RESEARCH SUMMARY

What treatment do patients want for their children's carious deciduous teeth?

Parental attitudes to the care of the carious primary dentition

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Objectives

To examine parents' attitudes to the dental care of their children, taking into account the family's socio-economic background, dentally-related behaviour including the child's level of dental anxiety and dental treatment history.

Methods

A cross sectional study of all 5-year-old children living in Ellesmere Port and Chester. All children were clinically examined; dmft and its components were recorded. A postal questionnaire was sent to the children's parents to measure their preferences for dental care with reference to two scenarios, (1) if their child had a carious but asymptomatic primary tooth, or (2) if their child had a carious primary tooth which was causing toothache. Parents were also asked to provide information on the dental attendance pattern of their child and an assessment of their child's dental anxiety. Family socio-economic status was recorded using the Townsend material deprivation index of the electoral ward in which they resided.

Results

The response rate was 82%. In both scenarios the majority of parents were happy to leave the decision on treatment to the dentist. In the asymptomatic tooth scenario, approximately one third of parents wanted the tooth to remain untreated but periodically monitored, only 6% expressed a desire to have their child's tooth restored.

Conclusions

In this part of the UK, there was little explicit support amongst parents for the restoration of asymptomatic carious primary teeth. Parental expectations for the dental care of young children with caries in their primary teeth, were closely related to the treatment experiences of the child. Families living in deprived areas expressed a preference for more interventionist care than their more affluent counterparts. Parentally judged anxiety of the child or their past dental attendance behaviour had no association with parents' preferences for the care of their children.

IN BRIEF

- This study examines parents' preferences for the dental care of their children and the influences on these choices.
- Approximately two thirds of parents preferred the dentist to decide on the treatment.
- If their child had a carious but symptomless primary tooth 33 % of parents wanted the dentist to monitor the tooth but provide no treatment and only 6 % would want the tooth restored.
- Parents whose children had experienced fillings or extractions in the past were more likely to show a preference for these treatments if their child had toothache.
- Parents living in deprived areas were more likely to chose extraction as a treatment option than parents living in more affluent areas.

COMMENT

The most appropriate approach to the management of the young child with dental caries has recently been the focus of considerable debate. Reassuringly for dentists, when asked to choose which treatment they would wish their child to receive for a carious tooth, the majority of parents in this study indicated that they would leave the decision to the dentist. Of the remainder, where the tooth was non-painful, most wanted monitoring rather than restoration. However, if the tooth became painful, more than half those expressing a preference desired restoration rather than extraction.

These findings are fascinating, especially in the light of recent research which has demonstrated a high incidence of pain/infection in young children with dental caries.[1,2] In one of these studies the risk of pain for children with caries in primary molars present by age 4 years or below exceeded 60%, despite the provision of preventive care.[1] A further recent study[3] reported that increased dental anxiety was significantly related to a past history of extractions, but not to fillings. Surely then, in view of the high morbidity associated with caries in young children, effective intervention to avoid extraction coupled with proactive prevention must be indicated? Effective restorative interventions, such as stainless steel crowns (SSCs), are available, so why are parents not more proactive in choosing this option before their child develops toothache? One possible explanation is that the restorative care currently generally available in the UK for young children has a poor outcome and this, in turn, has resulted in low parental expectations of what might be achieved. This depressing hypothesis is supported by Tickle, Milsom and Kennedy who demonstrated that restorative care provided for primary teeth in the GDS does not appear to be effective at reducing subsequent pain or infection.[4]

It is notable that no SSCs appear to have been placed by the dentists in any of the studies already cited in this commentary. Is this really because UK dentists believe that interventions such as SSCs do not work, or are there other barriers which prevent this type of care being provided? These barriers need to be identified and overcome. If we are to maintain and deserve the high levels of trust parents still place in our professional judgement, which has been clearly demonstrated in this study, we have an obligation to ensure that the best possible care is available to their children.

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1 Levine R S, Nugent Z J, Pitts N B. Pain prediction for preventive non-operative management of dentinal caries in primary teeth in general dental practice. *Br Dent J* 2003;**195:** 202-206.

2 Milsom K M, Tickle M, Blinkhorn A S. Dental pain and dental treatment of young children attending the general dental service. *Br Dent J* 2002; **192**: 280-284.

3 Milsom K M, Tickle M, Humphris G M, Blinkhorn A S. The relationship between anxiety and dental treatment experience in 5-year-old children. *Br Dent J* 2003; **194**: 503-506.

4 Tickle M, Milsom K M, King D, Kearney-Michell P, Blinkhorn A S. The fate of the carious primary teeth in children who regularly attend the general dental service. *Br Dent J* 2002; **192**: 219-223.

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