



Consistency of Oral Health Recommendations between Pediatricians and Pediatric Dentists



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Introduction

Dental caries is one of the most common chronic diseases in children. Traditionally oral and medical healthcare education have been separated. This separation has contributed to gaps in understanding and effective inter-professional education and collaboration. The U.S. Department of Health and Human Services has stressed enhancing the role of non-dental health care professionals to help combat oral disease.

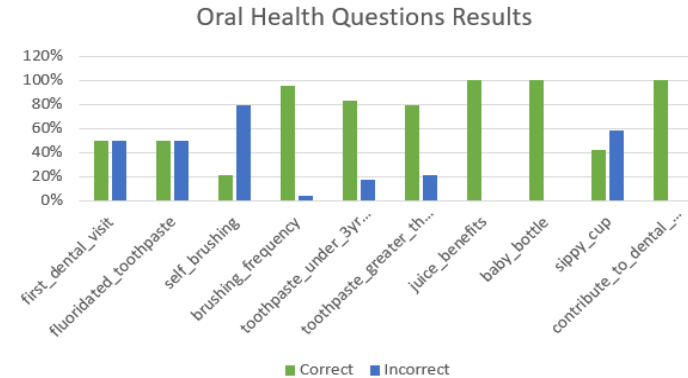
Purpose

The purpose of this project is to identify possible gaps that may exist between pediatricians and pediatric dentists regarding oral health care recommendations. The information gained from this project can be utilized to help bridge gaps, through education and collaboration so both physicians and dentists are providing the best information to their patients regarding basic oral health, diet and hygiene practices.

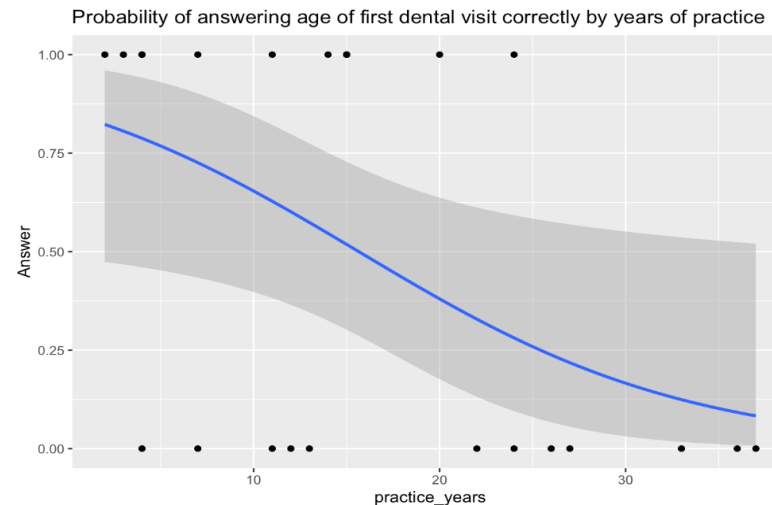
Methods

An online survey using REDCap was distributed to SSM pediatric medical providers in St Louis Missouri. For this study, participants were asked to complete an anonymous electronic survey. The Survey comprised of 20 questions. Questions consisted of basic oral health guidelines endorsed by the American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP). A two-sided test of Spearman's rank correlation coefficient was performed between number of years in practice and obtaining the correct answer on the 7 questions which had correct answers. Logistic regression was used to model the probability of answering the question of "recommended age of a child's first dental visit" (first_dental_visit) correctly on the number of years in practice.

Results



There was a total of 24 responses from the online survey. The average participant years of practice was 16, with the lowest being 2 years and the highest 37 years respectively. The majority of participants identified their practice setting as being urban at 62.5% and 37.5% being sub-urban. Participants who had received formal oral health training was 41.7%.



There was a negative correlation between years of practice and answering the first_dental_visit question correctly. Logistic regression was used to model the probability of answering first_dental_visit question correctly and the number of years of practice ($p = 0.0356$).

Another significant finding was the correlation of first_dental_visit and comfort of participant in recognizing cavities. Confidence in recognizing a cavity correlated with recommending an older age for the first dental visit ($p=0.047$).

The results of the study highlight the reality of inconsistency throughout the pediatric provider population in regard to oral health recommendations. Even though not all questions had statistical significance correlations. There is still a number of key points where participant responses were less than ideal, especially regarding basic disease prevention recommendations (when to start using fluoridated toothpaste, self brushing, and sippy cup use).

Conclusion

- The more experienced participants were more likely to delay a referral to a dentist.
- Participants who felt confident in recognizing a caries free dentition were also more likely to delay a referral to a dentist.

Establishing a dental home is critical to disease prevention and parent education. It is concerning to find the average age recommended by participants was 1.9 years old. The difference 1 year can make is critical in maintaining a child's oral health. There is however a promising trend displaying improvement in oral health knowledge for newer pediatric providers. Improving these simple, yet important oral health competencies can have a dramatic impact on the oral health of their pediatric patients. More needs to be done to ensure that new and current pediatric providers are equipped with the knowledge necessary to make these impacts.

Acknowledgements

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