



ORIGINAL ARTICLE

EFFECT OF DENTAL ANXIETY ON ORAL HEALTH VALUE AMONG PROFESSIONAL ADULTS - A CORRELATIONAL STUDY

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Abstract

Background: An individual's level of education has great influence on oral health. The oral health value scale (OHVS) is a newly developed scale which is comprised of four subscales which forms a prime behavior in preventing poor oral health. Modified Dental anxiety scale (MDAS) is a widely used scale for assessing dental anxiety.

Objective: The study was conducted to correlate dental anxiety on oral health value of a professional adult and its effect on age.

Methods and Materials: Cross-sectional study was conducted among (n=116) professional adults. Voluntary sampling technique was considered to recruit the participants. Demographic data, two pre-validated tools i.e., the MDAS and OHVS were used to obtain the data.

Results: Out of 116 participants 64% were males and 36% were females. Females had significantly high level of anxiety compared to males ($p=0.001$). There was significant association of MDAS and OHVs with age ($p\leq 0.005$). Pearson correlation between MDAS and OHVS showed a positive association with the flossing subscale and a negative association with professional dental care, retaining natural teeth and appearance subscale of OHVS.

Conclusion: An individual's score of OHVS is found to be influenced by dental anxiety. Factors like professional dental care has been reported to be inversely associated with dental anxiety. Individuals with high anxiety need to be counselled for building a positive attitude towards oral hygiene which will give high values to oral health.

Keywords: Dental anxiety; oral health; adults; oral hygiene.

Introduction

Dental anxiety is a response to known danger, including the "fight or flight" response when faced with a threatening stimulus.¹ People with dental anxiety avoid visiting the dentist, this in turn leads to increase in severity of the condition. Dou L et al in their study showed positive association of patients with dental anxiety and irreversible pulpitis.²

McGrath and Bedi concluded in their study that those people experiencing high levels of dental anxiety are among those with the poorest oral health-related quality of life (OHRQoL).³ OHRQoL is significantly decreased in patients who have dental anxiety or fear, and the severity of this impairment was correlated with the severity of dental anxiety.⁴

There are various tools which helps in identifying, and describing dental anxiety and are excellent

measures of condition which serves as a boon in clinical and research settings. Several authors emphasize on the fact that such measures are reliable, valid and applicable to this group of population.⁵ The Corah's Dental Anxiety Scale (CDAS) is one of the most widely used. But, unfortunately CDAS does not inquire about anesthetic injections that might be a reason for anxiety amongst some.⁶ The Modified dental anxiety scale (MDAS) which is modelled after the CDAS, includes a question on local anesthesia. There are various dental procedures which lasts for several minutes which requires the patient to be calm and cooperative in the dental chair. Unfortunately, this does not happen, as there are some patients who are more concerned and anxious throughout the procedures that it might cause them some degree of pain.⁷

Patients with dental anxiety tend to have poor oral health when compared to their counter-parts on measuring them in terms of decayed-missing-filled teeth.⁸ Women of all ages, and people with lower levels of education stay at a risk of experiencing increased dental anxiety compared to their counterparts.⁹ An individual's quality of life is greatly influenced by the poor oral health conditions.¹⁰ Poor oral health conditions combined with a sense of guilt, creates an inferiority complex, and the fear of being scolded by the dentist for failing to care for one's mouth further increases dental anxiety and continues the vicious cycle.⁹

Oral Health value (OHV) can be defined as the degree to which dental condition is considered important, or dedication to improving the maintaining aspects of dental, gingival, and orofacial function of an individual.¹¹ Oral Health Value scale (OHVS) is a newly developed scale and the construct of this scale is somewhat similar to the constructs of OHRQoL as both of it involves the perceptions of dental issues and concepts. OHVS reflects patients own values or their importance towards oral health. An individual's health value is greatly determined by a variety of complexly interacting psychological, social and environmental factors including emotional states, attitudes, beliefs, education, social background, health policies, and access to health care.¹² Though there are various aspects in which health related states has been studied but a very limited literature suggests us that OHV has been studied less compared to other aspects of health. The

literature hypothesizes that the Oral Health Impact Profile (OHIP-14),¹³ which describes the negative impact of oral health on quality of life, is one among tool for measuring oral health values.¹⁴ OHVS also helps in explaining the variations in values and also entails differences between oral care and treatment use. The OHVS is a 12-item validated scale with responses varying on a five-point Likert scale. Moreover, no studies have yet been conducted to assess how dental anxiety influences one's value or behavior towards oral health. To address this gap in literature the correlational study was conducted to assess how dental anxiety put an influence on the oral health values of an individual.

Materials and Methods

Cross sectional study was conducted amongst professional adults in Pune city. Before commencing, the ethical approval was obtained from the university with reference number [DYPDCH/EC/DPU/299/106/2021]. Informed consent was obtained from the study participants.

The sample size estimation was done using G* Power Software. Assuming the effect size i.e., correlation coefficient of 0.3, P=0.005, Power= 0.9, the sample size was out to be 109 which was rounded off to 110. Voluntary response sampling technique was followed to recruit the participants. Adults possessing a professional degree and willing to give their consent to participate in the study were included in the study. Professional adults were chosen as sample population to reduce the bias. The questionnaires which were partially answered for whatever reason were excluded from the study.

The questionnaire consisted of two sections, the first section assessing the demographic details such as age and gender of the study participants and the second section consisted of two scales namely MDAS and OHVS were used to collect data. OHVS is based on four subscales like professional dental care, appearance and health, flossing and retaining natural teeth. All the questions were closed-ended. The questionnaire was based on five-point Likert scale. In order to have confidence in the results of the study, we ensured that the questionnaire consistently measured what it proposed to measure. The face validity of the questionnaire was assessed. Six subject experts were asked to do the content validity.

Content Validity Ratio (CVR) was calculated for all questions and minimum score was set at 0.99. All of those questions which scored more than minimum set value were included in the study. Internal consistency of the questionnaire for first five questions of MDAS was determined by Cronbach’s α which was 0.92. The OHVS scale had good internal consistency, $\alpha=0.89$; each of its four subscales reported a high or acceptable internal consistency as well: professional dental care ($\alpha = 0.81$), appearance and health ($\alpha = 0.85$), flossing ($\alpha = 0.89$) and retaining natural teeth ($\alpha = 0.86$). Pretesting of the questionnaire was done by administering it to 10 patients. Intra class correlation coefficient (ICC) value was 0.94 which showed excellent reliability. There were six questions which were reverse coded and these were taken care off when data was analysed.

The data collection was done by distributing the questionnaire to the study participants as and when they came to the department or through online medium via google forms. The responses to the questionnaire were summarized and this was accomplished by converting the collected data into representative numbers(codes). The coding system was considered before it was administered. The data was analysed using Statistical package for social sciences SPSS software (version 20.0). *P* value less than 0.05 was considered as statistically significant.

Unpaired t-test and Pearson’s correlation coefficient test were applied.

Results

Table 1 depicts item wise Mean and SD of 17 questions (5 questions of MDAS and 12 questions of OHVS) based on participants response. The mean scores of questions of MDAS signifies that people were more anxious when they were sitting in the waiting room to have their tooth drilled (3.97±1.08) compared to an apprehensive nature of visiting the dentist for treatment (3.50±1.51). The mean score depicts that participant are more concerned towards appearance and health factor/subscale and consider teeth and gums as a priority for maintaining the overall health (4.02±1.35); the means scores of preferring a denture over natural dentition (2.93±1.48) shows a good attitude of the participants to maintain a healthy oral health. Flossing does seem to be of importance among participants and they consider flossing as a high priority on their day-to-day activities (4.09±0.97). Superscripted “R” denotes reverse coded which means that questions which were negatively coded were coded and given equal weightage during analysis.

Table 1. Mean and SD responses of MDAS and OHVS item wise

Sr. No.	Questions	Mean±SD
01	If you went to your dentist for treatment tomorrow, how would you feel?	3.50±1.51
02	If you were sitting in the waiting room (waiting for treatment), how would you feel?	3.83±1.27
03	If you were about to have a tooth drilled, how would you feel?	3.97±1.08
04	If you were about to have your teeth scaled and polished, how would you feel?	3.84±1.24
05	If you were about to have a local anesthetic injection in your gum, how would you feel?	3.84±1.16
06	It is important to me to keep my natural teeth.	4.09±1.26
07	It is okay for me to miss a day or two of flossing when I am busy. ^R	2.24±1.19
08	My smile is an important part of my appearance	3.94±1.34
09	Going to a dentist is not worth the cost to me. ^R	4.19±0.95
10	Flossing my teeth every day is high priority for me.	4.09±0.97
11	I would rather get dentures than spend money to treat cavities or gum diseases. ^R	3.22±1.51
12	I think it is important that my teeth and gums are source of pride.	3.78±1.31
13	If I have a toothache, I prefer to wait and see if it will go away on its own before seeing a dentist. ^R	2.87±1.48
14	I would not mind if I had to have a false tooth or dentures. ^R	2.93±1.48
15	I make sure I have dental floss available with me so I have it when I need it.	3.72±1.148
16	Going to the dentist is only important if my teeth or gums are bothering me. ^R	2.72±1.46
17	The condition of my teeth and gums is an important part of my overall health.	4.02±1.35

^R: Denotes items are reverse coded.

Professional Dental Care subscale: Items 09,13,16; Appearance and health subscale: Items 08,12,17; Flossing subscale: Items 07, 10, 15;

Retaining natural teeth: Items 06, 11, 14.

Table 2 depicts the individual item frequencies of MDAS. The majority of participants were ‘extremely anxious’ on anticipatory events like visiting the dentist tomorrow, sitting in waiting room. Maximum

number of participants were even extremely anxious about use of drill, scaling and polishing and use of anesthetic injection.

Table 2. Item frequency breakdown of questions based on MDAS

Questions	Visit tomorrow		Wait room		Use of drill		Scale and Polish		Injection	
	N	%	N	%	N	%	N	%	N	%
Not anxious	19	16.4	7	6	1	0.9	6	5.2	1	0.9
Slightly anxious	16	13.8	16	13.8	16	13.8	17	14.7	23	19.8
Fairly anxious	13	11.2	15	12.9	15	12.9	13	11.2	14	12.1
Very anxious	24	20.7	30	25.9	37	31.9	34	29.3	33	28.4
Extremely anxious	44	37.9	48	41.4	47	40.5	46	39.7	45	38.8

Figure 1 individual item frequencies showed that majority of participants ‘strongly agreed’ to items based on appearance and health subscale of OHVS(n=45) and (n=50).

Table 3 shows a positive correlation and good strength of association of anxiety with age which means with increase in age there is increase in level of anxiety among the participants. This correlation was even statistically significant(p≤0.05). All the other subscales show negative correlation with age professional dental care subscale (-0.20), appearance subscale (-0.63), flossing subscale (-0.20) and retaining natural teeth subscale (-0.61). All the five showed significant correlation with age (p≤0.05).

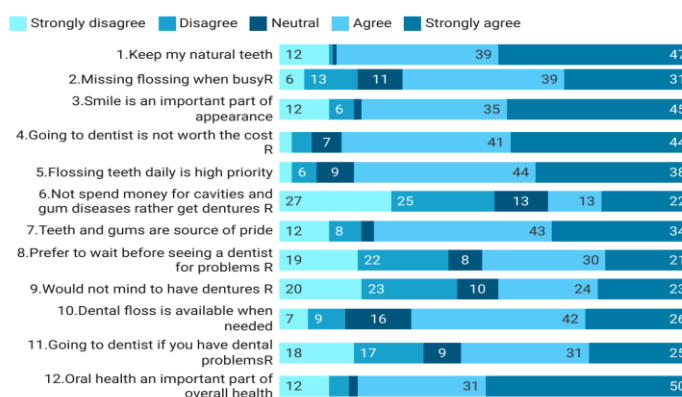


Figure 1. Responses of participants to items based on OHVS

R-Denotes Reverse Coded

Table 3. Pearson’s Correlation of age with MDAS and four subscales of OHVS

Factors	Age		
	Mean±SD	Pearson’s Correlation	P-Value
Anxiety	19±5.21	0.19	0.03*
Professional Dental care	9.78±2.71	-0.20	0.03*
Appearance	11.74± 3.77	-0.63	0.001*
Flossing	10.04±2.06	-0.20	0.03*
Retaining Natural Teeth	10.23±3.45	-0.61	0.001*

Gender plays a role in level of anxiety of an individual. Females were more anxious than males in availing dental treatment as seen in [Table 4]. This was statistically significant (p≤0.05). In availing professional dental care, there was no difference seen

in either of the gender. Females were more concerned towards their oral health appearance (3.95±1.32) compared to males (3.88±1.23). Female participants even had a better attitude towards flossing (3.36±0.69) compared to males (3.33±0.68).

Table 4. Comparison between the means of gender with MDAS and four subscales of OHVS

Factors	Gender	N	Mean±SD	P-Value
Anxiety	Male	74	17.8±5.13	0.001*
	Female	42	21.1±4.70	
Professional Dental Care	Male	74	3.27±0.87	0.975
	Female	42	3.27±0.96	
Appearance and Health	Male	74	3.88±1.23	0.782
	Female	42	3.95±1.32	
Flossing	Male	74	3.33±0.68	0.839
	Female	42	3.36±0.69	
Retaining Natural Teeth	Male	74	3.35±1.08	0.512
	Female	42	3.50±1.27	

*(P≤0.05; Statistically Significant)

Table 5 represents a negative correlation of MDAS with the three subscales of oral health value scale (professional dental care r=-0.08), (appearance=-0.12), (retaining natural teeth=-0.24), a positive correlation of MDAS with the fourth subscale (flossing=0.06). A significant (p-value=0.001) was found when correlating modified

dental anxiety scale and the fourth subscale retaining natural teeth. Figure 2 represents a positive correlation exists between age and MDAS while a negative correlation of age and the four subscales of OHVS (flossing, appearance, professional dental care and retaining natural teeth).

Table 5. Pearson's Correlation of MDAS with four subscales of OHVS

Factors	Correlation	
	R	P-value
Professional dental Care	-0.08	0.34
Appearance	-0.12	0.17
Flossing	0.06	0.49
Retaining Natural teeth	-0.24	0.001*

*(P≤0.05; Statistically Significant)



Figure 2. Correlation of age with MDAS and OHVS

Discussion

This study intends to correlate the effect of dental anxiety on oral health value of an individual. Oral health value scale is a newly developed scale and so does have questions on flossing behavior because toothbrushing being a common habit for many and so connected with social desirability responding that it does not distinguish between what degrees does one value for oral health amongst individuals who have had sound education.

Considering the domains of flossing and receiving professional dental care and how an individual perceives the appearance of his dental health the authors presumes that professional adults would be availing the same as they possess a graduate degree or a higher equivalent degree and belong to a better socio-economic background. Anxious people do not go to the dentist because they feel that something terrible will happen during dental treatment procedures.¹⁵ Such behavior ultimately leads to poor oral health, including tooth loss, tooth decay, and worsening gum disease. They come to the dental office only in acute emergencies that often required complicated and traumatic treatment procedures. As a result, if these patients are not treated properly, a vicious cycle of dental anxiety begins.^{8,16}

When comparing dental anxiety, it is reported in the present study to be higher among professional females as compared to males with a mean of (21.1±4.70) which are similar to the study conducted in Pakistan where females had a higher dental anxiety score with a mean of (13.1).¹⁷ The same trend was reported in previous studies conducted by Horst and Wit where females were more fearful than males where dental treatment is concerned.¹⁸ Conventional gender roles where men tend to hide their fears could be a reason for higher dental anxiety among females.¹⁹ However, the author feels that the most pertinent reason for this is that females show more neurotic traits than males, which could be a reason for more anxiety. The item-wise comparison shows that people were extremely anxious about use of injection and use of drill at a dental clinic which was similar to results reported by previous studies.^{20,21} In the present study, there is a positive correlation of age with anxiety which means with increase in age there is increase in anxiety. Anxiety disorders are actually considered neurodevelopmental disorders as they develop in association with brain changes that

characteristically occur at different times in life and primarily, they develop in childhood. But another study with similar results as that of present study shows anxiety disorders develop late in life among 11% older women and 2% older men.²²

People with dental anxiety are seen to avoid dentist which in turn prevents them from availing professional dental care for any type of acute cases of pain instead they either prefer to stay back and see if it goes away on its own or it leads to overuse of self-medication. This also impacts daily living like modifying chewing habits such as avoiding chewing on hard foods that might cause sensitivity.²³ This in turn leads to nutritional disturbances.

There exists a negative correlation in the present study; with increase in age there is a decrease in participants importance towards availing professional dental care. This is similar to several studies being conducted worldwide which shows that the use of professional dental service is low among elderly individuals considering the physical ability and attitude towards oral health care decreases and certain sociodemographic variables also form a barrier for the utilization.²⁴

Female participants expressed more concern towards their dental appearance which was in agreement to previous studies conducted in Saudi Arabia were compared to men, women experienced a greater psychosocial influence from dental aesthetics and aesthetic concern.²⁵ In general, females have more oral demands compared to males. Social lifestyle of males can be considered as one of the major reasons for being less concerned about the aesthetics.²⁶ The professional adults possessed a better education degree and so were aware of the fact that dental appearance put an impact on the social acceptance of an individual. There was negative correlation of age with appearance which shows with increase in age people become less willing to correct their own teeth and become less concerned towards appearance. This finding was supported by a study amongst elderly where people gave more importance towards their physical health than towards dental appearance.²⁷

Flossing is considered as a health modifying behavior by males and a cleanliness related behavior by females. There is no significant difference found between gender and flossing. A negative correlation is seen between age and flossing which shows with

increase in age frequency of flossing decreases and the same association was found in a study where flossing became less frequent with increase in age.²⁸ Decrease in the frequency of flossing causes increase in chances of interproximal caries and periodontal disease.

Gender had no significant influence in the importance of retaining natural teeth; but women were found to be having a positive attitude towards retaining their permanent dentition more than men which was similar to a study where gender had a small influence and a weak correlation toward preserving the natural dentition.²⁹ There exists a negative correlation of age and retaining natural teeth which shows with increase in age people pay less attention towards preserving their teeth which is contradictory to a study conducted in United States among people with higher level of education and income. Reports even suggest the trend of retaining natural teeth is continuously increasing compared to last decade.³⁰ The strength of the study is that these responses would shed a light on how people from these educational background values their oral health and does anxiety play a role on these adults to avoid or attend the dental clinic/office.

There are certain limitations of the study first being the sample size, a bigger sample size would have helped us in generalizing the results to the sample chosen. Secondly, snowball sampling could have helped us gain a better sample of professional adults. An incentive to each of the participants at the end of study would have encouraged a better participation.

Conclusion

The scores of OHVS are greatly affected with one's level dental anxiety. Various subscales like professional dental care, appearance was negatively associated with dental anxiety which shows people with dental anxiety lack the behavior of regular visits to dental clinic. This leads them make prejudices towards dental treatments. So, it is of utmost importance to identify the individuals with high level of anxiety and counsel them for building a positive attitude towards oral health which will definitely lead to a change in the values.

Declarations

Conflicts of interest and financial disclosures

The author declares that he has no conflict percent and there was no external source of funding for the research in question.

Ethical approval

The study was approved by the University ethics committee and was conducted in accordance with the Declaration of the World Medical Association.

Source of funding

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Data Availability Statement

Not applicable.

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2. Հանրային առողջության ստոմատոլոգիայի բաժին, Դոկտ. D.Y. Patil Ատամնաբուժական Քոլեջ և հիվանդանոց, դոկտ. D.Y. Patil Vidyapeeth. Պոննա 411018, Հնդկաստան

Ամփոփում

Նախապատմություն. Անհատի կրթական մակարդակը մեծ ազդեցություն ունի բերանի խոռոչի առողջության վրա: Բերանի առողջության արժեքի սանդղակը (OHVS) նոր մշակված սանդղակ է, որը բաղկացած է չորս ենթաբաժիններից, որոնք ձևավորում են հիմնական վարքագիծը բերանի խոռոչի վատ առողջության կանխարգելման համար: Փոփոխված ստոմատոլոգիական անհանգստության սանդղակը (MDAS) լայնորեն օգտագործվող սանդղակ է ստոմատոլոգիական անհանգստության գնահատման համար:

Նպատակ. Ուսումնասիրությունն իրականացվել է ստոմատոլոգիական անհանգստությունը պրոֆեսիոնալ չափահասի բերանի խոռոչի առողջության արժեքի և տարիքի վրա դրա ազդեցության հետ փոխկապակցելու համար:

Մեթոդներ և նյութեր. Իսաչաձեռն ուսումնասիրություն իրականացվել է (n=116) պրոֆեսիոնալ չափահասների շրջանում: Մասնակիցներին հավաքագրելու համար դիտարկվել է կամավոր ընտրանքի տեխնիկա: Տվյալների ստացման համար օգտագործվել են ժողովրդագրական տվյալներ, երկու նախապես հաստատված գործիքներ, այսինքն՝ MDAS և OHVS:

Արդյունքներ. 116 մասնակիցներից 64%-ը եղել են տղամարդիկ, իսկ 36%-ը՝ իգական սեռի

ներկայացուցիչները: Իգական սեռի ներկայացուցիչներն ունեին անհանգստության զգալի բարձր մակարդակ՝ արական սեռի համեմատ ($p=0.001$): Կար MDAS-ի և OHV-ների զգալի կապ տարիքի հետ ($p\leq 0.005$): Pearson-ի հարաբերակցությունը MDAS-ի և OHVS-ի միջև ցույց է տվել դրական կապ թելերի ենթամաշտարի և բացասական կապ պրոֆեսիոնալ ստոմատոլոգիական խնամքի, բնական ատամների պահպանման և արտաքին տեսքի ենթամաշտարի հետ OHVS:

Եզրակացություն. Պարզվել է, որ անհատի OHVS գնահատականը ազդում է ստոմատոլոգիական անհանգստության վրա: Հաղորդվում է, որ այնպիսի գործոններ, ինչպիսիք են պրոֆեսիոնալ ստոմատոլոգիական խնամքը, հակադարձորեն կապված են ստոմատոլոգիական անհանգստության հետ: Բարձր անհանգստություն ունեցող անհատները պետք է խորհրդատվություն ստանան բերանի հիգիենայի նկատմամբ դրական վերաբերմունք ձևավորելու համար, ինչը բարձր արժեքներ կտա բերանի խոռոչի առողջությանը:

ВЛИЯНИЕ СТОМАТОЛОГИЧЕСКОЙ ТРЕВОЖНОСТИ НА ЦЕННОСТИ ЗДОРОВЬЯ ПОЛОСТИ РТА (OHVS) СРЕДИ ВЗРОСЛЫХ СПЕЦИАЛИСТОВ - КОРРЕЛЯЦИОННОЕ ИССЛЕДОВАНИЕ

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Резюме

Актуальность: Уровень образования человека имеет большое влияние на здоровье полости рта. Шкала ценности здоровья полости рта (OHVS) — это недавно разработанная шкала, состоящая из четырех подшкал, которая формирует основной подход к предотвращению плохого здоровья полости рта. Модифицированная шкала стоматологической тревожности (MDAS) — широко используемая шкала для оценки стоматологической тревожности.

Цель: Исследование было проведено для того, чтобы связать стоматологическую тревогу с ценностью здоровья полости рта взрослого человека и ее влиянием на возраст.

Методы и материалы: Поперечное исследование было проведено среди ($n=116$) взрослых специалистов. Для набора участников рассматривался метод добровольной выборки. Для получения данных использовались демографические данные, два предварительно проверенных инструмента, а именно MDAS и OHVS.

Полученные результаты: Из 116 участников 64% составляли мужчины и 36% — женщины. У женщин наблюдался достоверно более высокий уровень тревожности по сравнению с мужчинами ($p=0,001$). Выявлена значительная связь MDAS и OHV с возрастом ($p\leq 0,005$). Корреляция Пирсона между MDAS и OHVS показала положительную связь с подшкалой использования зубной нити и отрицательную связь с профессиональной стоматологической помощью, сохранением естественных зубов и подшкалой внешнего вида OHVS.

Заключение: Установлено, что на оценку OHVS человека влияет тревога, связанная с стоматологией. Сообщается, что такие факторы, как профессиональная стоматологическая помощь, обратно пропорциональны тревоге, связанной с зубами. Людей с высокой тревожностью необходимо консультировать по вопросам формирования позитивного отношения к гигиене полости рта, что придаст большое значение здоровью полости рта.