

Dental Patients' Medical Information Disclosure and Sociodemographic Determinants: A Cross Sectional Study

Azizah Bin Mubayrik¹, Hafsah Hassan Al Ali², Sadeem Ali Alomar², Reem Alduweesh³, Shada Alfurayh³, Tagreed Alojaymi³, Malath Tuwaym³

¹Oral Medicine and Diagnostic Science Department, College of Dentistry, King Saud University, Riyadh, Kingdom of Saudi Arabia; ²College of Dentistry, King Saud University, Riyadh, Kingdom of Saudi Arabia; ³General Practitioner, Riyadh, Kingdom of Saudi Arabia

Correspondence: Azizah Bin Mubayrik, Oral Medicine and Diagnostic Science Department, College of Dentistry, King Saud University, 3680 - King Saud University Unit No. 3ar, Riyadh, 12372-7453, Kingdom of Saudi Arabia, Email aalmobeirik@ksu.edu.sa

Objective: To evaluate the patient's willingness to declare their medical history to their dentists against demographic and medical information.

Methods: A self-administered structured questionnaire regarding common chronic condition and pregnancy awareness and attitude toward medical information disclosure to their dentists was designed employing a five-point Likert-type scale. The questionnaire was distributed to among sample of adults. Data were collected and statistically analyzed using descriptive statistics, *t*-tests, ANOVA, and *P* values.

Results: A total of 573 questionnaires were completed. Only 61.3% were willing to share their medical history with the dentist and 76.1% will disclose previous complications of their condition in the dental office. Two third 71.9% of the sample will disclose about medications and 76.1% will disclose pregnancy month. There was lack of education regarding health conditions, 73.3% did not receive any information about their medications. While 72.8% did not receive any information regarding complications of their disease and 76.3% were not told what to do if complication arises.

Conclusion: The population's willingness to reveal their medical information in the dental office is crucial. Though was within acceptable limit but still deficient. Age, education, occupation and marital status have a significant effect on disclosing and awareness. Educating patients and raising their awareness may aid in reducing emergencies, errors, and legal issues in the dental office.

Keywords: dental patients, medical conditions, disclosure, sociodemographic

Introduction

The importance of accurate dental records cannot be overlooked. It is essential for patient's care, transfer, and quality control, thus improving care quality.¹ An accurate and complete history requires effective communication with the patient.² Active listening along with careful questioning are essential to obtain a thorough, accurate history.³ The greatest part of the medical history is obtained during the interview.^{3,4} A comprehensive and accurate medical history allows professionals to provide patients with the best of their abilities. Gathering a patient's medical history gives the dentist an important direction and data that aid in diagnosing and treatment planning.³ AN inaccurate medical history can interfere with the correct diagnosis, safe management, and ultimately decision making.¹⁻⁴ Hence, eliciting a comprehensive patient history is an essential tool to prevent undesired events during or after the treatment.¹ It is worth mentioning that recording medical history usually relies on the information provided by the patient.² It has been shown that in less than 13% of the visit time is given to talking to patients.⁵ A study was done by Beckman and Frankel reported that most patients struggle with expressing their concerns and only 23% of them were able to openly talk.⁶ In a narrative published in 2015 in respect with the medical history, the finding indicated that it assists in reaching an accurate diagnosis,

a treatment plan modification, and a treatment prognosis because of the detailed information obtained.⁵ It has also a substantial effect on building patient rapport, providing information, education, and management.⁵

Increasing the awareness of health care providers and patients regarding the importance of accurate history taking is crucial for both sides. None of the reviewed English literature evaluated the patient's willingness to disclose their medical conditions.⁵ The purpose of this study is to evaluate the patient's willingness to declare their medical history to their dentists against demographic and medical information.

Materials and Methods

A cross-sectional survey was designed and distributed to explore the public's attitudes and knowledge towards chairside dental screening and laboratory investigations. After reviewing the current literature on this topic, the researchers designed a structured, self-administered questionnaire to fulfill the study objectives. The questionnaire was developed in Arabic with different questioning types. The questionnaire was divided into the following three parts. Part 1 contained questions about demographic data; namely, age, sex, education level, occupation, marital status and last visit. Part 2 included questions related to information received by their treating dentists or physician on binary "yes or no" closed-ended questions. The third part contained a set of questions to gather information from research participants about awareness, willingness, and attitudes toward disclosing their medical histories to their attending dentists. It employed a five-point Likert-type scale with points on the scale indicating measures ranging from very important, important, neutral, unimportant, and totally unimportant, to indicate the extent to of agreement or disagreement or a neutral response. The participants were anonymous, and the questionnaire contained no identifiable information about the participants. Participation in this study was completely voluntary, and the questionnaire took approximately 5 minutes to complete. The questionnaire created using Google survey forms was distributed through social media outlets, such as Twitter and WhatsApp to convenient sample.

Statistical Analysis

Data was collected, analyzed, summarized, and presented in tables. All statistical analyses were performed using the Statistical Package for Social Sciences program (version 22). Descriptive statistics, such as frequency distributions, were performed. We used *t*-tests and one-way analysis of variance (ANOVA) to measure the relationship between variables. *P* values $\leq .05$ were considered statistically significant.

Ethics Approval and Informed Consent

The ethical approval was obtained from the Research Ethics Committee, Deanship of Scientific Research, King Saud University, Riyadh, Saudi Arabia (KSU-IRB 017E). Participation was voluntary, and consent was obtained prior to contribution. All participants were informed about the purpose of the study before contribution. This study was conducted in accordance with the Declaration of Helsinki.

Results

A total of 573 participants completed the survey. The majority of participants were females (73.9%). The sociodemographics and characteristics of the sample are summarized in Figures 1 and 2 and Table 1. Almost all participants (97%) had previously visited the dental office and (42.4%) received their dental therapy within the last 6 months (Figure 2).

Figure 3 and Table 2 show the responses of the participants regarding information received by their treating dentists. Almost three-quarters of the sample's participants (72.8%) revealed that they did not receive any information from their treating dentist regarding any possible complications from a disease or drugs. Similarly, 61.4% of participants have not been told about any possible mouth symptoms due to a disease or using medicines or interference with anesthesia (61.3%). Likewise, (75.7%) were not alerted about any medication complications with dental treatment. Four hundred thirty-seven participants (76.3%) were not told what to do if a complication arose and 80.6% of the participants have not alerted or heard the instructions about the appropriate vital signs to perform dental treatment.

Table 3 shows the willingness and attitudes of the study participants to declare their medical history to their treating dentist. More than half of the sample (61.3%, *n*=351) were willing to tell their dentist about any disease before performing a dental procedure. Forty-four (44.1%) of the participants also think that giving their treating dentist the

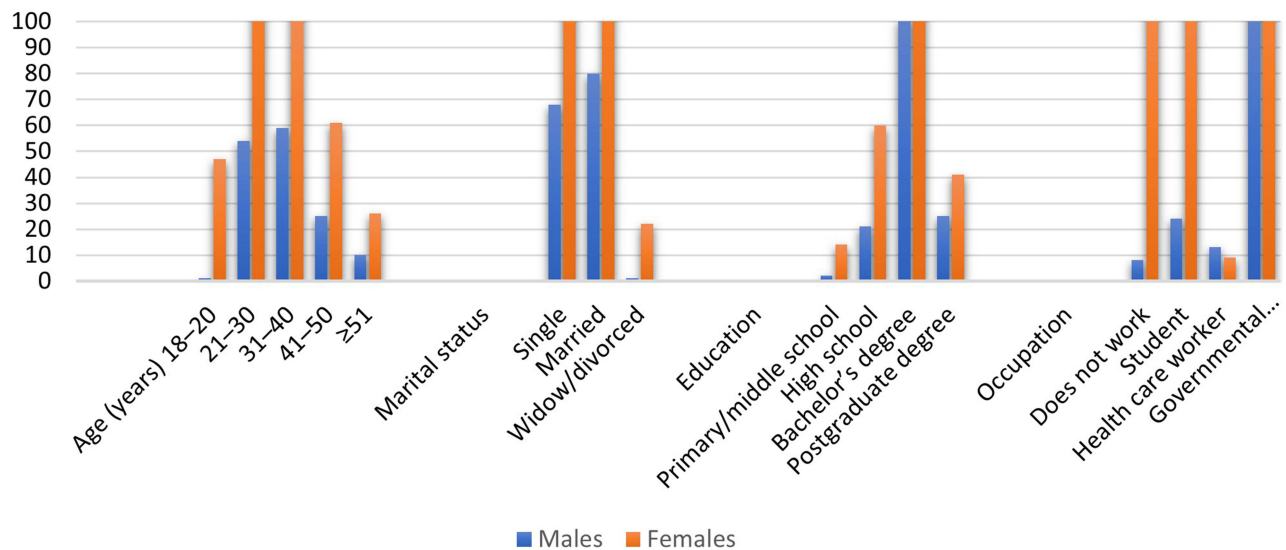


Figure 1 Sociodemographics and characteristics of the sample.

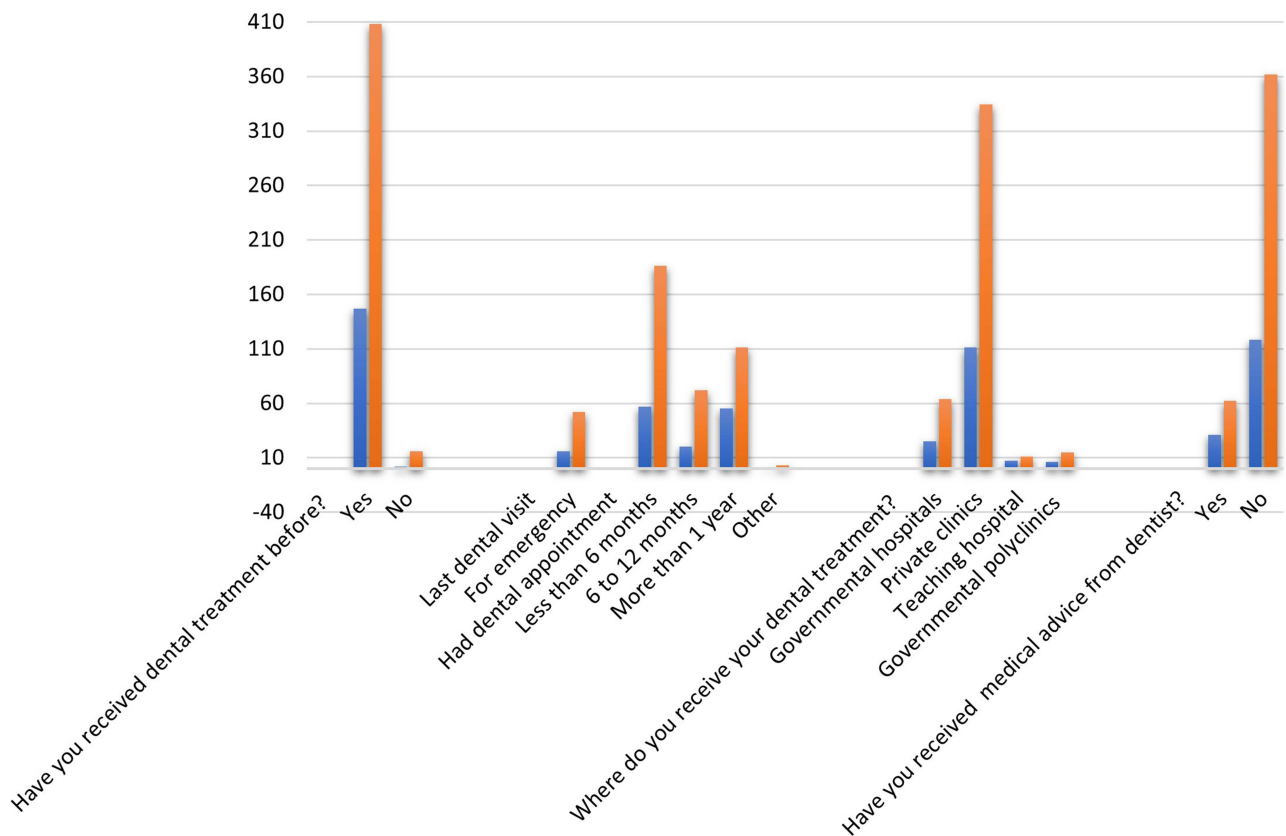


Figure 2 The sample of the characteristics regarding last visit, hospital and consultation from a dentist regarding medical condition.

name and the number of their supervising doctor is important. As regards to their knowledge and awareness of common oral diseases the results are summarized in [Table 3](#).

The significance of association between disclosure and sociodemographic data is represented in [Tables 4 and 5](#). There was no significant association between gender and disclosure.

Table I Sociodemographic and Characteristics of the Sample

Variable	Gender	
	Male	Female
Age (years)		
18–20	1(0.2)	47(8.2)
21–30	54(9.4)	183(31.9)
31–40	59(10.3)	107(18.7)
41–50	25(4.4)	61(10.6)
51 and older	10(1.7)	26(4.5)
Marital status		
Single	68(11.9)	204(35.6)
Married	80(14)	198(34.6)
Widow/divorced	1(0.2)	22(3.8)
Education		
Primary/middle school	2(0.3)	14(2.4)
High school	21(3.7)	60(10.5)
Bachelor's degree	101(17.6)	309(53.9)
Postgraduate degree	25(4.4)	41(7.2)
Occupation		
Does not work	8(1.4)	121(21.1)
Student	24(4.2)	136(23.7)
Health care worker	13(2.3)	9(1.6)
Governmental employee/private/other	104(18.2)	158(27.6)
Have you received dental treatment before?		
Yes	147(25.7)	408(71.2)
No	2(0.3)	16(2.8)
Last dental visit		
For emergency	16(9.1)	52(9.1)
Had dental appointment		
Less than 6 months	57(9.9)	186(32.5)
6 to 12 months	20(3.5)	72(12.6)
More than 1 year	55(9.6)	111(19.4)
Other	1(0.2)	3(0.5)
Where do you receive your dental treatment?		
Governmental hospitals	25(4.4)	64(11.2)

(Continued)

Table 1 (Continued).

Variable	Gender	
	Male	Female
Private clinics	111(19.4)	334(58.3)
Teaching hospital	7(1.2)	11(1.9)
Governmental polyclinics	6(1)	15(2.6)

Discussion

The medical history is an important foundation for the dentist's diagnosis, treatment planning, and prevention of potential complications. It aids in identifying undiagnosed cases and high-risk individuals to preclude emergencies in dental clinics. In general, most of the sample thought that it is important to declare their medical history to their dentists. Updating and revising medical history are essential to anticipate possible medical emergencies and to minimize risk.⁷

Our investigation revealed that most of the participants agreed that informing the dentist about any disease before therapy is essential prior to dental treatment. Medical emergencies in the dental office even though rare can be life-threatening. It has been reported that an accurate medical history aids in emergency prevention,⁸ ensuring effective and safe dental management particularly for inevitable dental emergencies in the dental office. Acquiring a patient's history depends mostly on the patient's understanding and skillful communication. It is therefore essential to train the students to develop communication skills.⁹ Obtaining history through automated self-reporting touch screen tablets has been reported to be effective and satisfactory.¹⁰ Barriers to sufficient history taking such as lack of time should be addressed and tackled for both the practitioner and the patient.

Despite the participants' agreement on the importance of disclosure, most of them did not receive health education from their dentists. It has been shown that a lack of professional communication reduces the trust and the compliance of the patients.⁹ Similarly, education increases compliance of patients. It also aids in patients' self-care and monitoring of

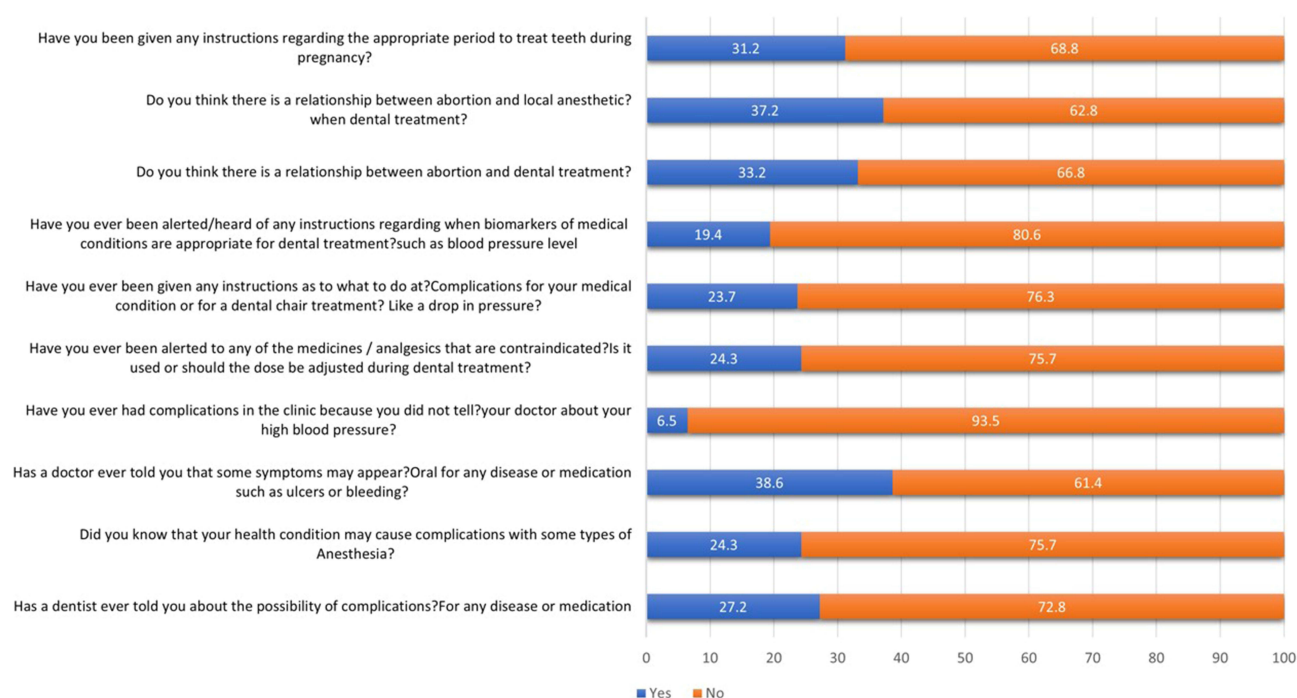


Figure 3 Graphical representations of the responses of the participant regarding information received by their treating dentist in percentage.

Table 2 Responses of Participants Regarding Information Received by Their Treating Dentists/ Physician

Statement	Yes	No
Has a dentist ever told you about the possibility of complications for any disease or medicine?	156 (27.2)	417 (72.8)
Were you informed whether your health condition may cause complications with some types of anesthesia?	222 (38.7)	351 (61.3)
Has a doctor ever told you that some oral side effects may appear from any disease or medication such as ulcers or bleeding?	221 (38.6)	352 (61.4)
Have you ever had complications in the clinic because you did not tell the doctor about your high blood pressure?	37(6.5)	536 (93.5)
Have you ever been alerted to any of the medicines / analgesics that are contraindicated, or should the dose be adjusted during dental treatment?	139 (24.3)	434 (75.7)
Have you ever been given any instructions as to what to do at any emergency complications for your medical condition during dental treatment eg drop in pressure?	136 (23.7)	437 (76.3)
Have you ever been alerted regarding whether biomarkers of medical conditions are appropriate for dental treatment? Such as blood pressure level?	111 (19.4)	462 (80.6)
Do you think there is a relationship between abortion and dental treatment?	190(33.2)	383(66.8)
Do you think there is a relationship between abortion and local anesthetic solution used in dentistry?	213(37.2)	360 (62.8)
Have you been given any instructions regarding the appropriate period to treat teeth during pregnancy?	179 (31.2)	394 (68.8)

Table 3 Awareness, Willingness, and Attitudes of the Study Participants to Declare Their Medical Status to Their Treating Dentists

Statement		Very Important	Important	Not Sure	Unimportant	Totally Unimportant
Medical history disclosure	How important it is to inform the dentist about complications previously experienced in the dental clinic such as fainting/losing consciousness?	436(76.1)	84(14.7)	44(7.7)	3(0.5)	6(1.0)
	How important is telling the dentist about pregnancy month?	436(76.1)	84(14.7)	44(7.7)	4(0.7)	5(0.9)
	How important is it to bring the indispensable medicines? Like an asthma inhaler for a dental appointment	281(49)	139(24.3)	114(19.9)	33(5.8)	6(1.0)
	Do you think it is important to ask the dentist about the availability of the first aid?	163(28.4)	135(23.6)	170(29.7)	80(14)	25(4.4)

(Continued)

Table 3 (Continued).

Statement		Very Important	Important	Not Sure	Unimportant	Totally Unimportant
	Tell your dentist about any disease before performing dental treatments	351(61.3)	151(26.4)	53(9.2)	16(2.8)	2(0.3)
	Complete the list of all names and dosages of the medicines you are taking	234(40.8)	178(31.1)	99(17.3)	45(7.9)	17(3)
	Give the dentist the name and number of the doctor supervising your medical condition	129(22.5)	124(21.6)	167(29.1)	117(20.4)	36(6.3)
	Dentists to monitor the medical conditions of the patient	303(52.9)	166(29)	70 (12.2)	27(4.7)	7(1.2)
	A dentist to be informed of any allergies that you have before treatment	344(60)	165(28.8)	41(7.2)	18(3.1)	5(0.9)
Medical information and awareness	Importance of HbA1c for diabetics to the dentist?	226(39.4)	117(20.4)	181(31.6)	39(6.8)	10(1.7)
	Dentist to examine health conditions if he suspect a disease?	270(47.1)	162(28.3)	92(16.1)	39(6.8)	10(1.7)
	Talk to a doctor, such as a cardiologist, about any dental treatment	275(48)	146(25.5)	95(16.6)	43(7.5)	14(2.4)
	Ask a dentist if oxygen and nitroglycerin are available for heart patients?	221(38.6)	137(23.9)	166(29)	38(6.6)	11(1.9)
	Eating breakfast before the dental appointment for diabetics	280(48.9)	129(22.5)	149(26)	11(1.9)	4(0.7)
	Choose morning appointments for diabetics	147(25.7)	100(17.5)	268(46.8)	41(7.2)	17(3)
	Choose the right time after a heart attack for dental treatment	294(51.3)	88(15.4)	167(29.1)	23(4)	1(0.2)
	Asking diabetics bringing a piece of sugar to the dental clinic	227(39.6)	150(26.2)	158(27.6)	28(4.9)	10(1.7)

diseases so they can get prompt, appropriate medical care.^{11,12} An accurate history requires good communication with the patient and guardian along with collaborating with the physician.¹³

Even though most of the participants believed that it is crucial to inform a dentist about pregnancy, our study indicated the lack of knowledge in regard to pregnancy and dental care. Similar results were reported in the literature among females.^{14,15} This may demand the institution of patient education and updating by obstetricians and dentists.

Overall, our investigation revealed acceptable awareness concerning common chronic diseases. However, there was a deficiency in knowledge as regards to the importance of emergency equipment availability. It is crucial that the patients get professional health education on their diseases, including information on potential emergencies, preparation and response strategies/ procedures. Studies have shown that health education improves patients' compliance and persistence.^{11,12,16}

Table 4 Disclosure of Medical History versus Sociodemographic Data

Statement			Sum of Squares	df	Mean Square	F	Sig.
Age	How important it is to inform the dentist about complications previously experienced in the dental clinic such as fainting/losing consciousness?	Between Groups	12.571	4	3.143	6.008	0.000
		Within Groups	297.087	568	0.523		
		Total	309.658	572			
	How important it is to bring indispensable medicines? Like an asthma inhaler for a dental appointment?	Between Groups	18.437	4	4.609	4.755	0.001
		Within Groups	550.540	568	0.969		
		Total	568.977	572			
	Do you think it is important to ask the dentist about the availability of the first aid?	Between Groups	22.579	4	5.645	4.257	0.002
		Within Groups	753.215	568	1.326		
		Total	775.794	572			
	Dentist to examine health conditions if he or she suspect a disease	Between Groups	4.706	4	1.177	1.124	0.344
		Within Groups	594.742	568	1.047		
		Total	599.449	572			
	Talk to a doctor, such as a cardiologist, about any dental treatment	Between Groups	41.064	4	10.266	9.371	0.000
		Within Groups	622.217	568	1.095		
		Total	663.281	572			
	Tell your dentist about any disease before performing dental treatments	Between Groups	9.914	4	2.479	3.931	0.004
		Within Groups	358.110	568	0.630		
		Total	368.024	572			
	Complete the list of all names and dosages of the medicines you are taking	Between Groups	14.987	4	3.747	3.269	0.012
		Within Groups	650.950	568	1.146		
		Total	665.937	572			
	Eating breakfast before the dental appointment for diabetics?	Between Groups	8.965	4	2.241	2.632	0.033
		Within Groups	483.615	568	0.851		
		Total	492.579	572			

Education	Do you think it is important to ask the dentist about the availability of the first aid?	Between Groups	16.113	3	5.371	4.023	0.008
		Within Groups	759.681	569	1.335		
		Total	775.794	572			
	Complete the list of all names and dosages of the medicines you are taking	Between Groups	11.946	3	3.982	3.464	0.016
		Within Groups	653.991	569	1.149		
		Total	665.937	572			
	Eating breakfast before the dental appointment for diabetics	Between Groups	9.977	3	3.326		
		Within Groups	482.603	569	0.848		
		Total	492.579	572			
	Ask diabetics bringing a piece of sugar to the dental clinic	Between Groups	9.288	3	3.096	3.052	0.028
		Within Groups	577.208	569	1.014		
		Total	586.496	572			
Occupation	Talk to a doctor, such as a cardiologist, about any dental treatment	Between Groups	13.386	4	3.347	2.925	0.021
		Within Groups	649.895	568	1.144		
		Total	663.281	572			
	Complete the list of all names and dosages of the medicines you are taking	Between Groups	13.506	4	3.377	2.940	0.020
		Within Groups	652.431	568	1.149		
		Total	665.937	572			
	A dentist to be informed of any allergies that you have before treatment	Between Groups	8.302	4	2.076	3.079	0.016
		Within Groups	382.871	568	0.674		
		Total	391.173	572			
	Eating breakfast before the dental appointment for diabetics	Between Groups	9.500	4	2.375	2.792	0.026
		Within Groups	483.080	568	0.850		
		Total	492.579	572			

(Continued)

Table 4 (Continued).

Statement			Sum of Squares	df	Mean Square	F	Sig.
Marital	How important it is to inform the dentist about complications previously experienced in the dental clinic such as fainting/losing consciousness?	Between Groups	10.500	2	5.250	10.003	0.000
		Within Groups	299.158	570	0.525		
		Total	309.658	572			
	Do you think it is important to ask the dentist about the availability of the first aid	Between Groups	10.716	2	5.358	3.992	0.019
		Within Groups	765.078	570	1.342		
		Total	775.794	572			
	Choose morning appointments for diabetics	Between Groups	9.034	2	4.517	4.218	0.015
		Within Groups	610.373	570	1.071		
		Total	619.407	572			
	Talk to a doctor, such as a cardiologist, about any dental treatment	Between Groups	14.255	2	7.127	6.259	0.002
		Within Groups	649.026	570	1.139		
		Total	663.281	572			

Table 5 t-test for the Analysis of Association Between Genders Regarding Medical Condition Information in the Dental Office

Statement		n	Mean	SD	t	Significance
Ask a dentist if oxygen and nitroglycerin are available for heart patients	Female	424	2.30	1.030	-2.755	0.006
	Male	149				
Eating breakfast before the dental appointment for diabetics	Female	424	1.78	0.920	-2.393	0.017
	Male	149				
Choose the right time after a heart attack for dental treatment	Female	424	2.01	0.962	-2.094	0.037
	Male	149				
Ask diabetics bringing a piece of sugar to the dental clinic	Female	424	1.97	1.002	-2.225	0.026
	Male	149				

Our results indicated gender disparities in terms of information on common medical conditions. Males were more to know and ask about emergency equipment and management. This could be explained by the fact that males are more affected by chronic diseases such as cardiovascular diseases.

Our investigation indicated that age, education, occupation, and marital status are important predictors in the disclosure of medical history to their dentists. Al-Khashan et al reported there was a difference in the needs, barriers, and preferences of health education.¹⁷ Those differences could explain the disparities in disclosure. Health education should be carried out with an emphasis on transparency by the patient to ensure safety. These variations may account for the discrepancies in disclosure. To maintain a patient's safety, health education should place a strong emphasis on transparency.

To the best of knowledge this is the first study investigating patient disclosure in the reviewed English literature. Further studies are required to ascertain the results including barriers to disclosure.

Conclusion

Our findings suggested that healthcare professionals are not adequately educating patients on their health. Collaboration among medical professionals to manage a patient may help with the patient's education and understanding of the relationship between medical issues and dental management. This may also aid in reducing medical errors and legal issues in the field. Continuous health care training and education may improve professionals' patient education quality. Additionally, our investigation demonstrated a decent readiness to reveal health issues for the treating dentist. However, disclosure was affected by sociodemographic characteristics.

Disclosure

The authors report no conflicts of interest in this work.

References

1. Yarmohammadian MH, Raeisi AR, Tavakoli N, Nansa LG. Medical record information disclosure laws and policies among selected countries; a comparative study. *J Res Med Sci*. 2010;15(3):140–149.
2. Collier A. The importance of adequate history taking in dentistry. *Dent Nurs*. 2014;10(5):288–290. doi:10.12968/denn.2014.10.5.288
3. Muhrer JC. The importance of the history and physical in diagnosis. *Nurse Pract*. 2014;39(4):30–35. doi:10.1097/01.NPR.0000444648.20444.e6
4. Greenwood M. Essentials of medical history-taking in dental patients. *Dent Update*. 2015;42(4):308–315. doi:10.12968/denu.2015.42.4.308
5. Mortazavi H, Rahmani A, Rahmani S. Importance, advantages, and objectives of taking and recording patient's medical history in dentistry. *Int J Med Rev*. 2015;2(3):287–290.
6. Beckman HB, Frankel RM. The effect of physician behavior on the collection of data. *Ann Intern Med*. 1984;101(5):692–696. doi:10.7326/0003-4819-101-5-692
7. Jevon P. Medical emergencies in the dental practice poster: revised and updated. *BDJ Team*. 2020;7(10):38–46. doi:10.1038/s41407-020-0474-y
8. Shampaine GS. Patient assessment and preventive measures for medical emergencies in the dental office. *Dent Clin North Am*. 1999;43(3):383–400. doi:10.1016/S0011-8532(22)00798-4

9. Polova EA, Antonova EA, Semeleva EI. The analysis of the medical information needs for patients in dentistry. *Juvenis Scientia*. 2021;7(2):27–33. doi:10.32415/jscientia_2021_7_2_27-33
10. Arora S, Goldberg AD, Menchine M. Patient impression and satisfaction of a self-administered, automated medical history taking device in the emergency department; 2014. Available from: <https://search-ebscohost-com.sdl.idm.oclc.org/login.aspx?direct=true&db=edssch&AN=edssch.oai%3aescholarship.org%2fark%3a%2f13030%2fqt8px936m7&site=eds-live>. Accessed October 3, 2022.
11. Gold DT, McClung B. Approaches to patient education: emphasizing the long-term value of compliance and persistence. *Am J Med*. 2006;119(4 Suppl 1):S32–7. doi:10.1016/j.amjmed.2005.12.021
12. Sharaf F. Impact of health education on compliance among patients of chronic diseases in Al Qassim, Saudi Arabia. *Int J Health Sci*. 2010;4(2):139–148.
13. Gusmini MA, De Sa AC, Feng C, Arany S. Predictors of dental complications post-dental treatment in patients with sickle cell disease. *Clin Exp Dent Res*. 2021;7(1):11–19. doi:10.1002/cre2.335
14. Soegyanto AI, Larasati RN, Wimardhani YS, Özen B. Mother's knowledge and behaviour towards oral health during pregnancy. *Pesquisa Brasileira em Odontopediatria e Clínica Integrada*. 2020;20. doi:10.1590/pboci.2020.113
15. Pattanshetti K, Kothari HP, Tiwari J, et al. Assessment of knowledge and attitude of expectant mothers regarding effect of their oral health and its influence on the infant oral health. *Int J Clin Pediatr Dent*. 2020;13(5):471–475. doi:10.5005/jp-journals-10005-1817
16. Shetty M, Alva H, Hegde C, Krishna DP. Medical and dental emergencies and complications in dental practice and its management. *J Educ Ethics Dent*. 2013;2:13. doi:10.4103/0974-7761.115144
17. Al-Khashan HI, Almulla NA, Galil SA, Rabbulnabi AA, Mishriky AM. Gender differences in health education needs and preferences of Saudis attending Riyadh Military Hospital in the Kingdom of Saudi Arabia. *J Family Community Med*. 2012;19(3):172–177. doi:10.4103/2230-8229.102317

Patient Preference and Adherence

Dovepress

Publish your work in this journal

Patient Preference and Adherence is an international, peer-reviewed, open access journal that focusing on the growing importance of patient preference and adherence throughout the therapeutic continuum. Patient satisfaction, acceptability, quality of life, compliance, persistence and their role in developing new therapeutic modalities and compounds to optimize clinical outcomes for existing disease states are major areas of interest for the journal. This journal has been accepted for indexing on PubMed Central. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/patient-preference-and-adherence-journal>