

Fears and Beliefs About Pain and Dentistry Predict Treatment-Seeking Behavior

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Health behaviors are complex, and individual differences appear to be explained by variation in a host of psychosocial variables. With regard to oral health, treatment-seeking behavior and associated health outcomes are related to fear, anxiety, pain perception, and cognitions about controllability and the value of dental health. Avoidance of dental care resulting from fear has major implications for oral and overall health. For instance, untreated oral disease may exacerbate cardiovascular disease and diabetes, among other systemic health concerns. In the United States, 45 million adults report moderate to significant levels of dental care-related fear, and 5% to 10% of the population cites fear as the sole reason for completely avoiding treatment. The aim of this study was to examine the relation between dental care-related fears, fear of pain, and dental beliefs, and to determine how these variables impact treatment-seeking behaviors and oral health outcomes over the long term. For this retrospective cohort study, participants were 82 adult patients presenting to a university dental clinic in Appalachia (50% female, *M* age = 35.5 years.). Ten years ago, these patients provided demographic information and completed the Dental Fear Survey, Fear of Pain Questionnaire, and Dental Beliefs Scale during a visit to the clinic; treatment-seeking behavior and oral health status data were collected by way of comprehensive chart review. As expected, dental care-related fear, fear of pain, and negative beliefs about dental treatment all were correlated. Long-term treatment-seeking patterns were related to dental care-related fear and negative beliefs about dental treatment. Participants who sought treatment asymptotically (i.e., preventive treatment or cleanings) over a 10-year period initially reported lower levels of dental care-related fear and fewer negative beliefs about dental treatment than did participants who sought treatment only symptomatically (i.e., only necessary restorations/extractions). Controlling for sex, age, and SES, fear of pain, but neither dental care-related fear nor negative beliefs about dental treatment, predicted number of extractions over the 10-year period lower fear of pain was associated with a greater number of extractions. Number of years of education was related to the type of treatment sought by participants. Individuals who received at least one extraction had, on average, less education than those who received no extractions; the opposite trend was observed for individuals who received at least one restoration (e.g., filling) versus those who had no restorative procedures over the 10-year period. Clearly, dental treatment-seeking patterns are impacted by a constellation of psychological factors. There exist few longitudinal studies addressing these phenomena and related health outcomes. As complete conceptualizations of oral health behavior still are being elucidated, studies such as this one provide important information about critical psychosocial barriers to the utilization of dental treatment. Results from this and similar studies have the potential to inform interventions aimed at changing dental treatment-seeking behavior, specifically, and health behavior, generally. For more information on this project, and related research, visit [Cameron L. Randall's website](#).

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