Original Article

Influence of social media on the choice of orthodontist and different types of orthodontic treatment

Amanda Rafaela Diniz[a]; Dauro Douglas Oliveira[b]; Lucas Guimarães Abreu[c]; Ribeiro de Castro Ribeiro[d]; Soraya de Mattos Camargo Grossmann[e]

ABSTRACT

Objectives: To evaluate, from the perspective of patients, the influence of social media (SM) on the choice of orthodontist and the acceptance of orthodontic treatment (OT) proposed by a professional.

Materials and Methods: This cross-sectional study was conducted using an online questionnaire that contained 17 items distributed across four sections. Individuals older than 18 years, who were treated or sought OT, and who had SM accounts were included. Data were collected via Google Forms using the snowball technique and subsequently analyzed using the Mann-Whitney *U*-test. Effect size (ES) was calculated (small, moderate, or large).

Results: Of the 206 participants, 148 were women (71.8%), and 58 were men (28.2%), with a mean age of 37.3 $\pm$ 15.0 years. The most used SM applications were WhatsApp (95.1%), Instagram (92.2%), YouTube (56.8%), and Facebook (30.1%). Women respondents 36 years old or younger who were single and had no higher education showed a significant difference in choosing a professional and accepting OT on all questionnaire items ($P < 0.001$). Among SM platforms, Instagram was the one used most often to choose a professional and OT modality as well as considered important for revealing the professional's academic training. By contrast, WhatsApp was the least used for before-and-after posts, while YouTube was seldom used to evaluate posted comments. For variables with significant differences, the ES ranged from moderate to large.

Conclusions: SM, especially Instagram, can influence decision-making when choosing an orthodontist and accepting the recommendations for OT proposed by a professional. (*Angle Orthod*. 2025;00:000–000.)

KEY WORDS: Orthodontics; Social media

INTRODUCTION

The Internet, especially the use of social media (SM) and SM networks, has significantly expanded communication among people.[1,2] More than two-thirds of orthodontists and orthodontic patients use these platforms,[3] which serve as a channel for disseminating information via the production and sharing of content.[4] Social networks (SNs) encompass SM and connect groups of people who seek to share information as a form of relationship, which results in an individual expressing his or her opinion.[4] The widespread use of SM and SNs in contemporary society makes communication tools increasingly important in dentistry and its specialties, including orthodontics.[4] Content generated by professionals helps patients to understand the different possibilities for correcting their problems.[5] Many patients seek advice about treatment options,[6] and this content contributes to expanding the professional's network of followers.[5]

[a] Graduate Student, Department of Orthodontics, Pontifical Catholic University of Minas Gerais, Belo Horizonte, Minas Gerais, Brazil.

[b] Associate Professor and Program Director, Department of Orthodontics, Pontifical Catholic University of Minas Gerais, Belo Horizonte, Minas Gerais, Brazil.

[c] Adjunct Professor, Department of Child and Adolescent Oral Health, School of Dentistry, Federal University of Minas Gerais, Belo Horizonte, Minas Gerais, Brazil.

[d] Private Practice, Minas Gerais, Brazil.

[e] Director of the Biology and Health Sciences Institute, Pontifical Catholic University of Minas Gerais, Belo Horizonte, Minas Gerais, Brazil.

Corresponding author: Dr Soraya de Mattos Camargo Grossmann, Graduate Program in Dentistry, Pontifical Catholic University of Minas Gerais, Av. Dom José Gaspar, 500, Prédio 46, Sala 101. Belo Horizonte, MG 30535-901, Brazil (e-mail: sorayagrossmann@gmail.com)

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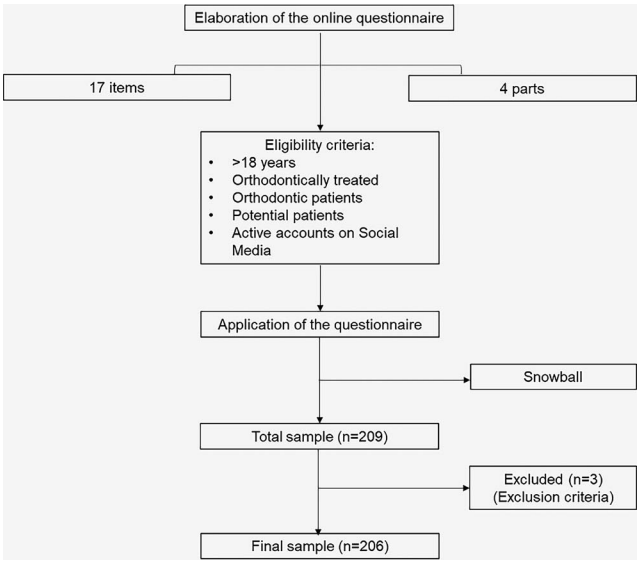

Figure 1. Study flowchart.

PART 1: Sociodemographic profile

Q1 Age
Q2 Gender
Q3 Level of education
Q4 Marital status
Q5 Are you: (Potential patient; Patient; Patient's relative)

PART 2: Access to the internet and/or social networks

Q6 Do you have access to the Internet or mobile data network (3G, 4G or 5G connection)?
Q7 Do you have active accounts on social media and networking sites?
Q8 What social media platforms do you use the most? Tick the 3 you use the most.

PART 3: Choosing the professional orthodontist

Q9 Do you use information from social networks or social media to choose a health professional?
Q10 Do you use information from social networks or social media to choose an orthodontist?
Q11 Do you consider that the professional's academic background, exposed in social media, is important for your choice?
Q12 Do you consider that the physical appearance of the professional, in social media, is important for your choice?
Q13 Do you consider the number of followers, on social networks, of an orthodontist to be important for his choice?
Q14 Do you consider that "before and after" posts are important for your choice of orthodontist?

PART 4: Choosing the type of orthodontic treatment

Q15 Do you choose the type of orthodontic treatment based on information obtained from the media and social networks?
Q16 Would you choose your orthodontic treatment based on existing comments on the media and social networks?
Q17 Do you consider it important to see content posted on media and social networks about types of orthodontic treatment as important for your choice?

Figure 2. Online questionnaire items.

Sharing high-quality information and content on SM and SNs can positively influence potential future patients and their families by fostering their trust in a professional, clarifying their treatment, reducing anxiety about different types of orthodontic therapy, and contributing to cooperation during treatment.[4,7,8] The representation of orthodontists on SM and SNs can foster adequate communication between professionals and patients as well as contribute in important ways to showcasing professional practices, understanding how patients perceive professionals and both accept and experience the orthodontic treatment (OT) proposed.[9] SM posts can be understood as a means by which professionals inspire and influence their followers,[4] and dentists believe that SM can contribute to patient decision-making about the professionals they choose.[5]

The growing use of SM in all professional areas and in understanding the profile of patients who seek such information via SM has raised various concerns. For that reason and because SM is a basic resource for exchanging knowledge about an array of aspects concerning professionals and society, awareness of those trends on SM among health professionals is needed. Considering the scarcity of studies evaluating SM's influence on patient choice of professionals and acceptance of different OT options, it is necessary to investigate whether SM influences those decisions. Therefore, the purpose of this study was to investigate, from the perspective of patients, how SM influences the choice of orthodontist and the acceptance of OT proposed by professionals. In the present study, the hypothesis was that SM has an influence on patient decisions when choosing an orthodontist and OT, and the null hypothesis was that SM does not influence these decisions.

MATERIALS AND METHODS

This cross-sectional study was approved by the Research Ethics Committee of the Pontifical Catholic University of Minas Gerais (Opinion No.: 5.354.787). The flowchart of the study (Figure 1) shows the methods used.

The sample consisted of individuals 18 years or older who (1) had already undergone OT, were in active treatment, or who were seeking OT and (2) had accounts on SM and SNs. All individuals who participated in the study provided informed consent by agreeing to the online Terms of Free and Informed Consent (TFIC).

For the study, an online questionnaire with 17 items distributed across four sections was created using Google Forms (Google®, Mountain View, Calif), as shown in Figure 2. While Sections 1 and 2 contained discursive or direct multiple-choice items with response options of yes and no, Sections 3 and 4 contained items whose response options were in the form of a five-point scale from 0 (*never*) to 4 (*very frequently*); higher scores indicated a participant's greater frequency of using SM and SNs for their decisions regarding orthodontists and OT.

Participants were recruited digitally using the instant messaging application WhatsApp (Menlo Park, Calif) and via messages on the SNs Facebook (Menlo Park, Calif) and Instagram (Menlo Park, Calif). Before the

Table 1. Influence of Sociodemographic Profile on Choice of Professional

	Median (Min–Max) Mean					
	Q9[a]	Q10[b]	Q11[c]	Q12[d]	Q13[e]	Q14[f]
Sex						
Female	2.00 (0–4) 1.73	1.00 (0–4) 1.12	3.00 (0–4) 2.55	2.00 (0–4) 2.13	1.00 (0–4) 1.37	3.00 (0–4) 2.33
Male	1.00 (0–4) 1.26	.00 (0–3) 0.84	3.00 (0–4) 2.66	1.00 (0–4) 1.41	1.00 (0–4) 1.07	1.00 (0–4) 1.71
P value (ES)[g]	.014 (0.41)*	.125 (0.25)	.486 (0.08)	.001 (0.52)*	.100 (0.24)	.013 (0.41)*
Age						
≤36 y	2.00 (0–4) 2.02	1.00 (0–4) 1.46	3.00 (0–4) 3.00	2.00 (0–4) 2.29	2.00 (0–4) 1.63	3.00 (0–4) 2.85
>36 y	1.00 (0–4) 1.13	.00 (0–4) 0.58	2.00 (0–4) 2.12	1.00 (0–4) 1.53	.00 (0–4) 0.91	1.00 (0–4) 1.39
P value (ES)[g]	<.001 (0.82)*	<.001 (0.84)*	<.001 (0.69)*	<.001 (0.55)*	<.001 (0.61)*	<.001 (1.08)*
Schooling						
No degree	2.00 (0–4) 1.74	1.00 (0–4) 1.38	3.00 (0–4) 2.74	2.00 (0–4) 2.13	2.00 (0–4) 1.89	3.00 (0–4) 3.09
Degree	2.00 (0–4) 1.55	.00 (0–4) 0.94	3.00 (0–4) 2.53	2.00 (0–4) 1.87	1.00 (0–4) 1.11	2.00 (0–4) 1.88
P value (ES)[g]	.337 (0.16)	.007 (0.39)*	.609 (0.16)	.274 (0.18)	<.001 (0.60)*	<.001 (0.88)*
Marital status						
Single	2.00 (0–4) 1.78	1.00 (0–4) 1.21	3.00 (0–4) 2.72	2.00 (0–4) 2.04	1.00 (0–4) 1.41	3.00 (0–4) 2.50
Married	1.00 (0–4) 1.38	.00 (0–4) 0.85	3.00 (0–4) 2.42	2.00 (0–4) 1.80	1.00 (0–4) 1.15	1.00 (0–4) 1.76
P value (ES)[g]	.007 (0.34)*	.006 (0.31)*	.233 (0.22)	.236 (0.16)	.083 (0.21)	.001 (0.49)*

[a] Question 9: Do you use information from social networks or social media to choose a health professional?
[b] Question 10: Do you use information from social networks or social media to choose an orthodontist?
[c] Question 11: Do you consider that the professional's academic background, exposed in social media, is important for your choice?
[d] Question 12: Do you consider that the physical appearance of the professional, in social media, is important for your choice?
[e] Question 13: Do you consider the number of followers on social networks of an orthodontist to be important for their choice?
[f] Question 14: Do you consider that "before and after" posts are important for your choice of orthodontist?
[g] Mann-Whitney *U*-test. Statistical significance set at $P < .05$; ES indicates effect size.
* Statistically significant.

online questionnaire items could be accessed, the invitation letter and TFIC were displayed to prospective participants to explain the study and request their consent to participate. Individuals who agreed to participate had subsequent access to the questionnaire. Participation of all individuals was voluntary, and anonymity of the participants and confidentiality of their information were guaranteed.

The questionnaire was tested in a pilot study, sequentially adjusted, and distributed to the participants of this investigation using the snowball technique, a form of nonprobability chain sampling by means of which, existing participants invite others to participate in the survey, allowing for a more robust sample.[10] The questionnaire was made available once per week for 4 weeks, following posts on SNs and instant messaging applications by the researchers (A.R.D., S.M.C.G.A., and D.D.O.), and posts were successively shared by the participants.

Data from the completed questionnaires were compiled in a Microsoft Excel spreadsheet (Microsoft Inc., Redmond, Wash), and statistical analysis was performed using SPSS version 25.0 (IBM Inc., Armonk, NY). The scores of responses to the six items evaluating choice of orthodontist and the three items analyzing responses to the type of OT showed nonnormal distribution according to the Kolmogorov-Smirnov normality test. The Mann-Whitney *U*-test was used for between-groups comparisons. Values of $P < 0.05$ indicated statistical significance. Effect size (ES) was also determined, dividing the mean difference by the pooled standard deviation (SD). The pooled SD was calculated accordingly. An ES around 0.20 denoted a small magnitude of association, close to 0.50 denoted a moderate magnitude of association, and around 0.80 denoted a large magnitude of association.[11]

RESULTS

Among the 206 participants, 148 (71.8%) were women, and 58 (28.2%) were men. Their overall mean age was 37.3 ± 15.0 years. Most participants (n = 159, 77.2%) had college degrees and were single (n = 111, 53.9%). Most (n = 79, 38.3%) were family members of orthodontic patients, followed by potential patients (n = 71, 34.5%), and current patients (n = 56, 27.2%). The most frequently used SM were Instagram (n = 190, 92.2%), YouTube (n = 117, 56.8%), and Facebook (n = 62, 30.1%). The instant messaging application WhatsApp was also frequently used (n = 196, 95.1%).

Table 1 shows a comparison of the sociodemographic characteristics of participants and their choice of professionals. Women used information from SN or SM to choose a health professional more frequently than men (Q9: $P = 0.014$; ES = 0.41). Women considered that the physical appearance of the professional, in SM, was important for making the choice more

Table 2. Influence of Sociodemographic Profile on Choice of Type of Orthodontic Treatment

	Median (Min–Max) Mean		
	Q15[a]	Q16[b]	Q17[c]
Sex			
Female	1.00 (0–4) 1.13	1.00 (0–4) 1.44	2.00 (0–4) 2.0
Male	.50 (0–4) 0.84	1.00 (0–4) 1.17	2.00 (0–4) 1.78
P value (ES)[d]	.260 (0.23)	.269 (0.20)	.164 (0.21)
Age			
≤36 y	1.00 (0–4) 1.45	2.00 (0–4) 1.85	3.00 (0–4) 2.56
>36 y	.00 (0–4) 0.60	.00 (0–4) 0.83	1.00 (0–4) 1.35
P value (ES)[d]	<.001 (0.74)*	<.001 (0.82)*	<.001 (1.01)*
Schooling			
No degree	2.00 (0–4) 1.64	2.00 (0–4) 1.85	3.00 (0–4) 2.53
Degree	.00 (0–4) 0.87	1.00 (0–4) 1.22	2.00 (0–4) 1.82
P value (ES)[d]	<.001 (0.63)*	.004 (0.47)*	.001 (0.57)*
Marital status			
Single	1.00 (0–4) 1.27	1.00 (0–4) 1.61	2.00 (0–4) 2.28
Married	.00 (0–4) 0.79	.00 (0–4) 1.07	1.00 (0–4) 1.63
P value (ES)[d]	.005 (0.40)*	.002 (0.41)*	.001 (0.50)*

[a] Question 15: Do you choose the type of orthodontic treatment based on information obtained from the media and social networks?
[b] Question 16: Would you choose your orthodontic treatment based on existing comments on the media and social networks?
[c] Question 17: Do you consider it important to see content posted on media and social networks about types of orthodontic treatment as important for your choice?
[d] Mann-Whitney *U*-test. Statistical significance set at $P < .05$; ES indicates effect size.
* Statistically significant.

frequently than men (Q12: $P = 0.001$; ES = 0.52). Women considered before-and-after posts on SM important for their choice of an orthodontist more frequently than men (Q14: $P = 0.013$; ES = 0.41).

In comparison with individuals older than 36 years, individuals 36 years old or younger selected a higher frequency of using SN or SM in response to all items regarding choice of a professional ($P < 0.001$; moderate and large ES). Individuals with no degree used information from SN or SM to choose an orthodontist (Q10: $P = 0.007$; ES = 0.39), considered the number of followers on SN of an orthodontist to be important for their choice (Q13: $P < 0.001$; ES = 0.60), and considered that before-and-after posts were important for their choice of orthodontist (Q14: $P < 0.001$; ES = 0.88) more frequently than individuals with higher education. Single individuals used information from SN or SM to choose a health professional more frequently than married participants (Q9: $P = 0.007$; ES = 0.34). Single individuals used information from SN or SM to choose an orthodontist (Q10: $P = 0.006$; ES = 0.31) and considered that before-and-after posts were important for their choice of orthodontist (Q14: $P = 0.007$; ES = 0.49) more frequently than those who were married.

Table 2 shows a comparison of sociodemographic variables and the choice of OT proposed. Individuals 36 years old or younger, without higher education, and who were single more frequently chose the type of OT based on information obtained from the media and SNs, chose their OT based on existing comments on the media and SN, and considered it important to see content posted on media and SNs about types of OT in comparison with individuals older than 36 years old, with higher education, and who were married ($P < 0.05$; moderate and large ES).

Table 3 displays the comparisons between the most used SM and the choice of professional. Nonusers of WhatsApp more frequently considered that before-and-after posts were important for making the choice of orthodontist than users of WhatsApp (Q14: $P = 0.007$; ES = 1.10). Users of Instagram used information from SNs or SM to choose a health professional (Q9: $P = 0.017$; ES = 0.68) and considered that the professional's academic background, as exposed in SM, was important for their choice (Q11: $P = 0.017$; ES = 0.71) more frequently than nonusers of Instagram.

Table 4 shows a comparison of the most used SM and choice of OT. Nonusers of YouTube chose their OT based on existing comments in the media and SNs more frequently than users of YouTube (Q16: $P = 0.012$; ES = 0.35). Users of Instagram considered it important to see content posted on media and SNs about types of OT more frequently than nonusers of Instagram (Q17: $P = 0.012$; ES = 0.72). A more detailed explanation of the statistical analyses as well as the confidence intervals, means, and medians can be seen in Tables 1 through 4.

DISCUSSION

The use of SM and SNs has become increasingly important in health care, particularly in dentistry.[4,6]

Table 3. Comparison Between the Social Media Most Used to Influence Choice of Professional

	Median (Min–Max) Mean					
	Q9[a]	Q10[b]	Q11[c]	Q12[d]	Q13[e]	Q14[f]
Facebook						
Yes	1.50 (0–4) 1.66	.50 (0–4) 0.92	3.00 (0–4) 2.44	2.00 (0–4) 2.10	1.00 (0–4) 1.35	2.00 (0–4) 2.19
No	2.00 (0–4) 1.57	1.00 (0–4) 1.10	3.00 (0–4) 2.65	2.00 (0–4) 1.85	1.00 (0–4) 1.26	2.00 (0–4) 2.14
P value (ES)[g]	.746 (0.07)	.294 (0.15)	.179 (0.15)	.277 (0.17)	.667 (0.07)	.802 (0.03)
YouTube						
Yes	2.00 (0–4) 1.47	1.00 (0–4) 0.94	3.00 (0–4) 2.56	2.00 (0–4) 1.85	1.00 (0–4) 1.21	2.00 (0–4) 2.05
No	2.00 (0–4) 1.76	1.00 (0–4) 1.18	3.00 (0–4) 2.61	2.00 (0–4) 2.03	1.00 (0–4) 1.39	3.00 (0–4) 2.29
P value (ES)[g]	.109 (0.25)	.177 (0.21)	.985 (0.03)	.378 (0.14)	.306 (0.14)	.335 (0.15)
WhatsApp						
Yes	2.00 (0–4) 1.58	1.00 (0–4) 1.05	3.00 (0–4) 2.56	2.00 (0–4) 1.90	1.00 (0–4) 1.26	2.00 (0–4) 2.09
No	2.00 (0–4) 2.00	1.00 (0–4) 1.00	3.00 (0–4) 3.00	2.50 (0–4) 2.40	2.00 (0–4) 1.90	4.00 (0–4) 3.40
P value (ES)[g]	.276 (0.37)	.699 (0.05)	.553 (0.43)	.283 (0.38)	.095 (0.52)	.007 (1.10)*
Instagram						
Yes	2.00 (0–4) 1.65	1.00 (0–4) 1.07	3.00 (0–4) 2.65	2.00 (0–4) 1.95	1.00 (0–4) 1.29	3.00 (0–4) 2.21
No	1.00 (0–4) 0.94	.00 (0–4) 0.75	1.00 (0–4) 1.75	1.00 (0–4) 1.63	1.00 (0–4) 1.19	1.00 (0–4) 1.50
P value (ES)[g]	.017 (0.68)*	.310 (0.29)	.007 (0.71)*	.409 (0.21)	.825 (0.08)	.079 (0.48)

[a] Question 9: Do you use information from social networks or social media to choose a health professional?
[b] Question 10: Do you use information from social networks or social media to choose an orthodontist?
[c] Question 11: Do you consider that the professional's academic background, exposed in social media, is important for your choice?
[d] Question 12: Do you consider that the physical appearance of the professional, in social media, is important for your choice?
[e] Question 13: Do you consider the number of followers on social networks of an orthodontist to be important for their choice?
[f] Question 14: Do you consider that "before and after" posts are important for your choice of orthodontist?
[g] Mann-Whitney *U*-test. Statistical significance set at $P < .05$; ES indicates effect size.
* Statistically significant.

This technology has become an effective tool for marketing orthodontic practices on SM and for orthodontist-patient communication, playing an important role in the choice of health care provider by the patients.[5,12]

The results of this study showed that the most used SM were WhatsApp, Instagram, YouTube, and Facebook, in that order, which was in agreement with what has been shown previously.[7,8,12] The total number of monthly active Instagram users

Table 4. Comparison Between the Social Media Most Used to Influence Choice of Type of Orthodontic Treatment

	Median (Min–Max) Mean		
	Q15[a]	Q16[b]	Q17[c]
Facebook			
Yes	.00 (0–4) 0.98	1.00 (0–4) 1.21	2.00 (0–4) 1.82
No	1.00 (0–4) 1.08	1.00 (0–4) 1.43	2.00 (0–4) 2.05
P value (ES)[d]	.378 (0.08)	.181 (0.16)	.275 (0.16)
YouTube			
Yes	.00 (0–4) 0.96	1.00 (0–4) 1.16	2.00 (0–4) 1.94
No	1.00 (0–4) 1.17	1.00 (0–4) 1.63	2.00 (0–4) 2.03
P value (ES)[d]	.298 (0.17)	.012 (0.35)*	.664 (0.06)
WhatsApp			
Yes	1.00 (0–4) 1.06	1.00 (0–4) 1.37	2.00 (0–4) 1.95
No	1.00 (0–4) 0.90	1.00 (0–4) 1.30	2.50 (0–4) 2.50
P value (ES)[d]	.961 (0.15)	.977 (0.05)	.212 (0.50)
Instagram			
Yes	1.00 (0–4) 1.09	1.00 (0–4) 1.38	2.00 (0–4) 2.05
No	.00 (0–4) 0.56	1.00 (0–4) 1.13	1.00 (0–4) 1.19
P value (ES)[d]	.102 (0.46)	.519 (0.19)	.012 (0.72)*

[a] Question 15: Do you choose the type of orthodontic treatment based on information obtained from the media and social networks?
[b] Question 16: Would you choose your orthodontic treatment based on existing comments on the media and social networks?
[c] Question 17: Do you consider it important to see content posted on media and social networks about types of orthodontic treatment as important for your choice?
[d] Mann-Whitney *U*-test. Statistical significance set at $P < .05$; ES indicates effect size.
* Statistically significant.

reached 1 billion in 2020, most of whom were younger than 34 years old.[7,13] Brazil has the majority of users in Latin America and ranks third in the world.[7] In the literature, Instagram is the SN most used to search for health services,[12] and the same was observed in this study, in which Instagram emerged as the SM most used to choose health professionals.

The sample included primarily female participants (71.8%), who were young adults (mean age = 37.3 years) holding college degrees (77.2%) and single (53.9%). Those findings, which are compatible with the profile of SM users found in other studies,[7,12,14] may be a consequence of sharing the questionnaire with professional researchers in the health sciences with demographic characteristics like those of the participants, which may be a limitation of this study.

When the profile of participants as potential patients was evaluated, 38.3% of the sample were patients' relatives, followed by potential patients (34.5%), and patients under current treatment (27.2%). Those findings highlight the possible influence of the family on the choice of an orthodontist and treatments proposed to potential patients.

Among individuals who were 36 years or younger, an association emerged with all questionnaire items regarding professional choice as well as choice of OT and the SM most frequently used. Thus, young adults seem to be the most influenced by mediated information about professionals and OT proposals.[7,12]

Professionals can publicize their backgrounds and areas of expertise within various SNs and on various SM platforms.[7,12] The assertive use of SM suggests credibility and professionalism to followers and can positively influence efforts to reach potential new patients.[12] For participating women younger than 36 years old, the physical appearance of the professional on SM was considered important for choosing an orthodontist. In addition, participants considered that the professional's academic background, as revealed on Instagram, was important for such decisions, especially among women. The study also showed that individuals without higher education and those who were single, reported using information from SNs to choose orthodontists and considered the professional's number of followers on SNs to be important. Therefore, SM, especially Instagram, has been demonstrated to be an important professional channel of communication for potential patients to learn more about an orthodontist's academic and professional background.

Ratings and comments on posts on SM, along with the number of likes and posts containing pretreatment and posttreatment images,[7,15] are important, especially as people use SM to provide feedback and seek information.[16] In the current study, posts containing pretreatment and posttreatment photos were important for choosing an orthodontist regardless of sociodemographic variables, with WhatsApp being the least-used SM for those posts. In a previous study,[12] when the professional was a lecturer and published before-and-after images of treatments, perception of credibility and desire of individuals to become his or her patient were greater.

Regarding the types of OT, Instagram was frequently used to view posted content and was important for the choice of treatment. Patients undergoing treatment or who seek orthodontic therapy use SM to obtain information,[7] including the types of orthodontic appliances, the advantages and disadvantages of different types of OT, and the costs and duration of each treatment modality.[8,9] Awareness of the treatment modalities involved in OT allows SM to play an active role in patients' decisions for accurate, evidence-based information that may increase patient safety.[17]

Evaluations, comments, and the number of likes on posts made on SM can influence patients' decision-making.[7,15] YouTube showed a significant difference in the choice of OT and was not consistently used in the evaluation of comments on SM regarding the various therapeutic modalities. Also, authors of studies on the quality, reliability, and content of the information obtained, especially on YouTube, showed that the information on orthodontics remains somewhat inaccurate, which may result in misinterpretation.[17,18] It is the responsibility of health professionals to ensure that information on SM follows ethical regulations, providing reliable, educational content,[19] while also recognizing its importance as a tool for promoting dental health education, and guiding people to obtain evidence-based information.[20]

Authors of studies have shown that the choice of an orthodontist by new orthodontic patients is sometimes based on their professional esteem and recommendations by general dentists and/or other dental specialists, friends, and/or family members.[12,15] However, many potential patients resort to the Internet to obtain information, consult evaluations, and read comments, even if they are only the indications and references from people close to them.[15] Patients who are undergoing treatment or those seeking orthodontic therapy sometimes turn to SM to search for information on OT.[8,9] Interest in understanding the treatment options enables SM to play an active role in patient decisions regarding the different variables involved in OT.[7] In orthodontics, the knowledge and cooperation of patients play an influential role in the success of treatment.[8,18] Another important consideration is that experiences associated with treatment are often related to a certain degree of apprehension.[7] Access to high-quality content

can prepare patients for their treatment, minimize their anxiety about undergoing orthodontic therapy, and contribute to their cooperation during treatment.[4,7,8] Considering the influence of SM on professional choices and treatment methods, orthodontists must take responsibility for maintaining ethical conduct in SM. This would ensure that false information is not spread, precluding confusion that could influence the decisions of patients. Professionals must provide accurate information to guide patients in selecting a well-trained provider with solid expertise.

Although the snowball sampling method used in the current study may limit generalizability, this method is often used. For future studies, a suggestion is to have more representative sampling methods. Also, most participants were women and had completed college education. Sociocultural factors, such as regional differences in the sample regarding SM use, could have impacted the findings of the study. However, in the present study, we showed that women tended to be more concerned than men about various aspects of health and more interested in media content, in agreement with previous literature,[12] which may represent a limitation of the study. In turn, patients with a higher level of education may be more resistant to using SM to obtain health-related information due to their greater understanding of the need for evidence to support the information posted on SM. However, the use of such technology was high, meaning that elucidating the direct influence of SM and SNs on patient choices is necessary. To that end, the engagement of professionals in offering high-quality content based on technical and scientific knowledge, especially evidence-based knowledge, can add value to their clinical practice, improve their credibility as professionals, and influence their followers.

CONCLUSIONS

- In this study, we showed that the use of SM and SNs, especially Instagram, influences the decision-making of patients' relatives, patients themselves, and potential patients regarding the choice of an orthodontist. It also affects their acceptance of different clinical approaches to resolve orthodontic problems.
- Young adults, women, and individuals who are single are more likely to search SM and SNs for information about professionals and different treatment modalities.
- SM can be an important tool for professional communication with the population.
- Appropriate content, based on technical and scientific knowledge, should be disseminated to better guide patients and prospective patients.

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