

Summary of: The quality of online information regarding dental implants

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FULL PAPER DETAILS

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Aims and objectives To analyse the quality of online information available to patients regarding dental implants. **Design** Cross sectional survey. **Setting** The websites analysed were UK based, owned by private practices and NHS secondary and tertiary care services. Information was collated in November 2013. **Methods** UK-based websites were analysed using UK based search engines. **Outcome measures** Websites were analysed based on content and reliability. Information regarding the speciality of authors and accreditation/affiliation to professional groups/medical institutions was also collated. **Results** Overall, website content quality was low, with 63% of sites averaging below 7/14 for their mean summed website content scores, and 67% of sites averaging below 8/16 for their mean reliability scores. 86.7% were accredited by a recognised national/international dental/surgical body but only 26.7% were affiliated to a professional group/medical institution. The authors were mainly dentists (73.3%). **Conclusions** These findings suggest that the online information regarding implant treatment is generally of low quality and many aspects such as long term outcomes and complications are overlooked. There is a need for the improvement of the quality of online information available to patients in order to make the best use of this tool in helping patients to make informed choices about their dental care. The Internet has the potential to dramatically change the clinician-patient relationship. Moreover, in light of the guidelines produced by the General Dental Council (GDC) in 2012 on the principles of ethical advertising, GDC registrants run the risk of fitness to practise proceedings and medico-legal challenges if the website content has potential to mislead patients.

EDITOR'S SUMMARY

In common parlance we might express the sentiment as 'you don't know who to believe'; whereas in terms of scientific parlance we might say 'I am unsure where this lies on the hierarchy of evidence'. Either way it comes down to the same issue in that it is about trust.

The trust that our patients have in us is, thankfully, historically and currently very high and is something that many of us have worked hard to establish and keep over years in practice. Manifested in many ways it results, for example, in patients travelling long distances to maintain their attachment to a particular practice and to implicitly trust the advice we give and suggestions we make for their treatment and care.

Satisfying as this is there is another layer of control that we need to include, namely that consent has to be informed and that the 'you know best doctor' *carte blanche* response while pleasing on one level is insufficient on another should mat-

ters later go awry. This becomes especially important on major treatment decisions such as the placement of dental implants. Since patients rarely if ever absorb all that we discuss with them at the chair-side, or in the practice in general, one very natural addition is to suggest that they visit the Internet, or more specifically the practice website. This can provide information to reinforce and embellish that which we have given them in the process of providing adequate consent to the procedure.

Alas then if the information on the practice website falls short of the standards required. It seems from this study that may be the case which provides us with an important stimulus to check the extent, quality and completeness of the information we provide in this way. Most dentists are not writers (as regularly highlighted by some of the submissions we receive at the Journal) but we can ask for help and advice in constructing text and illustrative material for our websites. Indeed, as these authors suggest, it might

be that the creation of an evidence-based, high quality website on implant treatment which complies with GDC requirements and helps meet the needs of informed consent and to which practice websites could link, is a logical next step.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 217 issue 9.

Stephen Hancocks
Editor-in-Chief

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IN BRIEF

- Enables the reader to understand how patients use online information to make informed choices.
- Explains how the Internet has the potential to dramatically change the doctor-patient relationship in that it offers an opportunity for patients to increase their involvement in their healthcare decision-making process.
- Highlights the GDC regulations on ethical advertising.

COMMENTARY

With the increase in availability, and reporting excellent success rates (93-98% over 10-15 years), dental implants are becoming a desirable option for replacing missing teeth and to stabilise removable prosthodontics.

This raised patient awareness has resulted in patients increasingly using the Internet to gain more information about dental implant related treatment options, and to seek further information regarding this treatment modality.

This paper evaluates the quality of the information on 30 UK based websites, and interestingly, relates these results to the qualifications of the website author.

The findings from this study demonstrated that the quality of the website content was generally low, and many scored poorly on the essential basic information that is required for the patient to understand what the treatment entails.

What is particularly interesting in this study is that the websites authored by dentists scored significantly lower than those written by 'unspecified authors'. The paper suggested that this is because dentists did not want to draw attention to negative effects or complications.

Although there are many different validated tools for assessing online content, it should not be surprising that this article supports previous studies that found the quality and accuracy of medical information on the Internet is inadequate.

However, as the GDC published explicit guidelines on the principles of ethical advertising in 2012, it is disturbing that websites relating to dental treatment are still lacking in accuracy or quality of the information. Particularly as this may affect the decisions made by our patients.

This article provides thought-provoking ethical considerations about what our profession is using websites for. Is it about genuinely providing high quality information to better inform our patients and to increase their involvement in the decision-making process? Or is it more commercially motivated, and is simply about advertising and marketing?

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

Whilst every effort is taken to deliver information regarding procedures, risks and benefits to patients during implant consultations, very often this information is not absorbed or retained. Patients are frequently encouraged to seek further information from the Internet. However, the quality of the information that is accessible on websites is variable. Inadequate or unreliable information leads to inappropriate patient perceptions, and this has been very evident on consultations with patients. Moreover, GDC registrants run the risk of fitness-to-practise proceedings and medico-legal challenges if the website content has potential to mislead patients, as explained in the GDC 2012 guidelines on ethical advertising. We therefore undertook this piece of research to systematically evaluate the quality of online information on implant websites using the validated DISCERN tool.

2. What would you like to do next in this area to follow on from this work?

A useful follow-up to this work would be to produce a checklist to guide practitioners on what information they should include on patient information websites, especially those important factors which are often missed as shown in this study, such as 'complications of treatment' and 'long term outcomes'. An obvious follow up to this work would be to produce an evidence-based, high quality website on implant treatment which complies with GDC regulations on advertising, and which can be widely used by practitioners and patients in the treatment planning and consent process.