

RESEARCH SUMMARY

What do patients think of impacted wisdom teeth treatment?

Third molar treatment outcome: a comparison of patients' preferences in Sweden and Wales

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Aim

To elucidate and compare patients' outcome preferences for removal and retention of mandibular third molars in Sweden and Wales.

Subjects and method

The subjects comprised patients referred and scheduled for removal of one or both mandibular third molars in Sweden and Wales. The multi-attribute utility (MAU) methodology was applied to study patients' preferences for outcomes of removal and retention of the mandibular third molar.

Results

Relative weighting of domains was similar in the two countries. 'Home and social life' received the highest relative weighting in Sweden and 'general health and wellbeing' in Wales. 'Your appearance' received the lowest relative weighting in both countries. In both Sweden and Wales operative jaw fracture was considered to be the outcome with most impact and dentigerous cyst and imbricated incisors the least impact. Outcome ranking was similar in both countries and operative outcomes were considered by patients to be more detrimental to health than retention outcomes.

Conclusions

This comparison showed that patients' preferences in Sweden and Wales were similar and that the outcomes of surgery were considered worse after third molar removal than retention. Patient-orientated treatment decisions were less subject to variation than clinician-orientated decisions.

IN BRIEF

- MAU methodology allows assessments of both medical and non-medical factors including outcomes of removal and retention of mandibular third molars.
- Patients' ranking of preferred outcomes was similar, regardless of country.
- Patients prefer outcomes of third molar non-removal as compared to outcomes following removal.
- Patient treatment preferences are more stable across national boundaries than dentist preferences.

COMMENT

Despite the great amount of literature published in recent years on the issue of retention versus removal of impacted third molars, the controversy still remains and the fate of an impacted wisdom tooth is still uncertain. This is a very interesting paper that looks at the outcomes of retention and removal of impacted third molars from the point of view of those who are most affected by the treatment choice: the patients. It compares patient preferences between Sweden and Wales and finds that despite major differences in the provision of dental health services between both countries patients' preferences in Sweden and Wales were similar. The authors use a methodology that assesses both medical and non-medical factors. Patients who were referred for wisdom teeth assessment in both countries were interviewed and asked how their lives could be affected by either removal or retention of their wisdom teeth. The findings considered most important were categorised into different domains and different health states within each domain. They were then weighted by patients in both countries to compare what domains they thought to be most important. Swedish patients thought that the most important domain was 'home and social life' whereas Welsh patients considered 'general health and well-being' to be the most important. In a final stage, the authors presented a group of patients with possible outcomes for retention or for removal of wisdom teeth (for example pericoronitis, late lower incisor crowding, etc) and asked patients to imagine experiencing these outcomes, and then asked them to select which health state within each of the domains better represented how they would feel. It was not surprising that the authors found that the outcomes of extraction had a higher impact on patients' lives compared with the outcomes of retention. Mandible fracture was the outcome most feared by patients in both countries, followed by severe pain after extraction and paraesthesia. The authors did not include, however, one of the most common outcomes of retention which is 'no symptoms at all' and yet, despite that, patients still preferred outcomes related to non-intervention. This study reinforces the current trend that retention of asymptomatic impacted wisdom teeth is the most appropriate approach particularly from the point of view of patients. And in my opinion patients should always be involved in the decision-making process over every course of treatment.

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