# Adult orthodontic patients, what is important to them?


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## Introduction

The demand for orthodontic treatment among the adult population has undoubtedly increased in the United Kingdom (UK) in the last 30 years (BOS, 2021; Chow et al., 2020; Scott et al., 2007). This rise has been attributed to improved dental services, increased awareness of treatment possibilities among adults (Scott et al., 2007), greater social acceptability of orthodontics (Omran and Dowie, 2023; Rosvall et al., 2009) and the improved aesthetics of orthodontic appliances (Alansari et al., 2019). Despite the observed increase in demand for orthodontic treatment among adults, there remains a lack of research investigating the motivations for adults seeking treatment, information sought and the various factors influencing their decision-making processes (Cedro et al., 2010; Imani et al., 2018; Johal and Joury, 2015; Pabari et al., 2011).

The literature has shown some common motivations for adults seeking treatment, including the desire to straighten teeth and to improve facial aesthetics (Pabari et al., 2011; Singh, 2016). Recent evidence suggests that a number of adults are also seeking treatment due to relapse after previous orthodontics as a child/adolescent (Chow et al., 2020). It is likely that social influences and media also play an increasing role. Following the recent COVID-19 pandemic and the so-called associated “zoom-boom”, it has been reported that some adults are more self-conscious when viewing their appearance on screen and this may also influence adults to consider orthodontic treatment (Omran and Dowie, 2023).

Alongside the reasons why adults may pursue orthodontic treatment is the consideration of what sort of information they wish to have provided and how they make informed decisions regarding the choice of appliances that are available. In the UK and RoI, adult patients typically pay for their treatment under a private arrangement (Fenton et al., 2022) and it has been shown that patients are willing to pay more for aesthetic appliances (including lingual appliances or clear aligners) (Alansari et al., 2019). Adult patients also appreciate having options and being able to make informed choices (Fenton et al., 2022).

To deliver the best patient-centred care, it is important to better understand all of these aspects of adult treatment. The aims of the present study therefore were to (1) establish the motivations behind adults pursuing orthodontic treatment, (2) assess what information adults seek and (3) gain further insight into

the factors involved in the decision-making processes that adults undertake before commencing orthodontic treatment.

**Methods**

The aim of this research was to obtain information from the patient's perspective using an online cross-sectional questionnaire-based study completed by adults in the UK and RoI who were either considering orthodontic treatment, currently receiving treatment or had completed treatment in the private sector. Ethical approval was granted by the Research Ethics Committee at University College London (UCL).

This was intended to be an initial exploratory study to provide an overview regarding the perceptions of potential or current adult patients and to highlight areas that may be appropriate to explore in future studies. A questionnaire was developed *de novo* specifically for this study. Although a limited number of questionnaires focusing on adult orthodontic treatment were available in the literature, there were none that met the specific aims of the present study. All questions were structured to be easily readable and understood by participants. Most questions were multiple choice, with either a single response option or multiple responses allowed. The aim of the response design was to offer a comprehensive list of options for participants, while being relatively easy to complete. Many questions also allowed participants to select 'other' with a free-text box in order to ensure all opinions were included. For questions regarding satisfaction with their decision to have orthodontic treatment and with the type of appliance chosen, a Likert-type scale was used. Limited demographic data were collected as this was an initial exploratory study; sex and age were recorded as there is some evidence to suggest that they may influence healthcare choices; however, other variables, such as ethnicity or income, were not collected in this initial study.

The questionnaire underwent a number of iterations during development and was informed by feedback from the research team, clinicians and patients. The questionnaire was designed to be completed online via UCL's online survey platform, Opinio®, and it included a progress bar and a "save" option to aid completion. Once the questionnaire had been developed, it was piloted with patients from a private practice setting who were asked to comment on the relevance and appropriateness of the questions being asked as well as the clarity and readability of the questionnaire. Amendments were subsequently

made based on this feedback and this enhanced the validity. The final questionnaire was assessed for readability using the Flesch Reading Ease score and Flesch-Kincaid Grade Level (produced by Microsoft Word). The Flesch Reading Ease score was 83.3 and the Flesch-Kincaid Grade Level was 2.8, suggesting the questionnaire was appropriate for participants with a reading age of 8 years or above. These were considered acceptable by the research team.

As this was an exploratory survey, the questionnaire was not psychometrically tested. Each respondent was permitted to complete the survey only once. There was also a prize draw for a £75 gift voucher in order to incentivise completion. The inclusion criteria for the study were patients aged over 18 years, as this is the age of majority in both the UK and RoI, and who were either considering, undergoing or had completed orthodontic treatment in private practice in the UK or RoI. Patients who had completed orthognathic surgery were excluded as it was felt their experience would be different, resulting in unique motivating and decision-making factors.

Participants were recruited via four main routes: first, the survey was promoted on an adult orthodontics public online blog (ukadultbraces.co.uk). An email was also circulated via the British Orthodontic Society (BOS) to members requesting that they consider asking their private patients to complete the questionnaire and including a flyer that could be displayed within practices the flyer included a QR code linking directly to the questionnaire. The survey was also promoted via the BOS Facebook page. Finally, the survey was promoted to current and former colleagues of the research team who worked in private practice. The survey was open for 13 weeks and participants could opt to be entered into a prize draw.

The responses from Opinio® were collated in Microsoft Excel and only fully completed questionnaires were included in the analysis. No personal identifiable information was recorded as part of the survey and the survey was also structured to ensure the respondent's IP address was not recorded.

**Results**

In total, 257 responses were collected, of which 209 were fully completed. Of those 209 participants, 47% were from the UK and 53% from RoI. In this initial study, the data are combined for presentation

due to the complexities of assessing each individual question according to the relevant country. The limitations of this approach are considered in the discussion.

Of the respondents, 83% were women, 16% were men and 1% preferred not to say. With regard to age, 65% of the respondents were aged under 40 years (25% were aged 30 years or younger and 40% were aged 31-40 years) (Table 1). Table 1 also shows the stage of treatment for the respondents, with 39% currently in treatment and 40% had completed treatment. A number of respondents (38%) had treatment as a child; however, the majority (57%) had not had orthodontic treatment before and were considering/ having/had treatment for the first time as an adult.

***Motivating And Decision-Making Factors***

The most frequently selected motivating factor for treatment was aesthetics, *'I want to improve the appearance of my teeth',* with 82% of the 209 participants selecting this option (Table 2). The next most commonly selected options were '*My teeth have recently moved and I wanted to straighten them'* (n = 57, 27%) and "*I want to improve my self-confidence/self-esteem*" (n = 55, 26%). For those who selected that their teeth had recently moved, the orthodontic history was looked at in more detail and it was noted that 54 (95%) of the 57 respondents who selected this option had previously undergone orthodontic treatment.

The social factors that may have influenced participants to consider treatment were explored and the two most commonly reported social factors were *'I see photos of myself on social media and do not like the appearance of my teeth'* (31%) and *'I am more comfortable having treatment as I think it is more socially acceptable to have braces as an adult now'* (31%). The next most selected option was that the respondent was *'influenced by a family member/friend having had orthodontic treatment'* (25%) (Table 3).

When asked about the type of appliance being considered or chosen, multiple responses were possible. Of all respondents, 33% selected '*clear removable aligners',* 30% selected '*metal braces on the outside of the teeth'* and 19% selected '*tooth-coloured braces on the outside of the teeth'.* When the data were considered according to stage of treatment, the most commonly selected option for those respondents who were considering treatment but had not actually started was *'clear removable aligners'* (71%)

followed by *'tooth-coloured braces on the outside of the teeth*' (18%). For those currently in-treatment or who had completed treatment, the most frequently selected option was *'metal braces on the outside of the teeth' (*31% and 40%, respectively) (Table 4).

Participants were then asked '*What will/did influence the type of brace/orthodontic treatment you select(ed)?*' and the most frequently selected option was '*advice from my dentist or orthodontist'* (77% of the 209 participants); it was also the most frequently selected option for each subgroup. For the group who were still considering treatment, '*the shortest treatment time'* was the second most selected factor (19 of 45 respondents; 42%), followed by the *'most affordable option'* (15 of 45 respondents; 33%). For those in-treatment or who had completed treatment, the second most frequently selected factor was *'consideration about my appearance when wearing the brace' (*21 of 81 respondents [26%] and 22 of 83 respondents [27%], respectively) followed by *'the shortest treatment time' (*9 of 81 respondents [11%] and 14 of 83 [17%] respondents, respectively).

In response to the question *'What would/did influence where you go/went for treatment?',* '*where my dentist refers me'* was chosen by 43% of respondents and a *'recommendation from someone I know'* was the second most commonly selected option (35%). When asked why those participants considering treatment had not yet started (n = 45), the *'time involved in getting orthodontic treatment'* (26 of 45 respondents, 58%) and '*affordability'* (15 of 45 respondents, 33%) were the most common reasons selected.

***Information-seeking behaviour***

Participants were asked where they had looked for information about orthodontics and multiple options were allowed; the most commonly selected response was '*my general dentist*' (62% of respondents), followed by '*orthodontist*' (39%) and '*online/Internet searches'* (27%). The actual information sought is shown in Table 5. The information that was most commonly sought was: '*typical length of treatment'* (64% of respondents); *'what sort of results I might get'* (56%); *'types of brace which I could have'* (55%); and *'typical cost of different treatments'* (52%).

There were 164 respondents who had either commenced or completed treatment; of these respondents, 96% (157/164) were highly satisfied with their decision to have orthodontic treatment and with the type of appliance chosen (147/164, 90%). Those who had completed treatment (83 respondents) were asked what they would have done differently if they considered treatment again; the majority (55/83; 66%) said they were happy with the decisions they made although 26 respondents (26/83; 31%) said they wished they had started treatment sooner.

## Discussion

Adult patients are an important part of contemporary orthodontic practice; therefore, a deeper understanding of this cohort of patients is crucial. This study was innovative in using an online questionnaire that was circulated via an adult orthodontic blog and that could be completed by respondents at varying stages of the orthodontic process. The findings not only reinforce existing knowledge regarding adults seeking orthodontic treatment, such as the prominent role of aesthetics as a motivating factor, but also introduces some novel insights. Specifically, we highlight the influence of social factors on decision-making processes and the importance of effectively communicating information regarding the duration of treatment and costs. One of the other interesting findings was the high percentage of potential patients considering aligners however a much smaller proportion of patients who were in treatment or had completed treatment received aligners**.**

## Limitations

This study was an exploratory survey of perceptions of those who were contemplating, undergoing or had completed adult orthodontic treatment and, while the study utilised an appropriately developed questionnaire with patient input at the pilot stage, it was not developed through in-depth patient interviews nor was it psychometrically tested. There are also other factors (e.g. ethnicity, income level) that were not included in this questionnaire but could potentially be included in future studies. One limitation of this study is that it combines the data of three subsets (considering treatment, in-treatment and post-treatment) as it may have introduced bias.

An additional limitation of this study is the method of recruitment employed. The survey had four main distribution routes, with the aim being to capture patients' views at different stages of the treatment journey. However, adults who were considering treatment but had not yet seen a clinician for a formal assessment may not have been included.

As results were gathered from two countries, the decision to show the combined results may potentially introduce bias as there are differences in the healthcare systems and there may be differences between the responses of the two cohorts. The study was, however, undertaken in a fee-paying setting for both the UK and RoI so hopefully that would reduce this bias. The exclusion of NHS patients and the lack of standardisation in private fees may have also introduced bias.

**Comparison with other studies**

A larger number of women (83%) than men completed this survey. This is in keeping with the literature, where higher proportions of female respondents were found in similar questionnaire-based studies, both being 73% (Pabari et al., 2011; Singh, 2016). A study by the BOS also reported a greater number of adult women seeking treatment (BOS, 2021).

With regard to the stage of orthodontic treatment, most respondents were either currently in-treatment or had completed treatment; this almost certainly reflects the mode of recruitment, where one of the routes was in dental or orthodontic practices. The majority of respondents (57%) had treatment for the first time as an adult or were considering treatment for the first time. Of the remaining participants, 38% had treatment as a child and 5% had previously had treatment as an adult and were considering treatment again. These numbers were different to those reported in the literature, where 25% (Khan and Horrocks, 1991) and 21.5% (Pabari et al., 2011) of adults were found to have undergone previous orthodontic treatment. However, these studies were some years ago and the differences when compared with the current study almost certainly reflect the increased number of adults seeking retreatment.

The most commonly selected reason for considering treatment was aesthetics, '*to improve the appearance of my teeth* (82% of respondents), and this was comparable with Singh (2016), who reported two commonly selected reasons for seeking treatment: '*to straighten my teeth'* (85%) and '*improve my smile'* (79%). Pabari et al. (2011) also reported to *'improve my smile'* (68.1%) as the most common reason for seeking treatment. The second most commonly selected motivating factor in the current study was '*my teeth have recently moved and I want to straighten them'* (27% of respondents). Of those who selected this response, the majority (95%) had undergone treatment before. For those seeking retreatment, this relapse may have been for various reasons, including not wearing retainers in the long term. Chow et al. (2020) also reported that *'relapse of original treatment'* was the third highest motivating factor for pursuing retreatment among adults (34%).

One of the two most commonly selected social factors influencing the decision to consider treatment was *'I see photos of myself on social media and do not like the appearance of my teeth'* (31%). This topic has not been widely researched in the orthodontic literature; however, an American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) member survey in 2020 found that 72% of their members reported patients seeking cosmetic procedures to look better in self-portrait photographs ("selfies") (AAFPRS, 2020). The same percentage of respondents (31%) in the present study selected that orthodontic treatment as an adult is '*more socially acceptable'* suggesting that adults now feel more comfortable undergoing treatment and that there is less "social stigma" than in the past. The third most commonly selected factor in this section was that respondents were '*influenced by family/friend having treatment'* (24%). The impact of this is clearly understood by companies, and is seen in changes in marketing in orthodontics, for example, the utilisation of '*refer a friend'* marketing offers (Kravitz and Bowman, 2016).

Those respondents who were still considering treatment were asked why they had not commenced treatment yet and the most frequently selected reason was *'the time involved in treatment'* (58% of that group). This finding is important considering that the most commonly selected item of information being sought by respondents was '*typical length of treatment'*. Duration of treatment is clearly an important factor for patients in terms of both information seeking and decision-making. It is apparent that companies already comprehend the significance of treatment duration, as evidenced by a recent study

examining the nature and accuracy of Instagram posts related to orthodontic marketing. Alkadhimi et al. (2022) found that most marketing claims related to shorter treatment duration, usually with no evidence cited. This highlights the crucial need for improved information dissemination to ensure that patients can make informed decisions regarding treatment, based on accurate evidence.

The second most commonly selected option for not having commenced treatment as yet was '*affordability of treatment'* (33%); Singh (2016) also found that 70% of their respondents noted the '*cost of treatment'* to be a negative aspect. Further to this, a recently published study found that the affordability of treatment was an important reason why some patients opted for direct-to-consumer (DTC) treatment (Wexler et al., 2020). The potential risks of selecting such methods of treatment need to be made clear to patients through the provision of high-quality information about the options available (BOS, 2023).

When information-seeking behaviour was explored, the '*general dentist'* was the main source of information overall, and this was similarly reported by Pabari et al. (2011). It is reassuring that participants would initially seek a credible and reliable source of information. Such information may be provided from practices via various means including leaflets, recommended websites, treatment coordinators or posters with QR codes. For those respondents who were still considering treatment, the second highest response was '*online/Internet searches'*. It is important to have reputable online resources that patients can be directed to, thereby avoid misleading or inaccurate information. By having reliable online sources, clinicians can empower individuals to make informed decisions and enhance their understanding of the treatment process and potential outcomes.

Regarding the type of appliances that participants had considered, the most commonly selected option for those still considering treatment was '*clear removable aligners'* (71%), with only 11% considering labial metal appliances. It is likely that this is due to an increased awareness of aligners, potentially related to the increased levels of marketing of this type of appliance (Papageorgiou et al., 2020). It is interesting when comparing this finding with those respondents currently in-treatment and who had completed treatment, where '*metal braces on the outside of the teeth'* were received by 31% and 40% of respondents, respectively. Only 20% and 25% of those in-treatment or who had completed treatment

had '*clear removable aligners'* (Table 4). The greatest influence reported for all three groups regarding the type of appliance they would choose/chose was *'advice from my dentist/orthodontist'* (77%). Reassuringly, this finding suggests that professional advice remains an important contributing factor in final decision making. This is supported in the literature, which has shown that providing clear information regarding the advantages and disadvantages of different appliance options can have an impact on a patient's decisions (Maranon-Vasquez et al., 2021).

**Implications for clinical practice**

There are useful and clinically important findings from this study. Some of the findings reinforce the results of previous studies but there were also other notable findings. There appear to be increasing numbers of adults seeking retreatment, and this highlights the importance of clinicians being mindful of this trend, particularly considering the potential risks associated with retreatment, for example the possible increased risk of root resorption and also the expectations associated with a further course of treatment.

During initial orthodontic consultations with adult patients, it is important to prioritise the topics discussed according to what information patients themselves prioritise and search for. This study would suggest that duration of treatment is a key aspect of care, also potential outcomes, type of appliance and costs of treatment. Discussions regarding duration of treatment will hopefully also inform patients of the potential limitations of short-term orthodontics (Stanford, 2017).

In addition, it is important to engage in discussions with patients regarding cost of treatment and the payment options that might be available. By considering and exploring different payment arrangements, clinicians may be able to alleviate financial concerns and still ensure that orthodontic treatment remains accessible and affordable. This approach fosters transparency but as lower-cost treatment alternatives gain increasing popularity, it is imperative that professionals effectively communicate the advantages and disadvantages of all available options.

**Implications for further research**

This study also provides useful information for planning future research. A more in-depth examination of the significance of relapse as a motivating factor for adults seeking orthodontic treatment would enhance our understanding of this specific group of patients. In addition, further exploration of the influence of social factors and their effect on decision-making processes, particularly in this post-COVID period, and this may provide valuable insights to advance our knowledge in this area.

## Conclusion

This study reaffirms existing knowledge regarding adults seeking orthodontic treatment but also provides new insights for future exploration. It is evident that aesthetics holds a prominent position as the primary motivating factor among adults. The influence of social factors on decision-making is a novel aspect also highlighted by this study. Furthermore, our findings highlight the crucial decision-making factors, namely the time commitment required for treatment and its affordability. This study emphasises the crucial role of clinicians in discussing treatment duration when presenting different options to patients. By adopting a tailored patient-centred approach, we can empower individuals to make well-informed decisions, thereby enhancing the overall treatment experience and outcomes.

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**Tables**

| **Country** | **Total (n = 209)** | |
|---|---|---|
| **Gender** | **Participants** | **%** |
| Male | 33 | 16% |
| Female | 173 | 83% |
| Prefer not to say | 3 | 1% |
| **Age Range** | **Participants** | **%** |
| 18 - 30 | 53 | 25% |
| 31 - 40 | 84 | 40% |
| 41 - 50 | 47 | 22% |
| 51 - 60 | 22 | 11% |
| 60 + | 3 | 1% |
| **Stage of treatment** | **Participants** | **%** |
| Considering treatment | 45 | 22% |
| In-treatment | 81 | 39% |
| Completed treatment | 83 | 40% |

**Table 1:** Demographic details of the participants

| **Response Options** | **Number and % of participants who selected this option (n=209)*** | **% of total number of responses (n = 483)*** |
|---|---|---|
| I want to improve the appearance of my teeth | 171 (82%) | 35% |
| My teeth have recently moved, and I want to straighten them | 57 (27%) | 12% |
| I want to improve my self-confidence/self esteem | 55 (26%) | 11% |
| I want to improve my bite | 46 (22%) | 10% |
| I can afford the treatment now | 39 (19%) | 8% |
| I have concerns about the long-term health of my teeth and/or gums | 35 (17%) | 7% |
| I never had the opportunity to have orthodontic treatment as a child | 33 (16%) | 7% |
| My dentist has suggested this e.g. as part of my overall dental treatment plan | 28 (13%) | 6% |
| I want to improve my chewing | 7 (3%) | 1% |
| I have more time to attend appointments now than in the past | 3 (1%) | 1% |
| Other | 9 (4%) | 2% |

*Participants could select more than one option. The findings for each option are therefore presented according to the number and % of participants who selected that option and also as a % of the total number of options selected

**Table 2.** Responses to the question “What has made you consider orthodontic treatment/braces as an adult? (please select all that apply)”

| Response Options | Number and % of participants who selected this option (n=209)* | % of total number of responses (n=360)* |
|---|---|---|
| I am more comfortable having treatment as I think it is more socially acceptable to have braces as an adult now | 65 (31%) | 18% |
| I see photos of myself on social media and do not like the appearance of my teeth | 64 (31%) | 18% |
| I was influenced by a family member/friend having had orthodontic treatment | 52 (25%) | 14% |
| I have had encouragement from family/friends | 37 (18%) | 10% |
| I am seeing myself more on video calls/meetings etc. since the Covid pandemic and do not like the appearance of my teeth | 19 (9%) | 5% |
| Social pressures (e.g. dating, my social circle have straight teeth) | 17 (8%) | 5% |
| I have had negative comments about my teeth or smile | 14 (7%) | 4% |
| I have an upcoming life event e.g. a family occasion such as a wedding | 13 (6%) | 4% |
| I was bullied in the past about my teeth or smile | 13 (6%) | 4% |
| I was influenced by someone on social media or other social media promotion | 10 (5%) | 3% |
| Other | 8 (4%) | 2% |
| None of the above apply to me | 48 (23%) | 13% |

*Participants could select more than one option. The findings for each option are therefore presented according to the number and % of participants who selected that option and also as a % of the total number of options selected

**Table 3.** Responses to the question “Did any of the following social factors influence you to consider orthodontic treatment? (please select all that apply)”

| Response Options | Considering Treatment | | In-Treatment | | Completed Treatment | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Number and % of participants who selected this option (n=45)* | % of total number of responses (n = 59)* | Number and % of participants who selected this option (n=81)* | % of total number of responses (n = 84)* | Number and % of participants who selected this option (n=83)* | % of total number of responses (n = 87)* | Number and % of participants who selected this option (n=209)* | % of total number of responses (n = 230)* |
| Clear removable aligners | 32 (71%) | 54% | 16 (20%) | 19% | 21 (25%) | 24% | 69 (33%) | 30% |
| Metal braces on the outside of the teeth (steel or gold) | 5 (11%) | 8% | 25 (31%) | 30% | 33 (40%) | 38% | 63 (30%) | 27% |
| Tooth coloured braces on the outside of the teeth | 8 (18%) | 14% | 14 (17%) | 17% | 17 (20%) | 20% | 39 (19%) | 17% |
| Both metal and tooth-coloured braces on the outside of the teeth | 3 (7%) | 5% | 25 (31%) | 30% | 8 (10%) | 9% | 36 (17%) | 16% |
| Braces on the inside of the teeth (lingual braces) | 4 (9%) | 7% | 1 (1%) | 1% | 5 (6%) | 6% | 10 (5%) | 4% |
| Do not know yet | 7 (16%) | 12% | 0 (0%) | 0% | 0 (0%) | 0% | 7 (3%) | 3% |
| Other | 0 (0%) | 0% | 3 (4%) | 4% | 3 (4%) | 3% | 6 (3%) | 3% |

*Participants could select more than one option. The findings for each option are therefore presented according to the number and % of participants who selected that option and also as a % of the total number of options selected

**Table 4.** Responses to the questions “What kind of brace are you considering (or did you choose)? (please select all that apply)”

| Response Options | Number and % of participants who selected this option (n=209)* | % of total number of responses (n = 773)* |
|---|---|---|
| Typical length of treatment | 134 (64%) | 17% |
| What sort of results I might get | 116 (56%) | 15% |
| Types of brace which I could have (e.g. metal or tooth-coloured braces)? | 115 (55%) | 15% |
| Typical costs of different treatments | 109 (52%) | 14% |
| Limitations during treatment (e.g. what food/drinks would I need to avoid etc) | 51 (24%) | 7% |
| Information about what happens during treatment | 48 (23%) | 6% |
| What results you might get from different treatment options | 48 (23%) | 6% |
| Risks of treatment, or of not undertaking treatment | 47 (22%) | 6% |
| Will it hurt/be uncomfortable | 40 (19%) | 5% |
| Will it affect my speech | 40 (19%) | 5% |
| Can I have orthodontics at my age | 19 (9%) | 2% |
| Other | 6 (3%) | 1% |

*Participants could select more than one option. The findings for each option are therefore presented according to the number and % of participants who selected that option and also as a % of the total number of options selected

**Table 5.** Responses to the question “What is the most important information you are looking for or looked for? (please select all that apply)”