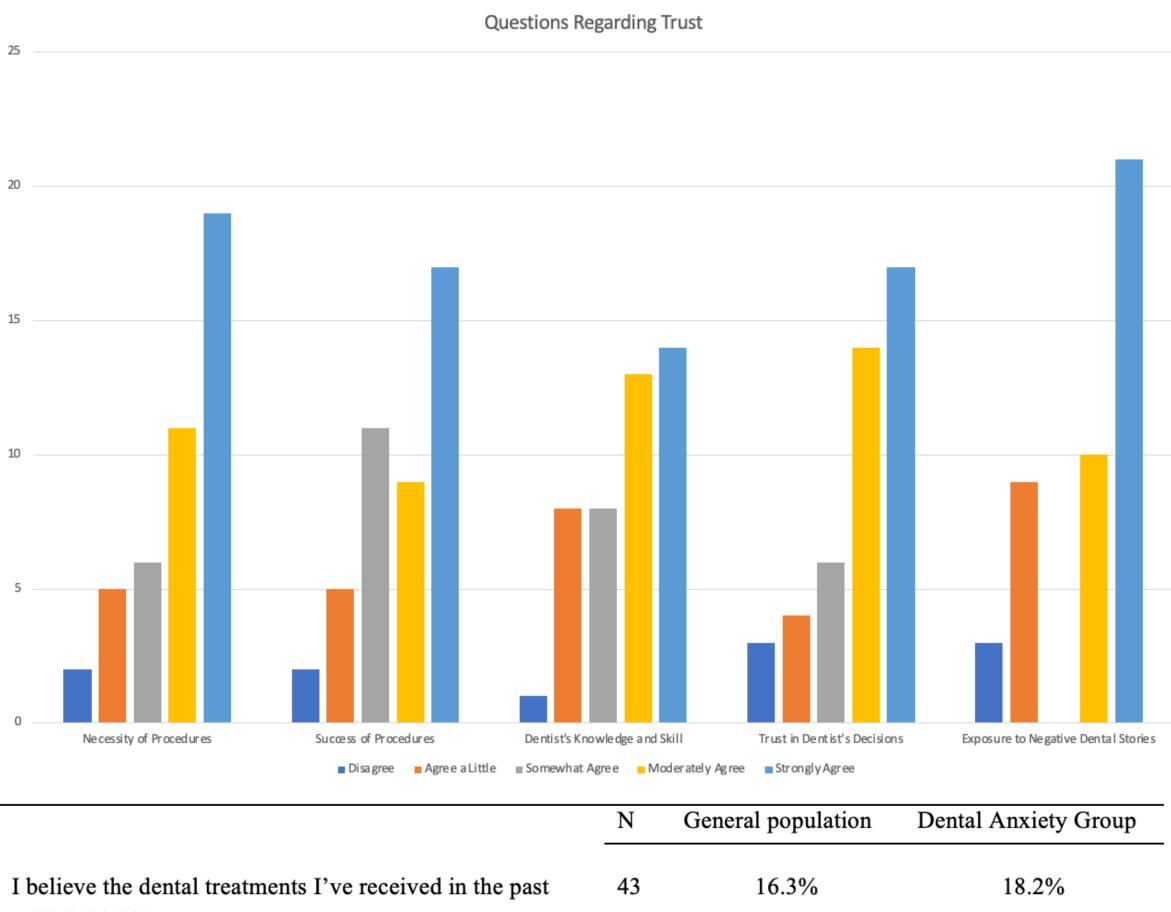


RESULTS

- Prevalence of dental anxiety (DA): 25%
- Top 3 factors for all subjects: cost, painful or uncomfortable procedures, having an unsympathetic or unkind dentist
- Top 3 factors for DA: painful or uncomfortable procedures, negative dental stories, needles or injections
- Exposure to negative dental stories had the highest rate of receiving negative answers among trust questions, and the response rate was >2x higher in DA(only one to differ considerably)
- Knowledge and skill received the most neutral answers with the least standard deviation and had the lowest mean score
- Less perceived need for invasive procedures, and the response rate was 1.67 times higher in DA

RESULTS (cont)

- Significant correlation found between trust and perceived need for treatment (p=0.0019)
- Good internal consistency for new questions developed regarding trust (α =0.7134)



I believe the dental treatments I've received in the past were necessary	43	16.3%	18.2%
I believe the dental treatments I've received in the past were successful	44	15.9%	18.2%
I believe my previous dentists were knowledgeable and skillful	44	20.5%	27.3%
I completely trust the dentist's decision regarding which dental treatment is best for me	44	15.9%	18.2%
I have heard of several negative dental stories from others that concern me	43	27.9%	63.6%
	N	General Population	Dental Anxiety Group
Painful or uncomfortable procedures	44	43.2%	81.8%
Painful or uncomfortable procedures Feeling embarrassed or ashamed	44 44	43.2% 13.6%	81.8% 36.4%
•			
Feeling embarrassed or ashamed	44	13.6%	36.4%
Feeling embarrassed or ashamed Not being in control of what is happening	44 44	13.6% 9.1%	36.4% 27.3%
Feeling embarrassed or ashamed Not being in control of what is happening Feeling sick, queasy, or disgusted	44 44 44	13.6% 9.1% 9.1%	36.4% 27.3% 27.3%
Feeling embarrassed or ashamed Not being in control of what is happening Feeling sick, queasy, or disgusted Numbness caused by the anesthetic	44 44 43	13.6% 9.1% 9.1% 6.8%	36.4% 27.3% 27.3% 10.0%
Feeling embarrassed or ashamed Not being in control of what is happening Feeling sick, queasy, or disgusted Numbness caused by the anesthetic Not knowing what the dentist is going to do	44 44 43 44	13.6% 9.1% 9.1% 6.8% 11.4%	36.4% 27.3% 27.3% 10.0% 27.3%

DISCUSSION & CONCLUSION

36.4%

27.3%

Having an unsympathetic or unkind dentist

- A patient's exposure to negative dental stories outside the dental setting that may contribute to low trust and dental anxiety
- The findings from this study contradict some other related studies that patients have higher trust regarding dentist knowledge and skill and lower trust regarding overservicing
- This study highlights the importance of including patients in treatment planning and thoroughly explaining risks and benefits of procedures
- Limitations: external validity (teaching institution vs private practice), small sample size, the wording of options given in the questionnaire
- Future Directions: Comparison to other dental settings using larger sample size, development of dental trust scale

ACKNOWLEDGEMENT

Co-Pls: Dr. Lynn Tepper¹ and Dr. Steven Chussid²

- 1 Columbia University College of Dental Medicine, Mailman School of Public Health
- 2 Columbia University College of Dental Medicine, New York-Presbyterian Hospital