Reviewer's report

Title: Hispanic Dental Beliefs, Dental Attendance, and Oral Status: Additional Psychometric Data for the Spanish Modified Dental Anxiety Scale, and Psychometric Data for a Spanish Version of the Revised Dental Beliefs Survey

Version: 1 Date: 21 February 2010

Reviewer: Ola Haugejorden

Major Compulsory Revisions

The questions posed are clearly stated. However, the reference to, “Hispanic Dental Beliefs, Dental Attendance, and Oral Health Status” followed by listing of the psychometric properties (reliability and validity) of the Spanish versions of MDAS and R-DBS in the title takes the focus away from the primary objectives of the investigation. Dental beliefs, dental attendance and oral health status are used to validate MDAS and are not Results in their own right according to the aims of the study. If this is accepted, then the title should be adjusted.

When were the data collected?

The dental examiners were calibrated but neither the number nor their intra- and inter-examiner variability is reported.

The conditions under which the questionnaire was completed are not described (Procedures, p.8). It should be stated whether or not each participant completed the questionnaire independently and without distractions. The question arises because neither a gender difference in MDAS score nor in prevalence of dental fear was found, findings that are at variance with most other studies of dental fear.

The number of decimal places used in Results should be reconsidered. The number of subjects and the scales of measurement employed indicate one decimal place in percentage estimates, two in correlation coefficients, chi-square and t-values throughout.

The number of subjects and the level of statistical significance ought to be included in Table 1 as tables should be able to be read independently of the text.

Neither the MDAS score nor the prevalence of dental fear was related to gender. The possible reasons for the absence of the significant difference in dental fear reported in most other studies should be considered in the Discussion. As 63% of participants were female, it is possible that total score may have been affected (inflated?) by a statistically insignificant gender difference.

Local “samples of convenience” (p.13, paragraph 3) rather than state wide or national samples were used for this investigation. “Generalizability” of the
findings is sought established by comparison of the oral health of the present participants with Mexican-American adults surveyed in NHANES III 1988-1994 and in HHANES II 1982-1984. This is questionable considering the time lag between the two studies and because oral health of US citizens has improved during the last 15 - 30 years. Consequently, the attempt to establish external validity should either be dropped or a more relevant comparison employed if the authors want to establish a Hispanic national norm for MDAS. As defining a national norm for MDAS was not a purpose of the investigation and only internal validity is mentioned in the conclusion (Abstract), the former solution is probably to be preferred.

Minor Essential Revisions

0.06% should be 0.6%, cf. p. 12 (paragraph 2, line 3) and p. 14 (line 3)

References number 8, 15, 21 and 23 need adjustment/corrections.

Discretionary Revisions

In line 1 of Background it is stated that “[S]elf-report measures of dental fear are commonly used by clinicians (...)”. Is for clinical research rather than in clinical practice intended?

While DAS and MDAS at group level differentiate between people who go to the dentist and those who do not, their predictive validity for avoidance of dental visits has been found to be too low to be useful for prediction at the individual level (Haugejorden and Klock, 2000).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

'I declare that I have no competing interests'