

Beliefs and Fears about Dental Care in an Emergency Clinic

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INTRODUCTION

- ❖ Dental care-related fear is an important psychosocial barrier to the utilization of available dental treatment.
 - ❖ People with greater levels of dental care-related fear are more likely to avoid seeking dental treatment than their less fearful counterparts (e.g., Moore et al., 1996).
 - ❖ Avoidance of care is associated with poorer oral and systemic health (Schuller et al., 2003; Williams et al., 2008).
 - ❖ Fear has been associated with symptomatic treatment-seeking behavior, often driven by a need to relieve pain (Armfield et al., 2007).
- ❖ Negative beliefs about dental treatment and unfavorable attitudes toward dentists are positively associated with dental care-related fear (Doerr et al., 1998).
- ❖ Fear of pain also is positively associated with dental care-related fear (McNeil & Berryman, 1989).
- ❖ Though there exists some published work on the topic, relatively little is known about how dental care-related fear, negative beliefs about the dentist, and fear of pain are related for *symptomatic* treatment-seeking patients, in particular.
- ❖ Emergency treatment-seeking patients are an important group of people for whom psychosocial interventions may greatly improve the frequency with which dental treatment is utilized.
- ❖ In order to better understand dental care avoidance for symptomatic treatment-seeking patients, this study aimed to:
 - Determine the relation between dental care-related fear, negative beliefs about the dentist, and fear of pain.
 - Determine the role of dental care-related fear in reported reasons for dental visits and types of dental visits.
 - Determine which factors are most important for future *asymptomatic* (i.e., preventive) care over the long-term.

PARTICIPANTS

- ❖ Participants were 82 adults (50% female) who presented to the Emergency Clinic at the West Virginia University School of Dentistry.
 - ❖ Average age: 35.5 years ($SD = 14.6$)
 - ❖ Average number years of education: 12.4 ($SD = 1.9$)
 - ❖ Participants reporting to the clinic received free or low-cost emergency dental treatment, primarily extractions, with follow-up care on a fee-for-service basis.

METHOD

- ❖ Measures
 - ❖ Dental Fear Survey – 20-item self-report measure of anxious reactions to dental situations; widely utilized in behavioral dentistry research; well-evidenced reliability and validity (Kleinknecht et al., 1973)
 - ❖ Dental Beliefs Scale - 28-item self-report measure of feelings and reactions to dental work and dentistry in general in three areas: professionalism, communication, and lack of control; good psychometric properties (Kvale et al., 2004)
 - ❖ Fear of Pain Questionnaire-Short Form – 9-item self-report measure of pain-related fear (Severe, Minor, and Medical Pain subscales); established norms for clinical and non-clinical samples; strong reliability and validity (McNeil & Rainwater, 1998)
- ❖ Procedure
 - ❖ IRB approval was obtained from West Virginia University.
 - ❖ Participants completed study questionnaires while waiting for their emergency dental visit.
 - ❖ Dental treatment-seeking behavior was followed for a ten-year period by way of retrospective chart review. Number and types of visits over the study window were recorded for each participant.

FIGURE and TABLE

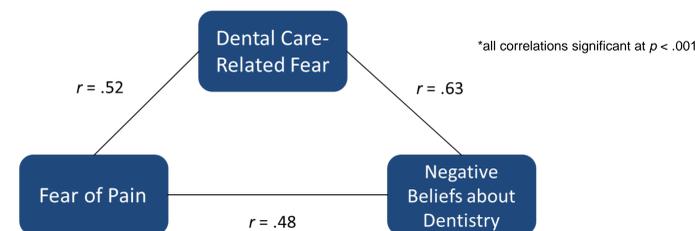


Figure. Relation between dental care-related fear, negative beliefs about dentistry, and fear of pain in an emergency treatment-seeking population.

	Fear of Pain Questionnaire Score	Dental Fear Survey Score	Dental Beliefs Survey Score
Symptomatic only	M = 23.85 (SD = 7.72)	M = 54.41 (SD = 26.40)	M = 58.41 (SD = 27.21)
Asymptomatic	M = 21.11 (SD = 6.27)	M = 38.44 (SD = 20.57)	M = 35.44 (SD = 5.77)
	t(80) = 1.02, p = .15	t(80) = 1.75, p = .04	t(80) = 2.51, p = .005

Table. Group differences in Fear of Pain Questionnaire, Dental Fear Survey, and Dental Beliefs Survey scores in symptomatic and asymptomatic treatment-seeking patients initially receiving emergency care.

RESULTS

- ❖ Significant positive associations exist between dental care-related fear, negative beliefs about dental care, and fear of pain in an emergency treatment-seeking population (see Figure).
- ❖ Surprisingly, DFS, DBS, and FPQ scores were not associated with amount of time since last dental visit for this sample.
- ❖ However, for participants reporting higher levels of dental fear, 74% indicated that “pain” was the reason they typically visited the dentist, while 51% of patients reporting lower levels of dental fear indicated that “pain” was the reason, $\chi^2(1) = 4.20, p = .04$.
- ❖ Dental Fear Survey and Dental Beliefs Survey scores were significantly lower for those emergency treatment-seeking patients receiving prophylaxis (e.g., cleaning) at least once during the study window than for those patients utilizing dental treatment only symptomatically. There was no difference in Fear of Pain Questionnaire scores between these two groups (see Table).

DISCUSSION

- ❖ As observed in other patient populations, in an Appalachian emergency dental clinic, where patients receive symptomatic care, greater dental fear is associated with more negative beliefs about the dentist and fear of pain.
- ❖ Additionally, pain appears to be a motivating factor for clinic visits more often for dentally fearful patients than for those not as fearful.
- ❖ Over the long-term, lower levels of dental care-related fear and more positive beliefs about dental treatment are associated with asymptomatic dental treatment-seeking behavior in patients who have previously presented to an emergency clinic symptomatically.
- ❖ These findings fit well with existing literature on non-emergency clinic patients. A full understanding of psychosocial barriers to treatment utilization for symptomatic treatment-seeking patients, and the etiology of their avoidance behaviors will allow for the potential development of intervention strategies that improve utilization.
- ❖ Future work will seek to more clearly define the mechanism(s) by which dental care-related fear and its correlates impact treatment-seeking over the long-term for symptomatic treatment seeking patients.

CONTACT INFORMATION

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