Objectives: To evaluate the psychometric properties of the faces version of the Modified Child Dental Anxiety Scale (MCDAS) in 5-6 and 9-11 year-old Malaysian children. Method: Three studies were conducted. In the Study 1, to determine test-retest reliability of MCDAS, scale, 166 preschool children aged 5-6 years were asked to rank orders five cartoons faces depicting emotions from 'very happy' to 'very sad' faces on two separate occasions 3 weeks apart. A total of 87 other 5-6 year-old children completed the MCDAS on two separate occasions 3 weeks apart to determine test-retest reliability for Study 2. In study 3, 239 schoolchildren aged 9-11 years completed the MCDAS, and the Dental Subscale of the Children Fear Survey Schedule (CFSS-DS) at the same sitting to determine the criterion validity. Results: In study 1, Kendall W test showed a high degree of concordance in ranking the cartoon faces picture cards on each of the 2 occasions (time 1, W=0.955 and time 2, W=0.954). In study 2, 'dental general analgesia' and 'relative analgesia' items were omitted. The MCDAS demonstrated moderate test-retest reliability (Pearson correlation coefficient, r = 0.462, p < 0.001) and acceptable internal consistency (Cronbach's alpha, α= 0.77, α2= 0.65). The highest MCDAS scores were observed for the items 'injection' and 'tooth taken out'. The MCDAS significantly correlated with the CFSS-DS (r=0.65, p<0.001). Conclusions: These psychometric findings support the inclusion of a cartoon faces rating scale to assess child dental anxiety and the MCDAS is a reliable and valid measure of dental anxiety in Malaysian children.

Psychometric Properties of the Faces Version of the MCDAS

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Objectives: To evaluate the psychometric properties of the faces version of the Modified Child Dental Anxiety Scale (MCDAS) in 5-6 and 9-11 year-old Malaysian children. Method: Three studies were conducted. In the Study 1, to determine test-retest reliability of MCDAS, scale, 166 preschool children aged 5-6 years were asked to rank orders five cartoons faces depicting emotions from ‘very happy’ to ‘very sad’ faces on two separate occasions 3 weeks apart. A total of 87 other 5-6 year-old children completed the MCDAS on two separate occasions 3 weeks apart to determine test-retest reliability for Study 2. In study 3, 239 schoolchildren aged 9-11 years completed the MCDAS, and the Dental Subscale of the Children Fear Survey Schedule (CFSS-DS) at the same sitting to determine the criterion validity. Results: In study 1, Kendall W test showed a high degree of concordance in ranking the cartoon faces picture cards on each of the 2 occasions (time 1, W=0.955 and time 2, W=0.954). In study 2, ‘dental general analgesia’ and ‘relative analgesia’ items were omitted. The MCDAS demonstrated moderate test-retest reliability (Pearson correlation coefficient, r = 0.462, p < 0.001) and acceptable internal consistency (Cronbach’s alpha, α= 0.77, α2= 0.65). The highest MCDAS scores were observed for the items ‘injection’ and ‘tooth taken out’. The MCDAS significantly correlated with the CFSS-DS (r=0.65, p<0.001). Conclusions: These psychometric findings support the inclusion of a cartoon faces rating scale to assess child dental anxiety and the MCDAS is a reliable and valid measure of dental anxiety in Malaysian children.

Cross-profession Coordination in Targeting Diet as a Common Risk Factor

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Keywords: Behavioral science, Caries, Diet, Erosion and Preventive dentistry

Objectives: Unhealthy diet is a common risk factor threatening both dental and general health. Despite some shared goals, conflicting dietary advice persists among different healthcare professions, causing mystification to patients and the general public. This qualitative study aimed to gather the views of three different health professions (physicians, dentists and dietitians) in the importance of targeting diet as a common risk factor, their experiences and barriers in addressing conflicting health messages on diet, and their recommendations for better cross-profession coordination. Methods: A total of 38 registered physicians, dentists, and dietitians were recruited from different service sectors. Each participant joined a semi-structured interview, which was audio-recorded with participant’s consent, transcribed verbatim, and subjected to thematic content analysis using line-by-line coding. Results: Participants endorsed the importance of the common risk factor approach and suggested several means to improve cross-profession cooperation, including maximizing the potential of multi-disciplinary care, actively engaging auxiliary and allied healthcare professionals, refining electronic patient record systems, and incorporating cutting-edge communication technologies. Inconsistencies in dietary advice were mainly attributed to different treatment focus, lack of mutual understanding, and lack of evidence based and well followed guidelines. To reduce such inconsistencies, practitioners were suggested to strike a balance for the best interest of individual patient, compensate by using other preventive measures, to inform patients and respect patients’ autonomy, acquire cross-profession knowledge, and conform to evidence-based guidelines. Several recommendations were made for educational institutions, professional bodies, and health administrators to align their efforts for facilitating common risk factor approach and eliminating the inconsistencies. Conclusion: Views collected from three healthcare professions supported that common risk factor approach is important in preventing/managing diet-related health problems and can be realized through better cross-profession coordination. Measures are to be taken to dispel conflicting health messages and promote coherent and comprehensive dietary advice in patients’ best interest.

Changes in Caries among 12-year-old Children from 1989 to 2012

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Objective: Water fluoridation in HoChiMinh City, Vietnam, started in January 1990 at 0.7±0.1 ppm F and adjusted to 0.5±0.1 ppm F in June, 2000 but it doesn’t cover the entire metropolitan area, determining, two geographical areas: Fluoridated area (F+) and non-fluoridated area (F-). To compare changes in caries experiences among 12-year-old children living between F+ and F- from 1989 to 2012 in HoChiMinh city, Vietnam.

Methods: Three multi-stratified surveys of cohorts born in 1977, '1990 and 2000.579 twelve-year-old children were examined in 1989 (F+:334,F-:245),136'l in 2003 (F+:1003,F-:358.)and2109 in 2012 (F+.1572,F- 537). Data for DMFT were recorded by using WHO Criteria. Chi-square test, Mann-Whitney U-test, Kruskal-Wallis test and General Linear Models were applied. Results: The mean DMFT significantly decreased from 3.3±2.3 in 1989 to 0.9±1.4 in 2003 and to 0.9±1.6 in 2012 in F+ (p<0.001). Smaller decrease observed in F- from 3.0,2.2 in 1989 to 2.2,2.4 in 2003 and 2.5,2.3 in 2012. Proportion of caries free children (DMFT=0) in F+ greatly increased from 13.5% in 1989, to 61.8% in 2003 and 67.4% in 2012 (p<0.001). The proportion in F- also increased slightly from 16.3% in 1989, 33% in 2003 and 22.1% in 2012. There were no statistically significant differences in mean DMFT between 2003 and 2012 in both F+ and F- (p>0.05).

Conclusions: Greater decrease in the prevalence and severity of dental caries observed in F+ compared with F- support the beneficial effects of water fluoridation in caries control. A reduction in fluoride concentration from 0.7 to 0.5 ppm maintained effectiveness against caries.