

Google or your dentist?

Assessment of information resources for people with hypodontia

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Ten seconds.

Ten seconds it takes, to open a laptop, google our painful symptoms, click search, diagnose ourselves, and discover our treatment options – all the information we need, all from the comfort of our own bed, right?

It's no surprise in this 'Internet era' that we turn to social media and Google to be our healthcare advisors, as opposed to searching for the leaflet we picked up from the dental surgery waiting room six months ago. But the real question is – how reliable is what we read online? I am sure everyone can agree, not everything we read online is accurate, and seeking advice from your friends on Facebook isn't the most reliable place for patients and parents to be making appropriate healthcare decisions.

Particularly for young patients, due to their evolving understanding and conditions, formulating an appropriate care plan on their condition may already be a challenge, and the

patient and parent should be fully equipped with information when deciding how to deal with this – the disappointing reality is, this isn't always the case. Therefore, this paper's research has the aim of assessing 'the adequacy of patient resources to support understanding of, and decision-making about, hypodontia treatment.'

Dental professionals were asked several questions regarding how they examine, treat and advise patients on hypodontia. Most general dental practitioners (97%) said they give verbal advice, only 7% advise online resources. Specialists, however, generally provided more written information, that is leaflets, than GPs. Improvements for information regarding hypodontia were also suggested: provision of tailored information, and having more online and interactive sources for patients to access. This implies that the format of current information may be outdated.

Another method used by the authors was

searching hypodontia-related terms on three popular search engines, and screening the first 100 hits to identify those that reached the authors' criteria, ie 'information about hypodontia and its treatment; for patients and families; English; >500 words to enable quality assessment'. These were further investigated to assess their quality, relevance and content. This also applied to all eligible written patient information sources, eg patient information leaflets. From the 2,800 websites that were screened – only 13 passed the quality assessment, supporting the consensus that although online information is easily accessible, it may not always be dependable.

The authors conclude that the information currently provided for hypodontia patients is insufficient for patients to obtain enough knowledge on their condition and treatment, hence impairing patients making an informed decision about their care.

By Trishala Lakhani

We need to eat less sugar – but how?

Factors related to reducing free sugar intake among white ethnic adults in the UK: a qualitative study

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'New year, new me!' I exclaimed on the first of January as I tucked into a lunch which, to my recollection, was predominantly kale, and swore to myself that not one drop of coffee would touch my lips in 2018.

But, as that popular saying goes, 'old habits die hard', and sure enough, come the second day of the new year, I was enjoying a 'nutritious' breakfast of leftover Christmas cake, while serenely sipping my second coffee of the day.

My aim in sharing this rather dull insight into my life is not merely a feeble attempt at page filler, but a way of illustrating a point to which I'm sure everyone reading this will be able to relate: behaviour change is difficult, and this can be down to a myriad of factors.

This paper, written by a team from the Social and Behavioural Sciences Unit at King's College London, aimed to investigate those factors that may enable or prevent behavioural change of white adults to consume less free sugar.

Against the backdrop of the World Health Organisation's 2015 guidelines on free sugar intake, UK adults are consistently consuming free sugars in excess of the recommended '<5% of total energy intake', with those identifying as white having the highest intake.

The researchers interviewed 27 white ethnic adults (all students or staff at King's College London) using a topic guide to ensure consistency. These interviews were then analysed according to two fairly modern but well-recognised behaviour analysis models: capability-opportunity-motivation-behaviour (COM-B) and the theoretical domains framework (TDF), essentially allowing identification of those factors which may positively or negatively influence behaviour change.

The authors discuss, in some detail, the numerous TDF themes to which participants' comments could be coded, and how these are relevant to changes in behaviour change. The factors identified as having influence upon

sugar consumption will not be a revelation for most; for example, increased knowledge of healthy dietary habits facilitates the implementation of such, whilst lack of this knowledge is inhibitory. Equally, the fact that dietary habits can be altered (either positively or negatively) by the social influence of friends and/or family is hardly stop-press news.

That being said, this study has provided a clear indication that the COM-B model, (supplemented by the TDF) provides comprehensive information about the various factors which may influence behaviour change to consume less free sugar.

Although the sample was small (n = 27) and sourced exclusively from an academic setting, the results yielded would suggest that larger-scale use of COM-B/TDF could yield more information of benefit in development of strategies to encourage reduction of free sugar intake.

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