

# Survey of AAPD Members on Sedation Practices by Geographical Region

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## Introduction

In March 2019, the American Dental Association recognized dental anesthesiology as the 10th dental specialty. With this new recognition, the question arises how dental anesthesiology and pediatric dentistry can best collaborate to meet the needs of the pediatric dental patient.

As of now, studies have yet to consider the impact that the recognition of dental anesthesiology may have on the sedation practices of pediatric dentists. Previous studies show that pediatric dentists value collaboration with dental anesthesiologists (DA's) and were supportive of dental anesthesiology specialty recognition. A 2012 survey of board-certified pediatric dentists reported that 20-40% used dental anesthesiologists (DA's) for in-office anesthesia and that 60-70% would use one if this was an available option in their area.<sup>1</sup> In a 2017 survey of board-certified pediatric dentists, most respondents were in favor of this recognition.<sup>3</sup>

The American Dental Board of Anesthesiology (ASDA) website currently lists 9 residency programs in dental anesthesiology with 3 in the Midwest (IL, OH, and PA), 5 in NY, and 1 program in Toronto. With the regional distribution of program locations, one might predict a correlation between program location and DA practice locations and utilization.

The distribution of practicing DA's has been recorded in previous studies. A 2015 study recorded that the highest number of DA's were practicing in CA, TX, PA, AZ, and NY.<sup>2</sup> It was noted in 2016 that 20% of the nation's children at the age of 5 and younger live in 3 states, CA, TX, and NY, and that these areas also have the highest proportion of pediatric dentists and DA's.<sup>1</sup> In 2017, data from ASDA showed that the Western and Southwestern areas of the country had the most practicing DA's and access to services in these areas is therefore more easily accessible.<sup>3</sup>

This study seeks to identify the incorporation of DA's into the pediatric dental practice with consideration for regional availability.

## Purpose

A survey of American Academy of Pediatric Dentistry membership was completed to determine how sedation practices vary by region, if variation correlates with the distribution of dental anesthesiology residency programs and to identify regional changes in practice following dental anesthesiology's recognition as a dental specialty.

## Methods

A 12 question survey utilizing Survey Monkey was sent to 7,871 AAPD members regarding sedation practices of pediatric dentists and anticipated sedation practices of pediatric dentistry residents. Survey collection was completed after 8 weeks. Results were generated using Survey Monkey statistics. The statistical significance level was set at  $P = 0.05$ .

## Results

- There were 713 respondents. Seventy-one respondents were pediatric dentistry residents and 636 were pediatric dentists.
- Across all regions, in-office deep sedation utilization has increased in the past 5 years. The Southwestern region reported the highest increase in utilization of in-office deep sedation in the past 5 years.
- When utilizing an outside anesthesia provider, the provider most available and preferred was the dental anesthesiologist across all regions, with the exception of the Southeast region.
- The Western region had the highest number of respondents (48.68%) reporting that DA's were the most available type of anesthesia provider, significantly more than Northeast, Southeast, and Northcentral regions.
- The majority of respondents in all regions state that utilization of DA's has not changed following the recognition of dental anesthesiology as a specialty.

## Conclusions

Survey findings indicate that:

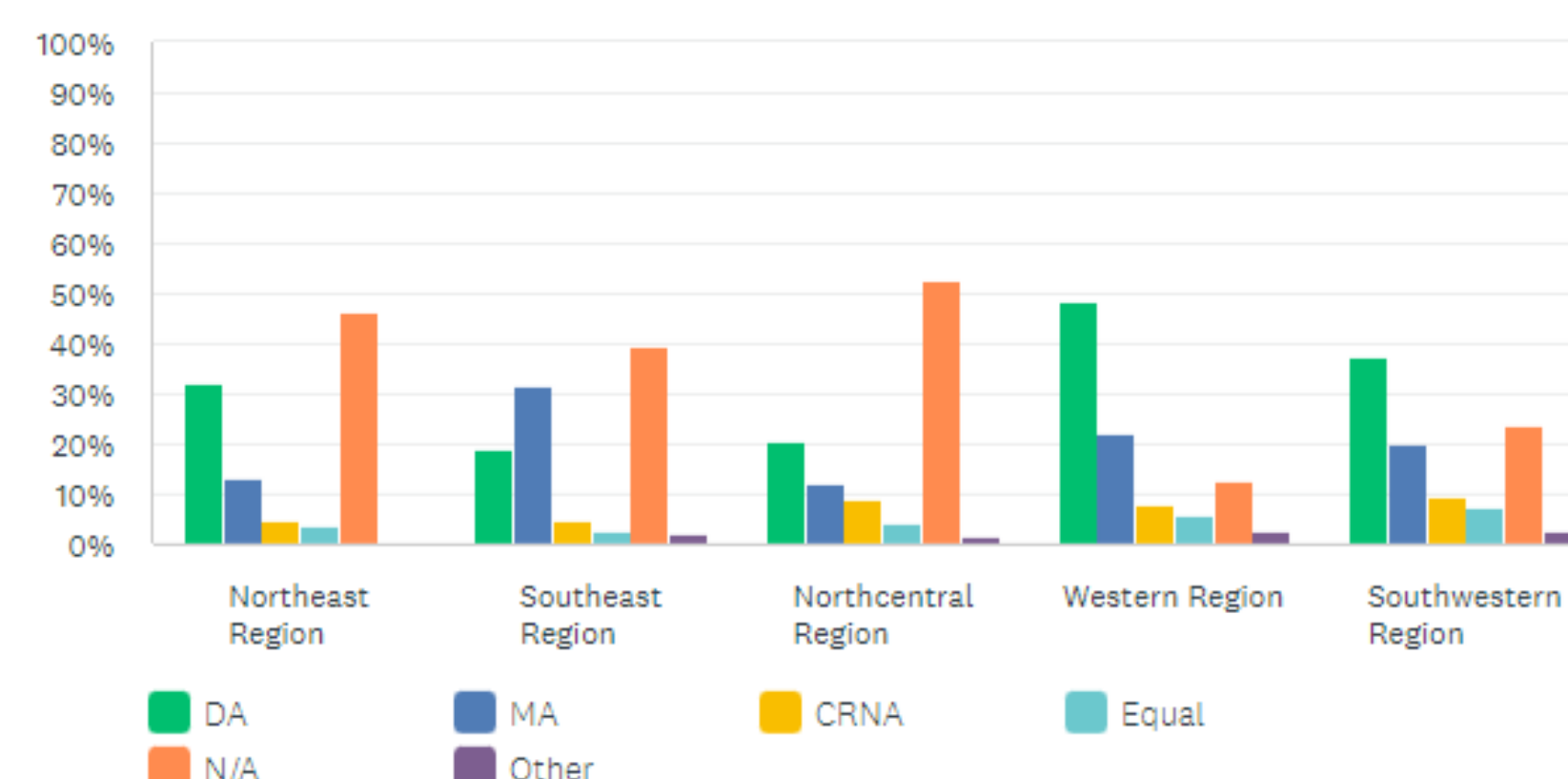
1. Dental anesthesiologists are the most available and preferred provider in nearly all regions.
2. The use of dental anesthesiologists is not correlated with the distribution of dental anesthesiology residency programs.
3. The utilization of dental anesthesiologists was not reported to have changed since the recognition of the specialty.

## References

1. Saxen MA, Urman RD, Yepes JF, Gabriel RA, Jones JE. Comparison of Anesthesia for Dental/Oral Surgery by Office-based Dentist Anesthesiologists versus Operating Room-based Physician Anesthesiologists. *Anesth Prog*. 2017;64(4):212-220
2. Giovannitti JA Jr, Montandon RJ, Herlich A. The Development of Dental Anesthesiology As a Discipline and Its Role As a Model of Interdisciplinary Collaboration. *J Dent Educ*. 2016;80(8):938-947
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If utilizing an outside anesthesia provider, which provider have you noticed is most available for your schedule/needs?

Answered: 698 Skipped: 8



If you plan to or currently bring in an outside anesthesia provider, which provider is most preferred if all providers had equal availability?

Answered: 701 Skipped: 5

