



Emergency dental care: a cross-sectional study

Atendimento odontológico de emergência: um estudo transversal

Emergency dental care: a cross-sectional study

Atención odontológica de emergencia: un estudio transversal

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ABSTRACT

Objective: Investigate dental emergencies among adults over 18 seeking unscheduled care at Dental Emergency Internship Clinics of the Federal University of Juiz de Fora (FO-UFJF), examining demographic and socioeconomic factors and outlining care profiles, resolutions, and demand characteristics. **Methods:** Interviews were conducted with 250 patients over six months. 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). The study was approved by the Research Ethics Committee. **Results:** Patients aged 18-84 years (58% female) and were from low socioeconomic backgrounds (less than a minimum wage). Primary reasons for seeking care included restorative, prosthetic, or endodontic needs, 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 ($p=0.017$). **Conclusion:** Users were mostly women with an average age of 50 years and low socioeconomic status. Most sought the service for the first time, with complaints resolved in most cases, and were referred for continued dental treatment.

Keywords: Dentistry, Emergencies, Academic institutions.

RESUMO

Objetivo: Investigar emergências odontológicas em adultos com 18 anos ou mais que buscaram atendimento não programado em Clínicas de Estágio de Emergência Odontológica da Faculdade de Odontologia da Universidade Federal de Juiz de Fora (FO-UFJF), analisando fatores demográficos, socioeconômicos e perfis de atendimento. **Métodos:** Foram entrevistados 250 pacientes ao longo de seis meses. Após o atendimento, os participantes responderam a um questionário estruturado com informações demográficas, socioeconômicas e odontológicas, incluindo motivos da consulta e necessidade de retorno. Foram realizadas análises descritivas e testes estatísticos (qui-quadrado de Pearson, exato de Fisher e teste de tendência linear) para avaliar associações entre variáveis. **Resultados:** A maioria dos pacientes (58%) eram mulheres, com idades entre 18 e 84 anos e baixa renda (menos de um salário-mínimo). As

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principais demandas envolveram procedimentos restauradores, protéticos ou endodônticos, especialmente entre pacientes em primeira visita (60,8%). Houve maior solicitação de próteses entre indivíduos com mais de 56 anos ($p=0,05$) e maior resolatividade em casos restauradores ($p=0,013$). Casos endodônticos frequentemente exigiram radiografias ($p=0,017$). **Conclusão:** Usuários eram majoritariamente mulheres com idade média de 50 anos e baixa condição socioeconômica. A maioria procurou o serviço pela primeira vez, com queixas resolvidas, na maioria das vezes, e necessidade de encaminhamento para continuidade do tratamento odontológico.

Palavras-chave: Odontologia, Emergências, Instituições acadêmicas.

RESUMEN

Objetivo: Investigar las emergencias odontológicas en adultos de 18 años o más que acudieron sin cita previa a Clínicas de Pasantía en Emergencias Odontológicas de la Facultad de Odontología de la Universidad Federal de Juiz de Fora (FO-UFJF), analizando factores demográficos, socioeconómicos y perfiles de atención. **Métodos:** Se entrevistaron 250 pacientes durante seis meses. Tras la atención de emergencia, los participantes respondieron un cuestionario estructurado con datos demográficos, socioeconómicos y odontológicos, incluyendo motivos de la consulta y necesidad de retorno. Se realizaron análisis descriptivos y pruebas estadísticas (chi-cuadrado de Pearson, prueba exacta de Fisher y prueba de tendencia lineal) para evaluar asociaciones entre variables. **Resultados:** La mayoría de los pacientes (58%) eran mujeres, con edades entre 18 y 84 años y bajos ingresos (menos de un salario mínimo). Las principales demandas fueron por procedimientos restauradores, protésicos o endodónticos, especialmente entre quienes acudían por primera vez (60,8%). Hubo mayor solicitud de prótesis en mayores de 56 años ($p=0,05$) y mayor resolución en casos restaurativos ($p=0,013$). Casos endodónticos requirieron radiografías con frecuencia ($p=0,017$). **Conclusión:** Los usuarios eran mayoritariamente mujeres, con edad media de 50 años y nivel socioeconómico bajo. La mayoría buscó atención por primera vez, con quejas resueltas en la mayoría de los casos y necesidad de derivación para la continuidad del tratamiento odontológico.

Palabras clave: Odontología, Emergencias, Instituciones académicas.

INTRODUÇÃO

Although oral diseases can be largely prevented, they are considered a global public health problem (HAWSAWI HS, et al., 2022; SPANEMBERG JC, et al., 2019), 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 (SPANEMBERG JC, et al., 2019). 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 (FARMAKIS ET, et al., 2016; WORSLEY DJ, et al., 2017).

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 (REBELO VIEIRA JM, et al., 2019). 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 (MATSUMOTO MS, et al., 2017). 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 (OBADAN-UDOH E, et al., 2023).

In addition to clinical situations, other factors that lead people to seek emergency dental services include long waiting times for care and infrequent visits to the dental surgeon. These circumstances are often caused by difficulty in accessing treatment, patient anxiety regarding care, and lack of knowledge about the importance of oral health (BALENOVIĆ A, et al., 2019). Furthermore, patients who seek emergency care, as they do not perform frequent preventive care, are more likely to continue to have oral health problems (PEREIRA FAO, et al., 2020). 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 (ALBUQUERQUE, YE, et al., 2016; PEREIRA FAO, et al., 2020).

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 (CURRIE CC, et al., 2021; FRICHEMBRUDER K, et al., 2020). 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 (CURRIE CC, et al., 2021; CURRIE C, et al., 2022; FRICHEMBRUDER K, et al., 2020). 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 and its resolution, thus characterizing a convenience sample.

METHODS

This cross-sectional study was approved by the Human Research Ethics Committee of UFJF under opinion number: 6.252.135 and CAE: 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.

This study was conducted at the Federal University of Juiz de Fora (UFJF), a public institution recognized as a regional reference in dental care, performing approximately 7,000 procedures per month at varying levels of complexity (FEDERAL UNIVERSITY OF JUIZ DE FORA. Presentation. Available at: <<https://www2.ufff.br/odontologia/apresentacao/>>. Accessed on: July 7, 2024). Care is provided at regular clinics, by undergraduate students under faculty supervision, 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.

For sample size calculation, it was taken into account that approximately 12 patients are seen per clinic, with 4 clinics per week, resulting in 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 (BALENOVIĆ A, et al., 2019; FLUMIGNAN JDP e DE SAMPAIO NETO LF, 2015; GUIVARC'H M, et al., 2020; HUANG CL, et al., 2022). The questionnaire, which consisted of 30 objective questions, was divided into two parts: part I, containing 19 sociodemographic 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. The same ethical criteria as the main study were applied, including the signing of the (FICF). 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. It is noteworthy that the results of the pilot study were reported together with those of the main study. 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 the Federal University of Juiz de Fora (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- Characteristics of patients treated at the (FO-UFJF) (N = 250).

Variables	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
Lowerclass (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

Source: Fiche EC, et al., 2025.

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								p-value
	Pain (%)	Restoration (%)	Surgery (%)	Prosthesis (%)	Periodontal treatment (%)	Endodontic treatment (%)	Others (%)	Total (%)	
All dental emergencies	14 (5.6)	50 (20.0)	31 (12.4)	47 (18.8)	23 (9.2)	44 (17.6)	41 (16.4)		
Age									
18 to 25 years	2 (0.8)	8 (3.2)	0 (0.0)	1 (0.4)	4 (1.6)	6 (2.4)	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

Source: Fiche EC, et al., 2025.

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

Source: Fiche EC, et al., 2025.

DISCUSSION

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 (CURRIE C, et al., 2022).

As in other studies (CURRIE C, et al., 2022; FARMAKIS ET, et al., 2016; TRAMINI P, et al., 2010), 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 (FARMAKIS ET, et al., 2016). 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 (MATSUMOTO MS, et al., 2017; MEYER B et al., 2016). For Farmarkis ET, et al. (2016), 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 (BAE JH, et al., 2011).

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 (GALVÃO MHR, et al., 2022). In the study by Ghanbarzadegan et al. (2023), 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. (2022) 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 (BALENOVIĆ A, et al., 2019; FARMAKIS ET, et al., 2016; GUIVARC'H M, et al., 2020; HUANG CL et al., 2022; MATSUMOTO MS, et al., 2017; MEYER B et al., 2016). 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 (MATSUMOTO MS, et al., 2017), 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 (FLUMIGNAN JDP e DE SAMPAIO NETO LF, 2015). In some studies, pain was the main reason for seeking care (FARMAKIS ET, et al., 2016; GUIVARC'H M, et al., 2020; HUANG CL et al., 2022; MATSUMOTO MS, et al., 2017). 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 (BAE JH, et al., 2011; FERRAZ DOS SANTOS B e DABBAGH B, 2020; HUANG CL et al., 2022; TRAMINI P, et al., 2010). 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 (BAE JH, et al., 2011; TRAMINI P, et al., 2010).

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 (MATSUMOTO MS, et al., 2017). 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 (BALENOVIĆ A, et al., 2019).

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 (MATSUMOTO MS, et al., 2017).

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. This observed association is a significant finding of our study, highlighting a pattern where individuals who do not engage in regular dental check-ups are more likely to seek emergency dental care. These results are in line with those obtained in previous studies, which report that patients do not have the habit of visiting the dentist regularly but seek help only when faced with an emergency situation (BALENOVIĆ A, et al., 2019; GUIVARC'H M, et al., 2020). 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 (CURRIE C, et al., 2022).

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 (BAE JH, et al., 2011; FARMAKIS ET, et al., 2016). Ensuring adequate dental follow-up and referral after emergency care is difficult and complex (MEYER B et al., 2016). In the study by Meyer et al. (2016), less than a third of referred patients were followed up for definitive care and 75% 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 (MEYER B et al., 2016). 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.

CONCLUSION

This study provided insights that contribute to understanding the profile of patients seeking emergency dental services, who were predominantly female, with an average age of approximately 50 years, and of low socioeconomic status. Additionally, the investigation found that most patients sought the service for the first time, primarily due to the need for restorative, prosthetic, or endodontic procedures. In most cases, the presenting complaint was resolved, and there was a need for referral to ensure continuity of dental care. Therefore, this study offers essential information for the planning, monitoring, and reorganization of health services.

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