# A CROSS-SECTIONAL STUDY TO ASSESS DENTAL APPOINTMENT ATTENDANCE, REFLECTING THE EXPERIENCES, **ANTICIPATIONS AND BEHAVIOURAL INTENTIONS AMONG 18-25 YEAR-OLDS.**

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### AIM Introduction Missed healthcare appointments are costly and are only partially remedied by reminders. An improved Bangalore city. understanding of how dental patients' cognitions and feelings influence attendance should help to identify Results behavioural management techniques to improve dental **STAGES** В attendance and, with that, oral health outcomes. **GENERAL FACTORS** Materials & Methods Dental Anxiety (MDAS) 0.594 0.174 Self-rated oral health -0.014 0.055 **Inclusion criteria: Convenience sampling** DASS 21-Stress 0.007 0.187 **Past dental** Sample size=300 **DASS 21-Anxiety** 0.021 0.118 experience, Age 18-25 **DASS21-Depression** 0.200 0.159 vears Calculated using Nomogram **GENERAL FACTORS+EXPERIENCE** 90% Power and 35% 0.179 0.507 Standard Difference General Factors (Dental Anxiety)\* 0.047 0.140 Negative past experience A self-administered questionnaire was **GENERAL FACTORS+ EXPERIENCE+ AN** given; responses were collected, and 0.231 0.251 results were analysed using Sequential General factors (Dental Anxiety) 0.138 0.066 Logistic Regression Negative past experience -Past experience evaluation-0.254 0.095 3 Domains of the Attention from the dental team -0.345 0.103 Trust towards the dental team questionnaire -Future anticipation-Experience 0.424 0.065 **Expectation of uneasiness** Anticipation 0.127 0.062 Expectation of pain Behaviour Conclusion Discussion Negative past experiences lead to negative evaluations of previous dental visits, which affects 50% of the subjects suffering from high dental anxiety were the anticipation of future appointments and thus likely to postpone their dental appointments. (Armfield et al. influences the intention to attend future dental Community Dent Oral Epidemiol 2013) Sequential logistic regression showed that students with a appointments. negative past dental experience were 1.15 times more likely to Presented at 21<sup>st</sup> National IAPHD Conference, miss their next appointment than those who had a pleasant Bhubaneswar (17th-19th November 2016) experience (Berggren et al., J Am Dent Assoc 1984)

Evaluation of past appointments and anticipation of pain and uneasiness in the future appointments are significant predictors of appointment-keeping behaviours. (Devo et al. Medical care. 1980)

Abbreviations-

MDAS- Modified Dental Anxiety Scale DASS- Depression, Anxiety, Stress Scale

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The knowledge and understanding of the relationship between these contributory factors and their influence on dental appointment attendance behaviour can help find ways to motivate patients and foster better dental service use.

Armfield JM. What goes around comes around: revisiting the hypothesized vicious cycle of dental fear and avoidance. Community Dent Oral Epidemiol 2013;41:279-87

To evaluate dental appointment attendance by using the psychological dental cycle given by Schneider A et al., that includes experiences, anticipations, and behaviours in 18-25 year-olds in

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В	p-value	EXP(B)
	0.001* 0.797 0.970 0.862 0.208	1.812 0.986 1.007 1.021 1.221
STAGE		
	0.005* 0.003*	1.660 1.150
TICIPATION		
	0.357 0.038*	1.260 1.147
	0.007* 0.001*	1.289 0.708
	0.0001* 0.042*	1.527 1.135

## Public Health Significance

### References

Schneider A, Andrade J, Tanja-Dijkstra K, White M, Moles DR. The psychological cycle behind dental appointment attendance: a crosssectional study of experiences, anticipations, and behavioral intentions. Community Dent Oral Epidemiol 2016; 44: 364–370