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Service patterns by reason for visit



This report provides information on the patterns of services provided by dentists in Australia in relation to the reason for visit. Data are presented on patient age and sex, insurance status, geographic location, main diagnosis or condition, services that were supplied by dentists in private general practice, and oral health status in 2003–04.

Summary

- Higher percentages of check-up visits were observed among younger patients and among most age groups of patients with dental insurance.
- Diagnostic and preventive services were provided at higher rates at check-up visits; whereas extraction and endodontic services were provided at higher rates at emergency visits.
- Dentate patients aged 18–24 years and 25–44 years attending for emergency care had higher decay levels than patients of other ages or attending for other reasons.
- Pulpal/periapical infection was diagnosed at a high proportion of emergency visits.

Data collection

Findings presented in this publication are based on data collected for the Longitudinal Study of Dentists’ Practice Activity. This study is based on a random sample of dentists from the dental registers of each state and territory in Australia. Data have been collected at 5-year intervals between 1983–84 and 2003–04. A supplementary sample has been added at each wave of the study drawn at random from among those dentists who were newly registered since the previous wave of the study was conducted.

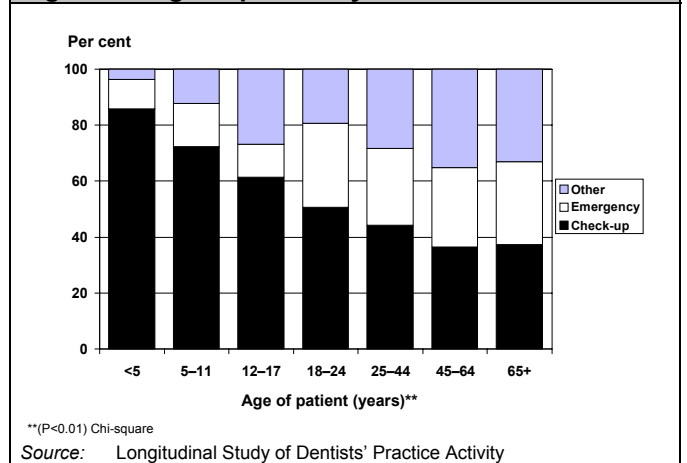
The findings presented are based on data that have been weighted using the age and sex distribution of dentists in Australia to produce representative estimates of the population of dentists, and are restricted to dentists in private general practice in 2003–04.

See the back of the report for details on response and unweighted age distribution by sex of dentist and time of study.

Patient and visit characteristics

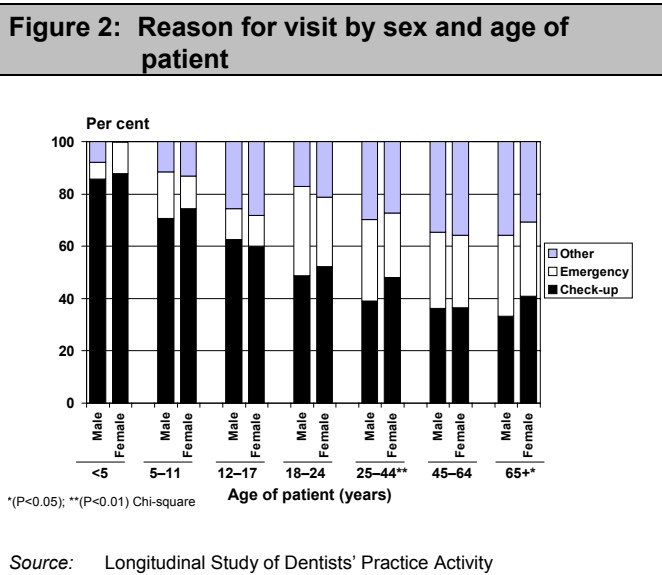
The reason for visit was classified as check-up, emergency or other dental problem. Emergency visits were defined on the basis of relief of pain; other dental problems consisted of visits for problems that did not involve relief of pain; and check-up visits were neither problem-based nor involved relief of pain. The distribution of reason for visit by age of patient is presented in Figure 1.

Figure 1: Age of patient by reason for visit

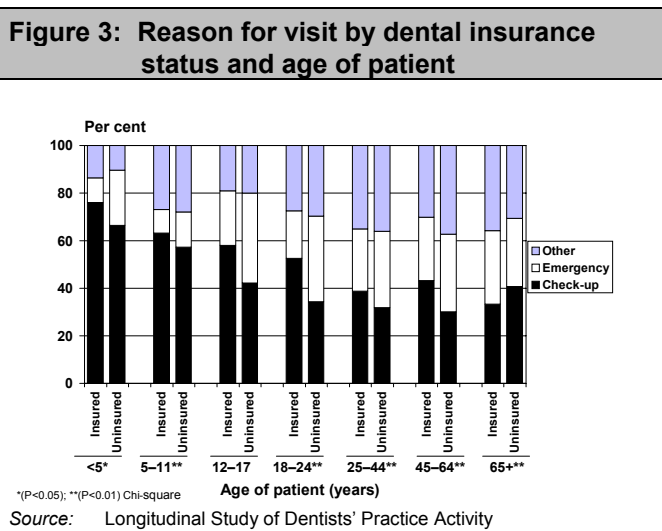


The percentage of check-up visits declined across successively older age groups before levelling off among patients aged 45–64 years and 65 years or more. Patients aged 18–24 years exhibited the highest percentage of emergency visits. Dental visits for other problems not involving relief of pain peaked among patients aged 45–64 years and 65 years or more.

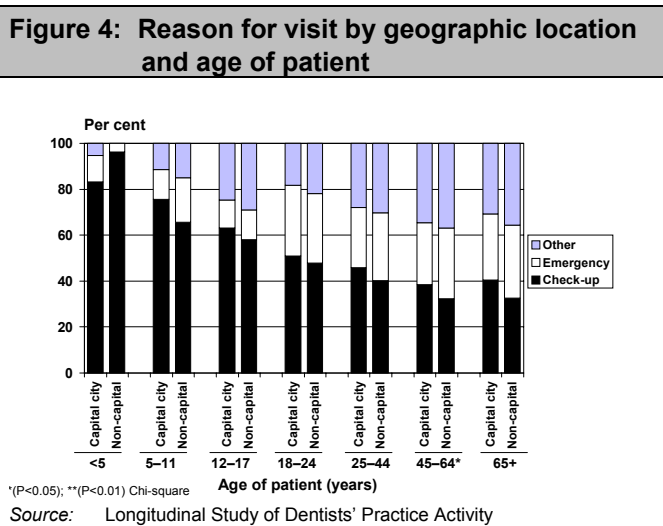
The distribution of reason for visit is presented by sex of patient and age in Figure 2. Female patients tended to have higher percentages of check-up visits compared to males in most age groups, but this was only significant among those aged 25–44 years and 65 years or more.



The distribution of reason for visit is presented by dental insurance status of patient and age in Figure 3. Patients with dental insurance had significantly higher percentages of check-up visits compared to uninsured patients in each age group except those aged 12–17 years and 65 years or more.

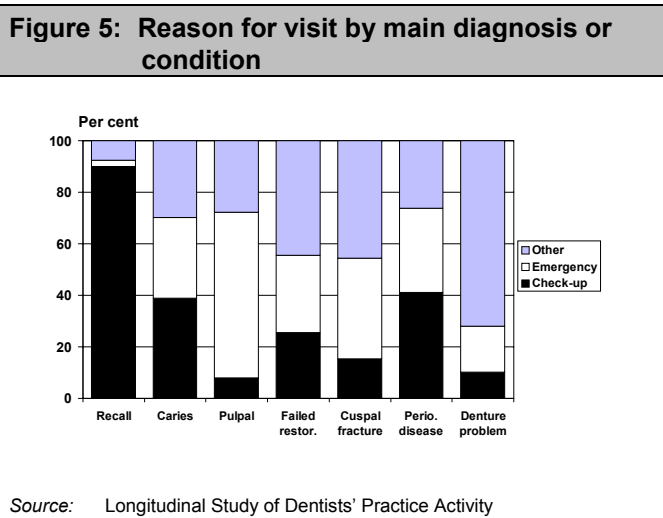


The distribution of reason for visit is presented by geographic location of patient and age in Figure 4. While the trend in most age groups was for higher percentages of check-up visits among patients in capital city locations, the only significant difference was observed among patients aged 45–64 years.



Main diagnosis or condition

The distribution of reason for visit is presented by the top ranked main diagnoses or conditions in Figure 5. Recall visits were associated with high percentages of check-up visits (90.1%), followed by periodontal disease (41.1%) and caries (39.0%). Pulpal/periapical infection was associated with a high percentage of emergency visits (64.1%). Other visits for dental problems not involving relief of pain were observed at high percentages for denture problems (72.0%), cuspal fractures (45.4%) and failed restorations (44.5%).

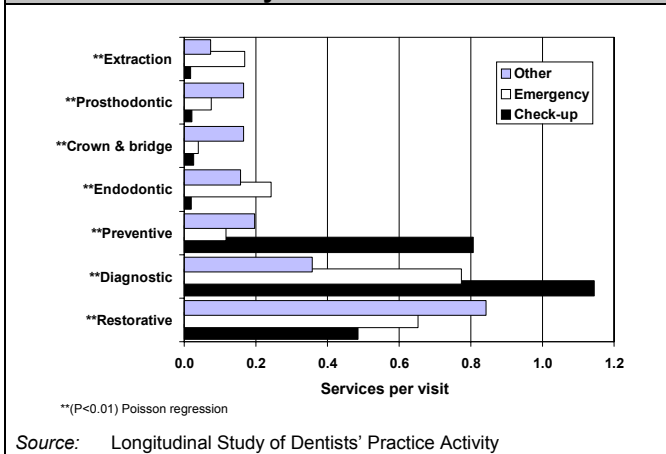


Provision of services in main areas

Provision of dental services in main areas of service is presented by reason for visit in Figure 6. Service rates varied by reason for visit: restorative services were provided at higher rates at other dental visits for problems not involving relief of pain; diagnostic services were provided at higher rates for check-up and emergency visits; and preventive services were provided at higher rates

for check-up visits. Endodontic services were provided at higher rates for emergency visits and other visits for problems not involving relief of pain. Other dental visits were also associated with higher rates of crown and bridge and prosthodontic services. Extraction rates were highest for emergency visits.

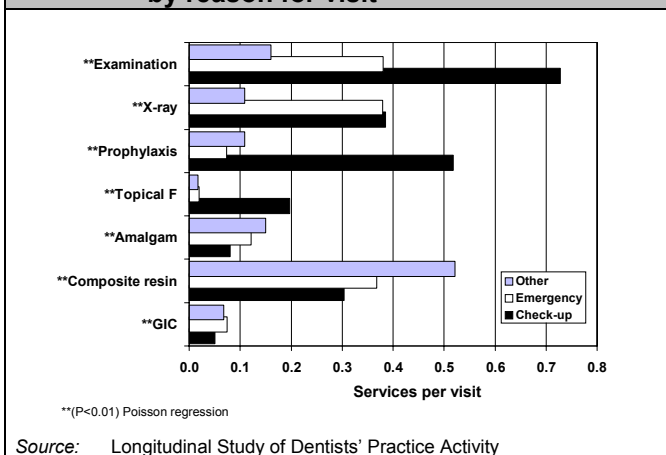
Figure 6: Services per visit in main areas of service by reason for visit



Provision of selected services

In order to further explore the relationship between provision of services by reason for visit, selected services from the restorative, diagnostic and preventive areas are presented in Figure 7. Rates of provision of dental examinations exhibited a gradient by reason for visit, being provided at higher rates at check-up visits, followed by emergency visits, then other visits for dental problems not involving relief of pain. Rates of x-ray services were similar for both check-up and emergency visits, being provided at higher rates compared to other visits.

Figure 7: Services per visit for selected services by reason for visit



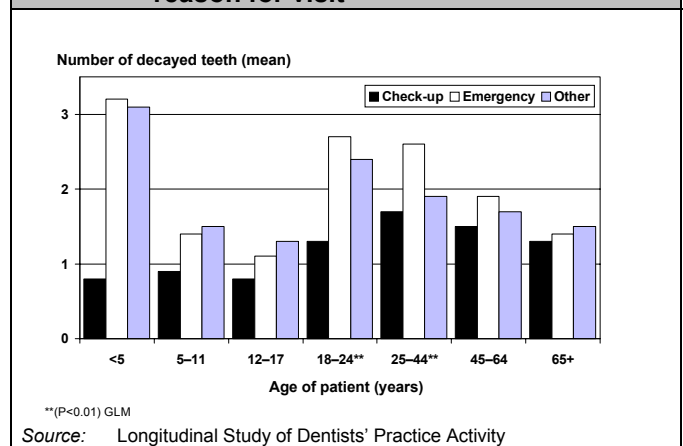
Rates of dental prophylaxis services and topical fluoride services were both higher at check-up visits compared to emergency visits and other visits not involving relief of pain.

Rates of composite resin restorations were higher compared to amalgam and GIC restorations regardless of reason for visit. However, there was variation in service rates by reason for visit within each type of restoration material, with lower restoration rates at check-up visits.

Decayed teeth

The mean number of decayed teeth is presented by age and reason for visit in Figure 8. Dentate patients attending for emergency care had higher decay levels among patients aged 18-24 years and 25-44 years. Note that while high mean numbers of decayed teeth were also observed among patients aged less than 5 years, this comprised small numbers of patients, particularly in the emergency and other visit categories.

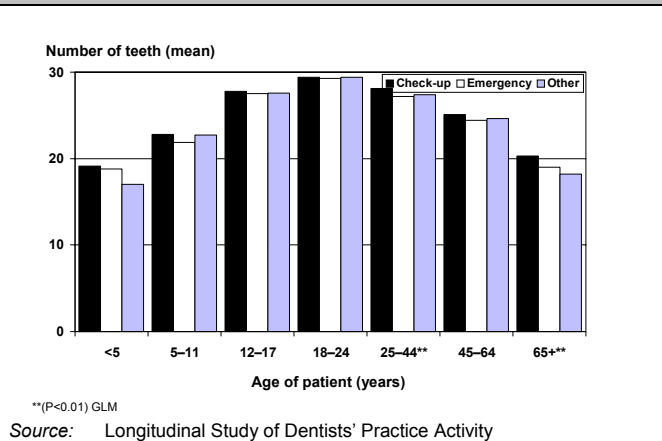
Figure 8: Number of decayed teeth by age and reason for visit



Number of teeth

The mean number of teeth among dentate patients is presented by age and reason for visit in Figure 9. Numbers of teeth peaked in the 18-24 years age group, and declined across successively older age groups of patients. Patients attending for check-up visits had higher numbers of teeth on average among the 25-44 years and 65 years or more age groups.

Figure 9: Number of teeth by age and reason for visit



Response

The sample and response numbers across the five waves of the study are shown in Table 1. At each wave over 1,000 dentists were sampled, with the response numbers varying from 730 dentists in 1983–84 to 962 dentists in 2003–04.

Responses rates to the study were in excess of 70% at each wave, varying between 71.2% in 1998–99 and 76.0% in 2003–04.

Table 1: Response by time of study

Time of study	Sampled	Responded	% Response
1983–84	1,033	730	73.4
1988–89	1,166	855	75.5
1993–94	1,212	817	73.9
1998–99	1,416	943	71.2
2003–04	1,567	962	76.0

The age distribution by sex of dentist at each wave of the study is shown in Table 2.

Table 2: Age of dentist by sex and time of study

Time of study	Male	Female
1983–84		
20–29	14.1	36.6
30–39	31.9	35.5
40–49	22.6	15.5
50–59	21.8	8.5
60+	9.7	4.2
1988–89		
20–29	12.7	38.5
30–39	35.1	38.5
40–49	25.4	10.9
50–59	13.4	9.0
60+	13.4	3.2
1993–94		
20–29	13.4	27.9
30–39	31.0	44.2
40–49	28.4	19.5
50–59	14.6	5.8
60+	12.6	2.6
1998–99		
20–29	10.7	28.5
30–39	26.1	39.9
40–49	31.0	25.0
50–59	21.5	20.0
60+	10.7	0.4
2003–04		
20–29	10.0	21.1
30–39	22.0	31.6
40–49	35.7	34.1
50–59	22.7	11.9
60+	9.6	1.4

Initially, the highest percentages of male dentists were in the 30–39 and 40–49 years age groups, and the highest percentages of female dentists were in the 20–29 and 30–39 years age groups. However, the percentage of both male and female dentists in the 20–29 years age group decreased across the study period.

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The AIHW Dental Statistics and Research Unit (DSRU) is a collaborating unit of the Australian Institute of Health and Welfare established in 1988 at The University of Adelaide, located in the Australian Research Centre for Population Oral Health (ARCPH), School of Dentistry, The University of Adelaide. DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of information on oral health and access to dental care, the practice of dentistry and the dental labour force in Australia.

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