

Effect of Pre-Visit Video on Behavior of Pediatric Patients in the Dental Operatory

ssmHealth Cardinal Glennon Children's Hospital

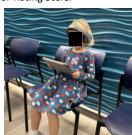
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Introduction

Dental anxiety is a common behavioral challenge in children and can result in reduced cooperation, delayed treatment, and negative oral health outcomes. Behavior guidance techniques like Tell-Show-Do and distraction are commonly used but may be insufficient for anxious or uncooperative patients. Pre-visit interventions such as filmed modeling have been shown to increase familiarity and reduce fear in pediatric healthcare settings. This study explores the use of a brief, child-friendly educational video as a behavior guidance tool in the pediatric dental setting

Purpose

This study aimed to determine whether a short pre-visit educational video could improve the behavior of pediatric dental patients ages 4 to 10 years old during non-invasive dental treatment, as measured by the Frankl Behavior Rating Scale.





Scan to watch Pre-Visit Video







Methods

The study included 32 patients of record at the Saint Louis University Pediatric Dentistry Clinic, ages 4 to 10 years old, with ASA I or II status and a previous Frankl score of ≤3. Participants were randomly assigned by a designated front office staff member to either the intervention group (n=16), who viewed a brief pre-visit educational video, or the control group (n=16), who viewed a neutral cartoon video of similar length. Both the provider and the observer assigning behavior scores were blinded to group assignment. A research team member observed the entire appointment and assigned a Frankl Behavior Rating Score based on the child's behavior during treatment.

Results

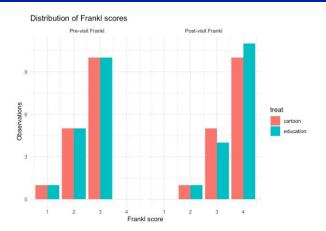


Figure 1. Comparison of mean Frankl behavior scores before and after intervention.

A total of 32 pediatric patients were included in the study (n = 16 per group). Each child had a previous Frankl score recorded at an earlier visit where only traditional behavior guidance was used. During the study visit, patients viewed either a brief educational video (intervention group) or a neutral cartoon video (control group) prior to treatment.

Results cont.

Both groups showed improvement in behavior compared to their previous visit. The average Frankl score increased by approximately one point in each group. The education group had a slightly higher post-visit Frankl score (mean = 3.63) compared to the cartoon group (mean = 3.56), but this difference was not statistically significant (p = 0.779). Similarly, the change in Frankl scores from the prior to the current visit did not differ significantly between groups (p = 0.826). However, overall improvement across all participants was statistically significant (p < 0.0001).

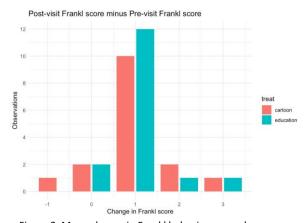


Figure 2. Mean change in Frankl behavior scores by group.

Conclusion

While there was no statistically significant difference in behavior between the intervention and control groups, both groups showed improvement in Frankl scores compared to their previous visit. This suggests that incorporating a brief video before treatment, whether educational or neutral, may positively impact pediatric patient behavior. Pre-visit video exposure may serve as a simple and effective supplement to traditional behavior guidance techniques in pediatric dentistry.