IN BRIEF

- GDPs often provide preventive advice in the form of a mini lecture to parents and children, often without visual aids or information to take home.
- GDPs need to think about who they deliver their preventive advice to and reflect upon how they might make it more memorable and effective.
- GDPs need simple evidence-based interventions to offer patients that they believe are unlikely to follow preventive advice.

What influences GDPs' caries prevention advice for children?

Exploring factors that influence general dental practitioners when providing advice to help prevent caries in children

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ABSTRACT

Objective
To increase understanding about how and to whom general dental practitioners provide preventive advice to reduce caries in young children.

Design
Qualitative study using semi-structured interviews.

Setting
The North West of England. Interviews took place between March and September 2003.

Subjects and methods
Ninety-three general dental practitioners practising within the general dental service were interviewed about the care they provide to young children. The interviews were recorded, transcribed and analysed using a constant comparative method.

Results
Children with caries were more likely to be questioned about diet and oral hygiene and if dentists believed parents to be motivated they were more inclined to spend time providing advice. Most dentists seemed to believe that education was the key to preventing caries and gave preventive advice in the form of a short educative talk. There was little use of visual aids or material for parents to take home.

Conclusion
Preventive advice is given in an ad hoc way with no formal targeting. Most dentists deliver preventive advice as a short educative talk with no props or additional materials. Use of visual aids, providing materials for parents to take home and greater emphasis on partnership might help improve the impact of advice.

EDITOR'S SUMMARY

In the first part of this two-paper series, the authors used the data collected from 93 general dental practitioners (GDPs) to explore the way in which they provided advice on preventing caries in young children. This turned out to be varied at best and not supported by the evidence base at worst. In this paper the authors go further and explore the factors that influence GDPs in providing such advice but find, if anything, that the rationale gets even less logical as their investigation proceeded.

While there is little evidence for the effectiveness of dietary advice on caries prevention, unless associated with fluoride use, it would be difficult to accept that we should not even bother providing any education on that basis. However, it would be sensible at least to have some sort of logical approach to delivering such advice. This study found that the GDPs worked on an *ad hoc* basis, for the most part using no props or additional materials and that the basis on which they selected the patients, or carers, to whom to give advice seemed to be extremely subjective. As a result those parents who seemed most motivated had time spent with them, as did children with caries.

The development of some consistent guidelines, as well as effective teaching methods would seem to be a way forward. There could also be a case made for greater emphasis in the undergraduate curriculum on behavioural sciences as well as communication skills so that practitioners would be better equipped to assess motivation and potentially improve it. Once again, however, as with the response to the first of these two papers, one has to wonder if the dentist is the best person to provide this service, education is after all a specialty in its own right, and if the ambiance of the surgery is the most appropriate place to accomplish it. The provision of preventive advice has to be the foundation on which oral health care is built but are there not other members of the dental team, with different skills, who could be more beneficially employed in doing so?

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 202 issue 4.

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FULL PAPER DETAILS

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AUTHOR QUESTIONS AND ANSWERS

Why did you undertake this research?
In attempting to prevent caries in young children, the way information is presented is as important as the content of the advice. If policy makers and local commissioners are going to invest in prevention in general dental practice, they must be sure that dentists and their teams have the necessary skills to effectively deliver this service. This study provides cause for concern as there was no evidence of a planned approach and that the techniques employed by dentists were not based on modern theories of behaviour change.

What would you like to do next in this area to follow up from this work?
We need to understand if contemporary approaches to behaviour change can be delivered in general dental practice, and which members of the dental team should provide and oversee preventive care for the children who attend general dental practice. We also need to improve our understanding of whether these techniques result in effective prevention of caries if they can be expertly and systematically applied in primary dental care.

COMMENT

Dietary advice to reduce the consumption and the frequency of intake of sugary food and drink and confectionery is a key message for dental health education.[1] This second paper reports which children and carers received dietary advice and how the information was provided – a further outcome of a rigorously conducted qualitative study in which 93 randomly selected GDPs were interviewed.[2]

An important predictor for providing more advice was the dentists' subjective judgements of levels of parental motivation. There was no observation of the occasions when dietary advice was provided, so the authors were not able to compare the actual practice of their respondents with their reported activity. Observation may have helped to resolve the apparently contradictory findings that respondents offered more advice both to children with more caries, reported as 'less motivated', and to the 'more motivated' middle-class parent.

The authors argue the need for guidelines to help dentists deliver consistent evidence-based advice. In other areas of prevention there is a substantial evidence base that supports the value and effectiveness of brief preventive advice. The National Institute of Health and Clinical Excellence has recently published guidance on brief interventions for smoking cessation in primary care.[3] This includes making an assessment of the level of commitment to change behaviour and keeping up-to-date records of the advice offered and patient response.

Like smoking, diet is a common risk factor for oral and systemic disease. The value of dietary advice offered in general dental practice should not be seen in isolation from its possible contribution to other health messages. Its role in family-based programmes should be developed.[4]

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