Parental Attitudes Toward Dentists Addressing Sensitive Topics with Adolescents

Kamille Brown, DDS; Jaime Darr Snook, DDS, MPH, MS; Michael Nedley, DDS; Will Dalagiannis

University of Toledo Medical Center, Toledo, OH

Introduction

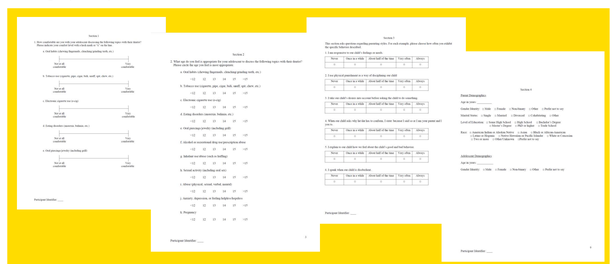
Adolescents have different oral health care challenges than adults due to unique health care needs including high caries risk, poor oral hygiene, periodontal disease, esthetic concerns, dental phobias, tobacco/drug usage, oral piercings, pregnancy, and complex social and psychological needs[1]. Dentists should discuss these topics with their adolescent patients to provide optimum oral health care as many of these health care needs can impact oral health treatment (e.g., pregnancy, bulimia and dental treatment, drug use and local anesthesia)[1]. The AAPD (American Academy of Pediatric Dentistry) recommends starting anticipatory guidance discussions regarding tobacco use, vaping, substance misuse, human papilloma virus and vaccine, and intraoral and perioral piercings at the 6-12 age range[2]. Some of these topics are sensitive in nature and can be uncomfortable to discuss. Providers need to be cognizant of parental preferences when discussing sensitive topics with adolescents as they are minors. Studies have been completed to further this knowledge in the medical setting[9]. This study aims to better understand parental attitudes and comfort levels when discussing sensitive topics with adolescents in the oral health care setting.

Hypotheses

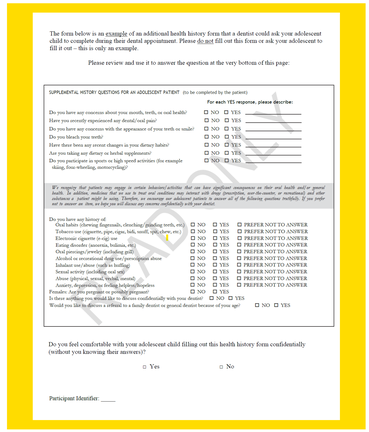
- Parents are comfortable with their adolescents filling out the "SUPPLEMENTAL HISTORY QUESTIONS FOR AN ADOLESCENT PATIENT" portion of the AAPD Pediatric Medical History Form.
- Parents are more comfortable with dentists discussing "less sensitive" topics (oral health, piercings, etc.) than "more sensitive" topics (pregnancy, drug use, etc.)
- Parents are more comfortable with dentists having discussions regarding sensitive topics with adolescents that are older than 13 years old
- Parenting style and other demographics influence parental comfort level

Materials and Methods

Parents of adolescents (12-15 years old) at the University of Toledo College of Medicine and Life Sciences Dental Service were asked to review a section of the AAPD Pediatric Medical History Form entitled "SUPPLEMENTAL HISTORY QUESTIONS FOR AN ADOLESCENT PATIENT (to be completed by the patient)" and decide if they felt comfortable with their adolescent completing the form confidentially. The parents were then given a four-part survey that further evaluated their comfort level with the topics on the supplemental health history form. The first part of the survey utilized a visual analog scale (VAS) where the parents were asked to indicate their level of comfort for each topic on a 100-mm line with 0 indicating "not at all comfortable" and 100 indicating "very comfortable". The remaining sections of the survey included parents identifying the age they felt would be appropriate for adolescents to discuss specific topics with their dentists, their parenting style as measured by the Parentings Styles & Dimensions Questionnaire – Short Version (PSDQ-Short Version) and demographic questions.



Supplemental Health History



The form below is an example of an additional health history form that a dentist could ask your adolescent child to complete during their dental appointment. Please do not fill out this form or ask your adolescent to fill it out – this is only an example.

Please review and use it to answer the question at the very bottom of this page:

SUPPLEMENTAL HISTORY QUESTIONS FOR AN ADOLESCENT PATIENT (To be completed by the patient)

For each YES response, please describe:

Do you have any concerns about your mouth, teeth, or oral health? ☐ NO ☐ YES
Have you severely experienced any dental/oral pain? ☐ NO ☐ YES
Do you have any concerns with the appearance of your teeth or smile? ☐ NO ☐ YES
Do you bleach you teeth? ☐ NO ☐ YES
Have there been any recent changes in you dietary habits? ☐ NO ☐ YES
Are you taking any dietary or herbal supplements? ☐ NO ☐ YES
Do you participate in sports or high speed activities (for example skiing, free-wheeling, motorcycling)? ☐ NO ☐ YES

We recognize that patients may engage in certain behaviors/activities that can have significant consequences on their oral health and/or general health. In addition, conditions that we see in treat and conditions may interact with drugs (prescription, over-the-counter, or recreational) and other substances a patient might be using. Therefore, we encourage our adolescent patients to answer all of the following questions truthfully. If you prefer not to answer an item, we hope you will discuss any concerns confidentially with your dentist.

Do you have any history of:

Oral habits (chewing fingernails, clenching/grinding teeth, etc)	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Tobacco use (cigarettes, pipes, cigars, bidi, snuff, spit, chew, etc.)	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Electronic cigarette (e-cig) use	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Eating disorder (anorexia, bulimia, etc.)	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Oral piercings/jewelry (including gel)	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Alcohol or recreational drug use (prescription abuse	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Inhalant use/abuse (such as huffing)	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Mental activity (including self-cut)	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Abuse (physical, sexual, verbal, mental)	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER
Anxiety, depression, or feelings helpless/hopeless	☐ NO ☐ YES	☐ PREFER NOT TO ANSWER

Females: Are you pregnant or possibly pregnant? ☐ NO ☐ YES
Is there anything you would like to discuss confidentially with your dentist? ☐ NO ☐ YES
Would you like to discuss a referral to a female dentist or general dentist because of your age? ☐ NO ☐ YES

Do you feel comfortable with your adolescent child filling out this health history form confidentially (without you knowing their answers)?

☐ Yes ☐ No

Participant Identifier: ____

Participant Demographics

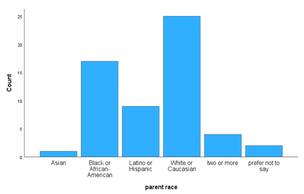


Figure 1. Race of participants.

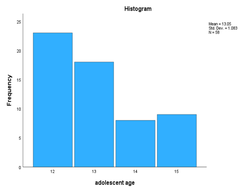


Figure 2. Age of participants' adolescents.

The survey was completed by 60 parent participants (8 male, 48 female, 2 prefer not to say, 2 unanswered; mean age: 40.95 years old; mean adolescent age: 13.05). The race breakdown was as follows: 41.7% White or Caucasian, 28.3% Black or African-American, 15% Latino or Hispanic, 6.7% two or more races, 3.3% prefer not to say, 3.3% unanswered, and 1.7% Asian.

Results

Seventy-three percent of participants reported they would feel comfortable with their adolescents completing the supplemental health history form confidentially. There was no significant difference in the age of adolescents of the parents who felt comfortable with the supplemental health history and those who did not. There was a difference in mean comfort level between the topics evaluated. Two topics, Question H: Sexual activity (including oral sex) and Question K: Pregnancy, had statistically significant lower comfort levels when compared to other topics [P<.001; mean VAS, sexual activity (including oral sex): 62; mean VAS, pregnancy: 74; Figure 3]. Parents of 12-year-olds had significantly lower mean comfort levels for all topics (P<.001). Parents were most comfortable with providers discussing Question A: oral habits [mean 95 on a visual analog scale (VAS)].

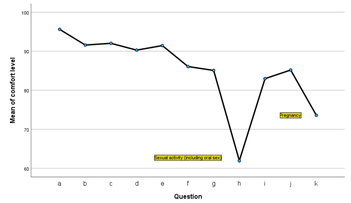


Figure 3. Mean comfort level by question topic.

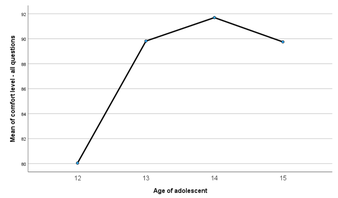


Figure 4. Mean comfort level of all questions by age of adolescent.

Overall, parents had significantly higher mean comfort level scores across all sections when their adolescents were age 13 or older. For the two most sensitive topics, sexual activity (including oral sex) and pregnancy, parents were more likely to report a higher comfort level when their adolescent was older than 12 years old [pregnancy significantly different when compared to 14 and 15 years old (P=0.032 and P=0.034, respectively); sexual activity, significantly different when compared to 15 years old (P=0.022)].

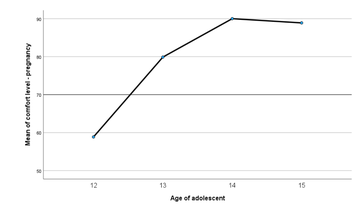


Figure 5. Mean comfort level by age of adolescent for Question K: pregnancy

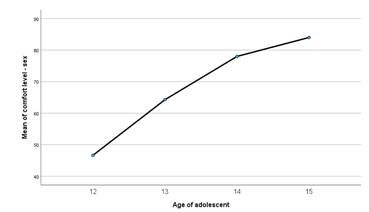


Figure 6. Mean comfort level by age of adolescent for Question H: sexual activity (including oral sex)

Results

- All other topics had a mean comfort level VAS >80, including: tobacco and e-cigarette use (Questions B & C), eating disorders (Question D), oral piercings (Question E), alcohol and recreational drug use (Question F), huffing (Question G), abuse (Question I), and anxiety and depression (Question J).
- There was no significant difference in parent gender or education level between parents who felt comfortable with the supplemental health history form and those who did not.
- The parenting style breakdown was authoritative (57), permissive (2), authoritarian (0) and unanswered (1).
- There was no correlation between parenting styles and likelihood of parents feeling comfortable with the supplemental health history form.
- There was no correlation between parenting styles and comfort level with the topics with lowest comfort levels: Question K: pregnancy or Question H: sexual activity.

Discussion

The results of this study indicate that most parents are comfortable with the "SUPPLEMENTAL HISTORY QUESTIONS FOR AN ADOLESCENT PATIENT" section of the AAPD Pediatric Medical History Form and would allow their adolescents (12-15 years old) to fill it out confidentially. The parents surveyed were more likely to report higher comfort levels for almost all questions when their adolescent was age 13 or older. They were also comfortable with dentists discussing some potentially sensitive topics including tobacco/e-cigarette use and substance misuse. Dentists should feel comfortable asking appropriate questions and making appropriate referrals regarding the following topics with patients in this age range: tobacco and e-cigarette use, eating disorders, oral piercings, alcohol and recreational drug use, huffing, abuse, and anxiety and depression. Parents were least comfortable with dentists discussing sexual activity and pregnancy with their adolescents. Since pregnancy may guide treatment recommendations including medications prescribed or local anesthetics used, and since some sexually transmitted diseases can display oral manifestations, it is important for dentists to be able to discuss these topics with their adolescent patients. With low parental comfort level scores for these topics, more research is needed as to how parents would like dentists to approach these topics with their adolescents. In this study, we also noted that parent demographics (male vs. female parent, parent education level, etc.) and parenting style did not significantly influence comfort level with the supplemental form and the topics discussed. This study did not explore parental consent when addressing these topics. More research is needed to determine how parents would prefer the dentist to discuss follow-up questions to positive answers on the supplemental form (i.e., with parents in the room or with the adolescent alone).

Conclusion

Parents are comfortable with their adolescents confidentially filling out the "SUPPLEMENTAL HISTORY QUESTIONS FOR AN ADOLESCENT PATIENT" portion of the AAPD Pediatric Medical History Form. Parents reported significantly higher comfort levels with all topics when their adolescent was older than 12 suggesting that allowing the adolescent to complete the supplemental health history at age 13 may yield better compliance and more comfort from the parents. Furthermore, parental comfort level increases with dentists discussing sexual activity and pregnancy when their adolescents are 14 or 15. More research is indicated regarding how parents would like dentists to engage in follow-up discussions after reviewing the positive answers on the supplemental health history form.

References:

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