



8: Access and barriers to care - a report from the Adult Dental Health Survey 2009

The NHS Information Centre
is England's central, authoritative source
of health and social care information.

Acting as a 'hub' for high quality, national,
comparative data, we deliver information for local
decision makers, to improve the quality and
efficiency of care.

www.ic.nhs.uk

Authors: Nigel Nuttall, Ruth Freeman, Colin Beavan-Seymour, Kirsty Hill

Editor(s): Ian O' Sullivan, Deborah Lader

Responsible Statistician: Phil Cooke, Section Health Dental and Eye Care

Version: 1.0

Date of Publication: 24 March 2011



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Contents

Introduction	5
Key findings	6
8.1 Access to care	7
Introduction	7
8.1.1 Attempts to make an NHS appointment	7
8.1.2 Success in making an NHS appointment	8
8.2 Cost as a barrier to dental treatment	11
Introduction	11
8.2.1 The effect of cost	11
8.3 Dental anxiety	14
Introduction	14
8.3.1 Prevalence of dental anxiety	14
8.3.2 Dental anxiety and socio-demographic factors	15
8.3.3 Dental anxiety and dental status	17
8.3.4 Dental anxiety and oral health status	17
8.3.5 Dental anxiety and dental attendance pattern	17
8.4 Relationship with the dentist at last visit	19
Introduction	19
8.4.1 Relationship with the dentist and socio-demographic factors	19
8.4.2 Relationship with the dentist and oral health status	20
8.4.3 Relationship with the dentist and dental attendance pattern	21
Conclusion	22
Notes and references	23
Tables	24

Introduction

Previous research concerned with accessing dental care has shown that some obstacles to attending were linked to factors which could be described as patient-centred; these factors include dental anxiety, costs of treatment, and the attributes of the dental practice¹. Unlike previous Adult Dental Health Surveys which endeavoured to measure some of these issues with single questions, the current survey included sets of questions to enable more comprehensive and robust measurement. These sets of questions have either been adapted from other health surveys or are well established and reliable scales.

The first part of this report considers the adult population's experience of accessing NHS dental care and explores some of the barriers to access; the second part of the report assesses the levels of anxiety among adults who have ever been to a dentist and discusses the impact dental anxiety has on different elements of the dental experience.

All of the Tables are to be found at the back of the report.

Full background and methodological details for the survey, including response and clinical examination conversion rates can be found in *Foundation report: Adult Dental Health Survey 2009*. A glossary of all clinical terms can also be found in this report.

Key findings

- Just under three-fifths (58 per cent) of adults said that they had tried to make an NHS dental appointment in the previous three years.
- Of those adults who had tried to make an NHS appointment the vast majority (92 per cent) successfully received and attended an appointment while a further 1 per cent of adults received an appointment but did not attend. The remaining 7 per cent of adults had unsuccessfully tried to make an appointment with an NHS dentist.
- Eighty-seven per cent of those adults who had successfully made an appointment with an NHS dentist (whether they went to this appointment or not) already had an NHS dentist when they last tried to make an appointment and a further 10 per cent were able to get an appointment with the first new NHS dentist they approached.
- Just over a quarter of adults (26 per cent) said that the type of dental treatment they opted to have in the past had been affected by the cost of this treatment and almost one-fifth (19 per cent) said that they had delayed dental treatment for the same reason.
- Twelve per cent of adults who had ever been to a dentist had an Modified Dental Anxiety Scale (MDAS)² score of 19 or more which suggests extreme dental anxiety.
- The two items on the MDAS that elicited anxiety most often were both associated with receiving dental treatment; 30 per cent of adults said that having a tooth drilled would make them very or extremely anxious and 28 per cent reported similar levels of anxiety about having a local anaesthetic injection.
- Overall, the majority of adults were positive about their last visit to the dentist; 80 per cent of adults gave no negative feedback about their last visit to the dentist. However, 20 per cent of consultations were considered to be less than satisfactory in one way or another.

8.1 Access to care

Introduction

In recent years access to NHS dental services has occasionally been a contentious issue with some reports suggesting that it is difficult to obtain an appointment with an NHS dentist³. There have been substantial changes to the way dental services have been organised and paid for in the UK in recent years, most notably the introduction of a new contract in England in 2006, but with changes in all of the devolved nations as well. In order to obtain a measure of the potential impact these changes have had on the accessibility of NHS dental services, all adults who participated in the current Adult Dental Health Survey (ADHS) were asked a series of questions about whether they had tried to get an NHS appointment, and if yes, if they had been successful, in the three years prior to being interviewed. These questions focused on the three years prior to being interviewed to ensure that the adults who participated in the survey reflected on any attempts they made to access NHS dental services after the new dental contract was introduced. The discussion that follows addresses some of the barriers to access and behaviours that may be associated with accessing dental services. In addition, this report also deals with other important potential barriers to receiving dental care besides access. Specifically, the impact of cost of care and anxiety about the dental visit are reported in detail. Finally, the nature of communication and patient's perceptions of the effectiveness of communication at the dental visit (factors that can also act as barriers to effective care) are also discussed.

Similar estimates are presented in the report in the current series *Service considerations – a report from the Adult Dental Health Survey 2009*; however that report covers the way that dentate adults utilised NHS dental services at their most recent course of dental treatment and explores the reasons why they accessed different types of dental services.

8.1.1 Attempts to make an NHS appointment

All adults who participated in the survey were asked if they had tried to make an NHS dental appointment in the last three years. No attempt was made to define what constituted an NHS dental appointment and the survey respondents were permitted to respond according to what they personally understood NHS dental care to be. There was no distinction made between primary and secondary care. The main reason why respondents were not guided towards a definition of what constitutes an NHS dental appointment was that any such definition would be immensely complicated to define in its entirety requiring issues such as dental charges and the provision of components provided on a private basis to be clarified.

Just under three-fifths (58 per cent) of adults said that they had tried to make an NHS dental appointment in the previous three years; the remainder said they had not. In terms of the socio-demographic characteristics of the population, differences were observed between age-groups, men and women, and adults from different household socio-economic classifications. Specifically, a smaller proportion of older adults (aged 85 and older) reported trying to make an NHS dental appointment than adults in all other age groups; 34 per cent of adults aged 85 and over said that they had tried to make an NHS dental appointment in the last three years compared with 64 per cent of adults aged 45 to 54, and 57 per cent of adults aged 16 to 24. Women were more likely than men to have tried to make an NHS dental appointment, 62 per cent compared with 54 per cent; and a smaller proportion of adults from

managerial and professional occupation households (56 per cent) than adults from intermediate occupation households (62 per cent) tried to make an NHS dental appointment.

Table 8.1.1

Edentate adults were one of the least likely population groups to have tried to get an NHS dental appointment in the previous three years, 25 per cent had tried to get an appointment. This compares with 65 per cent of adults who were dentate but who also had some dentures, and 59 per cent of adults who were dentate only. Similarly, a smaller proportion of adults who self-reported that their dental health was bad or very bad (52 per cent) had tried to make an NHS dental appointment in the previous three years, compared with adults who said that they had fair, or good or very good dental health (59 per cent respectively).

Table 8.1.2

Adults who said they attended the dentist regularly were the most likely to say they had tried to make an NHS dental appointment in the last three years (70 per cent compared with 63 per cent of occasional attenders and 38 per cent of those who said they only went to the dentist when they had trouble with their teeth). Adults who said that they attended the dentist less frequently than every 12 months were less likely to have tried to make an NHS dental appointment within the last three years than adults who said that they attended at least every 12 months (36 per cent compared with 70 per cent). Similarly adults who had not been to the dentist in the year prior to being interviewed were less likely to have tried to make an appointment with an NHS dentist than adults who had been in the year prior to the survey; 49 per cent of adults who had not been to the dentist for between one and five years had tried to make an appointment with an NHS dentist compared with 70 per cent of adults who had attended the dentist in the year prior to being interviewed. It is noteworthy that 30 per cent of adults who had been to the dentist in the year prior to being interviewed for the survey had not attempted to get an NHS appointment. This suggests that many adults now receive dental care from what they regard as a non-NHS source and is in line with the data in *Service considerations – a report from the Adult Dental Health Survey 2009* where 27 per cent reported that their last course of treatment was with a private dentist.

Table 8.1.3

8.1.2 Success in making an NHS appointment

Tables 8.1.4 to 8.1.9 consider the experience of those adults who indicated that they had tried to make an NHS dental appointment in the three years prior to being interviewed on the survey. The vast majority of these adults (92 per cent) successfully received and attended an appointment while a further 1 per cent of adults received an appointment but did not attend. The remaining 7 per cent of adults had unsuccessfully tried to make an appointment with an NHS dentist.

The inability to arrange an NHS dental appointment varied by age with a general pattern of younger adults being more likely to fail to get an appointment; for example 10 per cent of adults aged 25 to 34 years were unable to get an NHS dental appointment compared with 4 per cent of 65 to 74 year olds and 5 per cent of adults aged 75 to 84. The inability to get an appointment with an NHS dentist did not vary by other socio-demographic characteristics.

Table 8.1.4

There were large differences in the success rate of adults getting an NHS dental appointment in terms of those factors that reflect self-perceived oral health. For example, adults who rated their own dental health as bad or very bad were more likely *not* to get an NHS dental appointment (20 per cent) than adults who rated their dental health as good or very good (5 per cent). Similarly, a greater proportion of those adults who felt that they would need treatment if they went to the dentist tomorrow (12 per cent) were unable to get an NHS dental appointment than those adults who felt that they wouldn't need any treatment (4 per cent).

Tables 8.1.5 and 8.1.6

The vast majority of those adults who had successfully made an appointment with an NHS dentist (whether they went to this appointment or not) already had an NHS dentist when they last tried to make an appointment (87 per cent) and a further 10 per cent were able to get an appointment with the first new NHS dentist they approached. Taken together this suggests that the vast majority of adults were able to access NHS dental care when they needed, however for a small minority (3 per cent) it took a considerable number of calls for them to secure an NHS dental appointment.

Table 8.1.7

Table 8.1.8 shows that a smaller proportion of adults who were edentate (77 per cent) already had an NHS dentist when they last tried to make an NHS dental appointment compared with both dentate adults who have dentures (87 per cent) and dentate adults who do not have dentures (87 per cent). A further 20 per cent of edentate adults managed to make an NHS dental appointment with the first new dentist they tried, this compares with 10 per cent for both dentate adults with dentures and dentate adults with no dentures. A smaller proportion of those adults who rated their dental health as bad or very bad (71 per cent) had an NHS dentist when they last tried to make an NHS dental appointment than adults with good or very good self-reported dental health (89 per cent). Those who felt that they would need treatment if they went to the dentist tomorrow were less likely to have an NHS dentist already (80 per cent), compared with those who felt that they didn't need immediate treatment (91 per cent).

Table 8.1.8

The great majority of adults who said they went to the dentist for regular check-ups had an NHS dentist when they last tried to make an NHS dental appointment (93 per cent), compared with 78 per cent of occasional attenders and 64 per cent of those who only went when they had trouble with their teeth. Similarly, a smaller proportion of adults who attended less frequently than every 12 months (63 per cent), and who had not been to the dentist within a year of being interviewed (72 per cent) had an NHS dentist when they last tried to make an NHS dental appointment, compared with adults who had been at least every 6 to 12 months (91 per cent) and those who had been in the year prior to being interviewed (89 per cent).

Table 8.1.9

Adults with poorer self-perceived dental health and those who had not been to the dentist as recently as others (or who attend dental check-ups less regularly) found it less easy to make

an NHS dental appointment, however the majority of these groups successfully secured an appointment with the first new NHS dentist they tried. A greater proportion of those adults who had not attended as recently as others had to make repeated calls to secure an NHS dental appointment; for example, 9 per cent of adults who said they attended the dentist less frequently than every 12 months had to make two or more calls to get an NHS dentist compared with only 2 per cent of adults who said they went to the dentist every year.

8.2 Cost as a barrier to dental treatment

Introduction

The cost of attending for dental care is a potential barrier to attending the dentist. In addition, uncertainty about cost has been highlighted in previous national dental surveys as a barrier to attending and was also the subject of a super-complaint about private dentistry investigated by the Office of Fair Trading in 2002⁴. Another aspect of cost as a barrier is the extent to which cost influences decisions about types of dental treatment and/or delaying required treatment. In the current survey all adults were asked if the cost of dental treatment had influenced the type of treatment they received, or if they had ever delayed dental treatment because of its cost. These questions were asked to all adults whether they had indicated they attended for NHS or private dental care and reflect the impact cost may have had on type and timing of dental treatment over a life time.

8.2.1 The effect of cost

Just over a quarter of adults (26 per cent) said that the type of dental treatment they opted to have in the past had been affected by the cost of this treatment and almost one-fifth (19 per cent) said that they had delayed dental treatment for the same reason. These were not completely overlapping groups as indicated by the finding that 15 per cent of adults indicated that both the type of treatment and timing of this treatment had been influenced by the cost in the past. Differences in the proportion of adults who said that cost had an effect on the type of dental treatment they had in the past and that concerns about cost had made them delay dental treatment were observed between age-groups. Over 30 per cent of adults aged 25 to 34, 35 to 44, and 45 to 54 said that the type of dental treatment they had in the past was influenced by cost, whereas only 15 per cent of adults aged 75 to 84, and 11 per cent of adults aged 85 and over said that cost had affected their decision. Similarly, almost a quarter of adults aged 25 to 34, 35 to 44, and 45 to 54 said that the timing of their dental treatment was affected by cost, compared with 10 per cent or less among adults aged 65 to 74, 75 to 84, and 85 and over.

Table 8.2.1

Although men and women were equally likely to say that the type of dental treatment they had in the past was influenced by cost, a greater proportion of women than men, 20 per cent compared with 17 per cent, said that they had delayed their dental treatment because of costs. In England 27 per cent of adults indicated that the type of dental treatment they had received in the past was affected by cost, compared with 22 per cent of adults in Wales and 20 per cent in Northern Ireland. There were however no significant differences between the three countries in terms of the proportion of adults who had delayed treatment in the past because of costs.

Finally, people from all occupational classes reported that they had delayed treatment because of cost, but the differences were quite small; as might be expected in the context of lower income, a greater proportion of adults from routine and manual occupation households said that they had delayed dental treatment because of the cost (20 per cent) compared with adults from managerial and professional occupation households (17 per cent). There were no significant differences in the proportion of adults who said that the type of treatment they

received in the past had been affected by cost between the three socio-economic occupational groups.

Table 8.2.1

Whether or not cost affected adults' decisions regarding the type of dental treatment they received in the past also varied by their dental status. For example, a smaller proportion of adults who were edentate (16 per cent) than adults who were dentate (26 per cent) and adults who were dentate but who also had dentures (31 per cent) said that the cost of dental care had affected the type of dental care they received. Similarly, a smaller proportion of edentate adults said that they delayed dental treatment in the past because of the cost (11 per cent), than dentate adults (19 per cent), and dentate adults who also had some dentures (20 per cent).

In terms of self-assessed dental health, 50 per cent of adults who rated their dental health as bad or very bad said that the cost of dental care had affected the type of dental care they decided to have in the past. This compares with 37 per cent of adults who said that their dental health was fair and 20 per cent of adults who said that they had good or very good dental health. Past decisions to delay treatment for cost reasons also varied according to self-reported dental health: 42 per cent of adults with bad or very bad self-reported dental health said that the decision to delay dental treatment was affected by cost, compared with 27 per cent of adults who said that their dental health was fair, and 14 per cent of adults with good or very good self-reported dental health.

The influence of cost on type and timing of dental treatment was also considered in relation to clinical indicators of current oral health. A greater proportion of adults who had one or more teeth with decay said that the type of dental treatment they had in the past had been affected by cost (34 per cent), than adults who had no teeth with decay (26 per cent). A similar pattern was observed in terms of the timing of dental treatment; 25 per cent of adults with one or more teeth with decay delayed dental treatment for costs reasons compared with 18 per cent of adults with no decayed teeth.

Whether a person thinks they would need treatment if they went to a dentist tomorrow is a good indicator of self-perceived unmet treatment need that has been included in previous ADH Surveys. Table 8.2.2 also shows that just under two-fifths (38 per cent) of adults who said that they had an immediate dental treatment need reported that the cost of dental care had affected the type of treatment they received in the past, this compares with only 18 per cent of adults who felt that they did not have an immediate treatment need. Similarly, a greater proportion of adults who felt they had an immediate treatment need said that they had delayed dental treatment or care in the past because of costs (29 per cent), than adults who felt they did not have an immediate treatment need (11 per cent). This may indicate that in some cases past delay or modification of dental treatment leads to a current perception of unmet treatment need.

Table 8.2.2

It might also be expected that those adults who were less likely to visit the dentist regularly would also report that cost affected their decisions regarding their own dental treatment. The information in Table 8.2.3 provides some support for this assertion; for example, a greater

proportion of adults who attended the dentist less frequently than every 12 months said the type of treatment they had opted for in the past had been affected by cost (35 per cent) compared with those adults who said they attended at least every six or 12 months (22 per cent). Likewise, a greater proportion of less regular attenders also said they had delayed dental treatment because of cost (26 per cent) than those adults who attend every 6 to 12 months (15 per cent).

The effect of cost on the type and timing of dental treatment also varied in terms of general dental attendance. For example, 20 per cent of those adults who reported that they were regular attenders said that cost had affected the type of dental care they received in the past, compared with 36 per cent of occasional attenders and 35 per cent of adults who said that they only go to the dentist when they have trouble with their teeth. Differences of similar magnitudes were also observed between adults with different dental attendance patterns in terms of whether they had ever delayed dental treatment because of the cost. Whether treatment had been affected by cost also varied in terms of time since the respondent's last visit to the dentist. For example, 35 per cent of adults who had not been to the dentist for between one and five years and 33 per cent of adults who had not been for between five and ten years said that the type of dental treatment they received in the past had been affected by cost, compared with 24 per cent of adults who had been in the last year. This pattern was also observed when the decision to delay treatment due to costs was considered.

Table 8.2.3

8.3 Dental anxiety

Introduction

It has been suggested that a continuum of dental anxiety exists ranging from those who feel relaxed during dental treatment, to those who are dentally anxious but cope, through to those who are dentally phobic and avoid care^{5 6}. Dental anxiety is therefore a potential barrier to seeking dental care and its association with oral health is of central importance. Dental anxiety has not been assessed in any of the previous Adult Dental Health Surveys beyond the inclusion of a single question about its role in delaying dental attendance. In the 2009 survey dental anxiety was assessed by the Modified Dental Anxiety Scale (MDAS)⁷ which is a modified version of Corah's Dental Anxiety Scale⁸ and includes a question assessing fears associated with local anaesthesia as well as four other scenarios about which respondents have to report the extent of their anxiety. These four additional scenarios include anticipated anxiety in relation to going the dentist tomorrow, sitting in a dentist's waiting room, having a tooth drilled and having a scale and polish. A five point response format ranging from 'not anxious', to 'slightly anxious', 'fairly anxious' 'very anxious' and 'extremely anxious', was used to assess level of anxiety and each response score had a value from 1 (not anxious) to 5 (extremely anxious). The lowest possible score is five indicating no anxiety at all. The maximum possible score on the MDAS is 25, with scores of 19 and above indicating extreme dental anxiety, which may be indicative of dental phobia.

8.3.1 Prevalence of dental anxiety

Just over half of adults (51 per cent) who had ever been to a dentist had an MDAS score of between 5 and 9, indicating low/no dental anxiety. Over a third of adults (36 per cent) had an MDAS score of between 10 and 18 indicating moderate dental anxiety, and a further 12 per cent had a score of 19 or more which suggests extreme dental anxiety. The two items on the MDAS that elicited anxiety most often were both associated with receiving dental treatment; 30 per cent of adults said that having a tooth drilled would make them very or extremely anxious and 28 per cent reported similar levels of anxiety about having a local anaesthetic injection. A smaller proportion of adults were very or extremely anxious about sitting in the dentist's waiting room (15 per cent), about having to go to the dentist tomorrow (13 per cent) and having a scale and polish (8 per cent).

Table 1

Table 1 Modified dental anxiety scale

All adults¹

England, Wales, Northern Ireland: 2009

Anxiety...		Not anxious	Slightly/ fairly anxious	Very/ extremely anxious	
Going for treatment tomorrow	%	53	34	13	
In the waiting room	%	50	35	15	
If tooth drilled	%	28	42	30	
For scale and polish	%	62	30	8	
For injection	%	30	41	28	
Total MDAS Score		5-9	10-18	19+	Mean score
	%	51	36	12	10.8

¹ Adults who have never been to a dentist were not asked the MDAS questions.

8.3.2 Dental anxiety and socio-demographic factors

There was a clear age gradient in terms of extreme dental anxiety; 15 per cent of 16 to 24 year olds had total MDAS scores above 19 and above compared with 6 per cent of those aged between 75 and 84.

Figure 8.3.1

Figure 8.3.1 Total MDAS scores by age

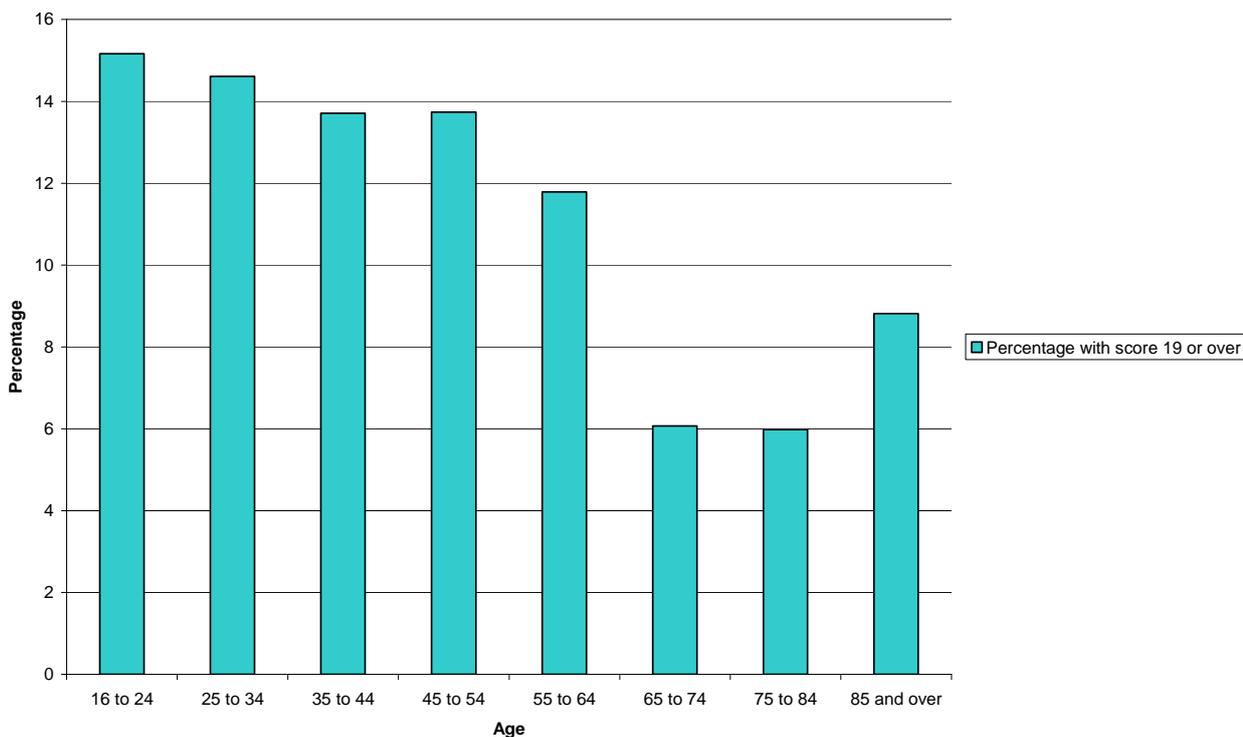
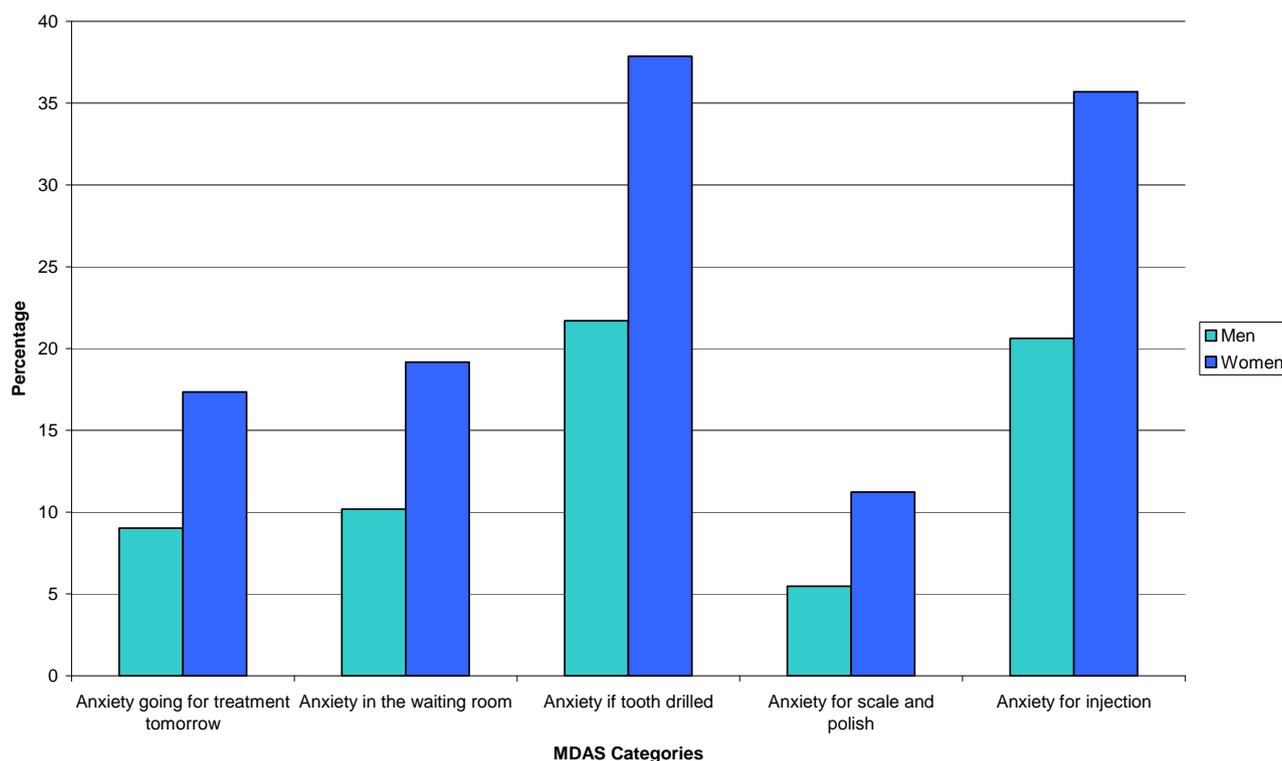


Table 8.3.1 demonstrates that in the present survey men were less dentally anxious than women, confirming the findings of previous surveys^{7 9}; 17 per cent of women had MDAS scores indicative of extreme dental anxiety compared with 8 per cent of men. Figure 8.3.2 illustrates that the difference in the proportion of men and women with extreme levels of anxiety was recorded on every dimension of the MDAS including anxiety about going for treatment and sitting in the dentist's waiting room.

Figure 8.3.2 Percentage reporting very/extremely anxious by sex



The proportion of adults with extreme dental anxiety also varied by socio-economic occupation of the household; a greater proportion of adults from routine and manual occupation households had total MDAS scores indicative of extreme dental anxiety (15 per cent) than adults from intermediate occupation households (12 per cent) and managerial and professional households (10 per cent). This pattern of a greater proportion of adults from lower socio-economic groups having greater dental anxiety held across all dimensions of the MDAS including having to go for treatment tomorrow and having a tooth drilled. Adults from managerial and professional occupation households were less likely to be very/extremely dentally anxious about having to go for treatment tomorrow (11 per cent) compared with adults from routine and manual occupation households (15 per cent). They were also less likely to be very/extremely dentally anxious about having a tooth drilled (27 and 33 per cent respectively).

Table 8.3.1

8.3.3 Dental anxiety and dental status

Table 8.3.2 shows that overall, a greater proportion of adults who were dentate experienced extreme levels of dental anxiety than those adults who were edentate; 13 per cent of dentate adults had scores of 19 or more on MDAS compared with 9 per cent of edentate adults. This pattern held across some, but not all of the individual dimensions of the MDAS. For example, a greater proportion of dentate adults were extremely anxious about going to the dentist tomorrow (14 per cent) and sitting in the dentist's waiting room (15 per cent) than edentate adults (9 per cent and 11 per cent respectively).

Table 8.3.2

8.3.4 Dental anxiety and oral health status

The relationship between levels of dental anxiety and self-assessed dental health is complex. Poorer dental health may stem from neglect arising from the avoidance of dental care due to anxiety about visiting the dentist or it may be that some individuals expect that they need considerable dental treatment and are therefore extremely dentally anxious. Table 8.3.3 shows that on each dimension of the MDAS a smaller proportion of adults with good or very good self-assessed dental health were very/extremely anxious than adults with bad or very bad self-assessed dental health. For example, 10 per cent of adults with good or very good self-assessed dental health were very/extremely anxious about going to the dentist compared with 34 per cent of adults with bad or very bad self-assessed dental health. Overall, 9 per cent of those who rated their dental health as good or very good had an MDAS score of 19 or more compared with 30 per cent of adults with bad or very bad self-assessed dental health.

Table 8.3.3

Although there was no overall difference in the proportion of adults with extreme dental anxiety in terms of those adults with 21 or more teeth and those with fewer than 21 teeth, there was a difference between people categorised on the basis of their experience of restorative dental treatment. For example, 6 per cent of adults with 12 or more restored otherwise sound teeth had scores on the MDAS of 19 or more compared with 14 per cent of adults with fewer than 12 restored otherwise sound teeth. It may be that the experience of having had many teeth restored is an indication of willingness to undergo restorative treatment and consequently, of lower dental anxiety, or that the experience of restorative treatment itself acts to reduce the likelihood of experiencing dental anxiety.

Table 8.3.4

8.3.5 Dental anxiety and dental attendance pattern

The relationship between attendance for dental care and treatment and dental anxiety might be expected to vary considerably; it is logical that adults who have dental anxiety might avoid attending the dentist. The survey data support this with a greater proportion of adults who attended more than 10 years ago having total MDAS scores of 19 than adults who attended within the last 12 months, 24 per cent compared with 9 per cent. This pattern held across all five dimensions of the scale.

Table 8.3.5

A similar pattern was observed in relation to general reason for dental attendance. A smaller proportion of adults who said they go to the dentist for a regular check-up had MDAS scores indicative of extreme dental anxiety (8 per cent) than adults who said they only go to the dentist when they have trouble with their teeth (22 per cent). This pattern was observed across all five dimensions of the MDAS.

Table 8.3.6

There are plausible reasons for expecting some relationship between the different barriers to attending for dental care and treatment examined in this report. For example, it is possible that the influence of treatment cost might be a confounding issue with dental anxiety, as concern about cost might lead to feelings of anxiety, specifically in relation to having to go to the dentist tomorrow. Likewise, it is also possible that dental anxiety might develop from a sub-optimal relationship with the dentist who provides care and treatment. Table 8.3.7 shows that a greater proportion of people who said that their dental care and treatment in the past had been influenced by cost had MDAS scores above 19 (indicating extreme dental anxiety) than those who did not, 16 per cent compared with 11 per cent. Also, a greater proportion of adults who said that they had delayed treatment for cost reasons had extreme dental anxiety, 18 per cent compared with 11 per cent among those who had not delayed their treatment for this reason.

Table 8.3.7

Dental anxiety was also considered in relation to the adult's evaluation of their relationship with their dentist at their last visit. The measure is described in detail in section 8.4 below. On every measure that assessed the participant's relationship with the dentist, including whether they felt they were treated with respect and dignity by the dentist, and whether they had confidence and trust in the dentist, a greater proportion of those adults who were negative about the dentist had MDAS scores indicative of extreme dental anxiety than those adults who were positive about the dentist. For example, 34 per cent of adults who felt that the dentist did not treat them with dignity and respect at their last visit had extreme dental anxiety, compared with 12 per cent of adults who felt they had been treated with respect by the dentist. Also, 26 per cent of adults who felt that the dentist did not listen carefully to what they had to say about their oral health scored 19 or above on the MDAS indicating extreme dental anxiety compared with 11 per cent of adults who felt they had been listened to.

Table 8.3.8

8.4 Relationship with the dentist at last visit

Introduction

The ability of clinicians, including dentists, to be able to communicate effectively with their patients is an essential skill. In the past the communication skills of doctors have been criticised and action has been taken to improve matters¹⁰, however similar scrutiny has rarely been applied to dentists. In order to assess the communication skills of dentists, several questions, previously used to assess medical practitioners, were modified and included in the survey interview. All adults who had visited the dentist (whether they attended an NHS or private dentist) were asked a series of questions about how they felt the dentist communicated with them at their last visit.

These questions asked the respondent to indicate whether:

- 1) the dentist had listened carefully to what they had to say about their oral health;
- 2) they had been given enough time to discuss their oral health;
- 3) they were involved in the decisions about any dental care or treatment they may have needed;
- 4) they got answers that they could understand from the dentist;
- 5) the dentist treated them with dignity and respect; and
- 6) they had confidence and trust in the dentist.

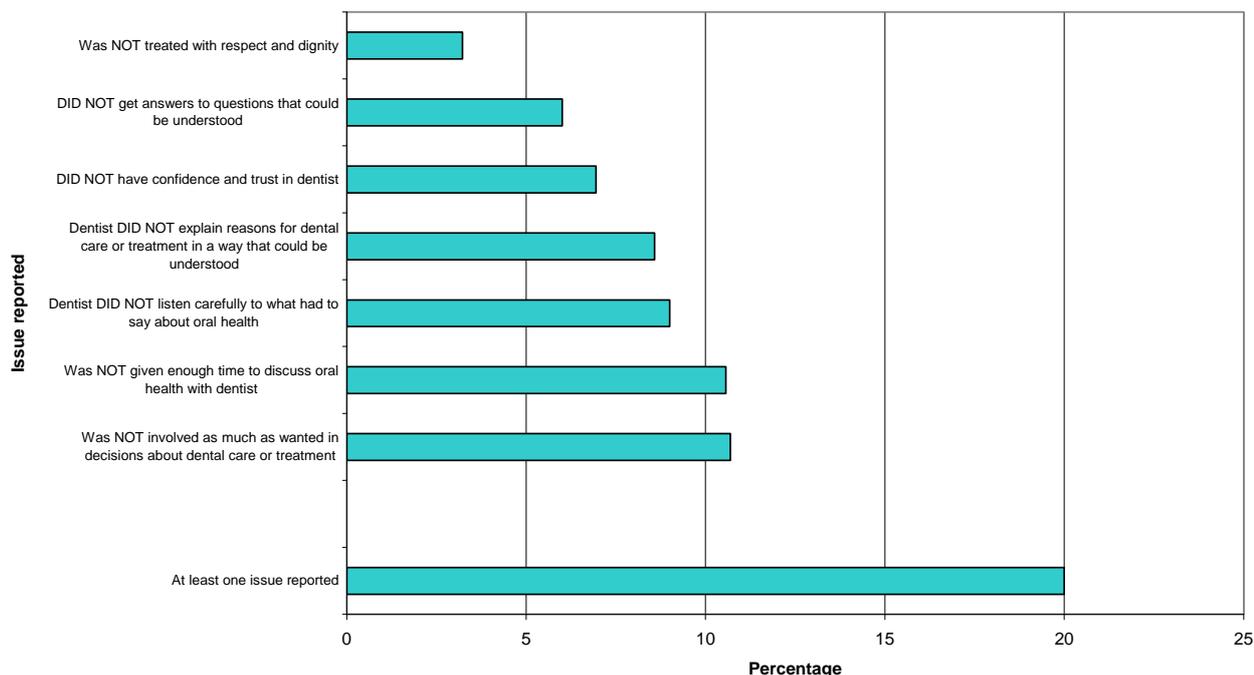
The purpose of these questions was to determine the success of the interactions between patients and dentists and to investigate whether people felt involved in decisions about their oral health.

8.4.1 Relationship with the dentist and socio-demographic factors

Overall, the majority of adults were positive about their last visit to the dentist; 80 per cent of adults gave no negative feedback about their last visit to the dentist. However, 20 per cent of consultations were considered to be less than satisfactory in one way or another and it is important to determine what exactly about the dentist/patient interaction was problematic. Figure 8.4.1 demonstrates that it was concerns about not been given enough time to discuss oral health with the dentist and not being involved in decisions about dental care or treatment that adults were most negative about; on both of these aspects of communication with the dentist, 11 per cent of adults indicated that they had some concerns. A smaller proportion of adults indicated that they were concerned with more interpersonal issues; for example, 3 per cent said that they felt they had not been treated with respect and dignity by the dentist.

Figure 8.4.1 and Table 8.4.1

Figure 8.4.1 Relationship with dentist at last visit



There was a general pattern of younger adults being less satisfied than older adults with their most recent interaction with a dentist; 22 per cent of 16 to 24 years olds and 26 per cent of 25 to 34 year olds were negative about at least one element of their most recent interaction with the dentist, compared with 16 per cent of 65 to 74 year olds and 17 per cent of adults aged 75 to 84. There were no differences between men and women in how they rated their relationship with the dentist at their last visit and similar proportions of adults in England, Wales and Northern Ireland were negative about their most recent interaction with a dentist. There was however a gradient in terms of the extent to which adults from different socio-economic groupings viewed their relationship with a dentist at their most recent visit. Adults from managerial and professional occupation households were less negative about their relationship with the dentist on all of the dimensions considered than adults from routine and manual occupation households. For example, 7 per cent of adults from managerial and professional occupation households said that the dentist had not listened carefully to what they had to say about their oral health, compared with 11 per cent of adults from routine and manual occupations. Similarly, a greater proportion of adults from routine and manual occupation households were negative about at least one aspect of their relationship with the dentist they saw the last time they attended compared with adults from professional and managerial occupation households, 23 per cent compared with 17 per cent respectively.

Table 8.4.1

8.4.2 Relationship with the dentist and oral health status

There were marked differences between adults with good or bad indicators of oral health in terms of the dimensions used to assess the relationship between the patient and dentist. For example, a greater proportion of adults with bad or very bad self-reported dental health than adults with good or very good self-reported dental health, said that the dentist did not listen to what they had to say about their oral health (26 per cent compared with 6 per cent); felt

that they were not given enough time to discuss their oral health (26 per cent compared with 7 per cent); they were not involved in decisions about their oral health (29 per cent compared with 7 per cent); and had less confidence in the dentist (21 per cent compared with 5 per cent).

There were also marked differences between adults with good and bad objective markers of oral health as assessed in the clinical examination in terms of how they rated their relationship with the dentist. For example, a greater proportion of adults with 1 or more decayed teeth responded negatively on at least one of the dimensions assessing their relationship with the dentist (28 per cent) than adults with no decayed teeth (18 per cent). In addition, a smaller proportion of adults with more than 12 restored, otherwise sound teeth gave a negative evaluation of their relationship with their dentist than adults with fewer than 12 restored, otherwise sound teeth; 14 per cent compared to 23 per cent.

Table 8.4.2

8.4.3 Relationship with the dentist and dental attendance pattern

A smaller proportion of adults who had been to the dentist more recently than those adults who had not been so recently were negative about their relationship with the dentist; 16 per cent of adults who had attended less than one year prior to being interviewed were negative about their most recent interaction with the dentist compared with 29 per cent of adults who had not been for between one and five years. A similar pattern was observed in terms of the frequency with which adults attend the dentist; a smaller proportion of those adults who said that they went to the dentist every six to twelve months reported any negative feelings about their relationship with the dentist (15 per cent) compared with adults who attended less frequently than every 12 months (30 per cent). Finally, adults whose most recent visit to the dentist was for a routine check-up were also less likely to negatively evaluate the interaction with the dentist (16 per cent) compared with those adults who had most recently attended for emergency treatment (as defined by the respondent) (28 per cent). These overall patterns were consistent across all individual measures of the relationship.

Table 8.4.3

Conclusion

As a universal healthcare system, access to NHS dental care has been a great concern in the United Kingdom since the mid 1990s. The findings presented in this report show that for the vast majority of patients NHS dentistry is accessible; of those adults who had tried to make an NHS appointment in the previous three years, a timeframe when there has been considerable change in the organisation and delivery of NHS services, the vast majority (92 per cent) successfully received and attended an appointment. Similarly, amongst those who successfully made an NHS appointment, it was relatively easy to do so, the majority either having an NHS dentist already or managing to get one at their first attempt. However, for a small minority (3 per cent) it took a considerable number of telephone calls for them to secure an NHS dental appointment.

The barriers considered in this report were treatment costs, dental anxiety, and the dentist/patient relationship. All three factors appear to be related to health and care outcomes. The role of treatment costs was judged by whether decisions to delay or modify treatment had been made as a result of its cost. This past experience of making decisions around cost was markedly associated with self-reported attendance habits and self-assessed oral health. Being previously affected by treatment costs was associated with delaying attendance and having a poor level of oral health. The influence of cost on decisions about dental treatment applied to some degree to all groups in society.

Dental anxiety is recognised as a key barrier to dental care both in the scientific literature and popular media. Extreme dental anxiety was estimated to be experienced by 12 per cent of dentate adults. This report confirms the expected relationship between dental anxiety and visiting the dentist. It also indicates its association with dental health. The inter-relationship of the barriers considered in this report has not been formally assessed yet it seems likely that these barriers interact in complex ways.

A large majority (80 per cent) of those interviewed were satisfied with all aspects of their interaction with the dentist at their most recent visit, feeling that the communication was good, that they had been treated with respect and that they had received a good explanation of options. This was not universal though. The quality of the relationship between dentist and patient assessed at the last visit to a dentist was markedly associated with the patients' assessment of their overall self-rated dental health, the length of time since their last dental visit and their level of dental anxiety. Generally speaking people whose last experience with a dentist was problematic gave a low rating of their own oral health, had not attended for a longer time and were more likely to be extremely dentally anxious than those whose experience was more positive. These findings suggest that dentist-patient communication, whilst generally good, can be a real barrier to achieving optimal dental health and care in just the same way as other more familiar barriers such as cost and anxiety.

Notes and references

- ¹ Finch et al (1988) *Barriers to the receipt of dental care*, Social and Community Planning Research
- ² Humphris, Morrison, and Lindsay (1995) The Modified Dental Anxiety Scale: validation and United Kingdom norms. *Community Dent Health* Sep 12 (3) 143-50
- ³ <http://news.bbc.co.uk/1/hi/health/2935611.stm>
- ⁴ The Office of Fair Trading (2003) The private dentistry market in the UK. March 2003
- ⁵ Freeman R. (2004) *Practice building – relationships around the patient*. In FJT Burke and R Freeman. Preparing for dental practice. OUP. Oxford.
- ⁶ Swallow JN. (1970) Fear and the dentist. *New Society*: 5; 819-821
- ⁷ Humphris, Morrison, and Lindsay (1995) The Modified Dental Anxiety Scale: validation and United Kingdom norms. *Community Dent Health* Sep 12 (3) 143-50
- ⁸ Corah (1969) Development of a dental anxiety scale *J Dent Res* 48 (4) 596
- ⁹ Humphris GM, Dyer TA, Robinson PG. (2009) The modified dental anxiety scale: UK general public population norms in 2008 with further psychometrics and effects of age. *BMC Oral Health*. 9:20
- ¹⁰ Turnberg L (1997) *Improving Communication between Doctors and Patients: A report of a working party*. London, Royal College of Physicians

Tables

Presentation of data

- Figures are rounded to the nearest whole value. This could have an impact on row or column percentages which may add to 99 per cent or 101 per cent.
- Where “0 per cent” is shown in a table, this indicates that fewer than 0.5 per cent of people gave this answer. Instances where no answers for a particular response were given are indicated in the tables by '-'.
- A few respondents did not answer some questions. These '*no answers*' have been excluded from the analysis. Tables that describe the same population have slightly varying bases.
- The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown in the totals.
- Small bases are associated with relatively high sampling errors and this affects the reliability of estimates. In general, percentage distribution is shown if the base is 30 or more. Where estimates are considered unreliable due to relatively high sampling error, figures in the tables are presented with a turquoise shaded background.

Table 8.1.1 If tried to make an NHS dental appointment in the last 3 years by characteristics of adults

<i>All adults</i>		<i>England, Wales, Northern Ireland: 2009</i>			
Characteristics of adults		If tried to make an NHS dental appointment in the last 3 years		Unweighted Base	Weighted Base (000s)
		Yes	No		
All	%	58	42	11,370	45,567
Age					
16-24	%	57	43	1,040	6,687
25-34	%	60	40	1,500	7,226
35-44	%	63	37	2,050	8,410
45-54	%	64	36	2,030	7,437
55-64	%	58	42	1,960	6,672
65-74	%	55	45	1,530	4,726
75-84	%	43	57	1,010	3,517
85 and over	%	34	66	240	894
Sex					
Men	%	54	46	5,080	22,113
Women	%	62	38	6,290	23,454
Country					
England	%	58	42	9,650	41,742
Wales	%	57	43	1,000	2,433
Northern Ireland	%	64	36	720	1,393
English Strategic Health Authority					
North East	%	64	36	990	2,102
North West	%	61	39	970	5,567
Yorkshire & The Humber	%	61	39	1,020	4,238
East Midlands	%	61	39	1,130	3,614
West Midlands	%	56	44	880	4,357
East of England	%	62	38	1,030	4,622
London	%	53	47	760	6,184
South East Coast	%	53	47	900	3,489
South Central	%	53	47	970	3,283
South West	%	58	42	1,010	4,285
Socio-economic classification of household ¹					
Managerial and professional occupations	%	56	44	4,030	16,444
Intermediate occupations	%	62	38	2,000	7,913
Routine and manual occupations	%	58	42	3,830	15,290

¹ Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 8.1.2 If tried to make an NHS dental appointment in the last 3 years by health characteristics of adults

<i>All adults</i>		<i>England, Wales, Northern Ireland: 2009</i>			
Health characteristics		If tried to make an NHS dental appointment in the last 3 years		<i>Unweighted Base</i>	<i>Weighted Base (000s)</i>
		Yes	No		
All	%	58	42	11,370	45,567
Dental Status					
Edentate	%	25	75	810	2,696
Dentate, has dentures	%	65	35	1,780	6,044
Dentate, no dentures	%	59	41	8,780	36,821
Self-reported general health					
Very good/good	%	59	41	8,970	36,696
Fair	%	55	45	1,790	6,699
Very bad/bad	%	58	42	610	2,167
Self-reported dental health					
Very good/good	%	59	41	8,120	32,249
Fair	%	59	41	2,410	9,824
Very bad/bad	%	52	48	820	3,438
Need treatment if went to the dentist tomorrow					
Yes	%	56	44	4,360	18,152
No	%	60	40	6,900	27,020

Table 8.1.3 If tried to make an NHS dental appointment in the last 3 years by dental attendance

<i>All adults</i>		<i>England, Wales, Northern Ireland: 2009</i>			
Dental attendance		If tried to make an NHS dental appointment in the last 3 years		<i>Unweighted Base</i>	<i>Weighted Base (000s)</i>
		Yes	No		
All	%	58	42	11,370	45,567
How often visits are made to the dentist					
At least every 6 or 12 months	%	70	30	7,830	30,276
Less frequently than every 12 months	%	36	64	3,330	14,305
Time since last dental visit ¹					
Less than 1 year	%	70	30	8,100	31,382
Between 1 and 5 years	%	49	51	1,840	8,237
Over 5 up to 10 years	%	10	90	560	2,437
Over 10 years	%	5	95	670	2,537
Dental attendance					
Regular check up	%	70	30	7,060	26,518
Occasional check up	%	63	37	900	4,258
Only with trouble	%	38	62	3,190	13,745
Never been to the dentist	%	4	96	180	900

¹ Excludes people who had never been to dentist

Table 8.1.4 Whether successfully made an NHS dental appointment in the last 3 years by characteristics of adults

<i>All adults</i> ¹		<i>England, Wales, Northern Ireland: 2009</i>			<i>Unweighted Base</i>	<i>Weighted Base (000s)</i>
Characteristics of adults		Whether successfully made an NHS dental appointment in the last 3 years				
		Yes, and went to appointment	Yes, but didn't go to appointment	No, was unable to make an appointment		
All	%	92	1	7	6,700	26,364
Age						
16-24	%	92	1	7	600	3,779
25-34	%	88	2	10	960	4,345
35-44	%	90	2	8	1,350	5,311
45-54	%	91	1	8	1,280	4,722
55-64	%	93	1	6	1,140	3,830
65-74	%	95	1	4	850	2,580
75-84	%	94	1	5	440	1,505
85 and over	%	93	1	6	80	291
Sex						
Men	%	92	1	7	2,790	11,933
Women	%	92	1	7	3,910	14,431
Country						
England	%	92	1	7	5,690	24,091
Wales	%	91	2	7	550	1,380
Northern Ireland	%	91	1	7	460	893
English Strategic Health Authority						
North East	%	94	1	5	650	1,354
North West	%	90	1	9	590	3,355
Yorkshire & The Humber	%	90	1	9	630	2,583
East Midlands	%	92	2	7	700	2,193
West Midlands	%	95	1	4	510	2,437
East of England	%	93	1	6	630	2,853
London	%	93	1	6	410	3,283
South East Coast	%	91	3	7	470	1,822
South Central	%	91	1	7	520	1,729
South West	%	88	2	10	580	2,481
Socio-economic classification of household ²						
Managerial and professional occupations	%	91	1	8	2,290	9,250
Intermediate occupations	%	90	2	8	1,250	4,833
Routine and manual occupations	%	92	2	6	2,260	8,840

¹ All adults who tried to make an NHS dentist appointment in the last three years.

² Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 8.1.5 Whether successfully made an NHS dental appointment in the last 3 years by health characteristics of adults

Health characteristics	Whether successfully made an NHS dental appointment in the last 3 years			Unweighted Base	Weighted Base (000s)	
	England, Wales, Northern Ireland: 2009					
	Yes, and went to appointment	Yes, but didn't go to appointment	No, was unable to make an appointment			
All	%	92	1	7	6,700	26,364
Dental Status						
Edentate	%	94	-	6	200	671
Dentate, has dentures	%	93	2	6	1,160	3,895
Dentate, no dentures	%	91	1	7	5,340	21,791
Self-reported general health						
Very good/good	%	92	1	7	5,350	21,437
Fair	%	90	2	8	1,010	3,679
Very bad/bad	%	89	1	9	340	1,242
Self-reported dental health						
Very good/good	%	94	1	5	4,830	18,807
Fair	%	88	2	10	1,440	5,770
Very bad/bad	%	77	3	20	420	1,756
Need treatment if went to the dentist tomorrow						
Yes	%	85	2	12	2,490	10,128
No	%	95	1	4	4,160	16,041

¹ All adults who tried to make an NHS dentist appointment in the last three years.

Table 8.1.6 Whether successfully made an NHS dental appointment in the last 3 years by dental attendance

<i>All adults</i> ¹		<i>England, Wales, Northern Ireland: 2009</i>				
Dental attendance		Whether successfully made an NHS dental appointment in the last 3 years			Unweighted Base	Weighted Base (000s)
		Yes, and went to appointment	Yes, but didn't go to appointment	No, was unable to make an appointment		
All	%	92	1	7	6,700	26,364
How often visits are made to the dentist						
At least every 6 or 12 months	%	95	1	4	5,500	21,201
Less frequently than every 12 months	%	76	3	21	1,190	5,098
Time since last dental visit ²						
Less than 1 year	%	95	1	4	5,690	21,979
Between 1 and 5 years	%	79	3	18	920	3,974
Over 5 up to 10 years	%	26	6	68	60	239
Over 10 years	%	*	*	*	30	123
Dental attendance						
Regular check up	%	96	1	3	4,940	18,530
Occasional check up	%	89	2	8	570	2,657
Only with trouble	%	77	3	20	1,170	5,110
Never been to the dentist	%	*	*	*	10	38

¹ All adults who tried to make an NHS dentist appointment in the last three years.

² Excludes people who had never been to dentist

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer.

* Bases too low to show percentages.

Table 8.1.7 Ease of making an NHS dental appointment in the last 3 years by characteristics of adults

Characteristics of adults	Ease of making an NHS dental appointment in the last 3 years				Unweighted Base	Weighted Base (000s)	
	Already had NHS dentist with whom an appointment was made	First new NHS dentist tried appointment	Made between 2 and 4 visits/phone calls to make appointment	Made 5 or more visits/phone calls to make appointment			
All	%	87	10	2	1	6,240	24,434
Age							
16-24	%	90	8	2	1	560	3,506
25-34	%	78	17	4	1	860	3,915
35-44	%	85	11	2	1	1,250	4,870
45-54	%	89	8	2	1	1,190	4,365
55-64	%	89	9	2	0	1,070	3,603
65-74	%	88	9	2	1	820	2,482
75-84	%	89	9	2	0	410	1,424
85 and over	%	99	1	-	-	80	271
Sex							
Men	%	85	11	3	1	2,600	11,050
Women	%	88	9	2	1	3,640	13,384
Country							
England	%	86	10	2	1	5,290	22,330
Wales	%	88	10	1	2	520	1,277
Northern Ireland	%	93	5	1	0	430	828
English Strategic Health Authority							
North East	%	93	5	1	1	620	1,285
North West	%	87	7	3	2	540	3,033
Yorkshire & The Humber	%	89	8	2	1	570	2,350
East Midlands	%	87	10	3	1	650	2,034
West Midlands	%	90	9	2	-	490	2,349
East of England	%	87	10	2	1	600	2,679
London	%	80	17	3	0	380	3,081
South East Coast	%	85	12	1	1	430	1,693
South Central	%	87	9	2	1	480	1,600
South West	%	82	14	3	1	530	2,225
Socio-economic classification of household ²							
Managerial and professional occupations	%	88	9	2	1	2,120	8,496
Intermediate occupations	%	85	11	2	2	1,160	4,427
Routine and manual occupations	%	86	11	2	1	2,130	8,288

¹ All adults who successfully made an NHS dental appointment in last 3 years.

² Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 8.1.8 Ease of making an NHS dental appointment in the last 3 years by health characteristics of adults

Health characteristics	Ease of making an NHS dental appointment in the last 3 years				Unweighted Base	Weighted Base (000s)	
	Already had NHS dentist with whom an appointment was made	First new NHS dentist tried gave appointment	Made between 2 and 4 visits/phone calls to make appointment	Made 5 or more visits/phone calls to make appointment			
All	%	87	10	2	1	6,240	24,434
Dental Status							
Edentate	%	77	20	1	1	180	628
Dentate, has dentures	%	87	10	2	1	1,090	3,672
Dentate, no dentures	%	87	10	2	1	4,960	20,128
Self-reported general health							
Very good/good	%	87	10	2	1	5,000	19,936
Fair	%	84	11	3	2	930	3,365
Very bad/bad	%	84	12	3	1	310	1,128
Self-reported dental health							
Very good/good	%	89	9	2	1	4,590	17,817
Fair	%	83	12	3	2	1,310	5,201
Very bad/bad	%	71	22	5	2	340	1,391
Need treatment if went to the dentist tomorrow							
Yes	%	80	15	4	2	2,200	8,860
No	%	91	8	1	0	4,000	15,403

¹ All adults who successfully made an NHS dental appointment in last 3 years.

Table 8.1.9 Ease of making an NHS dental appointment in the last 3 years by dental attendance

Dental attendance	Ease of making an NHS dental appointment in the last 3 years				Unweighted Base	Weighted Base (000s)	
	Already had NHS dentist with whom an appointment was made	First new NHS dentist tried gave appointment	Made between 2 and 4 visits/phone calls to make appointment	Made 5 or more visits/phone calls to make appointment			
All	%	87	10	2	1	6,240	24,434
How often visits are made to the dentist							
At least every 6 or 12 months	%	91	7	1	1	5,290	20,392
Less frequently than every 12 months	%	63	28	6	3	940	4,006
Time since last dental visit ²							
Less than 1 year	%	89	8	2	1	5,460	21,062
Between 1 and 5 years	%	72	21	5	2	750	3,235
Over 5 up to 10 years	%	*	*	*	*	20	76
Over 10 years	%	*	*	*	*	10	40
Dental attendance							
Regular check up	%	93	5	1	1	4,780	17,923
Occasional check up	%	78	18	3	1	520	2,430
Only with trouble	%	64	27	6	3	940	4,052
Never been to the dentist	%	*	*	*	*	3	17

¹ All adults who successfully made an NHS dental appointment in last 3 years.

² Excludes people who had never been to dentist

* bases too low to show percentages.

Table 8.2.1 Effect of treatment cost by characteristics of adults

<i>All adults</i>		<i>England, Wales, Northern Ireland: 2009</i>							
Characteristics of adults		Treatment affected by cost		Treatment delayed by cost		Treatment both affected and delayed by cost		Unweighted Base	Weighted Base (000s)
		Yes	No	Yes	No	Yes	No		
All	%	26	74	19	81	15	85	11,340	45,448
Age									
16-24	%	18	82	13	87	10	90	1,040	6,672
25-34	%	32	68	25	75	21	79	1,490	7,223
35-44	%	30	70	23	77	19	81	2,050	8,384
45-54	%	32	68	23	77	19	81	2,030	7,437
55-64	%	29	71	19	81	15	85	1,950	6,639
65-74	%	21	79	10	90	9	91	1,530	4,716
75-84	%	15	85	8	92	7	93	1,000	3,479
85 and over	%	11	89	9	91	7	93	240	898
Sex									
Men	%	27	73	17	83	15	85	5,070	22,085
Women	%	26	74	20	80	15	85	6,270	23,363
Country									
England	%	27	73	19	81	15	85	9,620	41,626
Wales	%	22	78	16	84	14	86	1,000	2,428
Northern Ireland	%	20	80	15	85	11	89	720	1,394
English Strategic Health Authority									
North East	%	17	83	14	86	10	90	990	2,104
North West	%	25	75	19	81	15	85	970	5,553
Yorkshire & The Humber	%	24	76	17	83	15	85	1,020	4,237
East Midlands	%	25	75	17	83	13	87	1,120	3,586
West Midlands	%	23	77	18	82	14	86	880	4,347
East of England	%	26	74	18	82	14	86	1,030	4,603
London	%	32	68	21	79	18	82	760	6,166
South East Coast	%	29	71	21	79	17	83	900	3,478
South Central	%	25	75	16	84	12	88	970	3,277
South West	%	34	66	24	76	21	79	1,010	4,276
Socio-economic classification of household ¹									
Managerial and professional occupations	%	25	75	17	83	13	87	4,020	16,423
Intermediate occupations	%	28	72	20	80	17	83	2,000	7,885
Routine and manual occupations	%	27	73	20	80	17	83	3,810	15,232

¹ Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 8.2.2 Effect of treatment cost by health characteristics

<i>All adults</i>		<i>England, Wales, Northern Ireland: 2009</i>							
Health characteristics		Treatment affected by cost		Treatment delayed by cost		Treatment both affected and delayed by cost		Unweighted Base	Weighted Base (000s)
		Yes	No	Yes	No	Yes	No		
All	%	26	74	19	81	15	85	11,340	45,442
Dental Status									
Edentate	%	16	84	11	89	10	90	810	2,693
Natural teeth and dentures	%	31	69	20	80	17	83	1,770	6,021
Natural teeth only	%	26	74	19	81	15	85	8,760	36,728
Self-reported general health									
Very good/good	%	25	75	18	82	14	86	8,950	36,607
Fair	%	30	70	22	78	19	81	1,780	6,668
Very bad/bad	%	29	71	21	79	19	81	610	2,169
Self-reported dental health									
Very good/good	%	20	80	14	86	10	90	8,100	32,180
Fair	%	37	63	27	73	23	77	2,400	9,777
Very bad/bad	%	50	50	42	58	38	62	820	3,435
Number of decayed teeth									
None	%	26	74	18	82	14	86	4,610	30,274
One or more	%	34	66	25	75	21	79	1,840	12,447
Number of sound, untreated teeth (not including roots)									
18 or more	%	26	74	18	82	15	85	2,850	22,128
Fewer than 18	%	31	69	21	79	18	82	3,590	20,577
If went to dentist tomorrow									
Thinks would need treatment	%	38	62	29	71	25	75	4,350	18,094
Thinks would not need treatment	%	18	82	11	89	9	91	6,890	26,965

Table 8.2.3 Effect of treatment cost by dental attendance patterns

<i>All adults</i>		<i>England, Wales, Northern Ireland: 2009</i>							
Dental attendance		Treatment affected by cost		Treatment delayed by cost		Treatment both affected and delayed by cost		Unweighted Base	Weighted Base (000s)
		Yes	No	Yes	No	Yes	No		
All	%	26	74	19	81	15	85	11,330	45,428
Time since last dental visit ¹									
Less than 1 year	%	24	76	16	84	12	88	8,070	31,286
Between 1 and 5 years	%	35	65	28	72	24	76	1,830	8,212
Over 5 up to 10 years	%	33	67	27	73	24	76	560	2,437
10 years or more	%	26	74	19	81	17	83	670	2,531
How often visits are made									
At least every 6 or 12 months	%	22	78	15	85	12	88	7,810	30,189
Less frequently than every 12 months	%	35	65	26	74	23	77	3,320	14,273
Dental attendance ¹									
Regular check up	%	20	80	13	87	9	91	7,040	26,436
Occasional check up	%	36	64	24	76	21	79	900	4,245
Only with trouble	%	35	65	38	62	25	75	3,180	13,702
Number of visits in last 5 years with trouble ¹									
None	%	21	79	14	86	12	88	4,630	18,788
1	%	28	72	20	80	16	84	2,420	9,709
2	%	27	73	20	80	16	84	1,540	6,023
3	%	35	65	24	76	19	81	810	3,181
4 or more	%	35	65	26	74	22	78	1,690	6,565

¹ Excludes people who had never been to dentist

Table 8.3.1 Modified dental anxiety scale by characteristics of adults

*All adults*¹

England, Wales, Northern Ireland: 2009

Characteristics of adults		Anxiety going for treatment tomorrow			Anxiety in the waiting room			Anxiety if tooth drilled			Unweighted Base	Weighted Base (000s)
		Not anxious	Slightly/fairly anxious	Very/extremely anxious	Not anxious	Slightly/fairly anxious	Very/extremely anxious	Not anxious	Slightly/fairly anxious	Very/extremely anxious		
All	%	53	34	13	50	35	15	28	42	30	10,990	43,965
Age												
16-24	%	55	31	13	48	36	16	20	38	42	1,010	6,469
25-34	%	53	31	16	48	35	17	22	43	36	1,450	6,976
35-44	%	51	35	14	47	36	17	26	41	33	2,010	8,175
45-54	%	48	36	15	47	37	16	26	46	28	2,010	7,343
55-64	%	51	35	15	49	35	15	31	43	25	1,930	6,558
65-74	%	59	34	8	58	34	8	41	41	18	1,460	4,484
75-84	%	60	32	9	60	31	10	43	39	18	920	3,177
85 and over	%	61	32	7	64	28	8	44	35	21	210	783
Sex												
Men	%	61	30	9	58	32	10	35	43	22	4,900	21,289
Women	%	46	37	17	43	38	19	21	41	38	6,090	22,676
Country												
England	%	53	33	13	50	35	15	28	42	30	9,330	40,271
Wales	%	55	34	11	51	35	14	33	41	26	960	2,352
Northern Ireland	%	51	36	13	50	33	17	32	39	29	700	1,342
English Strategic Health Authority												
North East	%	54	33	13	53	31	16	32	39	30	950	2,028
North West	%	53	33	14	51	33	16	33	37	30	940	5,410
Yorkshire & The Humber	%	48	33	18	46	34	20	27	38	34	1,000	4,174
East Midlands	%	52	36	12	47	38	15	20	46	34	1,080	3,417
West Midlands	%	57	32	11	55	34	12	33	40	27	840	4,180
East of England	%	52	34	14	49	36	14	27	43	30	1,000	4,489
London	%	57	32	11	54	36	11	28	43	29	720	5,184
South East Coast	%	51	33	16	44	39	18	22	44	34	870	3,393
South Central	%	52	38	10	49	38	12	25	45	30	940	3,192
South West	%	53	33	14	50	35	15	27	45	28	990	4,174
Socio-economic classification of household ²												
Managerial and professional occupations	%	55	34	11	52	36	12	26	47	27	3,960	16,138
Intermediate occupations	%	53	33	14	49	36	15	29	42	29	1,940	7,596
Routine and manual occupations	%	52	32	15	49	34	17	31	36	33	3,640	14,532

The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

² Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 8.3.1 Modified dental anxiety scale by characteristics of adults continued

All adults¹ England, Wales, Northern Ireland: 2009

Characteristics of adults	Anxiety for scale and polish			Anxiety for injection			Total MDAS score				Unweighted Base	Weighted Base (000s)	
	Not anxious	Slightly/fairly anxious	Very/extremely anxious	Not anxious	Slightly/fairly anxious	Very/extremely anxious	5-9	10-18	19+	Mean			
All	%	62	30	8	30	41	28	51	36	12	10.8	10,990	43,965
Age													
16-24	%	56	35	9	23	35	41	43	42	15	11.8	1,010	6,469
25-34	%	61	31	8	23	42	35	45	40	15	11.5	1,450	6,976
35-44	%	60	30	10	27	43	30	48	39	14	11.2	2,010	8,175
45-54	%	57	32	10	28	45	27	51	35	14	11.0	2,010	7,343
55-64	%	63	28	9	33	43	24	55	33	12	10.5	1,930	6,558
65-74	%	71	24	5	44	40	17	63	31	6	9.2	1,460	4,484
75-84	%	73	22	5	45	38	17	63	31	6	9.1	920	3,177
85 and over	%	72	20	8	46	37	17	64	28	9	9.3	210	783
Sex													
Men	%	70	25	5	38	42	21	60	32	8	9.6	4,900	21,289
Women	%	55	34	11	24	41	36	43	41	17	11.9	6,090	22,676
Country													
England	%	62	30	8	30	41	29	51	37	12	10.8	9,330	40,271
Wales	%	63	29	8	35	40	25	54	35	11	10.3	960	2,352
Northern Ireland	%	59	32	9	37	38	25	52	35	13	10.7	700	1,342
English Strategic Health Authority													
North East	%	68	24	8	34	36	30	52	36	12	10.6	950	2,028
North West	%	61	29	10	35	38	28	52	35	13	10.8	940	5,410
Yorkshire & The Humber	%	60	28	11	29	37	34	47	36	18	11.6	1,000	4,174
East Midlands	%	58	33	9	23	45	32	48	39	13	11.2	1,080	3,417
West Midlands	%	66	27	8	33	42	24	57	33	10	10.2	840	4,180
East of England	%	62	31	7	29	42	29	50	38	12	10.9	1,000	4,489
London	%	63	30	7	29	45	26	52	39	9	10.4	720	5,184
South East Coast	%	59	32	9	25	42	33	48	38	14	11.5	870	3,393
South Central	%	60	32	7	29	43	28	51	39	10	10.7	940	3,192
South West	%	64	28	8	31	43	26	54	33	13	10.7	990	4,174
Socio-economic classification of household²													
Managerial and professional occupations	%	64	30	6	29	46	25	54	36	10	10.4	3,960	16,138
Intermediate occupations	%	61	31	8	30	41	28	51	37	12	10.8	1,940	7,596
Routine and manual occupations	%	62	28	10	33	36	31	50	35	15	11.0	3,640	14,532

The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

² Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 8.3.2 Modified dental anxiety scale by dental status

All adults¹

England, Wales, Northern Ireland: 2009

Modified Dental Anxiety Scale response [†]	Dental status		
	Dentate	Edentate	All
	%	%	%
If went to dentist tomorrow			
Not anxious	52	65	53
Slightly/fairly anxious	34	27	34
Very/extremely anxious	14	9	13
If sitting in waiting room			
Not anxious	49	62	50
Slightly/fairly anxious	36	26	35
Very/extremely anxious	15	11	15
If about to have tooth drilled			
Not anxious	27	48	28
Slightly/fairly anxious	43	24	42
Very/extremely anxious	30	28	30
If about to have scale and polish			
Not anxious	62	66	62
Slightly/fairly anxious	30	25	30
Very/extremely anxious	8	9	8
If about to have local anaesthetic injection			
Not anxious	29	48	30
Slightly/fairly anxious	42	26	41
Very/extremely anxious	29	26	28
Mean total score	10.9	9.7	10.8
Percentage with total score of 5 to 9	51	58	51
Percentage with total score of 10-18	37	33	36
Percentage with total score of 19 or more	13	9	12
<i>Unweighted Base</i>	10,340	650	10,990
<i>Weighted Base (000s)</i>	41,804	21,610	43,965

[†] The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

Table 8.3.3 Modified dental anxiety scale by self-assessed general and dental health

Modified Dental Anxiety Scale response [†]	England, Wales, Northern Ireland: 2009					
	Self-reported general health			Self-reported dental health		
	Good/ very good	Fair	Bad/ very bad	Good/ very good	Fair	Bad/ very bad
	%	%	%	%	%	%
If went to dentist tomorrow						
Not anxious	54	47	49	58	43	31
Slightly/fairly anxious	33	36	29	32	38	34
Very/extremely anxious	12	17	22	10	19	34
If sitting in waiting room						
Not anxious	51	46	47	55	41	30
Slightly/fairly anxious	36	34	31	34	39	34
Very/extremely anxious	13	20	22	11	20	36
If about to have tooth drilled						
Not anxious	27	30	35	30	23	22
Slightly/fairly anxious	44	37	28	44	41	28
Very/extremely anxious	29	34	37	26	36	50
If about to have scale and polish						
Not anxious	63	58	59	66	56	46
Slightly/fairly anxious	30	31	26	28	33	34
Very/extremely anxious	7	12	15	6	11	21
If about to have local anaesthetic injection						
Not anxious	30	31	36	32	27	24
Slightly/fairly anxious	42	38	30	43	40	32
Very/extremely anxious	28	31	34	25	33	45
Mean total score	10.6	11.5	11.7	10.1	11.9	14.1
Percentage with total score of 5 to 9	52	47	47	56	43	32
Percentage with total score of 10-18	37	37	33	35	40	39
Percentage with total score of 19 or more	11	16	20	9	17	30
<i>Unweighted Base</i>	8,740	1,680	570	7,880	2,330	800
<i>Weighted Base (000s)</i>	35,610	6,306	2,044	31,182	9,529	3,227

[†] The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

Table 8.3.4 Modified dental anxiety scale by clinical oral health

<i>Dentate adults</i> ¹		England, Wales, Northern Ireland: 2009			
Modified Dental Anxiety Scale response [†]	Number of teeth		Number of restored otherwise sound teeth		
	21 or more	Fewer than 21	Fewer than 12	12 or more	
	%	%	%	%	
If went to dentist tomorrow					
Not anxious	53	51	52	56	
Slightly/fairly anxious	34	33	33	36	
Very/extremely anxious	13	16	15	8	
If sitting in waiting room					
Not anxious	49	50	48	54	
Slightly/fairly anxious	37	33	36	37	
Very/extremely anxious	14	16	16	9	
If about to have tooth drilled					
Not anxious	25	36	25	34	
Slightly/fairly anxious	44	38	42	46	
Very/extremely anxious	31	26	33	19	
If about to have scale and polish					
Not anxious	61	65	60	68	
Slightly/fairly anxious	30	26	31	26	
Very/extremely anxious	8	9	9	6	
If about to have local anaesthetic injection					
Not anxious	27	38	26	36	
Slightly/fairly anxious	44	37	42	46	
Very/extremely anxious	29	25	32	18	
Mean total score	10.9	10.5	11.2	9.6	
Percentage with total score of 5 to 9	50	55	48	61	
Percentage with total score of 10-18	38	32	39	32	
Percentage with total score of 19 or more	12	13	14	6	
<i>Unweighted Base</i>	5,300	1,040	4,720	1,620	
<i>Weighted Base (000s)</i>	36,007	5,823	32,657	9,172	

[†] The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

Table 8.3.5 Modified dental anxiety scale by time since last visit to dentist

All adults¹

England, Wales, Northern Ireland: 2009

Modified Dental Anxiety Scale response [†]	Time since last visit to dentist				All
	Up to 1 year	Over 1 year, up to 5	Over 5 years, up to 10	Over 10 years	
	%	%	%	%	%
If went to dentist tomorrow					
Not anxious	57	46	43	43	53
Slightly/fairly anxious	33	36	32	30	34
Very/extremely anxious	10	18	25	27	13
If sitting in waiting room					
Not anxious	53	42	42	42	50
Slightly/fairly anxious	35	39	32	29	35
Very/extremely anxious	12	19	26	29	15
If about to have tooth drilled					
Not anxious	29	24	27	30	28
Slightly/fairly anxious	45	38	30	29	42
Very/extremely anxious	26	38	43	41	30
If about to have scale and polish					
Not anxious	65	55	55	54	62
Slightly/fairly anxious	29	33	32	29	30
Very/extremely anxious	6	12	14	17	8
If about to have local anaesthetic injection					
Not anxious	31	27	30	32	30
Slightly/fairly anxious	43	40	33	34	41
Very/extremely anxious	26	33	38	34	28
Mean total score	10.4	11.8	12.3	13.3	10.8
Percentage with total score of 5 to 9	55	42	41	41	51
Percentage with total score of 10-18	36	40	36	35	36
Percentage with total score of 19 or more	9	18	22	24	12
<i>Unweighted Base</i>	8,030	1,790	540	610	10,990
<i>Weighted Base (000s)</i>	31,099	8,071	2,391	2,332	43,965

[†] The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

Table 8.3.6 Modified dental anxiety scale by dental attendance

All adults¹

England, Wales, Northern Ireland: 2009

Modified Dental Anxiety Scale response [†]	Dental attendance			All
	Regular checkup	Occasional checkup	Only with trouble	
	%	%	%	%
If went to dentist tomorrow				
Not anxious	58	54	42	53
Slightly/fairly anxious	33	36	34	34
Very/extremely anxious	9	10	23	13
If sitting in waiting room				
Not anxious	55	52	39	50
Slightly/fairly anxious	35	38	35	35
Very/extremely anxious	10	11	26	15
If about to have tooth drilled				
Not anxious	30	24	25	28
Slightly/fairly anxious	46	48	32	42
Very/extremely anxious	24	28	42	30
If about to have scale and polish				
Not anxious	66	65	54	62
Slightly/fairly anxious	29	29	32	30
Very/extremely anxious	6	7	15	8
If about to have local anaesthetic injection				
Not anxious	32	27	28	30
Slightly/fairly anxious	44	44	35	41
Very/extremely anxious	24	29	37	28
Mean total score	10.0	10.6	12.5	10.8
Percentage with total score of 5 to 9	57	52	39	51
Percentage with total score of 10-18	35	37	39	36
Percentage with total score of 19 or more	8	10	22	12
<i>Unweighted Base</i>	7,010	890	3,060	10,990
<i>Weighted Base (000s)</i>	26,320	4,231	13,294	43,965

[†] The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

Table 8.3.7 Modified dental anxiety scale by effect of treatment cost

All adults[†]

England, Wales, Northern Ireland: 2009

Modified Dental Anxiety Scale response [†]	Effect of treatment cost						All
	Treatment choice affected by cost		Treatment delayed by cost		Treatment choice both affected by and delayed by cost		
	Yes	No	Yes	No	Yes	No	
	%	%	%	%	%	%	%
If went to dentist tomorrow							
Not anxious	45	56	43	55	43	55	53
Slightly/fairly anxious	38	32	37	33	37	33	34
Very/extremely anxious	17	12	19	12	20	12	13
If sitting in waiting room							
Not anxious	42	53	39	53	38	52	50
Slightly/fairly anxious	39	34	39	34	39	34	35
Very/extremely anxious	19	13	22	13	22	13	15
If about to have tooth drilled							
Not anxious	24	29	22	30	22	29	28
Slightly/fairly anxious	42	42	41	42	40	42	42
Very/extremely anxious	34	29	37	29	37	29	30
If about to have scale and polish							
Not anxious	57	64	54	64	53	64	62
Slightly/fairly anxious	32	29	34	29	34	29	30
Very/extremely anxious	11	7	13	7	13	8	8
If about to have local anaesthetic injection							
Not anxious	26	32	25	32	25	31	30
Slightly/fairly anxious	41	41	40	42	39	42	41
Very/extremely anxious	32	27	35	27	36	27	28
Mean total score	11.7	10.5	12.1	10.5	12.2	10.5	10.8
Percentage with total score of 5 to 9	44	54	41	54	40	53	51
Percentage with total score of 10-18	40	35	41	35	41	36	36
Percentage with total score of 19 or more	16	11	18	11	19	11	12
<i>Unweighted Base</i>	2,770	8,190	1,960	9,030	1,570	9,380	10,990
<i>Weighted Base (000s)</i>	11,607	32,210	8,280	35,667	6,742	37,058	43,965

[†] The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

[†] Adults who have never been to a dentist were not asked the MDAS questions.

Table 8.3.8 Modified dental anxiety scale by relationship with dentist at last visit

All adults¹

England, Wales, Northern Ire

Modified Dental Anxiety Scale response [†]	Relationship with dentist at last visit							
	Dentist listened carefully to what had to say about oral health		Was given enough time to discuss oral health with dentist		Was involved as much as wanted in decisions about dental care or treatment		Got answers to questions that could be understood	
	Yes	No	Yes	No	Yes	No	Yes	No
	%	%	%	%	%	%	%	%
If went to dentist tomorrow								
Not anxious	55	38	54	41	54	38	54	40
Slightly/fairly anxious	34	34	34	36	33	36	34	31
Very/extremely anxious	12	27	12	23	12	25	12	30
If sitting in waiting room								
Not anxious	52	35	51	37	52	35	51	35
Slightly/fairly anxious	35	36	35	38	35	39	36	33
Very/extremely anxious	13	29	13	24	14	27	13	33
If about to have tooth drilled								
Not anxious	29	22	29	21	29	20	29	21
Slightly/fairly anxious	43	32	42	35	42	33	42	32
Very/extremely anxious	28	46	28	44	28	47	29	47
If about to have scale and polish								
Not anxious	63	51	63	52	63	52	63	51
Slightly/fairly anxious	29	32	29	33	29	31	30	32
Very/extremely anxious	8	16	8	15	8	16	8	17
If about to have local anaesthetic injection								
Not anxious	31	25	31	26	31	24	31	27
Slightly/fairly anxious	42	34	42	35	42	33	42	29
Very/extremely anxious	27	40	27	39	27	43	27	45
Mean total score	10.5	13.1	10.5	12.7	10.5	13.2	10.6	13.4
Percentage with total score of 5 to 9	53	36	53	38	53	35	52	36
Percentage with total score of 10-18	36	38	36	40	36	40	37	36
Percentage with total score of 19 or more	11	26	11	22	11	24	11	29
<i>Unweighted Base</i>	9,870	970	8,890	970	8,490	950	8,980	550
<i>Weighted Base (000s)</i>	39,448	3,835	35,497	4,135	33,835	4,001	35,927	2,258

[†] The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

Table 8.3.8 Modified dental anxiety scale by relationship with dentist at last visit - continued

All adults¹

England, Wales, Northern Ireland: 2009

Modified Dental Anxiety Scale response [†]	Relationship with dentist at last visit								All
	Dentist explained reasons for dental care or treatment in a way that could be understood		Was treated with respect and dignity		Had confidence and trust in dentist		Number of negative responses		
	Yes	No	Yes	No	Yes	No	None	At least one	
	%	%	%	%	%	%	%	%	%
If went to dentist tomorrow									
Not anxious	54	43	54	32	55	36	56	43	53
Slightly/fairly anxious	34	33	34	32	34	31	33	35	34
Very/extremely anxious	12	25	12	36	12	33	11	22	13
If sitting in waiting room									
Not anxious	51	41	51	28	51	35	53	41	50
Slightly/fairly anxious	36	32	35	34	35	31	35	36	35
Very/extremely anxious	14	27	14	39	13	35	12	24	15
If about to have tooth drilled									
Not anxious	29	25	28	19	29	22	30	23	28
Slightly/fairly anxious	43	32	42	28	43	30	43	36	42
Very/extremely anxious	29	44	29	53	29	48	27	42	30
If about to have scale and polish									
Not anxious	63	54	63	44	63	49	64	55	62
Slightly/fairly anxious	29	31	29	35	29	31	29	32	30
Very/extremely anxious	8	15	8	21	8	20	7	13	8
If about to have local anaesthetic injection									
Not anxious	31	28	31	23	31	25	32	26	30
Slightly/fairly anxious	42	34	42	31	42	30	43	36	41
Very/extremely anxious	27	38	28	45	27	45	26	38	28
Mean total score	10.6	12.7	10.7	14.5	10.6	13.8	10.3	12.4	10.8
Percentage with total score of 5 to 9	52	40	52	29	52	35	54	41	51
Percentage with total score of 10-18	36	37	36	37	37	34	36	39	36
Percentage with total score of 19 or more	11	23	12	34	11	31	10	20	12
<i>Unweighted Base</i>	9,970	900	10,600	340	10,210	710	8,690	2,020	10,990
<i>Weighted Base (000s)</i>	39,801	3,650	42,318	1,397	40,641	2,994	34,301	8,510	43,965

[†] The statements and their groupings are derived from the Modified Dental Anxiety Scale (MDAS)

¹ Adults who have never been to a dentist were not asked the MDAS questions.

Table 8.4.1 Relationship with dentist at last visit by characteristics of adults

*All adults*¹ *England, Wales, Northern Ireland: 2009*

Characteristics of adults	Relationship with dentist at last visit										Unweighted Base	Weighted Base (000s)
	Dentist listened carefully to what had to say about oral health		Was given enough time to discuss oral health with dentist ²		Was involved as much as wanted in decisions about dental care or treatment ³		Got answers to questions that could be understood ⁴		Yes	No		
	Yes	No	Yes	No	Yes	No	Yes	No				
All	%	91	9	89	11	89	11	94	6		10,890	43,452
Age												
16-24	%	92	8	90	10	87	13	93	7		980	6,295
25-34	%	90	10	85	15	87	13	92	8		1,430	6,871
35-44	%	91	9	89	11	89	11	95	5		1,970	8,026
45-54	%	91	9	91	9	90	10	94	6		1,980	7,234
55-64	%	90	10	91	9	90	10	94	6		1,910	6,473
65-74	%	92	8	91	9	91	9	95	5		1,460	4,502
75-84	%	92	8	92	8	92	8	97	3		940	3,239
85 and over	%	93	7	91	9	91	9	96	4		220	811
Sex												
Men	%	91	9	89	11	89	11	94	6		4,810	20,829
Women	%	91	9	90	10	89	11	94	6		6,080	22,623
Country												
England	%	91	9	89	11	89	11	94	6		9,240	39,784
Wales	%	92	8	91	9	90	10	95	5		960	2,343
Northern Ireland	%	90	10	93	7	92	8	95	5		690	1,325
English Strategic Health Authority												
North East	%	92	8	92	8	90	10	95	5		950	2,026
North West	%	91	9	88	12	87	13	94	6		930	5,348
Yorkshire & The Humber	%	89	11	87	13	86	14	93	7		980	4,063
East Midlands	%	90	10	87	13	89	11	94	6		1,060	3,328
West Midlands	%	91	9	89	11	90	10	93	7		840	4,154
East of England	%	91	9	90	10	89	11	94	6		1,000	4,491
London	%	93	7	91	9	92	8	96	4		710	5,773
South East Coast	%	90	10	90	10	91	9	94	6		860	3,330
South Central	%	93	7	92	8	91	9	94	6		930	3,126
South West	%	89	11	88	12	88	12	92	8		980	4,146
Socio-economic classification of household ⁵												
Managerial and professional occupations	%	93	7	92	8	91	9	95	5		3,920	15,945
Intermediate occupations	%	91	9	89	11	89	11	95	5		1,920	7,530
Routine and manual occupations	%	89	11	87	13	87	13	92	8		3,610	14,318

¹ Excludes people who had never been to the dentist

² Excludes those who said they did not discuss any problems

³ Excludes those who said they did not require any treatment

⁴ Excludes those who said they did not ask any questions

⁵ Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 8.4.1 Relationship with dentist at last visit by characteristics of adults - continued

*All adults*¹ *England, Wales, Northern Ireland: 2009*

Characteristics of adults	Relationship with dentist at last visit										Mean number of negative responses	Unweighted Base	Weighted Base (000s)
	Dentist explained reasons for dental care or treatment in a way that could be understood		Was treated with respect and dignity		Did have confidence and trust in dentist		Number of negative responses						
	Yes	No	Yes	No	Yes	No	None	At least one					
All	%	91	9	97	3	93	7	80	20	0.5	10,890	43,452	
Age													
16-24	%	91	9	96	4	92	8	78	22	0.5	980	6,295	
25-34	%	89	11	95	5	91	9	74	26	0.7	1,430	6,871	
35-44	%	92	8	96	4	93	7	81	19	0.5	1,970	8,026	
45-54	%	92	8	97	3	94	6	82	18	0.5	1,980	7,234	
55-64	%	92	8	97	3	93	7	81	19	0.5	1,910	6,473	
65-74	%	91	9	98	2	95	5	84	16	0.4	1,460	4,502	
75-84	%	92	8	99	1	97	3	83	17	0.3	940	3,239	
85 and over	%	88	12	99	1	97	3	80	20	0.4	220	811	
Sex													
Men	%	91	9	97	3	93	7	79	21	0.5	4,810	20,829	
Women	%	92	8	97	3	93	7	81	19	0.5	6,080	22,623	
Country													
England	%	91	9	97	3	93	7	80	20	0.5	9,240	39,784	
Wales	%	93	7	97	3	94	6	84	16	0.5	960	2,343	
Northern Ireland	%	91	9	97	3	95	5	81	19	0.4	690	1,325	
English Strategic Health Authority													
North East	%	93	7	97	3	94	6	82	18	0.4	950	2,026	
North West	%	91	9	97	3	94	6	79	21	0.5	930	5,348	
Yorkshire & The Humber	%	90	10	94	6	91	9	79	21	0.6	980	4,063	
East Midlands	%	92	8	97	3	93	7	81	19	0.5	1,060	3,328	
West Midlands	%	91	9	97	3	94	6	81	19	0.5	840	4,154	
East of England	%	92	8	97	3	94	6	81	19	0.5	1,000	4,491	
London	%	92	8	97	3	92	8	80	20	0.4	710	5,773	
South East Coast	%	91	9	96	4	93	7	80	20	0.5	860	3,330	
South Central	%	90	10	98	2	94	6	80	20	0.4	930	3,126	
South West	%	91	9	97	3	91	9	77	23	0.6	980	4,146	
Socio-economic classification of household ²													
Managerial and professional occupations	%	93	7	98	2	95	5	83	17	0.4	3,920	15,945	
Intermediate occupations	%	91	9	97	3	93	7	79	21	0.5	1,920	7,530	
Routine and manual occupations	%	90	10	96	4	91	9	77	23	0.6	3,610	14,318	

¹ Excludes people who had never been to the dentist

² Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 8.4.2 Relationship with dentist at last visit by health characteristics

All adults ¹

England, Wales, Northern Ireland: 2009

Health characteristics	Relationship with dentist at last visit										Unweighted Base	Weighted Base (000s)
	Dentist listened carefully to what had to say about oral health		Was given enough time to discuss oral health with dentist ²		Was involved as much as wanted in decisions about dental care or treatment ³		Got answers to questions that could be understood ⁴					
	Yes	No	Yes	No	Yes	No	Yes	No				
	%											
All	%	91	9	89	11	89	11	94	6		10,890	43,445
Dental Status												
Edentate	%	91	9	91	9	91	9	96	4		710	2,359
Natural teeth and dentures	%	89	11	89	11	88	12	94	6		1,730	5,864
Natural teeth only	%	91	9	90	10	90	10	94	6		8,460	35,222
Self-reported general health												
Very good/good	%	92	8	91	9	90	10	95	5		8,630	35,096
Fair	%	88	12	85	15	87	13	92	8		1,700	6,334
Very bad/bad	%	86	14	84	16	83	17	89	11		560	2,016
Self-reported dental health												
Very good/good	%	94	6	93	7	93	7	96	4		7,820	30,912
Fair	%	88	12	84	16	85	15	91	9		2,300	9,351
Very bad/bad	%	74	26	74	26	71	29	84	16		760	3,148
Number of restored otherwise sound teeth												
Fewer than 12	%	90	10	88	12	87	13	93	7		4,630	32,033
12 or more	%	94	6	94	6	93	7	96	4		1,610	9,119
Number of decayed teeth												
None	%	92	8	91	9	91	9	95	5		4,490	29,402
One or more	%	87	13	84	16	83	17	90	10		1,750	11,749
If went to dentist tomorrow												
Thinks would need treatment	%	86	14	83	17	83	17	90	10		4,150	17,157
Thinks would not need treatment	%	94	6	94	6	94	6	97	3		6,660	25,969

¹ Excludes people who had never been to the dentist

² Excludes those who said they did not discuss any problems

³ Excludes those who said they did not require any treatment

⁴ Excludes those who said they did not ask any questions

Table 8.4.2 Relationship with dentist at last visit by health characteristics - continued

Health characteristics	Relationship with dentist at last visit										Unweighted Base
	Dentist explained reasons for dental care or treatment in a way that could be understood		Was treated with respect and dignity		Had confidence and trust in dentist		Number of negative responses		Mean number of negative responses		
	Yes	No	Yes	No	Yes	No	None	At least one			
	%		%		%		%				
All	%	91	9	97	3	93	7	80	20	0.5	10,890
Dental Status											
Edentate	%	91	9	98	2	96	4	81	19	0.4	710
Natural teeth and dentures	%	90	10	97	3	93	7	79	21	0.6	1,730
Natural teeth only	%	92	8	97	3	93	7	80	20	0.5	8,460
Self-reported general health											
Very good/good	%	92	8	97	3	94	6	87	13	0.5	8,630
Fair	%	89	11	95	5	91	9	75	25	0.7	1,700
Very bad/bad	%	87	13	96	4	90	10	73	27	0.8	560
Self-reported dental health											
Very good/good	%	93	7	98	2	95	5	85	15	0.4	7,820
Fair	%	90	10	96	4	90	10	73	27	0.7	2,300
Very bad/bad	%	81	19	90	10	79	21	56	44	1.4	760
Number of restored otherwise sound teeth											
Fewer than 12	%	91	9	96	4	92	8	77	23	0.6	4,630
12 or more	%	94	6	99	1	96	4	86	14	0.3	1,610
Number of decayed teeth											
None	%	93	7	98	2	95	5	82	18	0.4	4,490
One or more	%	88	12	94	6	88	12	72	28	0.8	1,750
If went to dentist tomorrow											
Thinks would need treatment	%	88	12	94	6	88	12	71	29	0.8	4,150
Thinks would not need treatment	%	94	6	98	2	97	3	86	14	0.3	6,660

¹ Excludes people who had never been to the dentist

Table 8.4.3 Relationship with dentist at last visit by dental attendance pattern

All adults ¹

England, Wales, Northern Ireland: 2009

Dental attendance	Relationship with dentist at last visit									Unweighted Base	Weighted Base (000s)
	Dentist listened carefully to what had to say about oral health		Was given enough time to discuss oral health with dentist ²		Was involved as much as wanted in decisions about dental care or treatment ³		Got answers to questions that could be understood ⁴				
	Yes	No	Yes	No	Yes	No	Yes	No			
All	%	91	9	89	11	89	11	94	6	10,870	43,380
Time since last dental visit											
Less than 1 year	%	93	7	92	8	92	8	95	5	8,000	30,990
Between 1 and 5 years	%	87	13	84	16	84	16	91	9	1,790	8,020
Over 5 up to 10 years	%	86	14	87	13	81	19	91	9	520	2,263
10 years or more	%	79	21	77	23	77	23	89	11	570	2,107
How often visits are made											
At least every 6 or 12 months	%	93	7	92	8	93	7	96	4	7,730	29,878
Less frequently than every 12 months	%	86	14	84	16	82	18	90	10	3,140	13,498
Reason for last visit											
Routine checkup	%	93	7	92	8	92	8	96	4	6,660	26,340
Emergency treatment ⁵	%	87	13	83	17	83	17	90	10	1,880	7,711
Other treatment	%	90	10	88	12	87	13	93	7	2,270	9,036
Number of visits in last 5 years with trouble											
None	%	91	9	90	10	90	10	95	5	4,450	17,996
1	%	91	9	90	10	89	11	94	6	2,380	9,516
2	%	93	7	90	10	91	9	94	6	1,520	5,952
3	%	91	9	87	13	89	11	96	4	800	3,161
4 or more	%	90	10	87	13	87	13	93	7	1,690	6,557

¹ Excludes people who had never been to the dentist

² Excludes those who said they did not discuss any problems

³ Excludes those who said they did not require any treatment

⁴ Excludes those who said they did not ask any questions

⁵ Emergency treatment was defined by the respondent

Table 8.4.3 Relationship with dentist at last visit by dental attendance pattern - continued

Dental attendance		Relationship with dentist at last visit										Mean number of negative responses	Unweighted Base	Weighted Base (000s)
		Dentist explained reasons for dental care or treatment in a way that could be understood		Was treated with respect and dignity		Had confidence and trust in dentist		Number of negative responses						
		Yes	No	Yes	No	Yes	No	None	At least one					
All	%	91	9	97	3	93	7	80	20	0.5	10,870	43,380		
Time since last dental visit														
Less than 1 year	%	94	6	98	2	95	5	84	16	0.4	8,000	30,990		
Between 1 and 5 years	%	88	12	94	6	88	12	71	29	0.8	1,790	8,020		
Over 5 up to 10 years	%	87	13	94	6	88	12	70	30	0.8	520	2,263		
10 years or more	%	80	20	91	9	86	14	64	36	1.1	570	2,107		
How often visits are made														
At least every 6 or 12 months	%	94	6	98	2	95	5	85	15	0.4	7,730	29,878		
Less frequently than every 12 months	%	86	14	94	6	88	12	70	30	0.8	3,140	13,498		
Reason for last visit														
Routine checkup	%	93	7	98	2	95	5	84	16	0.4	6,660	26,340		
Emergency treatment ²	%	89	11	94	6	88	12	72	28	0.8	1,880	7,711		
Other treatment	%	91	9	96	4	92	8	77	23	0.6	2,270	9,036		
Number of visits in last 5 years with trouble														
None	%	91	9	97	3	94	6	81	19	0.5	4,450	17,996		
1	%	91	9	96	4	92	8	80	20	0.5	2,380	9,516		
2	%	93	7	97	3	94	6	81	19	0.5	1,520	5,952		
3	%	94	6	97	3	92	8	78	22	0.5	800	3,161		
4 or more	%	92	8	96	4	92	8	79	21	0.6	1,690	6,557		

¹ Excludes people who had never been to the dentist
² Emergency treatment was defined by the respondent

**Published by The NHS Information Centre for health and social care
Part of the Government Statistical Service**

ISBN 978-1-84636-531-7

This publication may be requested in large print or other formats.

Responsible Statistician

Phil Cooke – Section Head, Dental and Eye Care

For further information:

www.ic.nhs.uk

0845 300 6016

enquiries@ic.nhs.uk

Copyright © 2011

The Health and Social Care Information Centre, Dental and Eye Care Team

All rights reserved.

This work remains the sole and exclusive property of the Health and Social Care Information Centre and may only be reproduced where there is explicit reference to the ownership of the Health and Social Care Information Centre.

This work may be re-used by NHS and government organisations without permission.

This work is subject to the Re-Use of Public Sector Information Regulations and permission for commercial use must be obtained from the copyright holder.