Journal of Clinical Pediatrics Research

Al Moneef MA, et al., 2022- J Clin Ped Res
Research Article

"Why Patients Delay Seeking Dental Treatment-A Survey"?

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Abstract

Introduction: Patients, the world over, neglect their oral health and avoid visiting dentists unless they are faced with severe pain or discomfort. The reasons behind a patient's procrastination for seeking dental help can be multifactorial and can be narrowed down to a few common fears and beliefs. An early study in the UK inferred that over one-third of dentate adults responded 'I can't be bothered really' as a reason for putting off dental visiting (Todd JE, Walker AM, Dodd P.1978). The present study focuses on analyzing the factors that prevail in governing a patient's hesitance to seek dental treatment, whether it is their first appointment or a revisit.

Materials and Methods: In this study, we are going to use a survey to assess the physical and psychological and socio-economic barriers to oral health care.

Methodology: The survey will be made online and distributed over internet websites that people commonly use. The survey will have some trick questions to reduce the number of invalid answers survey

Results: The foremost reason why people avoided visiting dentists was that they were too busy. Second most common reason cited was the cost being high. Common beliefs, predominantly amongst female participants, was that dentist don't listen, try to fool them into certain treatment procedures and demoralize them during visits.

Discussion: Within the limitations of this study, we were able to ascertain that the most prevalent reason for avoiding a visit to a dental clinic was the 'lack of time' and the second most expressed reason regarded the expense involved. Most of the population examined visited a dentist less than once in two years and it was found that this factor was not governed by education levels or income, where it was seen that amidst our participants even the graduates and the higher income individuals failed to visit a dentist more often. On examining dental and prosthetic statuses, it was seen that most of the

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Received Date: 06-21-2022

Accepted Date: 07-06-2022

Published Date: 07-21-2022

Citation: AlMoneef MA, AlShethry MA, Alokla MS, AlMa2nie MA, AlMaziad MM and Fernandez R. Why Patients Delay Seeking Dental Treatment-A Survey? J Clin Ped Res. 2022;1(2):28-38.
DOI: https://doi.org/10.37191/Mapsci-JCPR-1(2)-007

patients didn't have any prostheses in their mouths, yet on checking their dental needs, it was found that they required some form of prosthesis ranging from a single crown to full dental rehabilitation (complete dentures).

Keywords: Facial expression; Anamnesis; Paralinguistic.

Introduction

Patients, the world over, neglect their oral health and avoid visiting dentists unless they are faced with severe pain or discomfort. The reasons behind a patient's procrastination for seeking dental help can be multifactorial and can be narrowed down to a few common fears and beliefs. The American Dental Association recommends that adults see a dentist at least once every six months, based on the belief that dentists cannot only treat existing problems but that regular dental visits are necessary for the maintenance of healthy gums and teeth [1]. In a study conducted in 2008, just over one-third of all Australian dentate adults examined had claimed that they avoided or delayed visiting a dental professional because of cost [2]. People with high dental fear are more likely to delay treatment, leading to more extensive dental problems and symptomatic visiting patterns [3]. People who are afraid to visit the dentist are also more likely to cancel dental appointments or to not show up on the day of a scheduled appointment [4]. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with a person's normal routine, occupational functioning, or social activities [5]. People from higher socio-economic groups generally have less fear. Gender, age and socio-economical position are examples of potential confounders or effect modifiers of the association between dental fear and oral health [6]. An early study in the UK inferred that over one-third of dentate adults responded 'I can't be bothered really' as a reason for putting off dental visiting [7]. The present study focuses on analyzing the factors that prevail in governing a patient's hesitance to seek dental treatment, whether it is their first appointment or a revisit.

Materials and Methods

In this study, we used an online survey to assess the physical, psychological and socio-economic barriers to oral health care. Our target population was Saudi adults above the age of 18 years.

Preparation of the instrument

The survey was carried out using a questionnaire that comprised of three distinct sections. The first section included demographic data of the participants regarding their age, gender, nationality, monthly income, education levels and frequency of their dental visits. The second section comprised of several possible reasons as to why a participant avoided visiting dentists. Participants were directed to select more than one reason in this section if they required doing so. These questions were incorporated from an existing survey [1]. The third section of the questionnaire included the Getz Dental Belief Survey which comprised of 15 items that referred to various situations, feelings and reactions related to dental work [2]. The survey also constituted certain trick questions which appeared

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randomly to assure that the participants were responding in a diligent manner rather than randomly selecting choices without reading them. The formulated questionnaire was translated from English to Arabic and a consolidated version was submitted for approval to the ethical committee of Riyadh Colleges of Dentistry and Pharmacy.

Sampling and Distribution of the Questionnaire

The questionnaire was distributed through online social networking using the tool survey monkey. A total of 2968 responses were received and after seclusion of those that didn't fit our criteria (Non-Saudis and those below 18 years of age) we were left with 1102 useful responses.

Statistical analysis

The collected data was subjected to statistical analysis using SPSS version 16.0

Results

The graphical representation of the study.

	18-24	25-39	>40
less than 1 every 2 years	36.00%	28.90%	26.10%
1 every 2 years	15.50%	16.60%	15.90%
1 per year	19.10%	27.80%	27.50%
More than 2 per year	29.30%	26.70%	30.40%

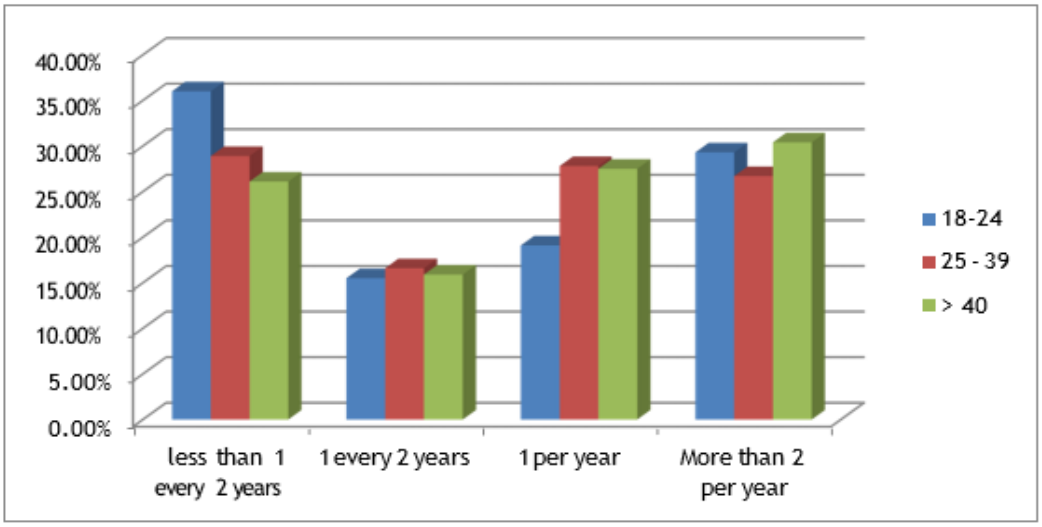

Table 1: Correlation of Frequency of dental visits with the three age groups.

A. Participants visiting the dentist less than once every two years was seen highest in the 18-24 age group (36%) followed by the 25–39 age group (28.9%) and least amongst the above 40 age (26.10%)

B. Participants visiting the dentist once per year was seen highest in the 25-39 age group (27.8%) followed by the above 40 group (27.5%) and least amongst the above 18–24 group (19.10%)

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C. Participants visiting the dentist more than twice per year was seen highest in the above 40 age group (30.4%) followed by the 18–24 group (29.3%) and least amongst the above 25–39 group (26.70%)

D. Participants visiting the dentist once every two years didn't show much significance when compared within the three age groups.

	Female	Male
Leaving it for later	15.30%	21.80%

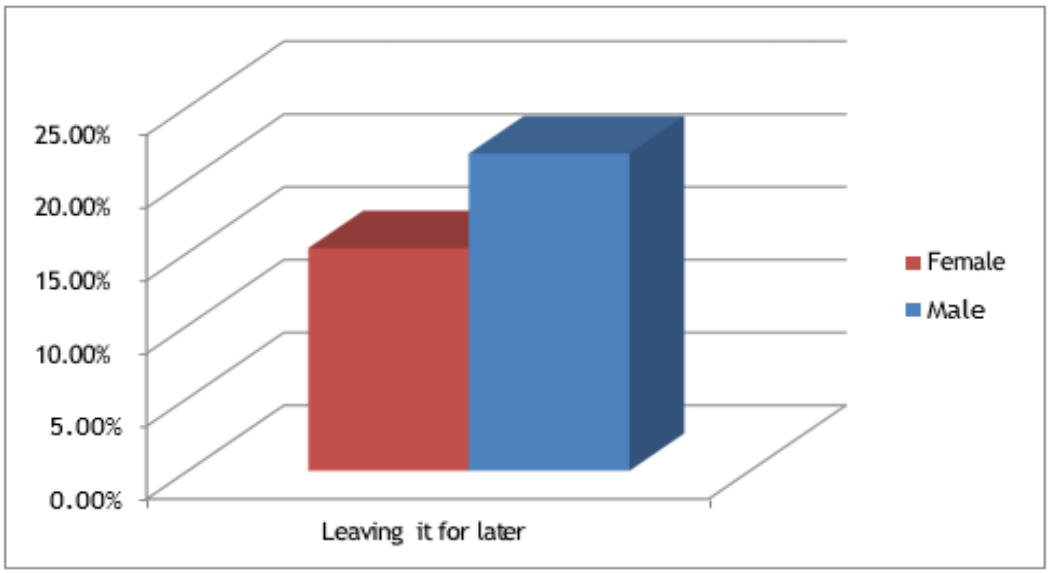

Table 2: Correlation of Reasons for not visiting the dentist with gender groups. Male participants tended to show a higher tendency for procrastination than female participants with a significance of p=0.006.

	18-24	25-39	>40
Lack of time/too busy	54.20%	43.50%	44.90%
Cost/too expensive	29.30%	42.60%	33.30%
Fear or anxiety	24.80%	26.70%	8.70%
Leaving it for later	21.00%	14.80%	10.10%
I can't find a good dentist	26.20%	33.30%	26.10%

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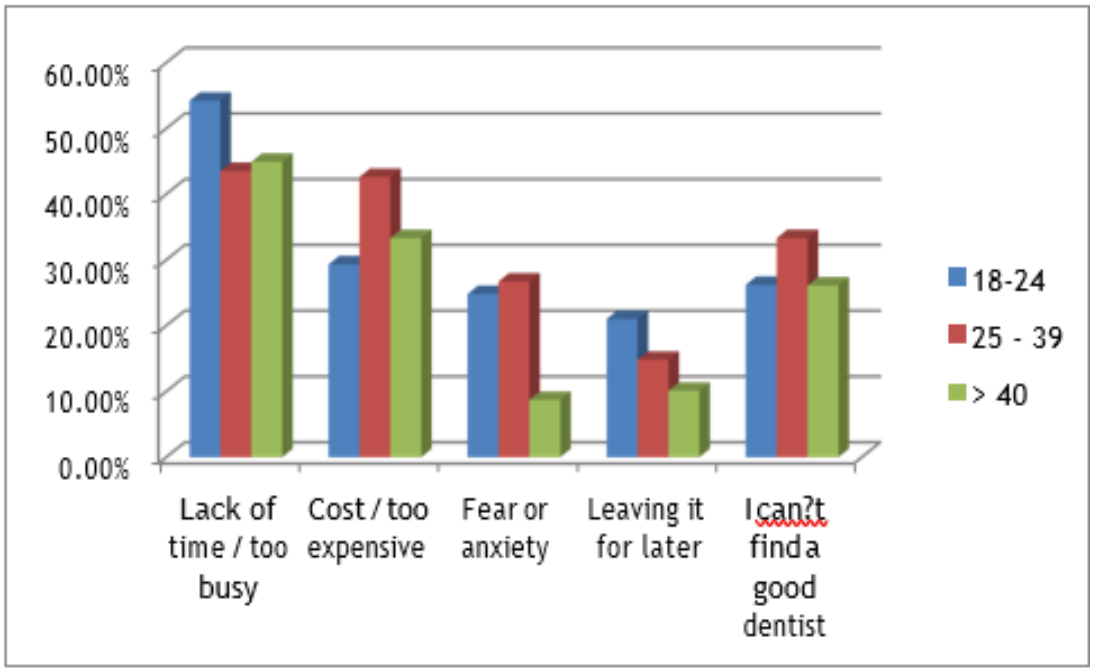

Table 3: Correlation of Reasons for not visiting the dentist with age groups.

A. Lack of time or being too busy was expressed more by participants 18–24 years of age (54.2%) and least by those between 25-39 years of age (43.5%)
B. The cost factor being high was expressed mostly by participants 25-39 years of age (42.6%) and least within the 18–24-year age group (29.3%)
C. Fear or anxiety towards dental treatment was seen mostly among the 25-39 age group (26.7%) and 18-24 age group (24.8%) and least among the above 40 age group (8.7%)
D. Procrastination was highest amongst the youngest age group of 18–14 (21%) and lowest among the above 40 age group (10.10%)
E. Inability to find a good dentist was expressed mostly by those between 25-39 years of age (33.30%), while the other two groups showed a similar expression for this reason.

	<5,000	**5,000-10,000**	**10,000-20,000**	**>20,000**
Cost/too expensive	36.80%	37.20%	33.90%	20.90%
Fear or anxiety	21.80%	28.50%	29.80%	14.30%

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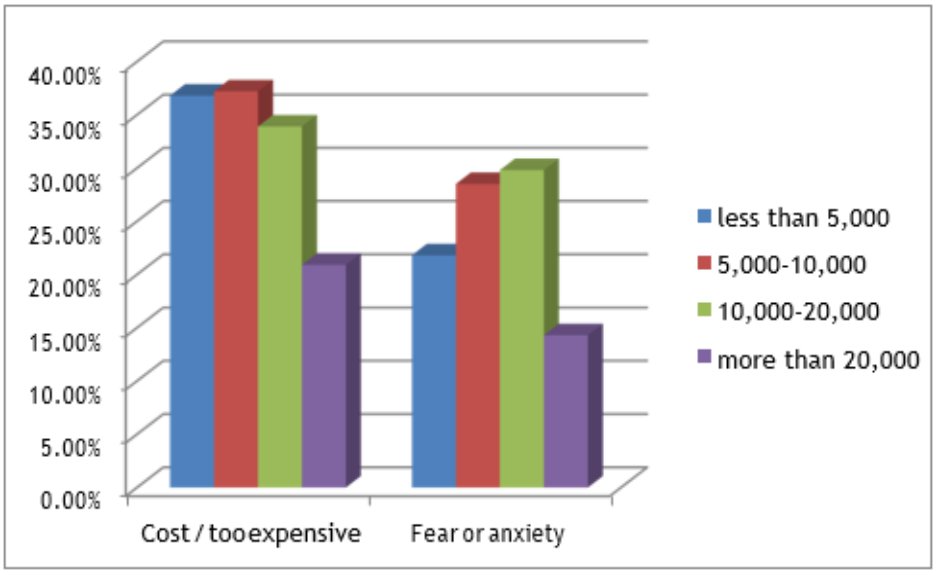

Table 4: Correlation of Reasons for not visiting the dentist with Income groups.

A. Cost of dental treatment being too expensive was expressed mostly by participants who's monthly income was below 10,000 SAR and least by those above 20,000 SAR (p=0.024)

B. Fear or anxiety was seen mostly with participants in two income groups, 10000–20000 (29.8%) and 5000-10000 (28.5%) and least for those above 20000 SAR (14.3%) (p=0.005).

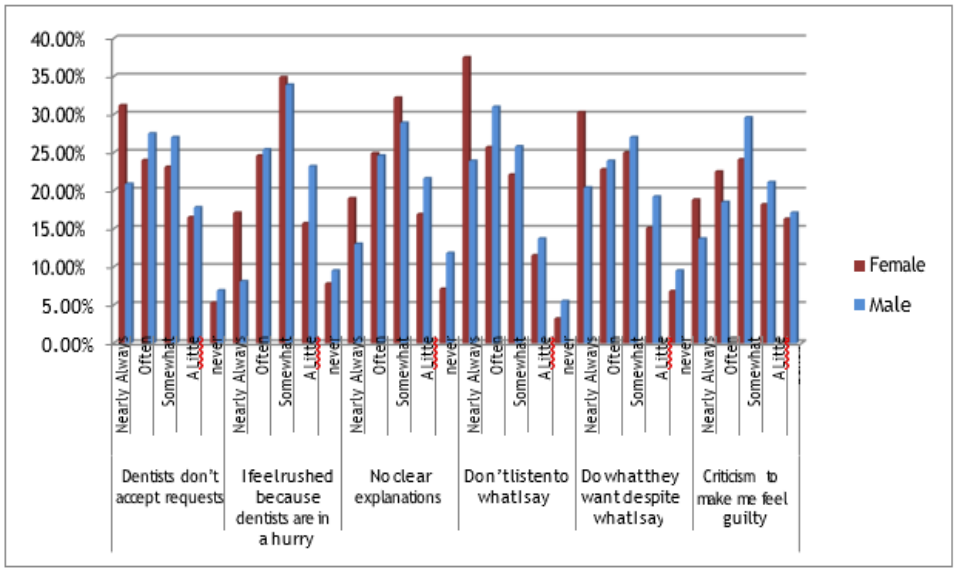

Figure 5a: Correlation of Getz beliefs about dentists with Gender groups.

A. Female participants believed that most of the time dentists don't accept requests with only 5.3% of them not accepting this. Male patients also showed this to be a strong belief with only 6.9% denying such a thing

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B. Both female and male participants stated that they felt somewhat rushed while in a dental appointment with only 7.8% (female) and 9.5% (male) disagreeing with this
C. Both female and male participants somewhat to often felt that dentists lacked providing clear explanations about the treatment
D. For the belief that dentists don't listen to what is said by the patient, female participants felt this nearly always (37.5%) or often (25.7%), while male participants gave a score of only often (31%) to somewhat (25.8%)
E. A majority of female participants nearly always (30.3%) felt that dentists would do what they wanted despite what the patient said, however, males only somewhat (27%) felt this belief to be true
F. Both female and male participants felt that dentists criticize them to make them feel guilty with only 16.3% (female) and 17.1% (male) disagreeing to this.

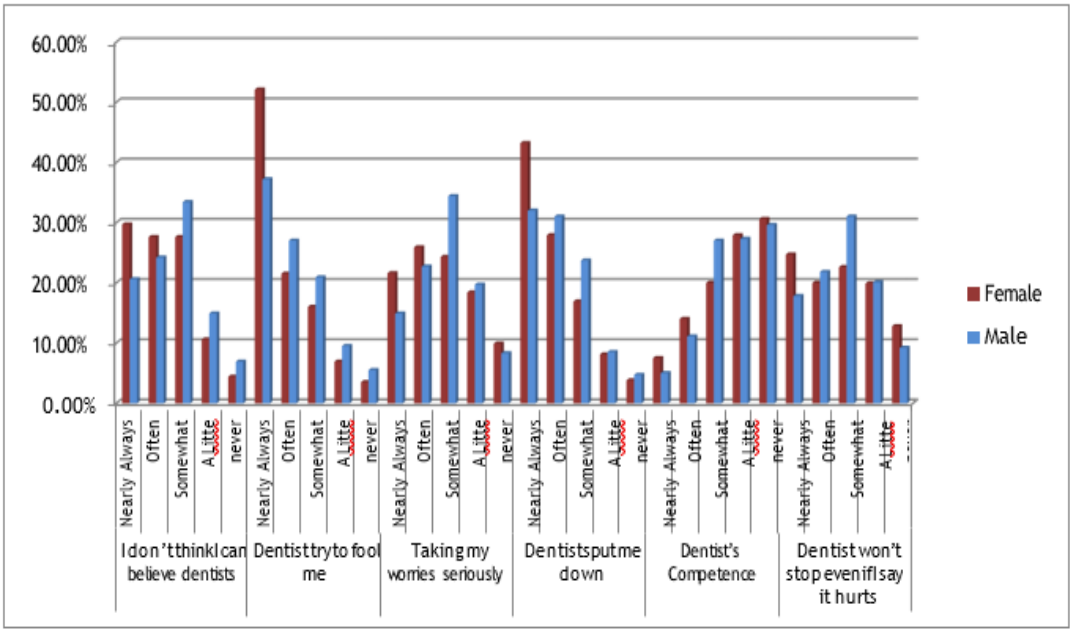

Figure 5b: Correlation of Getz beliefs about dentists with Gender groups.

A. The majority of female participants did not think that they could believe their dentists with only 4.4% of them not accepting this. Male participants also showed this to be a strong belief with only 6.9% denying such a thing
B. Most female (52.1%) and male (37.2%) participants stated that they nearly always felt that dentists tried to fool them with only 3.5% (female) and 5.5% (male) disagreeing with this
C. Both female and male participants somewhat to often felt that dentists lacked taking their worries and fears seriously
D. A majority of female (43.2%) and male (32%) participants nearly always felt that dentists tried to put them down

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with only 3.8% (female) and 4.7% (male) disagreeing with this

E. Doubting the dentist's technical competence varied mostly from never (30.6% female and 29.6% male) to a little (27.9% female and 27.3% male)

F. Dentist's lack of compliance to stop a procedure if requested by the participant was rated nearly always (24.7%) to somewhat (22.6%) by females and somewhat (31%) to often (21.*%) by male participants.

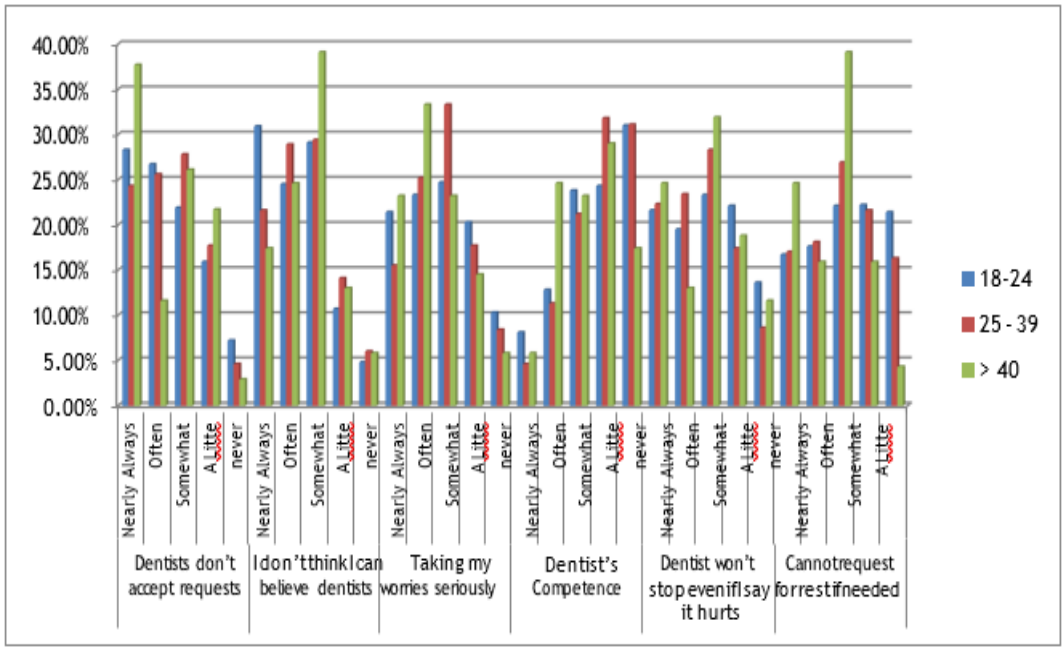

Figure 6: Correlation of Getz beliefs about dentists with Age groups.

A. Dentists not accepting requests was elicited as 'nearly always' by participants above 40 years of age (37.7%) followed by the 18-24 age group (28.3%)

B. Lack of belief in the dentist was nearly always seen in 30.9% of participants between 18-24 years while it was only somewhat elicited by the 25-39 group (29.4%) and above 40 group (39.1%)

C. A majority of participants above 40 (33.3%) felt that dentists didn't take their worries and fears seriously. This was only somewhat seen with participants between 25-39 years of age (33.3%)

D. Doubting the dentist's competence ranged between little (31.8%) to never (31.1%) for participants between 18–24 years of age. Participants above 40 were more doubtful regarding dentist's competence, ranging between 29% (a little) to 24.6% (often)

E. Both age groups above 40 (31.9%) and 25–39 (28.3%) claimed that they somewhat felt that dentists would not stop the procedure if they indicated it hurt

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F. The feeling that a request for rest cannot be made was felt mostly among the above 40 category where they ranked it as somewhat (39.1%) to nearly always (24.6%). Both the other age categories felt this was true only somewhat to a little.

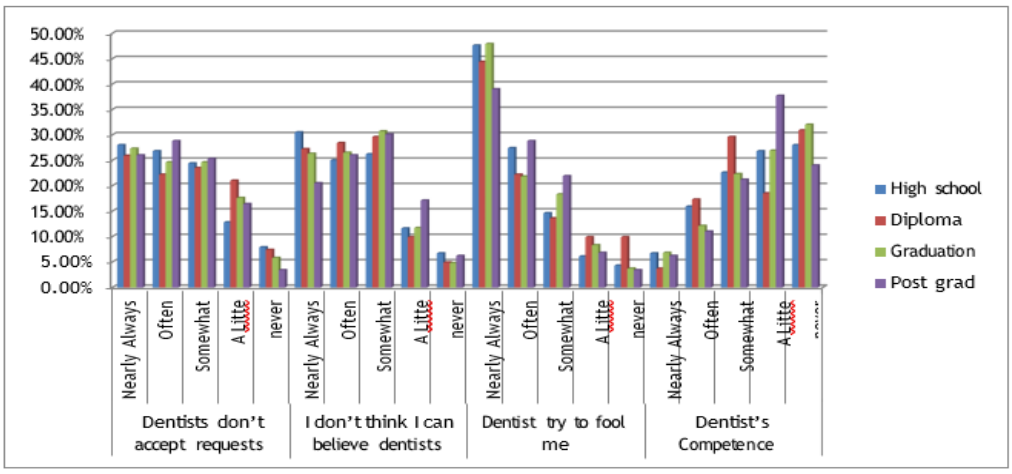

Figure 7: Correlation of Getz beliefs about dentists with Education levels.

A. Participants from all levels of education felt that dentist's don't accept requests with only a very few not agreeing (7.9% high school, 7.4% diploma, 5.8% Graduates and 3.4% postgraduates)
B. Most of the participants showed a lack of belief in their dentists with a very few not agreeing (6.7% high school, 4.9% diploma, 4.8% Graduates and 6.2% postgraduates)
C. The feeling that dentist's try to fool patients was felt nearly always by a majority of the participants in all groups (47.6% high school, 44.4% diploma, 47.9% Graduates and 39% postgraduates)
D. Dentist competence was only somewhat to never doubted with very few stating that they nearly always felt this. (6.7% high school, 3.7% diploma, 6.8% Graduates and 6.2% postgraduates).

Discussion

Visiting a dentist on a regular basis is much spoken about but less practiced. It is a practice that most people like to keep off until it is utterly needed. The study at hand assessed various defining factors to why Saudi adults refrained from going to a dentist.

The two main reasons seen for avoiding the dentist was the lack of time and high cost for the treatment, with percentages of 24% and 17% respectively. A study in the UK showed a variation to our findings where they deduced that over one-third of dentate adults responded 'I can't be bothered really' as a reason for putting off dental visiting [7]. In a study conducted in Australia in 2004, it was

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seen that cost showed to be an increasing factor for avoiding a dental visit [2].

The frequency of dental visits varied according to age where it was found that those who visited the dentist less than once every two years were mostly aged from 18-24 (36%) while those who visited the dentist more than twice per year were mostly above 40 years of age. This could be a result of the fact that elderly people may require more regular check-ups as a part of the maintenance phase of already existing prosthesis.

Reasons for avoidance were diverse when compared with several demographic and socioeconomic factors. Male participants tended to show a higher tendency for procrastination than female participants ($p=0.006$). This contradicts a study conducted in 2006 where they inferred that females had more fear and visited the dentist less than males with their significance at $p<0.001$ [8]. Procrastination was highest amongst the youngest age group of 18-14 (21%) and lowest among the above 40 age group (10.10%).

Fear or anxiety towards dental treatment was seen mostly among the 25-39 age group (26.7%) and 18-24 age group (24.8%) and least among the above 40 age group (8.7%). In our sample population we noted that people who made more than 20,000 SAR per month presented fear as a factor of least importance when compared with the other lower income groups. This was in concurrence with a study where they concluded that people from higher socio-economic groups generally showed less fear (Schuurs et al. 1985, ter Horst & de Wit 1993, Locker et al. 1996a, Armfield et al. 2006).

The Getz dental belief survey helped demarcate that the majority of people of all education levels felt that dentists were trying to fool them (47.6% high school, 44.4% diploma, 47.9% Graduates and 39% postgraduates). A possible reason for this could have be because of the increasing amount of commercialization in Saudi Arabia. A substantially favorable factor for dentists was that most people felt that the dentists were competent in his technical skills.

Conclusion

Through this study we were able to ascertain, from 1102 Saudi nationals, that one of the predominant reasons why they avoided dentists was that they were too busy and opted to leave the treatment for later.

Cost showed to be an important factor for participants from lower income groups (below 20,000 SAR per month). Fear and anxiety towards a dental visit was seen more in patients earning between 5000 – 20000 SAR, possibly owing to the cost that they anticipate.

On the Getz belief chart, female participants tended to show more inclination to often or nearly always believe that dentists were people who didn't accept requests, never listen to what they say and carry on doing what they want anyhow, try to fool them into accepting treatments and demoralize them at the visit.

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