Geisinger

Children's Temperament and Parenting Styles' Effect on Oral Sedation Acceptance

Yap, L, Stinton, N, Malik, G Geisinger Medical Center, Danville, PA

34

100%

Parent's Education

24.4%

75.6%

4.4%

57.8%

Parent's Gender

Male

Female

Less than High

School Diploma

High School

Degree

Background

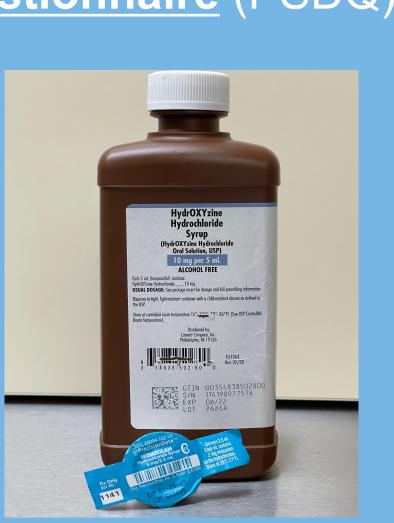
- Many children with <u>early childhood caries</u> (ECC) will fall into the pre-cooperative age range and and their dental treatment may be best completed under oral sedation.
- Oral sedation utilizes medication agents that have sedative and amnesic effects that minimize the patient's distress, fear, and anxiety.
- Different <u>parenting styles</u> and <u>children's</u> <u>temperament</u> may influence patient's behavior in dental setting and acceptance of oral sedation.

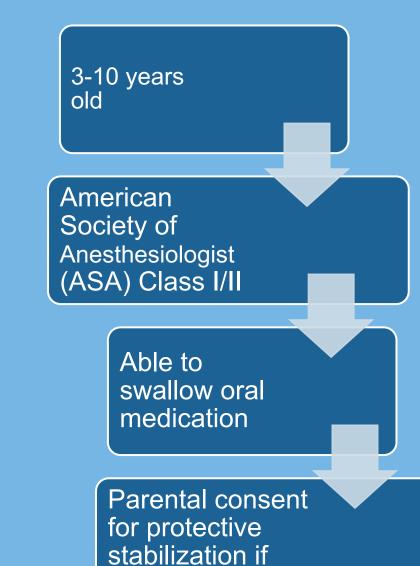
Aim of the Study

- 1. To establish if there is a correlation between **children's temperament** in the pediatric patient and their acceptance of oral sedation.
- 2. To determine if <u>parenting styles</u> play a role in the pediatric patient's acceptance of oral sedation.

Methods

- Parents of patients of record seen at Geisinger Medical Center Pediatric Dentistry signed up for oral sedation
- Day of sedation: parents fill out two validated questionnaires: Children's Behavior
 Questionnaire (very short form) (CBQ-VSF) and Parenting Styles & Dimensions
 Questionnaire (PSDQ)





Types of Children's Temperament

Negative Affectivity:

Experiences and expresses negative emotions including frustration, fear, discomfort, and sadness



Extraversion/Surgency

- Expresses impulsivity, high intensity pleasure (situations with high stimulus and novelty), low shyness
- Enjoys high activity level, smiling, and laughter

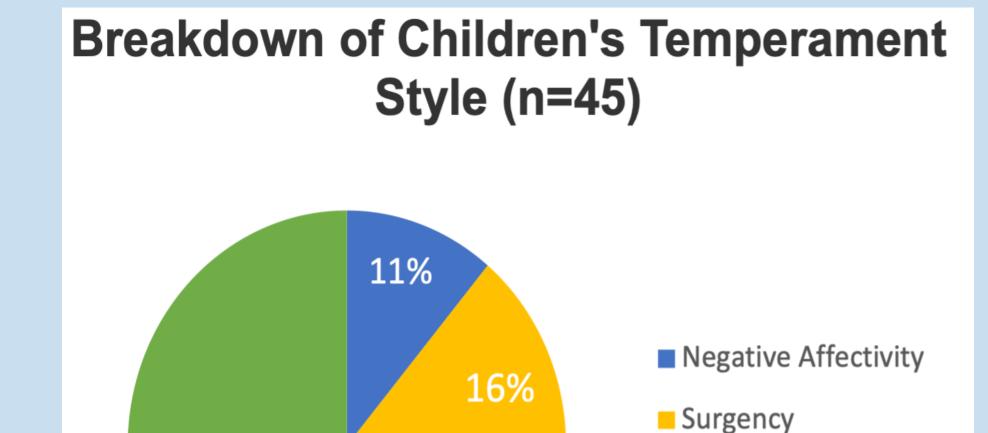
Effortful Control

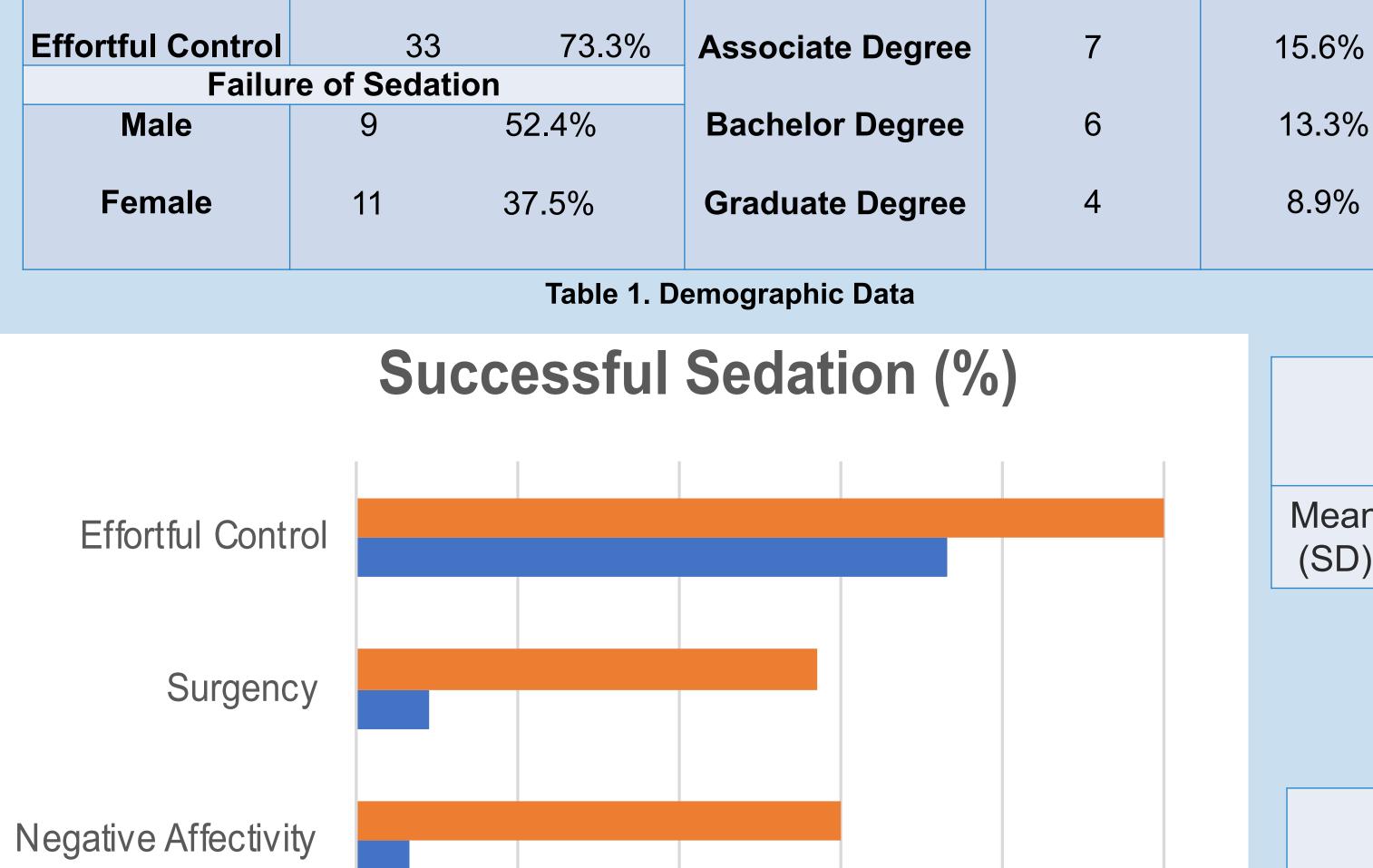
73%

- Practices willful control of attention and behavior
- Low stimulus induced pleasure Able to suppress inappropriate responses under instructions in

novel or uncertain situations

■ Effortful Control





Successful Sedation within the same temperament

Successful Sedation in comparison to total # of participants

46.7%

53.3%

11.1%

15.6%

Temperament Style

Key Findings

Participant's

Gender

Female

Negative

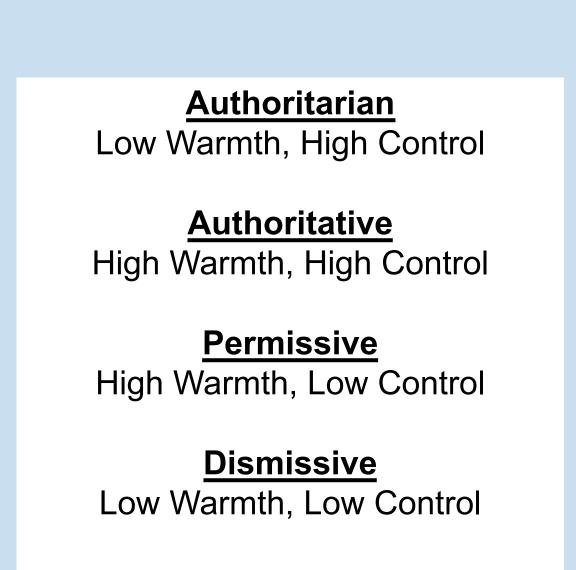
Affectivity

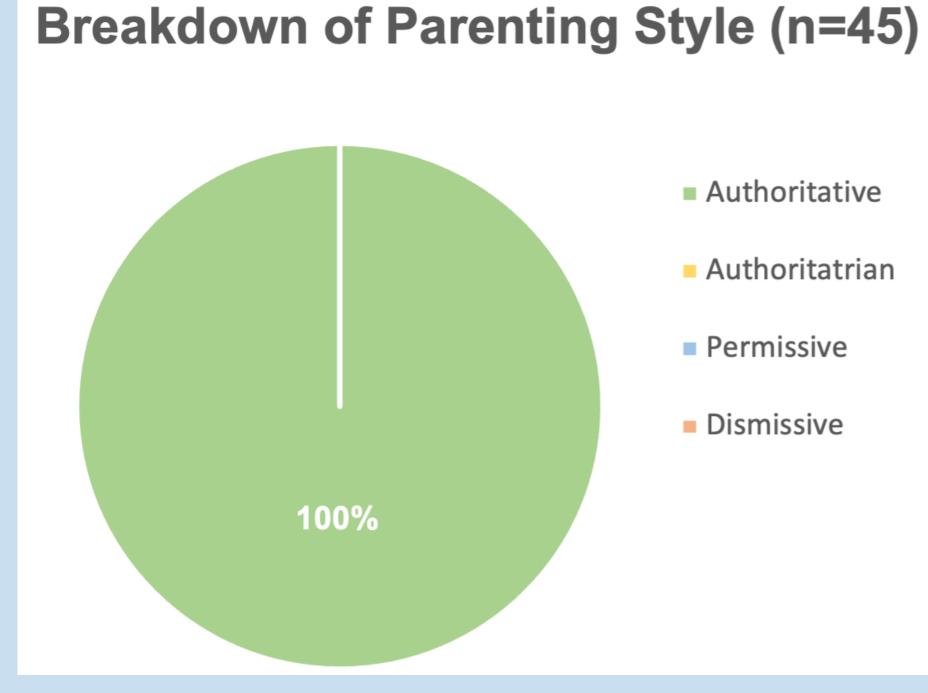
Extroversion/

Surgency

- Study is currently on-going and the sample size is less than the statistical power calculation (n=78).
- Difference in gender and success of sedation seen in inhibitory control, which is a temperament trait associated with effortful control (p values: 0.0183 and 0.0048 respectively).
- Due to parents self-reporting in the questionnaires, there may be bias associated with the results.
- No significant difference associated with gender or success of sedation with authoritative parenting style.
- Parents self-reported: high authoritative scores, moderate permissive scores, low authoritarian scores

Parenting Styles





	Male (N=21)	Female (N=24)	Total (N=45)	P-value	Successful Sedation	Unsuccessful Sedation	Total	P-Value
Mean (SD)	4.2 (1.15)	5.1 (1.19)	4.7 (1.24)	0.0183	4.1 (1.32)	5.1 (0.98)	4.7 (1.24)	0.0048

¹Two sample t-test; ²Equal variance two sample t-test **Table 2. Inhibitory Control (Effortful Control) by Gender and Sedation Result**

	Male (N=21)	Female (N=24)	Total (N=45)	P-value	Successful Sedation	Unsuccessful Sedation	Total	P-Value
Mean (SD)	4.2 (0.36)	4.0 (0.44)	4.1 (0.41)	0.2476	4.1 (0.39)	4.1 (0.44)	4.1 (0.41)	0.7894

¹Two sample t-test; ²Equal variance two sample t-test **Table 3. Authoritative Parenting Style by Gender and Sedation Result**

Conclusion

- •Parents self-reported the highest scores on questions associated with authoritative parenting styles
- •Children that fall under effortful control temperament group accept and have successful sedation
- •Additional collection of this data may provide a larger sample size and greater distribution among the three temperament groups
- •Another method of assessing parenting styles that does not rely on self-report may be beneficial to explore

Acknowledgement: The authors would like to thank Samantha Crissinger and Shengxuan (Kelsi) Wang for this contributions to this study. In addition, the authors would like to thank the authors of CVQ-VSF and PSDQ.