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A Cross-sectional Study On Patient Experiences Of Receiving Oral Hygiene Advice



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BACKGROUND

- Previous national surveys report that approximately 80% of people have received oral hygiene advice (OHA) from a dental professional^{1,2}
- A quarter of adults do not brush their teeth twice a day as recommended¹
- Prevalence figures for periodontal diseases indicate that OHA given by dental professionals is ineffective at changing patient behaviour^{1,2}
- There is little research on patient experiences of receiving OHA and exploration of reasons for non-compliance utilising behaviour theory

OBJECTIVES

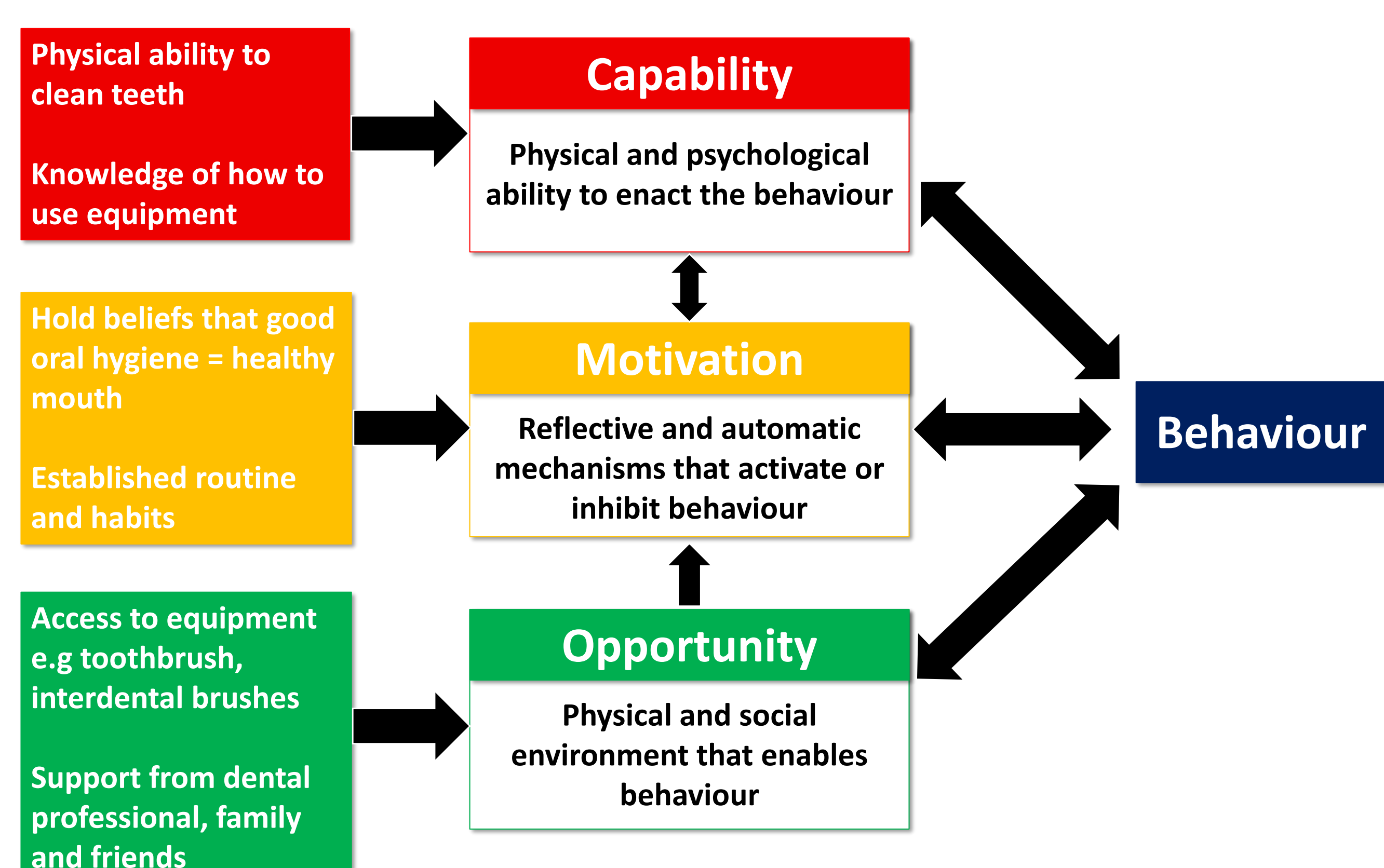
To capture through a questionnaire:

- Patient experiences of OHA received from dental professionals in general dental practice
- Reasons for non-compliance with OHA they have received

METHODS

- A cross-sectional questionnaire was completed by an online convenience sample of adults who had attended general dental practice within the last 3 years
- Participants were recruited through HealthWatch, University of Bristol Staff Bulletin and social media platforms
- Data is presented using descriptive statistics including cross-tabulations and chi-square tests of quantitative data
- Qualitative data were analysed through content analysis framed with COM-B theory of behaviour change (figure 1)
- Ethical approval was given by University of Bristol Faculty of Health Science Research Ethics Committee (FREC) (Ref: 112764)

Figure 1. COM-B Model of Behaviour Change³ applied to target behaviour: twice daily effective oral hygiene



RESULTS

382 responses were collected between 30th October 2020 and 31st March 2021.

70.4% of all participants reported receiving OHA from their dental professional at their last visit:

- **178 (50.9%)** of people who saw a dentist
- **91 (77.1%)** of people who saw a dental hygienist or dental therapist (DH/DT)
- Participants were significantly more likely to have received OHA if they saw a **DH/DT** at their last appointment ($X^2= 29.01$, $p<0.001$)

The majority of OHA patients received was given verbally, but DH/DT were significantly more likely than dentists to give practical demonstration ($X^2= 28.9$, $p<0.001$).

Table 1. Of those who received OHA, advice was received on the following topics by different proportions of patients, depending on the dental professional seen

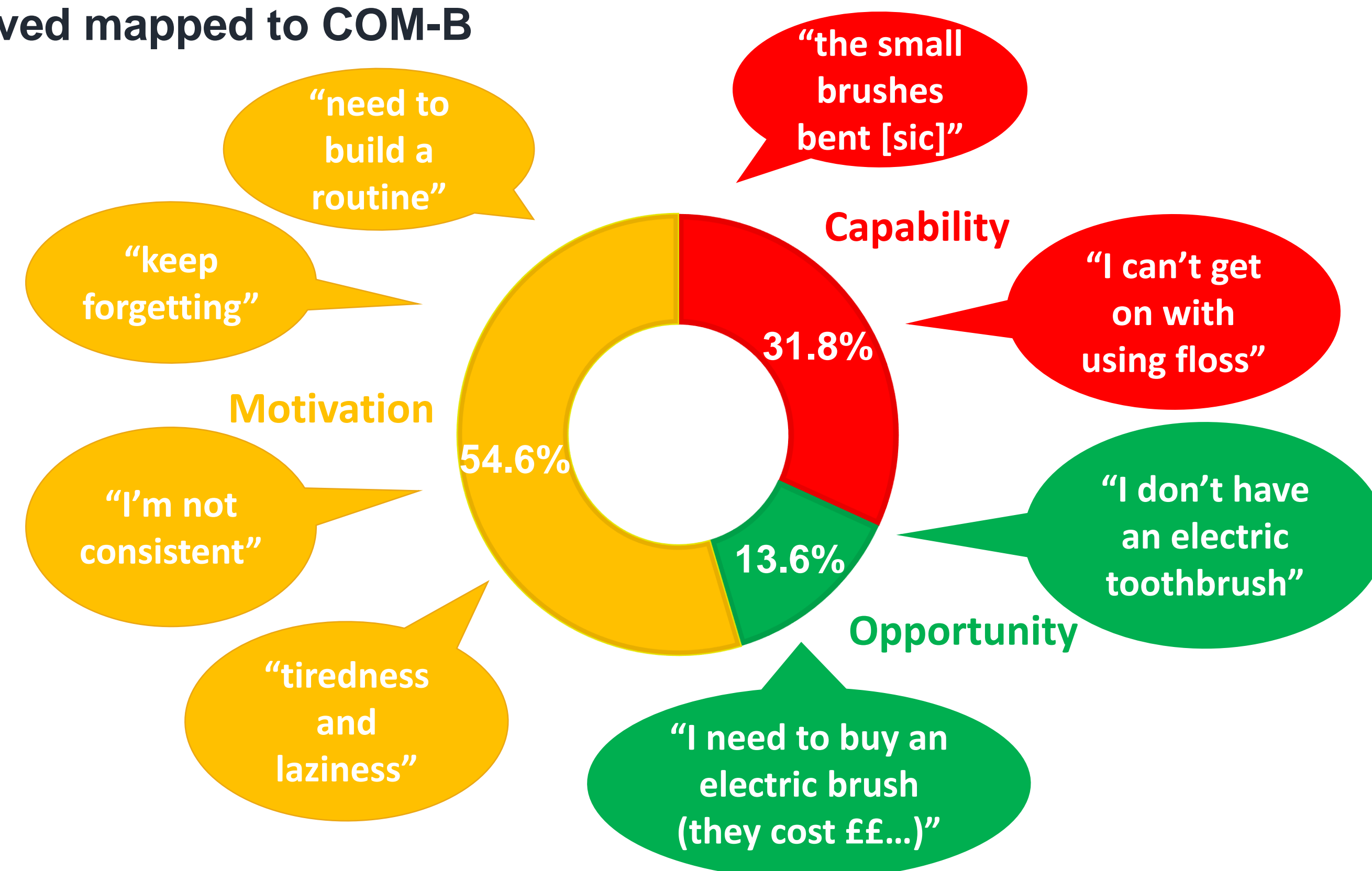
Topic of advice received	Saw a Dentist (n=178)	Saw a DH/DT (n=91)
Toothbrushing technique	60 (34%)	60 (66%)
Toothbrush type	82 (46%)	62 (69%)*
Interdental cleaning technique	134 (75%)	85 (93%)

*= 1 missing

18.3% of those who saw a dentist and **39%** who saw a DH/DT received advice on an oral hygiene routine ($X^2= 24.38$, $p<0.001$). NHS patients were significantly less likely to receive advice on a routine than private patients ($X^2= 14.15$, $p<0.001$).

18.1% of participants who saw a dentist, and **13.8%** who saw a DH/DT reported they had not complied with the OHA they received at their last visit.

Figure 2. Reasons patients gave for non-compliance with OHA they received mapped to COM-B



CONCLUSIONS

- There is variation in patient experiences of OHA depending on which dental professional is seen and whether attending for NHS or private dental care
- Patients mainly receive verbal advice on how to perform oral hygiene (**capability**) and are less likely to receive advice on an oral hygiene routine (**motivation**)
- **Motivation** factors most often given as reasons for non-compliance with OHA

IMPACT

Motivation factors (e.g. forming habits, building a routine) should be addressed to improve patient compliance with OHA

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