

Motivational interviewing may be effective in dental setting

Abstracted from

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Question: What health behaviour models are used in oral health promotion and are they effective?

Data sources Medline, PsychInfo, Cinahl, ERIC and the Cochrane Library were searched to identify relevant studies.

Study selection Study quality was assessed using a scheme combining the Type of Evidence Schema, the Health Gains Notation framework and the Cochrane Health Promotion and Public Health Field quality assessment screening questions for qualitative studies, quantitative studies and systematic reviews.

Data extraction and synthesis A qualitative synthesis was presented.

Results Thirty-two studies were identified, nine of clinical prevention and health education, three of counselling, nine of models-based interventions and 11 of motivational interviewing. Motivational interviewing interventions were found to be the most effective method for altering health behaviours in a clinical setting.

Conclusions There is a need to develop an effective model for chairside oral health promotion that incorporates this evidence and allows oral health professionals to focus more on the underlying social determinants of oral disease during the clinical encounter. There is potential to further develop the motivational interviewing approach within the oral health field.

Commentary

A need clearly continues to exist to develop and implement effective preventive oral health interventions, in both clinical and community settings. Oral diseases are largely preventable, but oral health inequalities remain despite an array of interventions being implemented across the globe. Over the last 2 decades an academic ‘cottage industry’ (myself included) has churned out a collection of reviews of the oral health education and promotion literature.^{1–6} Interestingly the first widely cited review was published 25 years ago by Brown¹ from the University of Melbourne Dental School, the academic home for this latest review.

The stated aim of this new study was to systematically review the literature to identify models for health behaviour change and to evaluate evidence for their effectiveness. This work was

undertaken to inform the development of oral health promotion in a clinical setting. The authors adopted a very broad methodological approach in this review and included studies that focused on both oral and general health outcomes. Reflecting the different types of study designs included, three sets of quality assessment criteria were used to assess the identified studies. It is not entirely clear, however, how the different sets of criteria were combined to assess the overall quality of the studies identified. It is also surprising that the authors highlighted the value of the Transtheoretical Model of Change as a useful model: a very detailed review of this model failed to identify its value in smoking cessation intervention development.⁷ The authors also identified motivational interviewing interventions to be a promising approach in clinical settings although very few motivational interviewing oral health studies have been published to date. This review, though very broad in approach, does provide a useful update on the behaviour change literature.

Perhaps rather than publishing yet more reviews, what is now needed is adequate funding to develop and implement oral health promotion interventions that are based on contemporary theoretical models and address the determinants of oral health inequalities. Such interventions, of course, need to be well designed and appropriately evaluated to fully assess both their impact and longer term outcomes.

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