Much of the research undertaken by myself and research colleagues in the Orthodontic Unit over the last five years would be classified as ‘patient-centered research’—investigating what is important to the patients rather than just what is of interest to clinicians.

The traditional approach to the assessment of orthodontic treatment (‘braces’) has been to look at measurements on radiographs or on study casts of patients’ teeth. These measures are relevant to clinicians, however, do not necessarily reflect what is important to the patient. As a result of these issues, there has been an increased interest in so-called ‘patient-centered measures’, which are best described as measures expressed, or experienced directly, by the patient.

The concept of patient-centered measures has been well developed in medicine (Lipscomb et al., 2007) and research in dentistry is now closely following this lead. In the field of Orthodontics, these outcomes include, for example, patients’ experiences of treatment; patient satisfaction following treatment; changes in quality of life and changes in psycho-social measures such as body image and self-esteem.

1. Do patients and clinicians have the same views?

Many of the changes described above have been driven by the perception that patients and clinicians have different views on treatment need, outcome etc. In order to establish whether this was actually the case in orthodontics, a study was undertaken at the UCL Eastman Dental Institute and the John Radcliffe Hospital Oxford in which patients were asked to rate their own need for treatment and this was then compared with the views of a number of experienced clinicians (Juggins et al., 2005). Interestingly, there was a clear difference between the two groups and this highlights the importance of seeking patients’ views when considering provision of treatment and policy making.

2. Psycho-social assessment

A major focus of this on-going research area is the group of adult patients undergoing orthognathic treatment; a form of treatment involving orthodontic treatment and jaw surgery for patients with severe dentofacial deformities in whom orthodontic treatment alone would not produce optimum function or dental/facial aesthetics. The psycho-social impact of having a severe dentofacial deformity has been investigated and additionally, the changes in psycho-social measures such as quality of life, self-esteem and body image have been studied during and after treatment (Cunningham et al., 2001, 2002).

The significant improvement in quality of life found following orthognathic intervention is important information to have available when policies are being made and health care provision planned.

Interventions (such as orthognathic treatment) which changes someone’s appearance, even in a positive way, may well have psychological implications and the Eastman Dental Hospital UCLH is fortunate in having the expertise of a liaison psychiatrist on the Orthognathic Clinics in order to facilitate communication between patients and clinicians and to support patients in the treatment process. This has opened up a whole new area of research. For example, recent studies have looked at clinicians’ perceptions of the value of referring orthognathic patients for psychological support (Juggins et