Facilitating behaviour change in
dental settings: views and
experiences of dentists and patients

Sarah Peters
sarah.peters@manchester.ac.uk

Sophia Joseph, Joanna Goldthorpe, Nikki Christodoulou, Bethany Croft, Victoria Gosling, Jack Bernard, Joanne Hart
Teachable opportunities in dentistry?

- Recognition of the role of HCPs to support lifestyle behaviour change – to reduce mortality and morbidity
  - Initiatives such as ‘Making Every Contact Count’
  - Teachable opportunities

- Health behaviours are associated with oral health
  - Alcohol, smoking & high sugar and/or acid diet
  
  - Associated with oral cancers
  - periodontal disease
  - dental caries

- Extractions resulting from poor diet is the leading cause of children requiring a general anaesthetic.
Missed opportunities for behaviour change talk in routine care

- <1 in 4 medical consultations contain any behaviour change talk
- Barriers identified in medical settings
  - Drs are uncertain of their role and what skills might work
  - Fear of offending hence prioritising the relationship with patients
- Patients willing to discuss relevant behaviours but reluctant to initiate

Do similar issues exist in dentistry?
Qualitative interview study

• Individual face-to-face interviews
• Dentists (n= 12)
• Patients (n= 20)
• Sample recruited across North England and sought maximum variance in sample
• Thematic Analysis (Braun & Clarke, 2006)
• Collected and analysed separately then across the two data-corpuses
1. Whose responsibility is it?

You wouldn’t want to talk about a non-related health issue (P11)

Someone else’s responsibility

I have chosen to be a smoker, that is my personal choice. I wouldn’t like a dentist to give me a lecture on how to stop smoking (P6)

Clinical & legal obligation

....but, only for oral health

The hygienists could do it the best as they could have regular appointments (D3)

I’m more used to a doctor speaking to me than a dentist (P14)

I think about it for every patient as there is always some element of behaviour change necessary (D1)

Should form part of the general healthcare community... should speak with a common voice (P17)

I tend to do it for every patient. It’s more, well for the litigation side of it (D3)
2. It’s a difficult discussion

Viewed as a ‘delicate’ topic

I don’t want to **offend** them (D2)

Requires a relationship

*I prefer the doctor because of the **better relationship I have with him**. He understands me better (P9)*

*If you get on with them you can be a bit more jokey...people tend to respond better to that* (D3)

3. Environmental barriers

• Funding model disincentives behaviour change talk

• Physical barriers in dental surgery

• Presence of others e.g. dental nurse, children

*How can you talk about changing your behaviour if you can’t have a proper conversation* (P2)

if we waste time doing stuff like that we will have our contracts taken off us (D2)
4. Attempts to support change

Recognised several health behaviours are relevant to oral health/treatment

Root cause of ½ of the problems are through sort of diet and things... if they’re not modified then it’s gonna continue... we are in a position where we need to address it (D1)

Despite almost complete lack of formal training and the barriers, evidence of limited attempts to support behaviour change

• Give advice
• Explain links to oral diseases
• Assess and monitor (diet sheets)
• Refer and signpost
• Initiate topic - tentatively

Introduce it slowly and subtly to see where the conversation went (D5)
Conclusions

- Similar barriers for behaviour change operate in dental setting
- Care model provides additional constraints
- Indication that there are attempts to effect change – unknown prevalence or how successful

Training needs to...
- Increase dentists’ capability to use BC techniques
- Help create opportunities for BC discussion
- Support dentists to be motivated to initiate behaviour change talk

- Sophia Joseph, development and evaluation ‘Toothpicks’ training for dentists