UNIVERSIDADE FEDERAL DE JUIZ DE FORA
FACULDADE DE ODONTOLOGIA
MESTRADO EM ODONTOLOGIA

Gabriela El-Corab Fiche

Atendimento odontológico de urgência: estudo em uma escola de odontologia

Juiz de Fora
2024

Gabriela El-Corab Fiche

Atendimento odontológico de urgência: estudo em uma escola de odontologia

Dissertação apresentada ao Programa de Pós-Graduação em Odontologia da Faculdade Federal de Juiz de Fora como requisito parcial à obtenção do título de Mestre em Odontologia. Área de concentração: Clínica Odontológica.

Orientadora: Profa. Dra. Flávia Almeida Ribeiro Scalioni

Juiz de Fora

2024

Ficha catalográfica elaborada através do programa de geração
automática da Biblioteca Universitária da UFJF,
com os dados fornecidos pelo(a) autor(a)

Fiche, Gabriela.
Atendimento odontológico de urgência: estudo em uma escola de odontologia / Gabriela Fiche. -- 2024.
65 f. : il.

Orientador: Flávia Scalioni
Dissertação (mestrado acadêmico) - Universidade Federal de Juiz de Fora, Faculdade de Odontologia. Programa de Pós-Graduação em Clínica Odontológica, 2024.

1. Odontologia. 2. Emergência. 3. Instituições Acadêmicas. I. Scalioni, Flávia, orient. II. Título.

Gabriela El-Corab Fiche

Atendimento odontológico de urgência: estudo em uma escola de odontologia

Dissertação apresentada ao Programa de Pós-graduação em Odontologia da Universidade Federal de Juiz de Fora como requisito parcial à obtenção do título de Mestre em Odontologia. Área de concentração: Clínica Odontológica.

Aprovada em 25 de setembro de 2024.

BANCA EXAMINADORA

Prof.ª Dr.ª Flávia Almeida Ribeiro Scalioni Gonzalez - Orientadora e Presidente da Banca

Universidade Federal de Juiz de Fora - UFJF

Prof. Dr. Marcio José da Silva Campos - Membro titular interno

Universidade Federal de Juiz de Fora - UFJF

Prof.ª Dr.ª Camila Faria Carrada - Membro titular externo

Faculdade de Ciências Médicas e da Saúde de Juiz de Fora, Faculdade de Odontologia.
Alameda Salvaterra - SUPREMA

Juiz de Fora, 26/08/2024.

Documento assinado eletronicamente por **Flávia Almeida Ribeiro Scalioni Gonzalez**, **Professor(a)**, em 25/09/2024, às 16:03, conforme horário oficial de Brasília, com fundamento no § 3º do art. 4º do Decreto nº 10.543, de 13 de novembro de 2020.

Documento assinado eletronicamente por **Marcio Jose da Silva Campos**, **Professor(a)**, em 25/09/2024, às 16:03, conforme horário oficial de Brasília, com fundamento no § 3º do art. 4º do Decreto nº 10.543, de 13 de novembro de 2020.

Documento assinado eletronicamente por **Camila Faria Carrada**, **Usuário Externo**, em 25/09/2024, às 16:13, conforme horário oficial de Brasília, com fundamento no § 3º do art. 4º do Decreto nº 10.543, de 13 de novembro de 2020.

A autenticidade deste documento pode ser conferida no Portal do SEI-Ufjf (www2.ufjf.br/SEI) através do ícone Conferência de Documentos, informando o código verificador **1945833** e o código CRC **A66630A6**.

Dedico este trabalho aos meus pais e irmã que me inspiram, me auxiliam e me incentivam em todos os passos importantes que dou em minha vida.

AGRADECIMENTOS

Agradeço a oportunidade de conclusão desta significativa etapa. Com certeza uma das melhores escolhas que fiz em minha vida. Por me dar direção, confiança, auto-estima, conhecimento pessoal, profissional e principalmente, por abrir tantos caminhos e possibilidades que eu nem sabia que eram possíveis. Que despertou em mim muitos sonhos e que ajudou e ainda ajudará a realizar muitos outros, se Deus assim quiser.

Agradeço também aos meus mestres e orientadores, por compartilharem todo conhecimento.

A Deus, que nunca me desampara e sempre me dá forças para continuar buscando o melhor para mim.

Aos meus amigos e colegas, que tornam o caminhar mais leve e prazeroso.

A toda a minha família que sempre acreditou na minha capacidade e me incentivou a crescer.

Ao meu amor, que me incentiva, me ampara e enaltece minhas qualidades.

Obrigada a todos que direta ou indiretamente contribuíram para a conclusão de mais uma conquista!

RESUMO

O objetivo deste estudo é descrever a ocorrência de urgência odontológica e sua associação com fatores demográficos e socioeconômicos em pacientes maiores de 18 anos que procuram atendimento não agendado na Clínica de Urgência Odontológica de uma escola de Odontologia, além de traçar o perfil do atendimento, sua resolutividade e caracterização da demanda. Os participantes do estudo responderam a um questionário estruturado, com 40 questões, por meio de entrevista, após consulta de urgência. O questionário abordou características demográficas e socioeconômicas, história odontológica e o atendimento realizado, como motivos da consulta e necessidade de retorno. Foi realizada análise descritiva e os testes qui-quadrado de Pearson, Exato de Fisher e Teste de tendência linear foram conduzidos para avaliar a associação entre as características demográficas e socioeconômicas dos pacientes e o motivo da consulta, assim como a associação entre os motivos das consultas e a resolução do problema, prescrição medicamentosa, necessidade de exame radiográfico e realização de encaminhamento. Foram entrevistados 250 pacientes que buscaram atendimento na Clínica de Urgência em um período de 6 meses. Os participantes possuíam idades entre 18 e 84 anos, sendo 58% do sexo feminino e apresentavam baixa condição socioeconômica (menor que 1 salário mínimo). A maioria dos pacientes procuraram o serviço pela primeira vez (60.8%) e os principais motivos de procura estavam relacionados com a necessidade de realização de procedimentos restauradores (20%). A maior parte apresentava mais de 56 anos e buscava o serviço de prótese (p=0,05). A maior proporção dos atendimentos relacionados a tratamentos restauradores foi resolvida (p=0,013). Houve associação dos casos referentes a atendimentos endodônticos e a necessidade de exame radiográfico durante o tratamento (p=0,017). Este estudo forneceu informações que auxiliam na compreensão do perfil dos pacientes que procuram os serviços de urgência, sendo os usuários majoritariamente mulheres, com idade média aproximada de 50 anos e baixa condição socioeconômica. Além disso, informações sobre dados demográficos, demandas de cuidados e tipos de pacientes, cruciais para o planejamento, monitoramento e reestruturação de serviços de saúde.

Palavras-chave: Odontologia. Emergência. Instituições Acadêmicas.

ABSTRACT

This study investigates dental emergencies among adults over 18 seeking unscheduled care at an Emergency Dental Clinic affiliated with a dentistry school, examining demographic and socioeconomic factors and outlining care profiles, resolutions, and demand characteristics. Participants completed a structured questionnaire, with 40 questions, post-emergency consultation, covering demographic, socioeconomic, and dental history details, as well as care specifics like consultation reasons and follow-up needs. Descriptive analysis and statistical tests (Pearson's chi-square, Fisher's exact, and linear trend) assessed associations between patient demographics/socioeconomics, consultation reasons, and outcomes (resolution, medication, radiography, referral). Interviews were conducted with 250 patients over six months. Most were aged 18-84 (58% female) and from low socioeconomic backgrounds (less than a minimum wage). Primary reasons for seeking care included restorative needs (20%), often for first-time visitors (60.8%). Prosthetic requests were notably higher among those over 56 years ($p=0.05$), while restorative cases saw higher resolution rates ($p=0.013$). Endodontic cases frequently required radiographic examination ($p=0.017$). This study yields insights that helped to understand the profile of patients seeking emergency services, with the majority of users being women, an average age of approximately 50 years, and low socioeconomic status. Additionally, it offers data on demographics, care demands, and patient types, crucial for health service planning, monitoring, and restructuring.

Keywords: Dentistry. Emergency. Academic Institutions.

LISTA DE ILUSTRAÇÕES

Figura 1 – Fluxograma da metodologia empregada no estudo.....17

LISTA DE TABELAS

Tabela 1 – Caracterização da amostra.....28
Tabela 2 – Características demográficas e socioeconômicas e motivos da consulta.....30
Tabela 3 – Motivos da consulta e variáveis relacionadas a conduta realizada.....31

LISTA DE ABREVIATURAS E SIGLAS

ABEP	Associação Brasileira de Empresas de Pesquisa
CNS	Conselho Nacional de Saúde
ENADE	Exame Nacional de Desempenho dos Estudantes
EUA	Estados Unidos da América
IL	Illinois
INC	Incorporação
MG	Minas Gerais
ONU	Organização das Nações Unidas
PA	Clínicas de Pronto Atendimento
PIB	Produto Interno Bruto
SPSS	Statistical Package for the Social Sciences
TCLE	Termo de Consentimento Livre e Esclarecido
UFJF	Universidade Federal de Juiz de Fora

LISTA DE SÍMBOLOS

km²	Quilômetros quadrados
R$	Real
%	Percentual
≤	Menor ou igual
=	Igual
+	Mais
<	Menor

SUMÁRIO

1 INTRODUÇÃO 12
2 OBJETIVOS 14
3 MATERIAIS E MÉTODOS 15
3.1 Localização do estudo 15
3.2 Desenho do estudo 16
3.3 População do estudo 17
3.3.1 Seleção da amostra 18
3.3.2 Critérios de elegibilidade 18
3.3.3 Cálculo Amostral 18
3.4 Coleta de dados 18
3.4.1 Questionário 19
3.5 Aspectos éticos 19
3.6 Estudo piloto 19
3.7 Análise estatística 20
4 Artigo científico 21
5 CONCLUSÃO 40
REFERÊNCIAS 41
APÊNDICE 1 – Questionário estruturado 44
APÊNDICE 2 – Termo de Consentimento Livre e Esclarecido 49
ANEXO A – Parecer do CEP 51
ANEXO B – Instruções aos Autores 52

1 INTRODUÇÃO

As doenças bucais são consideradas um problema mundial de saúde pública, que podem trazer complicações em pessoas de todas as idades e de diferentes níveis socioeconômicos. Tais condições, como doença periodontal, cárie dentária e dentes perdidos e restaurados, são responsáveis por diminuir a qualidade de vida dos indivíduos, pois causam problemas funcionais, estéticos, nutricionais e psicológicos, além de quadros de dor e sofrimento (SPANEMBERG et al., 2019).

Algumas situações dentárias que causam dor, inchaço ou lesões resultantes de traumatismo dentário são reconhecidas como urgências odontológicas e ocasionam estresse para o paciente, o que requer intervenção para alívio dos sintomas (FARMAKIS et al., 2016; WORSLEY; ROBINSON e MARSHMAN, 2017). As urgências odontológicas incluem pulpite reversível e irreversível, urgências endodônticas entre consultas, traumatismo dentário, abscesso periapical e periodontal, celulite, pericoronarite e síndrome do dente rachado. Sendo que, na grande maioria dos casos, a dor apresentada nas urgências tem origem na patologia pulpar. Portanto, os tratamentos podem ser distintos, variando desde restaurações simples e restaurações invasivas até tratamento endodôntico, drenagem de abscesso e extração dentária (FARMAKIS et al., 2016).

O acesso aos serviços de saúde é um item fundamental no sistema de atendimento à população e também essencial para diminuir a disparidade de saúde entre os diferentes grupos socioeconômicos (REBELO VIEIRA et al., 2019). Embora as urgências odontológicas tenham como principal objetivo o alívio da dor, esse tipo de serviço tem sido a principal porta de entrada para o sistema, sendo sobrecarregado pelo grande fluxo de pacientes com casos menos complexos, que poderiam ser resolvidos nos níveis básicos de atenção à saúde (MATSUMOTO et al., 2017).

Os principais motivos para a procura de serviços odontológicos de urgência são devido a longos períodos de espera por atendimento e visitas irregulares ao dentista, atribuídos à dificuldade no acesso ao tratamento, ansiedade do paciente ao atendimento odontológico e a escassez de conhecimento sobre a importância da saúde bucal (BALENOVIC et al., 2019). Além disso, os pacientes que procuram pelo atendimento imediato, têm maior chance de continuarem a sofrer com problemas de saúde bucal, pois não recebem cuidados odontológicos preventivos padrão. Essa condição, além de gerar riscos adversos à saúde, exercem um impacto econômico

direto e indireto no paciente e na sociedade em geral (CURRIE et al., 2022). Nesse contexto, tem sido observado que uma grande parte daqueles que utilizam serviços de urgência odontológica mais de uma vez tem maior probabilidade de continuar a utilizá-los como seu principal meio para o atendimento odontológico (PEREIRA et al., 2020). Ademais, a construção de vínculo com a equipe de saúde pode depender de quão resolutivo possa ser este primeiro contato com o serviço, sendo que a descontinuidade no processo de atendimento integrado foi associada a sistemas de referência inadequados e interface deficiente entre os diversos serviços (PEREIRA et al., 2020).

Quanto aos fatores determinantes do uso de serviços odontológicos de urgências, parecem divergir do atendimento odontológico regular, sendo que as condições sociais dos usuários provavelmente influenciam na procura por esse padrão de atendimento, convergindo para indivíduos com piores condições socioeconômicas (CURRIE et al., 2021; FRICHEMBRUDER et al., 2020). Há ainda, a necessidade de entender as demais variáveis que influenciam o atendimento odontológico orientado para o problema, a fim de que intervenções sejam feitas de forma adequada, incentivando o cuidado dentário regular e melhorando o acesso e a qualidade da atenção à saúde bucal no Brasil (CURRIE et al., 2021; CURRIE et al., 2022; FRICHEMBRUDER et al., 2020).

Portanto, o objetivo deste estudo é descrever a ocorrência de urgência odontológica e sua associação com fatores sociodemográficos em pacientes que procuram atendimento odontológico de urgência não agendado.

2 OBJETIVOS

O objetivo deste estudo é descrever a ocorrência de urgência odontológica e sua associação com fatores demográficos e socioeconômicos em pacientes que procuram atendimento odontológico de urgência não agendado.

2.1 OBJETIVOS ESPECÍFICOS

Identificar as principais demandas no atendimento de urgência odontológica, além de revelar o perfil do paciente que procura por esse padrão de atendimento. Ainda, verificar a efetividade do atendimento prestado na urgência odontológica, bem como a necessidade de integralização do cuidado iniciado nessa etapa.

3 MATERIAIS E MÉTODOS

3.1 Localização do estudo

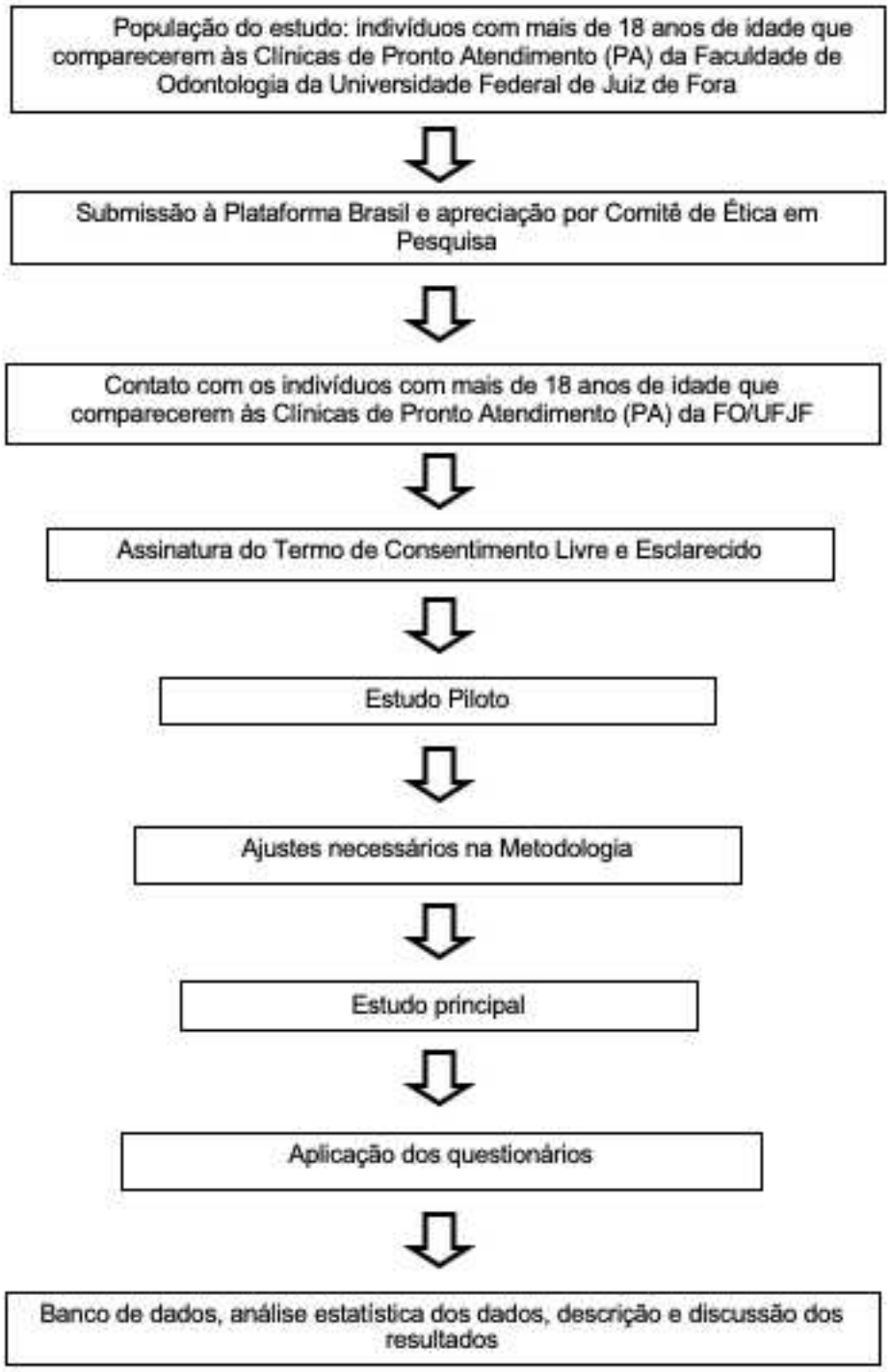
Com área total de 1.429,875 km², Juiz de Fora é uma das cidades brasileiras com melhores índices de qualidade de vida. A cidade tem um produto interno bruto (PIB) per capita de R$ 6,2 mil e uma das mais altas expectativas de vida do Brasil, além de se destacar no ranking de desenvolvimento humano da Organização das Nações Unidas (ONU). Estrategicamente, localizada entre os maiores mercados consumidores do País, é dotada de toda a infra-estrutura exigida para modernos empreendimentos. (https://www.pjf.mg.gov.br/cidade/). Com cerca de 540.756 habitantes (censo 2022), o município de porte médio localizada no interior de Minas Gerias é polo da Zona da Mata e se localiza a sudeste da capital do Estado. A cidade possui condições logísticas especiais, excelente capital humano e completa rede de formação e pesquisa, além de tradição industrial e diversidade econômica e cultural. (https://desenvolvejf.pjf.mg.gov.br/). A Universidade Federal de Juiz de Fora (UFJF), uma instituição pública e gratuita, posiciona-se como um polo científico, econômico e cultural de uma região de mais de três milhões de habitantes. Classificada entre as cem melhores universidades da América Latina e entre as mil do mundo, tem consolidado seu reconhecimento nacional e internacional. Em seus dois campi, Juiz de Fora e Governador Valadares, há a formação qualificada de 26 mil estudantes, por meio da atuação de mais de 1.600 professores e 1.500 técnico-administrativos em educação, a disponibilidade de 18 bibliotecas, mais de 370 laboratórios e a oferta de assistência estudantil. Além disso, A UFJF é constituída como centro de pesquisa e de extensão e fomenta e gerencia importantes espaços culturais de Juiz de Fora, tais como o Museu de Arte Murilo Mendes, o Cine-Theatro Central e o Memorial Itamar Franco, bem como de educação ambiental e científica, a exemplo do Jardim Botânico e do Centro de Ciências. (https://www2.ufjf.br/ufjf/sobre/apresentacao/). A Faculdade de Odontologia da UFJF, fundada em 1904, destaca-se entre os melhores cursos de Graduação em Odontologia, com conceito máximo no Exame Nacional de Desempenho dos Estudantes (Enade) em 2019. Possui corpo docente amplamente qualificado e de relevância nacional. 12 (https://www.ufjf.br/gradodonto/inicial/). Além de promover o ensino de excelência, se sobressai na assistência odontológica a população, uma vez que são realizados cerca de 7 mil procedimentos/mês, nos

diversos níveis de complexidade, o que a torna referência regional no atendimento odontológico. (https://www2.ufjf.br/odontologia/apresentacao/).

3.2 Desenho do estudo

Trata-se de um estudo observacional transversal. Na Figura 1 é apresentado um fluxograma explicativo da metodologia aplicada ao desenho do estudo.

Figura 1- Fluxograma da metodologia empregada no estudo



Fonte: Elaborado pelo autor (2023).

3.3 População do estudo

3.3.1 Seleção da Amostra

A população do estudo foi composta por indivíduos com mais de 18 anos de idade que compareceram às Clínicas de Pronto Atendimento (PA) da Faculdade de Odontologia da Universidade Federal de Juiz de Fora, localizada no município de Juiz de Fora, Minas Gerais, Brasil.

3.3.2 Critérios de Elegibilidade

Crítérios de inclusão:
Foram incluídos no estudo indivíduos com idade mínima de 18 anos que comparecerem nas Clínicas de Pronto Atendimento da Faculdade de Odontologia da Universidade Federal de Juiz de Fora independente do sexo ou grau de escolaridade.

Critérios de exclusão:
Foram excluídos participantes com algum comprometimento neurocognitivo que impossibilitasse a resposta aos questionários.

3.3.3 Cálculo Amostral

Para o cálculo da amostra, foi levado em consideração que são atendidos em torno de 12 pacientes por clínica, sendo 4 clínicas semanais, contabilizando um total de 48 pacientes por semana. Como o semestre letivo tem 15 semanas, estima-se um total de 720 pacientes por semestre. Com base neste número, foi realizado cálculo do tamanho da amostra para frequência em uma população e o valor final, adotando um intervalo de confiança de 95%, foi de 251 voluntários.

3.4 Coleta dos dados

A coleta de dados ocorreu após a consulta de urgência, quando a pesquisadora apresentou o estudo aos participantes. Aqueles que concordaram em participar e assinaram o Termo de Consentimento Livre e Esclarecido (TCLE) responderam a um questionário estruturado, por meio de entrevista, desenvolvido pelos pesquisadores com base em estudos prévios. Foram entrevistados 250 pacientes que buscaram

atendimento nas Clínicas de Estágio em Urgência Odontológica da FO-UFJF em um período de 6 meses (junho a novembro do ano de 2023).

3.4.1 Questionário

O questionário composto por 40 questões objetivas foi dividido em duas partes: parte I contendo 19 perguntas sobre dados pessoais como idade, sexo, escolaridade, renda familiar mensal e classificação socioeconômica baseada no questionário da Associação Brasileira de Empresas de Pesquisa (ABEP, 2018); e parte II incluindo 21 perguntas sobre a história odontológica e o atendimento realizado, como motivos da consulta e necessidade de retorno. (Apêndice 1)

3.5 Aspectos éticos

O projeto de pesquisa foi submetido à apreciação e análise do Comitê de Ética em Pesquisa em Seres Humanos da Universidade Federal de Juiz de Fora, através da Plataforma Brasil em 07/06/2023 e aprovado sob o protocolo CAAE nº 70298723.1.0000.5147 (Anexo A).

Foi elaborado o Termo de Consentimento Livre e Esclarecido, impresso em duas vias originais, sendo que uma foi arquivada pela pesquisadora responsável e a outra fornecida aos participantes. Os dados coletados na pesquisa ficarão arquivados com a pesquisadora responsável por um período de 5 (cinco) anos. Decorrido este tempo, a pesquisadora avaliará os documentos para a sua destinação final, de acordo com a legislação vigente. A pesquisadora tratará a sua identidade com padrões profissionais de sigilo, atendendo a legislação brasileira (Resolução Nº 466/12 do Conselho Nacional de Saúde), utilizando as informações somente para os fins acadêmicos e científicos, garantindo também a livre escolha em participar ou não do estudo. (Apêndice 2).

3.6 Estudo piloto

Um estudo piloto foi conduzido com 50 pessoas, com o objetivo de testar e ajustar a metodologia proposta para o estudo primordial. Foram realizadas pequenas

alterações em relação à redação do questionário que não alterariam as respostas dos entrevistados, sendo, portanto, o estudo piloto incluído na amostra final.

Vale ressaltar que os resultados do estudo piloto foram descritos juntamente com os resultados do estudo principal.

3.7 Análise estatística

Todas as análises estatísticas foram conduzidas usando o Pacote Estatístico para Ciências Sociais (SPSS, versão 21.0). Foi realizada uma análise descritiva para todas as variáveis. As características das visitas ao serviço de urgência foram expressas como frequência e percentagens. Os testes qui-quadrado de Pearson, Exato de Fisher e Teste de tendência linear foram conduzidos para avaliar a associação entre as características demográficas e socioeconômicas dos pacientes e o motivo da consulta, assim como a associação entre os motivos das consultas e a resolução do problema, prescrição medicamentosa, necessidade de exame radiográfico e realização de encaminhamento. A significância estatística foi considerada para valores de $p \leq 0,05$ (ou 5%).

4 ARTIGO CIENTÍFICO

O presente estudo deu origem ao manuscrito intitulado “Emergency dental care: a study at a dentistry school”, formatado conforme as Instruções aos Autores do periódico Journal of Public Health Dentistry (Anexo B), Qualis A3 na área da Odontologia, fator de impacto 1,8.

TITLE PAGE

Título: Emergency dental care: a study at a dentistry school

Authors: Gabriela El-Corab FICHE[1]; Camila Faria CARRADA[2]; Fernanda Campos MACHADO[3]; Flávia Almeida Ribeiro SCALIONI[4]

[1]Master's degree student in Department of Social and Children's Dentistry, School Of Dentistry, Federal University of Juiz de Fora, Minas Gerais, Brazil.
Adress: Praça Afonso Dalle 324 B, Centro, São João del-Rei, BRAZIL.
E-mail: gabi_corab@hotmail.com Phone: +55 (32) 98892-8238
ORCID: 0000-0003-2182-6517
[2]PhD, Associate professor in Department of Paediatric Dentistry, School od Dentistry; School of Medical Sciences – SUPREMA; Juiz de Fora, Minas Gerais, Brazil.
Adress: 882 Marechal Deodoro, apartment 903, Juiz de Fora, MG, 36015-460, Brazil.
E-mail: carrada_89@hotmail.com Phone: +55 (32) 99155-96-41
ORCID: 0000-0002-3173-28-04
[3]PhD, Assistant professor, Department of Social and Children's Dentistry, Faculty of Dentistry, Federal University of Juiz de Fora, Juiz de Fora, Minas Gerais, Brazil.
Adress: José Lourenço Kelmer, Juiz de Fora, Minas Gerais, 36036-900, BRAZIL.
E-mail: fecamposufjf@gmail.com Phone: +55 (32) 99834-1145
ORCID: 0000-0002-7138-2670
[4]PhD, Assistant professor, Department of Social and Children's Dentistry, Faculty of Dentistry, Federal University of Juiz de Fora, Juiz de Fora, Minas Gerais, Brazil.
Adress: José Lourenço Kelmer, Juiz de Fora, Minas Gerais, 36036-900, BRAZIL.
E-mail: flaviascalioni@hotmail.com Phone: +55 (32) 99102-3142
ORCID: 0000-0002-3173-2904

AKNOWLEDGEMENTS
This study was completed as part of a Master's Degree in Dentistry supported by the Federal University of Juiz de Fora and the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – CAPES.

CONFLICT OF INTEREST STATEMENT

All authors equally contributed to the study and reviewed and approved the final version of the article. Furthermore, we declare that there are no conflicts of interest related to this work.

MAIN TEXT

Emergency dental care: a study at a dentistry school

ABSTRACT

Background/Aim: This study investigates dental emergencies among adults over 18 seeking unscheduled care at an Emergency Dental Clinic affiliated with a dentistry school, examining demographic and socioeconomic factors and outlining care profiles, resolutions, and demand characteristics. **Methods:** Participants completed a structured questionnaire post-emergency consultation, covering demographic, socioeconomic, and dental history details, as well as care specifics like consultation reasons and follow-up needs. Descriptive analysis and statistical tests (Pearson's chi-square, Fisher's exact, and linear trend) assessed associations between patient demographics/socioeconomics, consultation reasons, and outcomes (resolution, medication, radiography, referral). **Results:** Interviews were conducted with 250 patients over six months. Most were aged 18-84 (58% female) and from low socioeconomic backgrounds. Primary reasons for seeking care included restorative, prosthetic, or endodontic needs, often for first-time visitors. Prosthetic requests were notably higher among those over 56 years ($p=0.05$), while restorative cases saw higher resolution rates ($p=0.013$). Endodontic cases frequently required radiographic examination ($p=0.017$). **Conclusions:** This study yields insights into patient demographics, care demands, and types, crucial for health service planning, monitoring, and restructuring.

Keywords: Dentistry. Emergency. Academic Institutions.

INTRODUCTION

Although oral diseases can be largely prevented, they are considered a global public health problem [1, 2], which can cause complications in people of all ages and different socioeconomic levels. These conditions reduce quality of life, causing

functional, aesthetic, nutritional and psychological problems, as well as pain and suffering [2]. Certain dental situations that cause pain, swelling or lesions resulting from dental trauma are identified as dental emergencies, causing stress for the patient and requiring intervention to relieve symptoms [3, 4].

Access to health services is a fundamental element in the population care system and is also essential to reduce health disparities between different socioeconomic groups [5]. Although the main objective of dental emergencies is pain relief, this type of service has been the main gateway to the system, being overcrowded by the large flow of patients with less complex cases, which could be resolved at basic health care levels [6]. In addition, these situations are best managed in dental offices, since it is unlikely that patients will receive definitive treatment and continuous follow-up in an emergency dental care unit [7].

In addition to clinical situations, other factors that lead people to seek emergency dental services include long waiting times for care and irregular visits to the dentist. These circumstances are often caused by difficulty in accessing treatment, patient anxiety regarding care, and lack of knowledge about the importance of oral health [8]. Furthermore, patients who seek emergency care, as they do not perform frequent preventive care, are more likely to continue to have oral health problems [9]. On the other hand, those who have used the service more than once are more likely to continue using it as their main means of care [9, 10].

The factors that determine the use of immediate dental care appear to differ from regular care, with the social conditions of users probably influencing the search for this type of care, especially among individuals with lower socioeconomic conditions [11, 12]. There is also a need to understand the other variables that influence emergency care, so that interventions can be appropriately carried out, encouraging

regular dental care and improving access to and quality of oral health care in Brazil [11-13]. Therefore, the aim of this study is to describe the occurrence of dental emergencies and their association with demographic and socioeconomic factors in patients over 18 years of age who seek unscheduled dental care at the Dental Emergency Internship Clinics, School of Dentistry of the Federal University of Juiz de Fora (FO-UFJF), and to outline the care profile, its resolution and demand characterization.

METHODS

This cross-sectional study was approved by the Human Research Ethics Committee of UFJF (CAEE 70298723.1.0000.5147) and its population consisted of individuals who sought care at the Dental Emergency Internship Clinics of FO-UFJF, located in the municipality of Juiz de Fora, Minas Gerais, Brazil. Individuals aged 18 years or older were included, regardless of gender or schooling level. Individuals with neurocognitive impairment that prevented them from answering the questionnaires were excluded from the study.

For sample size calculation, it was taken into account that approximately 12 patients are seen per clinic, with 4 clinics per week, totaling 48 patients per week. Since the school semester lasts 15 weeks, about 720 patients per semester sought dental care. Based on this number, the sample size was calculated for frequency in a population and the final value, adopting 95% confidence interval, resulting in 251 volunteers.

Data collection occurred after the emergency consultation, when the researcher presented the study to participants. Those who agreed to participate and signed the Free and Informed Consent Form (FICF) answered the structured questionnaire,

through an interview, developed by researchers based on previous studies [8, 14-16]. Over a 6-month period (June to November 2023), 250 patients who sought care at the FO-UFJF Dental Emergency Internship Clinics were interviewed. The questionnaire, which consisted of 40 objective questions, was divided into two parts: part I, containing 19 questions about personal data such as age, sex, schooling, monthly family income, and socioeconomic classification based on the questionnaire of the Brazilian Association of Research Companies (ABEP, 2018); and part II, including 21 questions about dental history and care provided, such as reasons for consultation and need for follow-up.

A pilot study was conducted with 50 individuals to test and adjust the proposed methodology. Minor changes were made to the wording of the questionnaire that did not alter the responses of the interviewees, and the pilot study was therefore included in the final sample. All statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS, version 21.0). Descriptive analysis was performed for all variables. The characteristics of emergency service visits were expressed as frequencies and percentages. Pearson's chi-square test, Fisher's exact test, and linear trend test were conducted to assess the association between patients' demographic and socioeconomic characteristics and the reason for consultation, as well as the association between the reasons for consultations and problem resolution, medication prescription, need for radiographic examination, and referral. Statistical significance was considered for p-values ≤ 0.05 (or 5%).

RESULTS

A total of 250 patients who sought care at the Dental Emergency Internship Clinics of FO-UFJF over a 6-month period (June to November 2023) were interviewed.

Participants aged 18-84 years, with average age of 50.16 (+16.210) years, and 58.0% (n = 145) were female. The majority (n=138; 55.2%) had more than 8 years of schooling, family income less than R$1.720,00 (n=105; 42%) and belonged to socioeconomic class C (n=136; 54.4%).

Table 1 shows the characteristics of volunteers according to age, sex, schooling, monthly family income and socioeconomic classification according to ABEP.

TABLE 1. Sample characterization (N = 250).

	N	%
Age		
18 to 25 years	23	9.2
25 to 35 years	31	12.4
35 to 45 years	33	13.2
45 to 55 years	55	22
Over 55 years	108	43.2
Sex		
Female	145	58
Male	105	42
Schooling		
< 8 years	112	44.8
> 8 years	138	55.2
Income		
Lower than 1.720,00	105	42.0
Lower class (R$ 1.720,01 to R$ 2.590,00)	69	27.6
Lower middle class (R$ 2.590,01 to R$ 4.315,00)	57	22.8
Middle class (R$ 4.315,01 to R$ 8.630,00)	16	6.4
Upper middle class (R$ 8.630,01 to R$ 17.260,00)	3	1.2
Higher class (more than R$ 17.260,01)	0	0
Socioeconomic class		
A	4	1.6
B	41	16.4
C	136	54.4
D-E	69	27.6

When asked how many times they had visited the FO-UFJF emergency service, 152 (60.8%) participants reported that it was the first time. Among all those interviewed, only 24 patients (9.6%) were undergoing dental treatment at another clinic within the institution, 26 (10.4%) had a regular dentist outside the university, and 204 (81.6%) were not currently visiting a dentist. The main reasons for not attending regular dental appointments were financial issues and the habit of seeking care only in cases of pain

or the emergence of specific oral problems. In addition, 145 (58%) participants reported that their last visit to a dentist had also been at an emergency service.

Regarding the reason for consultation at the time of the interview, 50 (20%) participants needed to have some restoration done or redone, 47 (18.8%) sought care related to the use of dental prostheses, 44 (17.6%) had some endodontic problem, 31 (12.4%) volunteers needed to undergo some surgical procedure, 23 (9.2%) sought care due to periodontal problems, 14 (5.6%) had some pain or discomfort, and the remaining 41 patients (16.4%) reported various reasons such as pain in the temporomandibular joint, some discomfort with the use of orthodontic appliances, prevention, and aesthetics.

Table 2 shows the association between demographic and socioeconomic characteristics of patients and the reason for consultation at the Dental Emergency Internship Clinics of FO-UFJF. There was an association between age of participants and what led them to seek care ($p=0.05$). Most participants were over 56 years old, with higher proportion seeking prosthesis services.

TABLE 2. Demographic and socioeconomic characteristics and reasons for consultation (N = 250).

	Reason for consultation								
	Pain (%)	**Restoration (%)**	**Surgery (%)**	**Prosthesis (%)**	**Periodontal treatment (%)**	**Endodontic treatment (%)**	**Others (%)**	**Total (%)**	**p-value**
All dental emergencies	14 (5.6)	50 (20.0)	31 (12.4)	47 (18.8)	23 (9.2)	44 (17.6)	41 (16.4)	250 (100)	
Age									
18 to 25 years	2 (0.8)	8 (3.2)	0 (0.0)	1 (0.4)	4 (1.6)	6 (2.40	2 (0.8)	23 (9.2)	
26 to 35 years	4 (1.6)	2 (0.8)	5 (2.0)	2 (0.8)	3 (1.2)	11 (4.4)	4 (1.6)	31 (12.4)	
36 to 45 years	1 (0.4)	10 (4.0)	5 (2.0)	0 (0.0)	3 (1.2)	8 (3.2)	6 (2.4)	33 (13.2)	
46 to 55 years	3 (1.2)	11 (4.4)	6 (2.4)	10 (4.0)	7 (2.8)	9 (3.6)	9 (3.6)	55 (22.0)	
Over 56 years	4 (1.6)	19 (7.6)	15 (6.8)	34 (13.6)	6 (2.4)	10 (4.0)	20 (8.0)	108 (43.2)	0.050
Sex									
Female	5 (2.0)	30 (12.0)	19 (7.6)	26 (10.4)	12 (5.2)	26 (10.4)	26 (10.4)	145 (58.0)	
Male	9 (3.6)	20 (8.0)	12 (4.8)	21 (8.4)	10 (4.0)	18 (7.2)	15 (6.0)	105 (42.0)	0.715
Schooling									
< 8 years	4 (1.6)	15 (6.0)	16 (6.4)	26 (10.4)	8 (3.2)	22 (8.8)	21 (8.4)	112 (44.8)	
≥ 8 years	10 (4.0)	35 (14.0)	15 (6.0)	21 (8.4)	15 (6.0)	22 (8.8)	20 (8.0)	138 (55.2)	0.091
Income									
Lower than R$1.720,00	5 (2.0)	16 (6.4)	18 (7.2)	16 (6.4)	9 (3.6)	23 (9.2)	18 (7.2)	105 (42.0)	
Lower class	4 (1.6)	17 (6.8)	5 (2.0)	13 (5.2)	6 (2.4)	14 (5.6)	10 (4.0)	69 (27.6)	
Lower middle class	3 (1.2)	14 (5.6)	6 (2.4)	14 (5.6)	4 (1.6)	7 (2.8)	9 (3.6)	57 (22.8)	
Middle class	1 (0.4)	3 (1.2)	1 (0.4)	4 (1.6)	4 (1.6)	0 (0.0)	3 (1.2)	16 (6.4)	
Upper middle class	1 (0.4)	0 (0.0)	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.4)	3 (1.2)	
Upper class	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0.289
Socioeconomic condition									
A	0 (0.0)	0 (0.0)	1 (0.4)	1 (0.4)	1 (0.4)	0 (0.0)	1 (0.4)	4 (1.6)	
B	6 (2.4)	8 (3.2)	5 (2.0)	7 (2.8)	6 (2.4)	3 (1.2)	6 (2.4)	41 (16.4)	
C	5 (2.0)	33 (13.2)	14 (5.6)	26 (10.4)	12 (4.8)	25 (10.0)	21 (8.4)	136 (54.4)	
D-E	3 (1.2)	9 (3.6)	11 (4.4)	13 (5.2)	4 (1.6)	16 (6.4)	13 (5.2)	69 (27.6)	0.650

Among the 250 consultations performed, in 179 (71.6%) of them, the reason for the consultation was resolved on the same day. For the remaining patients who had their problems resolved, dental treatments indicated for each case and targeted guidance were performed. For 43 (17.2%) participants, prescription for some medication was required during consultation. In addition, radiographic examinations were required for diagnostic aid in 162 (64.8%) consultations and 174 (69.6%) participants were referred to another FO-UFJF clinic or another professional to continue treatment. Table 3 shows that there was an association between the reason

for the consultation and the resolution of the main complaint (p=0.013) and the need for radiographic examination (p=0.017). The majority of cases related to restorative treatments were resolved (n=44; 88.0%), while the majority of cases involving surgical procedures (n=23; 74.2%) were not resolved at the time of consultation. Among cases related to endodontic treatments, 43 (97.7%) required radiographic examination during treatment.

TABLE 3. Reasons for consultation and variables related to the procedure performed (N = 250).

	Procedure performed											
	Resolved (%)			**Medication (%)**			**Radiographic examination (%)**			**Referral (%)**		
	Yes	No	p-value	Yes	No	p-value	Yes	No	p-value	Yes	No	p-value
Reason for consultation												
Pain	5 (2.0)	9 (3.6)		4 (1.6)	10 (4.0)		11 (4.4)	3 (1.2)		10 (4.0)	4 (1.6)	
Restoration	44 (17.6)	6 (2.4)		3 (1.2)	47 (18.8)		35 (14.0)	15 (6.0)		27 (10.8)	23 (9.2)	
Surgery	8 (3.2)	23 (9.2)		14 (5.6)	17 (6.8)		24 (9.6)	7 (2.8)		26 (10.4)	5 (2.0)	
Prosthesis	40 (16.0)	7 (2.8)		1 (0.4)	46 (18.4)		21 (8.4)	26 (10.4)		24 (9.6)	23 (9.2)	
Periodontal treatment	20 (8.0)	3 (1.2)		5 (2.0)	18 (7.2)		11 (4.4)	12 (4.8)		16 (6.4)	7 (2.8)	
Endodontic treatment	35 (14.0)	9 (3.6)		8 (3.2)	36 (14.4)		43 (17.2)	1 (0.4)		38 (15.2)	6 (2.4)	
Others	27 (10.8)	14 (5.6)		8 (3.2)	33 (13.2)		17 (6.8)	24 (9.6)		33 (13.2)	8 (3.2)	
TOTAL	179 (71.6)	71 (28.4)	0.013	43 (17.2)	207 (82.8)	0.880	162 (64.8)	88 (35.2)	0.017	174 (69.6)	76 (30.4)	0.657

DISCUSSION

This study was carried out at the Federal University of Juiz de Fora (UFJF), a public institution that offers a range of free dental care services through its school emergency dental clinics, provided by undergraduate students supervised by professors. Around 7,000 dental procedures are performed per month at this school, at various levels of complexity, making the school a regional dental care reference (FEDERAL UNIVERSITY OF JUIZ DE FORA. Presentation. Available at: <https://www2.ufjf.br/odontologia/apresentacao/>. Accessed on: July 7, 2024). Care is provided at regular clinics, by appointment and following a waiting list, through patient

referral by the Basic Health Unit (UBS) or by the School's own Dental Emergency Internship Clinics, which operate without the need for referral, in four different shifts, on a first-come first-served basis, to treat cases of pain or dental emergencies.

This study provided information that helps to understand the profile of patients seeking emergency services, with users being mainly women, with average age of approximately 50 years and low socioeconomic condition. In addition, the investigation found that most patients sought the service for the first time and the main reasons for seeking it were related to the need for some restorative, prosthetic or endodontic procedure. It was also found that in most cases, the complaint was resolved. These findings are important for understanding emergency dental care and the demand characteristics, so that actions aimed at the profile of these patients can be developed [13].

As in other studies [3, 13, 19], the majority of individuals who sought the service were female. This fact can be justified by the greater tendency of women to take care of their health [3]. Regarding the socioeconomic conditions of participants, the majority had monthly family income corresponding to approximately one Brazilian minimum wage and belonged to Class C. In previous studies, it was observed that individuals who sought immediate dental care at hospital emergency services were predominantly those from low-income families and who did not have dental insurance [6, 20]. For Farmarkis et al., lower-income individuals are more likely to seek dental care at an emergency service, while higher-income populations are more likely to visit a private dentist. This is due to the fact that the emergency service is an important point of care for dental complaints and a known gateway to the health system for people with difficulty accessing routine preventive services [21].

On the other hand, our findings reveal that the majority of volunteers had more than 8 years of schooling. It is believed that schooling is a determining factor in seeking dental services, in addition to being decisive in seeking access to dental care and choosing preventive or curative treatment [22]. In the study by Ghanbarzadegan et al., participants with lower schooling level were less likely than their counterparts with higher education to visit a dentist or receive dental care in the last 12 months. Furthermore, Galvão et al. found that the population with lower schooling level was more likely to have irregular follow-up and never to have visited the dentist.

Regarding the age of patients, studies have presented results that varied between 1 and 97 years and different age groups with greater representation [3, 6, 8, 15, 16, 20]. In the present study, participants aged 18-84 years and the most representative age group was people over 56 years old. The predominant reason for consultation in this age group was related to the need for prosthetic procedures. The lack of access to preventive and conservative dental consultations leads to significant tooth loss among the population over the years [6], which explains the higher proportion of patients over 56 years of age seeking prosthetics services, since association between age and the reason for seeking care was found ($p=0.05$).

The search for emergency dental care in the public sector varies considerably between different services, highlighting the direct influence of government policies on the accessibility and coverage of dental treatments. As a result, complaints presented by users seeking these services also differ significantly between countries and even between municipalities within the same country [14]. In some studies, pain was the main reason for seeking care [3, 6, 15, 16]. In our findings, only 5.6% of respondents had some pain or discomfort as their main complaint, with most people (20%) needing to have some restoration done or redone. Furthermore, the search for emergency care

related to dental trauma has been reported by several authors [16, 19, 21, 24]. In contrast, in this investigation, there were no episodes of this type of emergency, possibly because it did not include children and adolescents, who comprise the age group with the highest occurrence of traumatic dental injuries [19, 21].

An association was observed between the reason for the emergency consultation and the resolution of the main complaint during consultation. The largest proportion of consultations related to restorative treatments were resolved, while the largest proportion of consultations involving surgical procedures were not resolved at the time of consultation, which may highlight the deficiency in the provision of elective treatments and/or complex and lengthy procedures.

Although the search for emergency care in the present study is related, in many cases, to the purpose of dental emergency clinics, there is still a major challenge with the number of users who seek care without first using the basic network [6]. Although most participants (60.8%) reported that it was their first time attending the Dental Emergency Internship Clinic at FO-UFJF, 145 (58%) volunteers reported that their last appointment with a dentist also occurred at an emergency service. In the findings of Matsumoto et al. (2017), approximately 20% of participants sought out the UBS closest to their homes at the first moment, while 80% sought the central emergency unit directly. According to Balenovic et al. (2019), 65.8% of patients did not consult their regular dentist due to the main complaint, confirming the fact that emergency dental services are often the main gateway to the system. Regarding the most common diagnoses reported by patients, it is clear that emergency dental services are being sought by patients with conditions that could be prevented in the primary health care dental office [8]. Uncertainty about the best way to access dental care and a lack of awareness about the actual availability of primary care dental services can lead

patients to seek care in settings that are not the most appropriate to meet their non-urgent dental needs. Therefore, educational campaigns should be developed to inform the population about the purpose of the services provided, as well as the extent and location of the basic outpatient care network, with the aim of improving the quality and efficiency of all services offered by the municipal network [6].

Furthermore, the results of this study indicate that the use of emergency services for dental problems is mostly carried out by people who did not visit the dentist on a regular basis. These results are in line with those obtained in previous studies, which report that patients do not have the habit of visiting the dentist on a regular basis, but seek help only when faced with an emergency situation [8, 15]. The main justifications for reporting the lack of regular dental appointments are financial issues and the habit of seeking care only in cases of discomfort. These results indicate that, since patients only seek care when they have acute toothache, they often use emergency services in secondary care, often repeatedly and for the same problem [13].

There was an association between the reason for the emergency consultation and the need for radiographic examination. This result contributes to the adequacy of the infrastructure needed to treat cases in which the use of complementary examinations is imperative, especially when the reason for the consultation involves endodontics, restoration and surgery, respectively, which were the treatments that most required radiographic procedures in this study.

In the present study, although the reason for the consultation was resolved on the same day in most appointments, 69.6% of patients needed to be referred to another FO-UFJF clinic or another professional to continue their treatment. In agreement, other studies have shown that after emergency treatment, most patients were referred to

other clinics [3, 21]. Ensuring adequate dental follow-up and referral after emergency care is difficult and complex [20]. In the study by Meyer et al., 2016, less than a third of patients seen at the emergency clinic were followed up for definitive care and 75% of referrals could not be contacted. For Huang et al., the rate of patients referred for additional dental treatment was 86.8% and the actual return rate was 40.1%. It is believed that coordination between dental clinics and emergency services is an essential component for the development of better dental care programs [20]. At FO-UFJF, the challenge of this interface is that patients are referred to undergo definitive and preventive treatments at the institution itself; however, there is a long waiting list to be considered.

Although data collection through direct interviews with volunteers minimized potential challenges associated with the quality of records, the study has some limitations. The sample exclusively composed of patients who sought care at the Dental Emergency Internship Clinics at FO-UFJF may introduce selection bias, not representing patients who attend other types of dental services in the region. Additionally, patients' self-reporting in questionnaires may lead to memory errors or underestimation of aspects such as socioeconomic conditions or medical history. The lack of control over external variables not addressed in questionnaires also limits the interpretation of results. Therefore, the generalization of findings to other populations or contexts beyond the region studied may be compromised by the specificity of the profile of research participants.

Clinics focused on emergency care have high passive demand, requiring accessibility to the entire population, especially in public services. These clinics can serve as an indicator of the health system's status and as a starting point for evaluating the services provided, providing managers with essential information to improve care

for the benefit of the population. Therefore, the results provided knowledge about the target population, demand and types of dental care, offering fundamental information for planning, monitoring and reorganizing health services.

References

1. Hawsawi HS, Immurana M, Al-Hanawi MK. Socioeconomic Determinants of Willingness to Pay for Emergency Public Dental Services in Saudi Arabia: A Contingent Valuation Approach. Int J Environ Res Public Health. 2022 Nov 17;19(22):15205. doi: 10.3390/ijerph192215205. PMID: 36429921; PMCID: PMC9690303.
2. Spanemberg JC, Cardoso JA, Slob EMGB, López-López J. Quality of life related to oral health and its impact in adults. J Stomatol Oral Maxillofac Surg. 2019 Jun;120(3):234-239. doi: 10.1016/j.jormas.2019.02.004. Epub 2019 Feb 11. PMID: 30763780.
3. Farmakis ET, Palamidakis FD, Skondra FG, Nikoloudaki G, Pantazis N. Emergency care provided in a Greek dental school and analysis of the patients' demographic characteristics: a prospective study. Int Dent J. 2016 Oct;66(5):280-6. doi: 10.1111/idj.12245. Epub 2016 Jun 15. PMID: 27302884; PMCID: PMC9376644.
4. Worsley DJ, Robinson PG, Marshman Z. Access to urgent dental care: a scoping review. Community Dent Health. 2017 Mar;34(1):19-26. doi: 10.1922/CDH_4038Worsley08. PMID: 28561553.
5. Rebelo Vieira JM, Rebelo MAB, Martins NMO, Gomes JFF, Vettore MV. Contextual and individual determinants of non-utilization of dental services among Brazilian adults. J Public Health Dent. 2019 Dec;79(1):60-70. doi: 10.1111/jphd.12295. Epub 2018 Nov 23. PMID: 30468261.
6. Matsumoto MS, Gatti MA, de Conti MH, de Ap Simeão SF, de Oliveira Braga Franzolin S, Marta SN. Determinants of Demand in the Public Dental Emergency Service. J Contemp Dent Pract. 2017 Feb 1;18(2):156-161. doi: 10.5005/jp-journals-10024-2008. PMID: 28174371.
7. Obadan-Udoh E, Herndon JB, Kohli R, McKernan S, Jura M, Momany E, et al. Testing dental quality measures: Emergency department visits for nontraumatic dental conditions and subsequent follow-up dental visits. J Am Dent Assoc. 2023 Jun;154(6):507-518. doi: 10.1016/j.adaj.2023.03.008. Epub 2023 May 2. PMID: 37140496.
8. Balenović A, Fazlić A, Mihelčić M, Hoch A, Radujković V. Sociodemographic Determinants and Common Reasons for Visiting the Emergency Dental Service in the City of Zagreb. Acta Stomatol Croat. 2019 Sep;53(3):247-254. doi: 10.15644/asc53/3/6. PMID: 31749456; PMCID: PMC6820444.
9. Pereira FAO, Assunção LRDS, Ferreira FM, Fraiz FC. Urgency and discontinuity of oral health care in children and adolescents. Cien Saude Colet.

2020 Sep;25(9):3677-3684. English, Portuguese. doi: 10.1590/1413-81232020259.33232018. Epub 2020 Aug 28. PMID: 32876268.

10. Albuquerque, YE, Zuanon, ACC, Pansani, CA, Giro, EMA, Lima, FCBDA, Pinto, LAMDS, et al. Treatment profile at dental urgent care clinic for children and teenagers from Faculdade de Odontologia de Araraquara (FOAr)–UNESP. Rev Odontol UNESP. 2016;45:115-120.
11. Currie CC, Araujo-Soares V, Stone SJ, Beyer F, Durham J. Promoting regular dental attendance in problem-orientated dental attenders: A systematic review of potential interventions. J Oral Rehabil. 2021 Oct;48(10):1183-1191. doi: 10.1111/joor.13244. Epub 2021 Aug 23. PMID: 34398460; PMCID: PMC9292277.
12. Frichembruder K, Mello Dos Santos C, Neves Hugo F. Dental emergency: Scoping review. PLoS One. 2020 Feb 14;15(2):e0222248. doi: 10.1371/journal.pone.0222248. PMID: 32058998; PMCID: PMC7063673.
13. Currie C, Stone S, Pearce M, Landes D, Durham J. Urgent dental care use in the North East and Cumbria: predicting repeat attendance. Br Dent J. 2022 Feb;232(3):164-171. doi: 10.1038/s41415-022-3886-6. Epub 2022 Feb 11. PMID: 35149813; PMCID: PMC8837533.
14. Flumignan JDP, de Sampaio Neto LF. Atendimento odontológico em unidades de emergência: caracterização da demanda. Rev Bras Odontol. 2015;71(2):124. Portuguese.
15. Guivarc'h M, Saliba-Serre B, Le Coz P, Bukiet F. A cross-sectional analysis of patient care pathways and profiles in a dental emergency department. Int Dent J. 2020 Feb;70(1):21-28. doi: 10.1111/idj.12516. Epub 2019 Aug 29. PMID: 31468531; PMCID: PMC9379167.
16. Huang CL, Yeh IJ, Lin YC, Chiu CF, Du JK. Analysis of adult dental emergencies at a medical center in southern Taiwan. J Dent Sci. 2022 Jul;17(3):1314-1320. doi: 10.1016/j.jds.2022.04.019. Epub 2022 May 8. PMID: 35784161; PMCID: PMC9236923.
17. ABEP - Associação Brasileira de Empresas de Pesquisa. Critério de Classificação Econômica Brasil 2018. Available from: <https://www.abep.org >. Accessed: July 07, 2024.
18. UNIVERSIDADE FEDERAL DE JUIZ DE FORA. Available from: <https://www2.ufjf.br/odontologia/apresentacao/>. Accessed: July 07, 2024
19. Tramini P, Al Qadi Nassar B, Valcarcel J, Gibert P. Factors associated with the use of emergency dental care facilities in a French public hospital. Spec Care Dentist. 2010 Mar-Apr;30(2):66-71. doi: 10.1111/j.1754-4505.2009.00125.x. PMID: 20415803.
20. Meyer B, Adkins E, Finnerty NM, Robinson FG. Determining the rate of follow-up after hospital emergency department visits for dental conditions. Clin Cosmet Investig Dent. 2016 Mar 30;8:51-6. doi: 10.2147/CCIDE.S101195. PMID: 27099530; PMCID: PMC4822792.
21. Bae JH, Kim YK, Choi YH. Clinical characteristics of dental emergencies and prevalence of dental trauma at a university hospital emergency center in Korea.

Dent Traumatol. 2011 Oct;27(5):374-8. doi: 10.1111/j.1600-9657.2011.01013.x. Epub 2011 May 25. PMID: 21615683.

22. Galvão MHR, Souza ACO, Morais HGF, Roncalli AG. Inequalities in the profile of using dental services in Brazil. Cien Saude Colet. 2022 Jun;27(6):2437-2448. Portuguese, English. doi: 10.1590/1413-81232022276.17352021. Epub 2021 Oct 24. PMID: 35649030.
23. Ghanbarzadegan A, Mittinty M, Brennan DS, Jamieson LM. The effect of education on dental service utilization patterns in different sectors: A multiple mediation analysis. Community Dent Oral Epidemiol. 2023 Dec;51(6):1093-1099. doi: 10.1111/cdoe.12838. Epub 2022 Dec 28. PMID: 36576011; PMCID: PMC10946604.
24. Ferraz Dos Santos B, Dabbagh B. A 10-year retrospective study of paediatric emergency department visits for dental conditions in Montreal, Canada. Int J Paediatr Dent. 2020 Nov;30(6):741-748. doi: 10.1111/ipd.12651. Epub 2020 Aug 5. PMID: 32278337.

5 CONCLUSÃO

Este estudo forneceu informações que auxiliam na compreensão do perfil dos pacientes que procuram os serviços de urgência, sendo os usuários majoritariamente mulheres, com idade média aproximada de 50 anos e baixa condição socioeconômica. Além disso, a investigação constatou que a maioria dos pacientes procurou o serviço pela primeira vez e os principais motivos de procura estavam relacionados à necessidade de algum procedimento restaurador, protético ou endodôntico. Verificou-se também que, na maioria dos casos, a reclamação foi resolvida e houve necessidade de encaminhamento para integralização do cuidado odontológico. Portanto, o estudo contribuiu com informações fundamentais para o planejamento, monitoramento e reorganização dos serviços de saúde.

REFERÊNCIAS

ABEP - Associação Brasileira de Empresas de Pesquisa. **Critério de Classificação Econômica Brasil 2018**. Disponível em: https://www.abep.org. Acesso em: 07 jul. 2024.

ALBUQUERQUE, Y. E.; ZUANON, A. C. C.; PANSANI, C. A.; GIRO, E. M. A.; LIMA, F. C. B. D. A.; PINTO, L. A. M. D. S. et al. Treatment profile at dental urgent care clinic for children and teenagers from Faculdade de Odontologia de Araraquara (FOAr)–UNESP. **Revista Odontológica UNESP**, v. 45, p. 115-120, 2016.

BAE, J. H.; KIM, Y. K.; CHOI, Y. H. Clinical characteristics of dental emergencies and prevalence of dental trauma at a university hospital emergency center in Korea. **Dental Traumatology**, v. 27, n. 5, p. 374-378, 2011. DOI: 10.1111/j.1600-9657.2011.01013.x.

BALENOVIĆ, A.; FAZLIĆ, A.; MIHELČIĆ, M.; HOCH, A.; RADUJKOVIĆ, V. Sociodemographic Determinants and Common Reasons for Visiting the Emergency Dental Service in the City of Zagreb. **Acta Stomatologica Croatica**, v. 53, n. 3, p. 247-254, 2019. DOI: 10.15644/asc53/3/6.

CURRIE, C.; STONE, S.; PEARCE, M.; LANDES, D.; DURHAM, J. Urgent dental care use in the North East and Cumbria: predicting repeat attendance. **British Dental Journal**, v. 232, n. 3, p. 164-171, 2022. DOI: 10.1038/s41415-022-3886-6.

CURRIE, C. C.; ARAUJO-SOARES, V.; STONE, S. J.; BEYER, F.; DURHAM, J. Promoting regular dental attendance in problem-orientated dental attenders: A systematic review of potential interventions. **Journal of Oral Rehabilitation**, v. 48, n. 10, p. 1183-1191, 2021. DOI: 10.1111/joor.13244.

FARMAKIS, E. T.; PALAMIDAKIS, F. D.; SKONDRA, F. G.; NIKOLOUDAKI, G.; PANTAZIS, N. Emergency care provided in a Greek dental school and analysis of the patients' demographic characteristics: a prospective study. **International Dental Journal**, v. 66, n. 5, p. 280-286, 2016. DOI: 10.1111/idj.12245.

FERRAZ DOS SANTOS, B.; DABBAGH, B. A 10-year retrospective study of paediatric emergency department visits for dental conditions in Montreal, Canada. **International Journal of Paediatric Dentistry**, v. 30, n. 6, p. 741-748, 2020. DOI: 10.1111/ipd.12651.

FRICHEMBRUDER, K.; MELLO DOS SANTOS, C.; NEVES HUGO, F. Dental emergency: Scoping review. **PLoS One**, v. 15, n. 2, e0222248, 2020. DOI: 10.1371/journal.pone.0222248.

FLUMIGNAN, J. D. P.; SAMPAIO NETO, L. F. Atendimento odontológico em unidades de emergência: caracterização da demanda**. Revista Brasileira de Odontologia**, v. 71, n. 2, p. 124, 2015.

GALVÃO, M. H. R.; SOUZA, A. C. O.; MORAIS, H. G. F.; RONCALLI, A. G. Inequalities in the profile of using dental services in Brazil. **Ciência & Saúde Coletiva**, v. 27, n. 6, p. 2437-2448, 2022. DOI: 10.1590/1413-81232022276.17352021.

GHANBARZADEGAN, A.; MITTINTY, M.; BRENNAN, D. S.; JAMIESON, L. M. The effect of education on dental service utilization patterns in different sectors: A multiple mediation analysis. **Community Dentistry and Oral Epidemiology**, v. 51, n. 6, p. 1093-1099, 2023. DOI: 10.1111/cdoe.12838.

GUIVARC'H, M.; SALIBA-SERRE, B.; LE COZ, P.; BUKIET, F. A cross-sectional analysis of patient care pathways and profiles in a dental emergency department. **International Dental Journal**, v. 70, n. 1, p. 21-28, 2020. DOI: 10.1111/idj.12516.

HAWSAWI, H. S.; IMMURANA, M.; AL-HANAWI, M. K. Socioeconomic Determinants of Willingness to Pay for Emergency Public Dental Services in Saudi Arabia: A Contingent Valuation Approach. **International Journal of Environmental Research and Public Health**, v. 19, n. 22, 15205, 2022. DOI: 10.3390/ijerph192215205.

HUANG, C. L.; YEH, I. J.; LIN, Y. C.; CHIU, C. F.; DU, J. K. Analysis of adult dental emergencies at a medical center in southern Taiwan. **Journal of Dental Sciences**, v. 17, n. 3, p. 1314-1320, 2022. DOI: 10.1016/j.jds.2022.04.019.

MATSUMOTO, M. S.; GATTI, M. A.; CONTI, M. H. de; SIMEÃO, S. F. de A. P.; FRANZOLIN, S. O. B.; MARTA, S. N. Determinants of Demand in the Public Dental Emergency Service. **Journal of Contemporary Dental Practice**, v. 18, n. 2, p. 156-161, 2017. DOI: 10.5005/jp-journals-10024-2008.

MEYER, B.; ADKINS, E.; FINNERTY, N. M.; ROBINSON, F. G. Determining the rate of follow-up after hospital emergency department visits for dental conditions. **Clinical, Cosmetic and Investigational Dentistry**, v. 8, p. 51-56, 2016. DOI: 10.2147/CCIDE.S101195.

OBADAN-UDOH, E.; HERNDON, J. B.; KOHLI, R.; MCKERNAN, S.; JURA, M.; MOMANY, E.; et al. Testing dental quality measures: Emergency department visits for nontraumatic dental conditions and subsequent follow-up dental visits. **Journal of the American Dental Association**, v. 154, n. 6, p. 507-518, 2023. DOI: 10.1016/j.adaj.2023.03.008.

PEREIRA, F. A. O.; ASSUNÇÃO, L. R. D. S.; FERREIRA, F. M.; FRAIZ, F. C. Urgency and discontinuity of oral health care in children and adolescents. **Ciência & Saúde Coletiva**, v. 25, n. 9, p. 3677-3684, 2020. DOI: 10.1590/1413-81232020259.33232018.

REBELO VIEIRA, J. M.; REBELO, M. A. B.; MARTINS, N. M. O.; GOMES, J. F. F.; VETTORE, M. V. Contextual and individual determinants of non-utilization of dental services among Brazilian adults. **Journal of Public Health Dentistry**, v. 79, n. 1, p. 60-70, 2019. DOI: 10.1111/jphd.12295.

SPANEMBERG, J. C.; CARDOSO, J. A.; SLOB, E. M. G. B.; LÓPEZ-LÓPEZ, J. Quality of life related to oral health and its impact in adults. **Journal of Stomatology, Oral and Maxillofacial Surgery**, v. 120, n. 3, p. 234-239, 2019. DOI: 10.1016/j.jormas.2019.02.004.

TRAMINI, P.; AL QADI NASSAR, B.; VALCARCEL, J.; GIBERT, P. Factors associated with the use of emergency dental care facilities in a French public hospital. **Special Care in Dentistry**, v. 30, n. 2, p. 66-71, 2010. DOI: 10.1111/j.1754-4505.2009.00125.x.

UNIVERSIDADE FEDERAL DE JUIZ DE FORA. Faculdade de Odontologia. Disponível em: https://www2.ufjf.br/odontologia/apresentacao/. Acesso em: 07 jul. 2024.

WORSLEY, D. J.; ROBINSON, P. G.; MARSHMAN, Z. Access to urgent dental care: a scoping review. **Community Dental Health**, v. 34, n. 1, p. 19-26, 2017. DOI: 10.1922/CDH_4038Worsley08.

APÊNDICE 1 – Questionário estruturado

QUESTIONÁRIO DE CONDIÇÕES SOCIODEMOGRÁFICAS

Este questionário faz parte da pesquisa **"Atendimento de urgência em uma escola de odontologia brasileira: um estudo prospectivo"** realizada pela mestranda Gabriela El-Corab Fiche aluna do Programa de Pós-Graduação da Faculdade de Odontologia da Universidade Federal de Juiz de Fora (UFJF), com o objetivo de descrever a ocorrência de urgência odontológica e sua relação com fatores sociodemográficos em pacientes que procuram atendimento odontológico de urgência não agendado.

PARTE I – DADOS PESSOAIS

Nome:	
Data de nascimento:	Idade:
Telefone:	Endereço:
Sexo:	
1	Feminino
2	Masculino
Cor/raça:	
1	Amarelo
2	Branco
3	Indígena
4	Pardo
5	Preto
Estado civil:	
1	Solteiro (a)
2	Casado (a)
3	Divorciado (a)
4	Viúva (a)
Escolaridade:	
1	Analfabeto (a)
2	Fundamental I incompleto
3	Fudamental I completo/ Fundamental II incompleto
4	Fudamental II completo/ Médio incompleto
5	Médio completo/ Superior incompleto
6	Superior completo
7	Pós-graduação
Renda familiar:	
0	Menor que R$ 1.720,00
1	Baixa (R$1.720,00 a R$2.590,00)
2	Média baixa (R$2.590,00 a R$4.315,00)

3	Média (R$4.315,00 a R$8.630,00)
4	Média alta (R$8.630,00 a R$17.260,00)
5	Alta (mais que R$ 17.260,00)
6	Não sei/ Não quero responder
Quantas pessoas na família vivem com essa renda mensal?	
Ocupação:	
Data de aplicação do questionário:	

PARTE II - CONDIÇÕES SOCIODEMOGRÁFICAS - ABEP

Baseado no questionário da Associação Brasileira de Empresas de Pesquisa (ABEP, 2018)

As perguntas a seguir são sobre os itens do domicílio para efeito de classificação econômica. Todos os itens de eletrônicos que vou citar devem estar funcionando incluindo os que estão guardados. Caso não estejam funcionando, considere apenas se tiver intenção de consertar ou repor nos próximos seis meses.

A água utilizada no seu domicílio é proveniente de?	
1	Rede geral de distribuição
2	Poço ou nascente
3	Outro meio

Considerando o trecho da rua do seu domicílio, você diria que a rua é:	
1	Asfaltada/Pavimentada
2	Terra/Cascalho

Qual é o grau de escolaridade/ instrução do chefe da família? Considere como chefe da família a pessoa que contribui com a maior parte da renda do domicílio.	
1	Analfabeto/Fundamental I incompleto
2	Fundamental I completo/ Fundamental II incompleto
3	Fundamental II completo/ Médio incompleto
4	Médio completo/ Superior incompleto
5	Superior completo

		Quantidade			
Itens de conforto	Não Possui	11	32	33	44+
Quantidade de automóveis de passeio exclusivamente para uso particular					
Quantidade de empregados mensalistas, considerando apenas os que trabalham pelo menos cinco dias por semana					
Quantidade de máquinas de lavar roupa, excluindo tanquinho					
Quantidade de banheiros					
DVD, incluindo qualquer dispositivo que leia DVD e desconsiderando DVD de automóvel					
Quantidade de geladeiras					
Quantidade de freezers independentes ou parte da geladeira duplex					
Quantidade de microcomputadores, considerando computadores de mesa, laptops, notebooks e netbooks e desconsiderando tablets, palms ou smartphones					
Quantidade de lavadora de louças					
Quantidade de fornos de micro-ondas					

Quantidade de motocicletas, desconsiderando as usadas exclusivamente para uso profissional					
Quantidade de máquinas secadoras de roupas, considerando lava e seca					

PARTE III – DADOS SOBRE A HISTÓRIA ODONTOLÓGICA E O ATENDIMENTO

1- Quantas vezes você já veio ao serviço de urgência odontológica da FO/UFJF?	
1	Primeira vez
2	1 vez
3	2 vezes
4	3 vezes
5	4 vezes ou mais
2- Você já foi atendido anteriormente em alguma outra disciplina/clínica da FO/UFJF?	
1	Sim
2	Não
3	Não sei/ Não lembro
3- Qual outra disciplina/clínica da FO/UFJF você já foi atendido anteriormente?	
1	Nunca fui atendido(a)
2	Cirurgia
3	Dentística
4	Periodontia
5	Prótese
6	Clínica integrada
7	Outra:
8	Não sei/ Não lembro
9	Endodontia
4- Quantas vezes você já foi atendido em outra disciplina/clínica da FO/UFJF?	
0	Nunca fui atendido(a)
1	1 vez
2	2 vezes
3	3 vezes
4	4 vezes
5	5 vezes ou mais
5- Atualmente, você faz tratamento odontológico em alguma disciplina/clínica da FO/UFJF?	
1	Sim
2	Não
3	Não sei/ não lembro
6- Se sim, em qual disciplina/clínica da FO/UFJF você é atendido atualmente?	
1	Não sou atendido(a)
2	Cirurgia
3	Dentística
4	Periodontia
5	Prótese
6	Clínica integrada
7	Outra:
8	Não sei/ Não lembro
9	Endodontia
7- Você tem um dentista regular fora da FO/UFJF?	
1	Sim
2	Não
3	Não sei/ Não lembro
8- Caso não tenha um dentista regular fora da FO/UFJF, qual seria esse motivo?	
1	Não foi possível encontrar vaga em outro estabelecimento público

2	Questões financeiras
3	Espera muito longa/ desistência
4	Desconhecimento de tratamentos em UBS
5	Problemas não resolvidos em UBS
6	Ausência de dentistas em UBS
7	Hábito de procura por Pronto Atendimento
8	Só procura atendimento em casos de dor ou surgimento de problemas
9	Medo/ ansiedade
10	Outro:
9- A última vez que você foi ao dentista foi para uma consulta de urgência?	
1	Sim
2	Não
3	Não sei/ Não lembro
10- **Nos últimos 12 meses**, você fez algum tratamento/acompanhamento odontológico?	
1	Sim
2	Não
3	Não sei/ Não lembro
11- **Se sim**, onde foi o local de tratamento/acompanhamento odontológico?	
1	Faculdade de Odontologia/ UFJF
2	Outro estabelecimento público
3	Consultório/ Clínica particular
4	Outro:
12- Seu último tratamento/acompanhamento odontológico foi concluído? (independentemente se foi há mais de 12 meses)	
1	Sim
2	Não
3	Não sei/ Não lembro
13- Qual foi o motivo da consulta/tratamento que você realizou nos **últimos 12 meses**?	
1	Prevenção/ diagnóstico
2	Dor de dente/ desconforto
3	Cárie dentária/ restauração
4	Cirurgia
5	Prótese
6	Ortodontia
7	Tratamento endodôntico (edema, fístula)
8	Tratamento periodontal (sangramento)
9	Outro:
10	Não sei/ Não lembro
11	Não fui ao dentista nos últimos 12 meses
14- Qual o motivo da sua consulta/tratamento **hoje** (queixa principal)?	
1	Prevenção/ diagnóstico
2	Dor de dente/ desconforto
3	Cárie dentária/ restauração
4	Cirurgia
5	Prótese
6	Ortodontia
7	Tratamento endodôntico (edema, fístula)
8	Tratamento periodontal (sangramento)
9	Estética
10	Trauma (dentes e/ou tecido mole)
11	Desordem Têmporo-Mandibular (DTM)
12	Outro:
15- Por que você acha que seu problema odontológico é urgente?	
1	Dor de dente/ desconforto
2	Estética
3	Medo/anseio do agravamento do quadro

4	Possíveis repercussões na saúde
5	Outro:
6	Meu problema não é urgente
7	Não sei/ Não quero responder
16- O motivo da sua consulta/tratamento foi contemplado no atendimento de **hoje**?	
1	Sim
2	Não
3	Não necessitou tratamento
4	Não sei
17- O motivo da sua consulta/tratamento de **hoje** foi resolvido com:	
1	Tratamento odontológico
2	Orientação profissional
3	Prescrição medicamentosa
4	Não foi resolvido
18- Na sua consulta/tratamento **hoje,** foi necessário algum exame complementar (Raio X)?	
1	Sim
2	Não
3	Não sei
19- Na sua consulta/tratamento **hoje,** foi necessário algum encaminhamento para outro profissional/clínica? (no geral, independente do procedimento que foi realizado hoje)	
1	Sim
2	Não
3	Não sei
20- Na sua consulta/tratamento **hoje,** foi necessária alguma prescrição medicamentosa?	
1	Sim
2	Não
3	Não sei
21- Após a sua consulta/tratamento **hoje,** será necessário um retorno ao serviço de urgência odontológica da FO/UFJF para dar continuidade ao que foi realizado?	
1	Sim
2	Não
3	Não sei

Obrigada por participar!

APÊNDICE 2 – Termo de Consentimento Livre e Esclarecido

TERMO DE CONSENTIMENTO LIVRE E ESCLARECIDO

Gostaríamos de convidar você a participar como voluntário (a) da pesquisa **"Atendimento de urgência em uma escola de odontologia: um estudo prospectivo"**. O motivo do desenvolvimento desse estudo é a necessidade de entender as variáveis que influenciam o atendimento odontológico de urgência na Faculdade de Odontologia da UFJF a fim de que o acolhimento dos pacientes e as intervenções sejam feitas de forma adequada, incentivando o cuidado dentário regular e melhorando o acesso e a qualidade da atenção à saúde bucal na instituição.

Nesta pesquisa pretendemos conhecer as ocorrências de urgência odontológica e sua associação com fatores sociodemográficos em pacientes que procuram atendimento odontológico de urgência não agendado na Faculdade de Odontologia/UFJF.

Caso você concorde em participar, vamos fazer as seguintes atividades com você: o voluntário responderá a um questionário de múltipla escolha contendo perguntas sobre as principais demandas do atendimento de urgência odontológical, além de dados como sexo, idade anos de escolaridade, renda familiar mensal e número de indivíduos que vivem dessa renda. Esta pesquisa tem como único risco: você se sentir constrangido. Com intuito de diminuir a chance de isso acontecer, todas as informações fornecidas por você serão mantidas em total sigilo.

Para participar deste estudo você não vai ter nenhum custo, nem receberá qualquer vantagem financeira. Apesar disso, se você tiver algum dano causado por atividades que fizermos com você nesta pesquisa, você terá direito a buscar indenização. Você terá todas as informações que quiser sobre esta pesquisa através dos contatos da pesquisadora disponibilizados ao final deste termo (e-mail e telefones) e estará livre para participar ou recusar-se a participar. Mesmo que você queira participar agora, você pode voltar atrás ou parar de participar a qualquer momento. A sua participação é voluntária e o fato de não querer participar não vai trazer qualquer penalidade. Os resultados da pesquisa estarão à sua disposição quando finalizada. Seu nome ou o material que indique sua participação não será liberado sem a sua permissão. Você não será identificado (a) em nenhuma publicação que possa resultar.

Este termo de consentimento encontra-se impresso em duas vias originais, sendo que uma será arquivada pela pesquisadora responsável e a outra será fornecida a você. Os dados coletados na pesquisa ficarão arquivados com a pesquisadora responsável por um período de 5 (cinco) anos. Decorrido este tempo, a pesquisadora avaliará os documentos para a sua destinação final, de acordo com a legislação vigente. A pesquisadora tratará a sua identidade com padrões profissionais de sigilo, atendendo a legislação brasileira (Resolução Nº 466/12 do Conselho Nacional de Saúde), utilizando as informações somente para os fins acadêmicos e científicos.

Declaro que concordo em participar da pesquisa e que me foi dada a oportunidade de ler e esclarecer as minhas dúvidas.

Juiz de Fora, _____ de _____ de 20_____ .

_____

Assinatura do Participante

_____

Assinatura do (a) Pesquisador (a)

Flávia Almeida Ribeiro Scalioni
Campus Universitário da UFJF
Faculdade de Odontologia
CEP: 36036-900
Fone: (32) 99102-3142
E-mail: flaviascalioni@hotmail.com

Rubrica do Participante de pesquisa ou responsável: _____
Rubrica do Pesquisador: _____

ANEXO A – Parecer do CEP

UNIVERSIDADE FEDERAL DE JUIZ DE FORA - UFJF

COMPROVANTE DE ENVIO DO PROJETO

DADOS DO PROJETO DE PESQUISA

Título da Pesquisa: Atendimento de urgência em uma escola de odontologia: um estudo prospectivo

Pesquisador: Flávia Almeida Ribeiro Scalioni

Versão: 2

CAAE: 70298723.1.0000.5147

Instituição Proponente: FACULDADE DE ODONTOLOGIA

DADOS DO COMPROVANTE

Número do Comprovante: 061519/2023

Patrocionador Principal: Financiamento Próprio

Informamos que o projeto Atendimento de urgência em uma escola de odontologia: um estudo prospectivo que tem como pesquisador responsável Flávia Almeida Ribeiro Scalioni, foi recebido para análise ética no CEP Universidade Federal de Juiz de Fora - UFJF em 07/06/2023 às 15:45.

Endereço: JOSE LOURENCO KELMER S/N
Bairro: SAO PEDRO **CEP:** 36.036-900
UF: MG **Município:** JUIZ DE FORA
Telefone: (32)2102-3788 **E-mail:** cep.propp@ufjf.br

ANEXO B – Instruções aos Autores

Author Guidelines

Journal of Public Health Dentistry
Instructions for Contributors

The *Journal of Public Health Dentistry* (JPHD) is devoted to the advancement of public health dentistry though the publication of research that emphasizes: (1) population-based or epidemiological studies that apply appropriate methodologies to allow for generalizable results; (2) health services research that focuses on improving access, cost,or quality of dental care (e.g., insurance reform, workforce modification, quality improvements interventions); (3) population-based prevention interventions; and (4) the role of social, commercial, and political determinants of health. Policy relevant research is considered to be of high priority. We publish, after peer review and/or editorial consideration, original research articles, brief reports, systematic reviews, articles addressing new research methods,special issues, guest editorials, commentaries, letters to the editor, and book reviews.

Important Notice: All authors must sign a cover letter submitted with the manuscript. For more information,see below

Sections

1. Submission and Peer Review Process
2. Format and Style of Scientific Articles
3. Publication

1. Submission and Peer Review Process

New submissions should be made via the Research Exchange submission portal. You may check the status of yoursubmission at any time by logging on to submission.wiley.com and clicking the “My Submissions” button. For technical help with the submission system, please review our **FAQs** or contact **submissionhelp@wiley.com**.

For help with submissions, please contact: **jphdinfo@aaphd.org.**

Authors will be directed through the submission process at the Website. The submission system will prompt authorsto use an ORCID ID (a unique author identifier) to help distinguish their work from that of other researchers. **Click here** to find out more.

Use double-spacing throughout, including title pages, abstract, text, acknowledgments, references. Begin each of thefollowing sections on separate pages: title page, abstract and key words, text, acknowledgments, references, and individual tables and figures. Number pages consecutively in the upper right-hand corner of each page, beginningwith the title page. Our reference book is Merriam-Webster Collegiate Dictionary, 11th edition (Springfield, MA: Merriam-Webster, 2003).

Submission of manuscripts must be accompanied by a **letter signed by all authors** acknowledging their agreementwith the content of the manuscript and their willingness to appear as an author.

This journal does not charge submission fees.

Article Preparation Support

Submissions must be in English and conform to the Uniform Requirements for Manuscripts Submitted to BiomedicalJournals. The complete document appears is available here: **https://www.icmje.org/icmje-recommendations.pdf**.

Wiley Editing Services offers expert help with English Language Editing, as well as translation, manuscript formatting,figure illustration, figure formatting, and graphical abstract design – so you can submit your manuscript with confidence.

Also, check out our resources for **Preparing Your Article** for general guidance about writing and preparing your manuscript. Please note that while this service (which is paid for by the author) will greatly improve the readability ofyour paper, it does not guarantee acceptance or preference of your paper by the journal.

Open Access

This journal is a subscription journal that offers an Open Access option. You'll have the option to make your article open access after acceptance, which will be subject to an APC unless a waiver applies. Read more about **APCs here**.

Preprint Policy

Please find the Wiley preprint policy **here**.

This journal does not accept articles previously published on preprint servers.

Registered Reports

See the **Registered Reports Author Guidelines** for full details.

Data Sharing and Data Availability
This journal expects data sharing. Review **Wiley's Data Sharing policy** where you will be able to see and select thedata availability statement that is right for your submission.

Data Citation
Please review **Wiley's Data Citation policy**.

Data Protection
By submitting a manuscript to or reviewing for this publication, your name, email address, and affiliation, and other contact details the publication might require, will be used for the regular operations of the publication. Please review**Wiley's Data Protection Policy** to learn more.

Funding
You should list all funding sources in the Acknowledgments section. You are responsible for the accuracy of theirfunder designation. If in doubt, please check the **Open Funder Registry** for the correct nomenclature.

Authorship

All listed authors should have contributed to the manuscript substantially and have agreed to the final submittedversion. Review **editorial standards** and scroll down for a description of authorship criteria.

Author Pronouns
Authors may now include their personal pronouns in the author bylines of their published articles and on Wiley Online Library. Authors will never be required to include their pronouns; it will always be optional for the author.Authors can include their pronouns in their manuscript upon submission and can add, edit, or remove their pronouns at any stage upon request. Submitting/corresponding authors should never add, edit, or remove a

coauthor's pronouns without that coauthor's consent. Where post-publication changes to pronouns are required,these can be made without a correction notice to the paper, following Wiley's Name Change Policy to protect the author's privacy. Terms which fall outside of the scope of personal pronouns (e.g. proper or improper nouns), are currently not supported.

Reproduction of Copyright Material
If excerpts from copyrighted works owned by third parties are included, credit must be shown in the contribution. Itis your responsibility to also obtain written permission for

reproduction from the copyright owners. For more information visit **Wiley's Copyright Terms & Conditions FAQ**.

The corresponding author is responsible for obtaining written permission to reproduce the material "in print andother media" from the publisher of the original source, and for supplying Wiley with that permission upon submission.

Figures and Supporting Information

Figures, supporting information, and appendices should be supplied as separate files. You should review the **basicfigure requirements** for manuscripts for peer review, as well as the more detailed post-acceptance figure requirements. View **Wiley's FAQs** on supporting information.

Peer Review

This journal operates under a double-anonymized **peer review model**. Except where otherwise stated, manuscriptsare peer reviewed by at least two anonymous reviewers. Papers will only be sent to review if the Editor-in-Chief determines that the paper meets the appropriate quality and relevance requirements.

In-house submissions, i.e. papers authored by Editors or Editorial Board members of the title, will be sent to Editorsunaffiliated with the author or institution and monitored carefully to ensure there is no peer review bias.

Wiley's policy on the confidentiality of the review process is **available here**.

Reviewers can choose to remain anonymous unless they would like to sign their report.

Appeals and Complaints

Authors may appeal an editorial decision if they feel that the decision to reject was based on either a significantmisunderstanding of a core aspect of the manuscript, a failure to understand how the manuscript advances the literature or concerns regarding the manuscript-handling process. Differences in opinion regarding the novelty or significance of the reported findings are not considered as grounds for appeal. To raise an appeal, please contact thejournal by email, quoting your manuscript ID number and explaining your rationale for the appeal. The editor's decision following an appeal consideration is final.

To raise a complaint regarding editorial staff, policy or process please contact the journal in the first instance. If youbelieve further support outside the journal's management is necessary, please refer to Wiley's Best Practice Guidelines on Research Integrity and Publishing Ethics.

Guidelines on Publishing and Research Ethics in Journal Articles

The journal requires that you include in the manuscript details of IRB approvals, ethical treatment of human and animal research participants, and gathering of informed consent, as appropriate. You will be expected to declare allconflicts of interest, or none, on submission. Please review Wiley's policies surrounding **human studies, animal studies, clinical trial registration, biosecurity, and research reporting guidelines**.

This journal follows the core practices of the **Committee on Publication Ethics (COPE)** and handles cases of research and publication misconduct accordingly (**https://publicationethics.org/core-practices**).

This journal uses iThenticate's CrossCheck software to detect instances of overlapping and similar text in submittedmanuscripts. Read **Wiley's Top 10 Publishing Ethics Tips for Authors** and **Wiley's Publication Ethics Guidelines**.

Author Contributions
For all articles, the journal mandates the CRediT (Contribution Roles Taxonomy)—more information is available onour **Author Services** site.

2. Format and Style of Scientific Articles

Title Page. To facilitate the masked review process, include a title page giving only the title of the manuscript and notidentifying authorship. Authors' names should not appear on any manuscript page or in revision where track
changes are being used.

Abstract. The second page should carry an abstract of no more than 250 words (150 for Brief Communications)
consisting of four paragraphs, labeled Objectives, Methods, Results, and Conclusions. These sections should describethe problem being addressed in the study, how the study was performed, the salient results (without statistical tests),and what the authors conclude from the results.

Key Words. Below the abstract, provide, and identify as such, three to 10 key words or short phrases that will assistindexers in cross-indexing your article. At least three terms from the medical subject headings (MeSH) list of Index Medicus should be used. The use of MeSH headings greatly facilitates the identification of your article by online search engines and improves the likelihood that interested readers can retrieve your article. Assistance in locating MeSH headings is provided at:
http://www.nlm.nih.gov/mesh/MBrowser.html.

Text. Divide text of scientific articles into sections labeled: Introduction, Methods, Results, and Discussion. For othertypes of articles, consult recent issues of the JPHD for further guidance. All acronyms must be spelled out when theyfirst appear in the text.

Introduction. This section should contain a concise and balanced review of the current relevant literature and
describe the study's relevance for a public health audience. Following the review of literature, clearly state where there is an important gap in our knowledge of this topic area and how this study will address that gap and advance understanding of the topic. This should be labeled as the rationale for the study and give the reader a clear sense of why the study was conducted. Ideally, this section of the manuscript should contain the hypotheses that were tested(NOTE: authors are strongly advised to frame their study in terms of hypothesis testing).

Methods. Describe your methods clearly and in sufficient detail to allow readers to clearly understand the approachused. Authors are highly encouraged, where appropriate, to use a hypothesis driven approach and to frame the analysis accordingly. Give references to established methods, including statistical methods; provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. When reporting investigations
involving human subjects, indicate whether the procedures followed were in accordance with the ethical standardsof a responsible committee on human experimentation and provide within the text a statement noting the ethics
committee, by name, that reviewed the study protocol. Manuscripts reporting human subject studies without ethicscommittee review will not be considered for publication.

Results. Present results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the datain the tables or figures; rather emphasize or summarize only important observations. Do not report the results of
post hoc analyses that were not clearly stated in the purpose of the study (i.e., in the hypotheses).

Discussion. Organize the discussion as follows: 1) Briefly summarize the most important findings, emphasizing whatnew knowledge is provided from this study. If the study was hypothesis driven, clearly state whether the results support or do not support the hypothesis. Do not repeat in detail data given in the Results section. 2) Compare the study findings with the extant relevant literature, drawing attention to salient differences and note the implications ofthe findings within that context. 3) Discuss the study's limitations and how these could impact interpretation. 4) Provide a succinct conclusion statement or paragraph. Avoid unqualified statements and conclusions not well supported by your results. State new hypotheses when warranted by the results, but clearly label them as such. Include recommendations when appropriate.

Acknowledgments. Acknowledge only persons who have made substantive contributions to the study. Obtain written permission from persons acknowledged by name, because readers may infer their endorsement of the dataand conclusions. A description of sources of funding, financial disclosure, and the role of sponsors must be includedin this section.

Conflicts of Interest. Include this section as part of Acknowledgements, but only if the authors have personal financial interests related to the subject matters discussed in the manuscript. Otherwise indicate that there were noconflicts of interest.

Footnotes and Appendices. Except in tables and figures, footnotes should not be used. Appendices will be placedon the JPHD website by Wiley after consultation with the editor. Appendices should be submitted as separate filesand labeled "Supplemental Material for Review".

References. References for research manuscripts are in general limited to no more than 30; for brief
communications please limit to ten or fewer. The author(s) must verify cited references against the original
documents. JPHD uses the "Vancouver" style and information can be found at the Uniform Requirements page andwell as some examples at
(**http://www.nlm.nih.gov/bsd/uniform_requirements.html**).

Identify references in text, tables, and legends by Arabic numerals using superscript formatting; number
consecutively in the order in which they are first mentioned in the text. Avoid using abstracts as references. Abstractsnot published in the periodical literature (e.g., printed only in an annual meeting program) may be cited only as written communications in parentheses in the text. "Unpublished observations" and "personal communications" may not be used as references, although references to written, not oral, communications may be inserted (in
parentheses) in the text. For papers accepted but not yet published; designate the journal and add "in press."
Information from manuscripts submitted but not yet accepted should be cited in the text as "unpublished
observations" (in parentheses). Acceptable forms of references are based on an ANSI standard style adapted by the National Library of Medicine and authors are encouraged to refer to the examples of reference styles provided in theUniform Requirements. Systematic reviews do not have a specific limitation on number of references.

Tables. Submit each table as a separate document. Number tables with an Arabic numeral consecutively and supply a brief title for each. Explain in footnotes all nonstandard abbreviations used in each table. (Please refer to the JPHD,Volume 60, No. 4, page 347-8 to confirm these characters if you plan to use these symbols).

Illustrations and Legends. Submit the required number of complete sets of figures. Figures should be of a high standard and if necessary, professionally drawn. Label each figure indicating the number of the figure. Cite each figure in the text in consecutive order. Type or print out legends for illustrations using double spacing, starting on a separate

page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify, and explain each one clearly in the legend. Explain the internalscale and identify the method of staining in photomicrographs.

Photographs of People. The Journal of Public Health Dentistry follows current HIPAA guidelines for the protection ofpatient/subject privacy. If an individual pictured in a digital image or photograph can be identified, his or her
permission is required to publish the image. The corresponding author may submit a letter signed the patient authorizing the Journal of Public Health Dentistry to publish the image/photo. Or, a form provided by the Journal ofPublic Health Dentistry (available **here** or by clicking the "instructions and Forms" link in Manuscript Central) may bedownloaded for your use. The approval must be received by the Editorial Office prior to final acceptance of the manuscript for publication. Otherwise, the image/photo must be altered such that the individual cannot be
identified (black bars over eyes, tattoos, scars, etc.). The Journal of Public Health Dentistry will not publish patient
photographs that will in any way allow the patient to be identified unless the patient has given their express consent.

3. Publication

Prior and Duplicate Publication

Manuscripts are not accepted for consideration if they are based on work that has been or will be published orsubmitted elsewhere before appearing in the JPHD. Exceptions are consistent with the policy on duplicate or
redundant publication developed by the International Committee of Medical Journal Editors Ann Intern Med
1997;126(1):36-47; or online at
http://www.acponline.org/journals/resource/unifreqr.htm. Copies of any closelyrelated manuscripts should be submitted to the editor along with the manuscript that is to be considered by the JPHD.

Authorship

All persons designated as authors should qualify for authorship. Each author should have participated sufficiently inthe work to take public responsibility for the content. Authorship credit should be based only on substantial
contributions to: (1) conception and design, or analysis and interpretation of the data; and to (2) drafting the articleor revising it critically for important intellectual content; and on
(3) final approval of the version to be published.
Conditions 1, 2, and 3 must all be met. The editor may ask for verification of these conditions for each author. All
authors must sign a cover letter submitted with the manuscript as described below.

Wiley's Author Name Change Policy

In cases where authors wish to change their name following publication, Wiley will update and republish the paperand redeliver the updated metadata to indexing services. Our editorial and production teams will use discretion in recognizing that name changes may be of a sensitive and private nature for various reasons including (but not limited to) alignment with gender identity, or as a result of marriage, divorce, or religious conversion. Accordingly, toprotect the author's privacy, we will not publish a correction notice to the paper, and we will not notify co-authors ofthe change. Authors should contact the journal's Editorial Office with their name change request.

Copyright Issues

JPHD encourages the posting of manuscripts resulting from NIH-funded research to PubMed Central (**www.pubmedcentral.nih.gov**) to promote public access to critical research findings. Authors whose manuscriptsare accepted for publication in JPHD may post the final, edited version of the manuscript as soon as the printed journal version is distributed.

Submission of Manuscripts and Correspondence

Manuscripts can be uploaded either as a single document (containing the main text, tables and figures), or with figures and tables provided as separate files. The main manuscript file can be submitted in Microsoft Word (.doc or .docx) or LaTex (.tex) format. If submitting your manuscript file in LaTex format via Research Exchange, select the file designation "Main Document – LaTeX .tex File" on upload. When submitting a LaTex Main Document, you must also provide a PDF version of themanuscript for Peer Review. Please upload this file as "Main Document - LaTeX PDF." All supporting files that are referred to in the LaTex Main Document should be uploaded as a "LaTeX Supplementary File."

Questions regarding the appropriateness of articles for the journal or questions about the review and acceptanceprocess should be directed to the editor at: **rjw1@pitt.edu**.

Questions about manuscript submission or manuscript should be sent to: **info@aaphd.org**.

Covering Letter

A covering letter, signed by all authors, should be mailed to be received at the same time as the manuscript. A scanned copy of a signed letter, sent electronically as a PDF, is also acceptable. It should include (1) information onprior or duplicate publication or submission elsewhere of any part of the work as defined in the Uniform Requirements; (2) a statement of financial or other relationships that might lead to a conflict of interest; (3) a statement that the manuscript has been read and approved by all the authors, that the requirements for authorshiphave been met, and that each author believes that the manuscript represents honest work; and (4) the name, address, and telephone number of the corresponding author who is responsible for communicating with the other authors about revisions and final approval of the proofs. A scanned copy of the signed letter may be sent

electronically or mailed to the journal administrator at above address.

Manuscript Submitted Previously to Another Journal

If a manuscript recently underwent peer review by another journal, authors should disclose this information in the cover letter. They should include either the previous critique or a cover letter with the new submission that explainshow the authors have modified the manuscript to address the previous (outside) critique.

Review and Action

Manuscripts are acknowledged upon receipt, reviewed by the editorial staff, and if they meet minimal publicationcriteria, are sent to at least two outside referees for a blind review. Accepted manuscripts are examined and editorial revisions likely will be made to add clarity and to conform to the JPHD style. Authors will be sent proofs prior to printing. Upon acceptance, papers become the permanent property ofthe JPHD and may not be reproduced by any means, in whole or in part, without the written consent of the editor.

Peer Reviewer Nominations

The editor selects the reviewers for each submission and encourages recommendations for reviewers from submitting authors. Thus, during the submission process, authors may nominate up to 4 external referees to reviewtheir manuscript (please provide at least their name, title, and email address). The best reviewers are authors of publications on which your research builds and which you cite. Peer reviewers must have a publishing track in thearea the manuscript deals with. When suggesting peer reviewers, conflicts of interests should be avoided, that is,suggested referees should not:

- be from the same department or (ideally) the same university;
- have been a research supervisor or graduate student of one of the authors within the
- past five years; have collaborated with one of the authors within the past five years or have plans to collaborate in theimmediate future;
- be employees of non-academic organizations with which one of the authors has collaborated within the pastfive years; or
- be in any other kind of potential conflict of interest situation (e.g., personal, financial).

We ask applicants not to contact suggested referees in advance. The editor reserves the right to send the manuscriptto other referees.

Reporting Guidelines for Specific Study Designs

Authors are strongly encouraged to consult best practice guidelines relevant for their research design. Researchreports frequently omit important information and delays the review.

Randomized Controlled Clinical Trials (RCTs) are highly encouraged and should be reported in accordance withthe CONSORT statement (**http://www.consort-statement.org/**).

A diagram illustrating the flow of participants through the trial is required (**http://www.consort-statement.org/index.aspx?o=1077**). Please complete and include the CONSORT checklist with the submission.

In accordance with recommendations from the ICMJE (Uniform Requirements) it is strongly recommended that RCTsbe registered in a WHO accredited trial registry (this is mandatory for industry sponsored trials). Please mention theInternational Standard Randomized Controlled Trial Number (ISRCTN) (or a comparable trial identifier) at the end ofthe abstract (in brackets), as well as when you first mention the acronym of a RCT in the manuscript.

Observational Research Designs (e.g., cohort, case-control, and cross-sections) should comport with the STROBEguidelines for reporting observational studies (**http://www.strobe-statement.org/**).

Systematic Reviews and Meta Analysis should follow the PRISMA guidelines (**https://prisma-statement.org/**).

Guidance on the Reporting of Race and Ethnicity
Authors should consult this guidance for manuscripts addressing issues of race and ethnicity:
https://jamanetwork.com/journals/jama/fullarticle/2783090.

Early View
The Journal is part of the Wiley Interscience Early View service. Articles are published on a regular basis online in advance of their appearance in a print issue. These articles are fully peer reviewed, edited, and complete—they onlylack page numbers and volume/issue details—and are considered fully published from the date they first appear online. This date is shown with the article in the online table of contents. Because Early View articles are consideredfully complete, please bear in mind that changes cannot be made to an article after the online publication date evenif it is still yet to appear in print. The articles are available as full text HTML or PDF and can be cited as references by using their Digital Object Identifier (DOI) numbers. For more information on DOIs, please see **http://www.doi.org/faq.html**.

To view all the articles currently available, please visit the journal homepage (https://onlinelibrary.wiley.com/journal/17527325) Upon print publication, the article will be removed from the EarlyView area and will appear instead in the relevant online issue, complete with page numbers and volume/issue details. No other changes will be made.

The implementation of Early View for JPHD represents our commitment to publishing articles as soon as possible forreaders, reducing time to publication considerably without sacrificing quality or completeness.

NIH Policy

Wiley-Blackwell supports authors by posting the accepted version of articles by NIH grant-holders to PubMed Central.

The accepted version is the version that incorporates all amendments made during peer review, but prior to thepublisher's copy-editing and typesetting. This accepted version will be made publicly available 12 months after

publication in the journal. The NIH mandate applies to all articles based on research that has been wholly or partiallyfunded by the NIH and that are accepted for publication on or after April 7, 2008. For more information about the NIH's Public Access Policy, visit **http://publicaccess.nih.gov**.

Wiley-Blackwell also offers its **Open Access and Funded Access** services. Upon payment of the Open Access or Funded Access fee, we will deposit the published version of the article into PubMed Central, with public availability inPubMed Central and on the journal's website immediately upon publication.

Copyright

If your paper is accepted, the author identified as the formal corresponding author for the paper will receive an emailprompting them to login into Author Services; where via the Wiley Author Licensing Service (WALS) they will be able to complete the license agreement on behalf of all authors on the paper.

For authors signing the Copyright Assignment Form:

If the Open Access option is not selected the corresponding author will be presented with the copyright form to sign.The terms and conditions of the copyright form can be previewed **here.**

Terms and Conditions

Please do not complete this PDF until you are prompted to login into Author Services as described above.

Note to Contributors on Deposit of Accepted Version:

Funder arrangements

Certain funders, including the NIH, members of the Research Councils UK (RCUK) and Wellcome Trust require depositof the Accepted Version in a repository after an embargo period. Details of funding arrangements are set out at the

following website: **http://www.wiley.com/go/funderstatement**. Please contact the Journal production editor if youhave additional funding requirements, jrecana@wiley.com.

Institutions

Wiley has arrangements with certain academic institutions to permit the deposit of the Accepted Version in the

institutional repository after an embargo period. Details of such arrangements are set out at the following website:

http://www.wiley.com/go/funderstatement.

Wiley Author Services
When an accepted article is received by Wiley's production team, the corresponding author will receive an email asking them to login or register with **Wiley Author Services**. You will be asked to sign a publication license at thispoint as well as pay for any applicable APCs.

Copyright & Licensing
WALS + standard CTA/ELA and/or Open Access for hybrid titles

You may choose to publish under the terms of the journal's standard copyright agreement, or Open Access underthe terms of a Creative Commons License.

Standard **re-use and licensing rights** vary by journal. Note that **certain funders** mandate a particular type of CClicense be used. This journal uses the CC-BY/CC-BY-NC/CC-BY-NC-ND **Creative Commons License**.

Self-Archiving Definitions and Policies: Note that the journal's standard copyright agreement allows for **self-archiving** ofdifferent versions of the article under specific conditions.

Early View
Upon publication, articles are available as full text HTML or PDF in Early View prior to inclusion in an issue and can becited as references using their Digital Object Identifier (DOI) number.

Proofs
Authors will receive an e-mail notification with a link and instructions for accessing HTML page proofs online/withtheir proofs included as a pdf. Authors should also make sure that any renumbered tables, figures, or references match text citations and that figure legends correspond with text citations and actual figures. Proofs must be returned within 48 hours of receipt of the email.

Article Promotion Support
Wiley Editing Services offers professional video, design, and writing services to create shareable video abstracts, infographics, conference posters, lay summaries, and research news stories for your research – so you can help yourresearch get the attention it deserves.

Author Name Change Policy
In cases where authors wish to change their name following publication, Wiley will update and republish the paperand redeliver the updated metadata to indexing services. Our editorial and production teams will use discretion in recognizing that name changes may be of a sensitive and private nature for various reasons including (but not limited to) alignment with gender identity, or as a result of marriage, divorce, or religious conversion. Accordingly, toprotect the author's privacy, we will not publish a correction

notice to the paper, and we will not notify co-authors ofthe change. Authors should contact the journal's Editorial Office with their name change request.

Correction to Authorship

In accordance with Wiley's **Best Practice Guidelines on Research Integrity and Publishing Ethics** and the **Committeeon Publication Ethics**' guidance, *Journal of Public Health Dentistry* will allow authors to correct authorship on a submitted, accepted, or published article if a valid reason exists to do so. All authors – including those to be added orremoved – must agree to any proposed change. To request a change to the author list, please complete the **Request for Changes to a Journal Article Author List Form** and contact either the journal's editorial or production office,
depending on the status of the article. Authorship changes will not be considered without a fully completed Author
Change form. [Correcting the authorship is different from changing an author's name; the relevant policy for that canbe found in **Wiley's Best Practice Guidelines** under "Author name changes after publication."]

Submit an article

As of July 27, 2023 all new *Journal of Public Health Dentistry* manuscripts are submitted through the **ResearchExchange** platform.

Start your submission

For submissions started prior to July 27, 2023 please visit **Manuscript Central** to manage or complete yoursubmission.

AAPHD
AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY