Acta Odontologica Turcica
The official journal of Gazi University Faculty of Dentistry

DOI: https://doi.org/10.17214/gaziaot. 1406388

Original research article

Evaluation of the quality, reliability, readability of websites on temporomandibular joint pain

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Abstract

Objective: This study aimed to evaluate the reliability, quality, and readability of websites providing information on temporomandibular joint pain.

Materials and Method: An internet search was performed on Google Chrome (Google, Mountain View, California, USA) on June 9, 2023, with the keywords "jaw pain" and the links of the first 50 websites were saved. Four different evaluation tools the DISCERN instrument, The Ensuring Quality Information for Patients (EQIP), the Journal of the American Medical Association (JAMA) benchmark, Readability Index were used to evaluate 37 sites that met the inclusion criteria. SPSS 25 statistical software was used for the statistical analyses and p<0.05 was considered statistically significant.

Results: Within the scope of the study, the first 50 websites were registered and a total of 37 websites met the inclusion criteria and were evaluated. The mean values for DISCERN, EQIP, and the JAMA index were 2.05±0.911, 62.4±11.6 and 0.486±0.692, respectively. In addition, those with high credibility constituted %5.4 (n=2) of the total number of sites and %50 (n=1) of these sites were uploaded by private hospitals, and %50 (n=1) by blogs (web logs).

Conclusion: Based on the findings of this study, it can be concluded that the quality, reliability and readability of websites providing information about jaw pain on the internet vary but are at a medium-low level. Professional associations and organizations, such as the Turkish Orthodontic Society (TOD), may conduct similar research and publish the results to ensure the quality and reliability of the information in publicly available online resources.

Received: December 18, 2023; Accepted: June 13, 2024.
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Keywords: Internet; public health dentistry; social media; temporomandibular joint pain

Citation: Mısır SE, Dalgalı P, Topsakal KG, Aksoy M. Evaluation of the quality, reliability, readability of websites on temporomandibular joint pain. Acta Odontol Turc 2025;42(1):13-9

Editor: Nehir Canıgür Bavbek, Gazi University, Ankara, Turkey

Funding: None declared.

Conflict of Interest: The authors declare no conflict of interest related to this study.

[Abstract in Turkish is at the end of the manuscript]

Introduction

In today's world, the internet is widely used as a source of information in various fields, including healthcare. Individuals with treatment needs often conduct research on health-related issues and treatments on internet websites before seeking professional help.[1,2] With the increasing number of treatment options, patients desire to gain knowledge of the benefits, uncertainties, and risks associated with these options.[3] Well-informed patients are less anxious and more cooperative when consulting with healthcare professionals.[4,5] Therefore, the reliability, quality, and accuracy of information on these websites are of great importance. There are numerous sources of information available to patients, and the number of scientific literature is growing at an unprecedented rate.[6] However, professionals and individuals providing health information are not controlled and it is not possible to assess the quality of the information they provide.[4]

Today, temporomandibular joint pain is the most common maxillofacial discomfort after toothache and the most common persistent pain in the maxillofacial region in terms of chronicity.[7] Typically, temporomandibular joint pain is musculoskeletal discomfort located in both joints and masticatory muscles. This condition, which is

4 times more common in women than in men, is observed in 10-15% of the general population and 22.4% of the Turkish population. Temporomandibular dysfunction (TMD) is a musculoskeletal disorder characterized by pain in the joint region and is seen in 10-15% of the general population. The occurrence of pain in the jaw and surrounding tissues during jaw movements in the temporomandibular joint greatly affects the daily life of the patient and the 22.4% prevalence of TMD in the Turkish population emphasizes the treatment needs of patients.[6-8]

In light of the beforementioned data, this study aims to evaluate the quality, reliability, and readability of internet websites providing information on temporomandibular joint pain using EQIP and JAMA criteria, DISCERN, and Ateşman readability index.

Materials and Method

Since the study did not use samples obtained from humans or animals and publicly available data was used, an ethical committee approval was not required. The Google Trends (Google, Mountain View, California, USA) application was recruited to determine the most searched term related to jaw pain on the internet.[9] The terms "jaw pain," "jaw joint pain," and "temporomandibular joint pain" were listed, and it was determined that the most searched term in the last 5 years was "jaw pain" (Figure 1). Google Chrome (Google, Mountain View, California, USA) search tool was decided to be used since it is the most widely used search engine in Turkey.[10] The keyword "jaw pain" was written in the Google Chrome browser, and the websites in Turkish language were searched. Cookies and location services of the computer and internet provider were disabled to avoid location-related errors. Studies have shown that internet users tend to be more interested in the first 50 results, and their potential for researching beyond this number of websites is low.[11] Accordingly, the first 50 websites were decided to be evaluated in the current study. The links were saved in a Word document, and websites without Turkish information, with only video recordings or links, duplications, websites question-answer forums, scientific publications, and lecture links, as well as advertising and marketing ones, were excluded from the study. A total of 37 websites that met the inclusion criteria were evaluated using four different assessment methods.

Reliability Index Adapted from Quality Criteria for Consumer Health Information (DISCERN)

The Quality Criteria for Consumer Health Information, known as DISCERN, was developed by Oxford University in 1999 to assess the quality of content. It consists of 16 questions divided into three sections: reliability, treatment options, and overall score.[12,13] In the current study, the adapted version of the DISCERN criteria, comprising 5 questions regarding reliability was used. The websites were rated on a scale of 1 to 5. The ones receiving a score of 1 or 2 were considered poor, those with a score of 3 were considered moderate, and those with a score of 4 or 5 were considered highly reliable.[14]

Ensuring Quality Information for Patients (EQIP) Expanded Scale for Assessing the Quality of Patient Information Documents

EQIP is a contemporary system for evaluating the quality of health information. This scale consists of 18 questions related to the content of the document, 6 questions related to identification data, and 12 questions regarding document structure. The EQIP score is calculated using four score values (yes, partially, no, not applicable), and the overall score ranges from 0 to 100. The EQIP tool developed by Moult *et al.*[15] consisted of 20 questions and later an expanded EQIP of 36 questions was introduced by Charvet-Berard *et al.*[16] The current study recruited the expanded version of EQIP, which demonstrated higher inter-rater reliability compared to the original EQIP tool.

The EQIP score is calculated using the following formula: Score = [(Yes x 1) + (Partially x 0.5) / (35 - Not applicable)] x 100

Journal of American Medical Association (JAMA) Criteria

As another evaluation tool, the study utilized the JAMA

Figure 1. *Google Trends results*

criteria published by the American Medical Association to assess information standards. The evaluation was based on four measures: currency, copyright, authorship, and bibliography. In JAMA scoring, 4 is the highest score, and 0 is the lowest. [17,18]

Ateşman Readability Index

The Ateşman readability index is a formula suitable for the Turkish language, considering average word and sentence lengths. It was used to analyze the readability of texts found on websites. The text contents were transferred to an online readability calculation tool. The obtained data were then recorded in Microsoft Excel (Microsoft Corporation, Redmond, Washington, USA). The scores ranged between 0 -100 and the higher scores indicate easier readability.[10-12]

Statistical Analysis

The data were recorded using Microsoft Office Excel. Descriptive statistics such as minimum, maximum, mean, standard deviation, and median were used to describe the characteristics of the websites included in the evaluation. Additionally, the distribution of websites according to reliability was presented in percentages. To examine the correlation among the evaluation criteria, the Spearman correlation coefficient was used. The statistical analysis was conducted using SPSS 25 statistical software. A significance level of $p<0.05$ was considered statistically significant.

Table 1. Distribution of included and excluded websites

	N	%
Included Websites	37	74.0
Commercial	7	14.0
Video Content	3	6.0
Duplication	1	2.0
Non-Turkish Language	1	2.0
Other	1	2.0
Total	50	100.0

N: Number of samples

Results

As a result of the internet search conducted within the scope of the study, the links of the first 50 websites were recorded, and a total of 37 sites were selected for evaluation according to the inclusion criteria. Of the 50 internet sites, 14% (n=7) were excluded because they contained advertising and marketing content, 6% (n=3) had only video content, 2% (n=1) were duplicates of other sites, 2% (n=1) were not in Turkish, and 2% (n=1) were excluded for other reasons (Table 1). Table 2 presents the descriptive statistics of all the included sites. The mean values for the evaluated criteria were as follows: DISCERN 2.05±0.911, JAMA index 0.486±0.692, EQIP average 62.4±11.6, and readability average 60.2±10.0 (Table 2). When intra-class correlation was examined, it was found to be 0.976 for EQIP, 0.883 for DISCERN, and 1 for JAMA. EQIP and JAMA were found to have excellent reliability, while DISCERN showed good reliability.

Of the DISCERN criteria, the items questioning whether “Are the aims clear and achieved?” and the items questioning whether “ Is the information presented balanced and unbiased?” were met the most. The least met DISCERN criteria on the websites were “ Are additional sources of information listed for patient reference?” and no mention of “ Are areas of uncertainty mentioned? “

According to the JAMA tool, the most unmet item on the websites was the absence of citations in the texts and the absence of references in the texts. At the same time, criteria such as the date the texts were updated and the date they were added were also found to be missing. In the texts, the most common criteria are author information and disclosure.

When examining the distribution of the 37 websites evaluated based on the inclusion criteria and their sources, it was found that 48.6% (n=18) of these sites were uploaded by private dental clinics, 32.4% (n=12)

Table 2. The descriptive statistics for all the evaluated websites

	N	Mean±SD	Min	Max	Median
DISCERN (Reliability)	37	2.05±0.911	1.00	4.00	2.00
JAMA	37	0.486±0.692	0.00	3.00	0.00
EQIP	37	62.4±11.6	33.9	86.2	62.9
Readability	37	60.2±10.0	30.1	74.8	62.5

Table 3. Distribution of evaluated websites according to credibility criteria and their sources

Source of Site	Poor Reliability (n=25) N(%)	Moderate Reliability (n=10) N(%)	High Reliability (n=2) N(%)	Total N(%)
Private Hospitals	6 (24.0)	5 (50.0)	1 (50.0)	12 (32.4)
Private Dental Clinic	14 (56.0)	4 (40.0)	0 (0.0)	18 (48.6)
Blog	0 (0.0)	0 (0.0)	1 (50.0)	1 (2.7)
Maxillofacial Surgeon	1 (4.0)	1 (10.0)	0 (0.0)	2 (5.4)
ENT Specialist	1 (4.0)	0 (0.0)	0 (0.0)	1 (2.7)
News Sites	3 (12.0)	0 (0.0)	0 (0.0)	3 (8.1)
Total	25 (100.0)	10 (100.0)	2 (100.0)	37 (100.0)

N: Number of samples

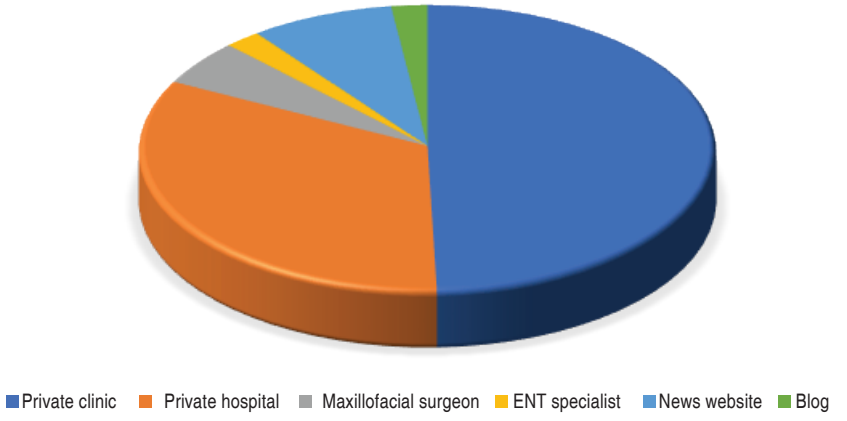

Figure 2. *Distribution of the evaluated internet sites according to their sources*

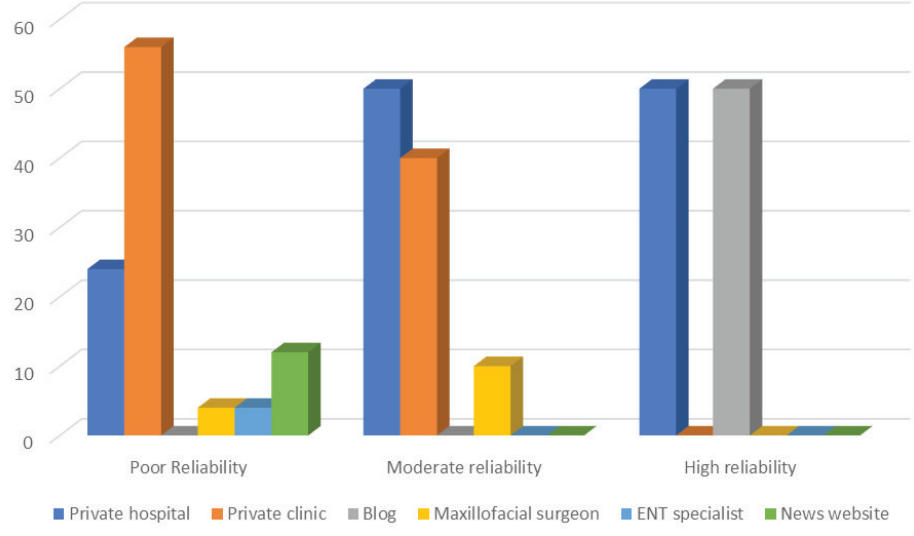

Figure 3. *Distribution of the websites based on reliability and their sources*

by private hospitals, 8.1% (n=3) by news sources, 5.4% (n=2) by maxillofacial surgeons, 2.7% (n=1) by an Otorhinolaryngologist (ENT) specialist, and 2.7% (n=1) were blog-style sites (Table 3, Figure 2). The blogger added text as a patient being treated for TMD.

When examining the distribution of the websites included in the evaluation based on the reliability criteria and their sources, it is observed that among the sites with poor reliability (n=25), 24% (n=6) were uploaded by private hospitals, 56% (n=14) by private dental clinics, 12% (n=3) by news sources, 4% (n=1) by maxillofacial surgeons, and 4% (n=1) by an ENT specialist. Among the sites with moderate reliability (n=10), the majority 50%, (n=5) were created by private hospitals, followed by 40% (n=4) by private dental clinics, and 10% (n=1) by maxillofacial surgeons. The websites with high reliability (n=2) accounted for 5.4% of the total evaluated sites, and these sites were uploaded by 50% (n=1) private hospitals and 50% (n=1) blogs (Figure 3).

According to Table 4, which shows the correlation between the evaluation criteria, a positive correlation was found between the reliability index and the JAMA index and between the reliability index and EQIP, between EQIP and JAMA ($p<0.001$, $p=0.015$, and $p=0.008$ respectively). No correlation was found between readability and other evaluation criteria ($p>0.05$, Table 4).

Table 4. *Correlation data between evaluation criteria*

	r	p
DISCERN (Reliability)- JAMA	0.618	<.001
DISCERN (Reliability)-EQIP	0.398	0.015
DISCERN (Reliability)- Readibility	0.097	0.569
JAMA- Readability	0.049	0.773
EQIP- Readability	0.007	0.969
EQIP- JAMA	0.432	0.008

r: Spearman correlation coefficient, p<0.05.

Discussion

The purpose of this study was to evaluate the reliability, quality, and readability of internet websites providing information on temporomandibular joint pain. As a result, it was found that websites with a moderate level of readability exhibited weak reliability. DISCERN-reliability was calculated as 2.05±0.911, JAMA 0.486±0.692, EQIP 62.4±11.6, and readability as 60.2±10.0.

Olkun and Ari Demirkaya[12] conducted a previous study, and they evaluated the information on the web pages related to lingual orthodontics and reported that the quality of information was low. Lena and Dindaroglu[13] reported that the content of Youtube™ videos regarding lingual orthodontics was inadequate. Canigür Bavbek and Baloş Tuncer[19] have also evaluated Turkish websites on orthognathic surgery, and they found that the quality of the scientific content on the websites differed between low and medium. In another study conducted by Kılınç and Sayar[20], the reliability and the general quality of the videos were found to be low and moderate, respectively. Paksoy *et al.*[21] also evaluated a similar study and they found that the quality of the social media videos on dental implants differed between low to medium. Similar to the previous studies, the results of the current study revealed that the quality of the texts was low, and the content was moderately readable.

In the current study, the mean values for the Ateşman readability index were found to be 60.2±10.0. This result is similar to the study conducted by Akbulut[10] and shows a medium difficulty level of readability in the current study. Accordingly, it shows that the texts can be understood by 11-12th grade readers.[10] Previously, it was reported that the readability level should not be lower than the 6th-grade level.[22]

The extended version of the EQIP that we used in the current study showed higher inter-rater reliability than that of the original EQIP tool.[13] This expanded tool is in line with the EQIP.[13] Previously, Melloul *et al.*[23] conducted a study and they revealed that none of the 32 websites examined in their study met all 36 criteria of the EQIP tool. Likewise, none of the 37 websites evaluated in the current study met all the criteria in the EQIP tool. In the current study, the mean EQIP value was calculated as 62.9%. Palma *et al.*[24] calculated the EQIP score as 75 percent in their study. Previously, Sabaté and Diego[25] evaluated the EQIP value as 44% in their study. This difference can be explained with due to the fact that Sabaté and Diego [25] used only 3 criteria in the EQIP formula, partially, yes, or no. They also used a 20-question unexpanded EQIP tool. According to the EQIP score, the authors make the following recommendations. >75% keep the manuscript in publication, revise in 2 to 3 years; 51-75% keep the manuscript in publication, revise in 1 to 2 years; 26-50% keep the manuscript in publication, start editorial review immediately and change it in 6 months to 1 year; and 0-25% remove the manuscript from publication immediately. A percentage of 0-25% of written texts should cease to be published.[25] In the current study, the EQIP score was 62.4, which is sustainable, but pages about jaw pain should be reviewed within 1.2 years in accordance with the outcomes of the before mentioned study.[25]

There are numerous studies and guidelines in the literature outlining recommendations for the preparation of eligible patient information.[26] Although several studies in the literature have reported the best ways to communicate information to patients, there are no standard analyses for information quality.[27,28] Many qualitative assessments were performed and non-standard questionnaires were applied to specific groups.[13] Sing *et al.*[29] calculated the DISCERN-reliability index of universities and professional organizations as 3.9, while medical advertisements and non-profit companies as 2.5. In the current study, this index was calculated as 2.05±0.911. Olkun and Olkun[30] calculated DISCERN 3.31 in a previous study. Vaira *et al.*[31] examined whether YouTube™ videos informing patients on the temporomandibular joint are useful and reliable and they calculated the discern score as 2.519±1.267 and evaluated the overall quality as modest.

Similar to the study conducted by Öztürk[1], in the current study, it was determined that a significant rate of bibliography was not used on the websites according to the results of the JAMA analysis. As in our study, it was determined that evidence-based healthcare information was missing at an alarming rate on websites. In another timeliness criterion evaluated by the JAMA tool, it was observed that websites related to history were deficient. In parallel with the study by Öztürk[1], the lack of the date when the information was written or updated drew attention. Gökçen and Gümüşsuyu[32] calculated the JAMA score as 1.8 in the videos they examined. They reported that the quality of the videos was low. Kunze *et al.*[33] revealed that the JAMA score was 2.02 and they found a significant interaction between video source and JAMA scores. Those added by physicians and medical sources showed higher JAMA scores. In the current study, although 48.6% of the documents were prepared by private dental clinics, a low JAMA score (0.486) was calculated.

To the best of our knowledge, this is the first study in which Turkish texts about temporomandibular joint pain were analyzed with 4 different tools. It is thought that this study can be useful to be taken into consideration by specialists when referring patients for online texts on temporomandibular joint pain. This study also shows the necessity of improving the quality of public texts with the help of different tools before they are published.

Limitations

The process of assessing information and documentation is still a developing area. Therefore, revisions of the tools may be necessary. Only websites were evaluated for a certain period. Websites, which

are a dynamic environment, are being updated and the information is constantly changing. Furthermore, subjective measurement may have an impact on the results of the assessments.

Conclusion

Based on the findings of our study, it is possible to say that the quality, reliability, and readability of the sites providing information about jaw pain on the internet are at a medium-low level, although they vary. It is recommended that professional associations and organizations in the relevant field, such as the Turkish Orthodontic Society, conduct such research and publish the results in order to ensure the quality and reliability of the information in publicly available online resources. Based on the results of our study, healthcare professionals should ensure that patients receive more accurate and reliable information by directing them to evidence-based educational materials and up-to-date information on the internet.

Acknowledgement

None

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Temporomandibular eklem ağrısına ilişkin web sitelerinin kalite, güvenilirlik ve okunabilirliğinin değerlendirilmesi

Özet

Amaç: Bu çalışmanın amacı temporomandibular eklem ağrısı hakkında bilgi veren web sitelerinin güvenilirliğini, kalitesini ve okunabilirliğini değerlendirmektir.

Gereç ve Yöntem: Google Chrome (Google, Mountain View, California, ABD) üzerinde 9 Haziran 2023 tarihinde "jaw pain" anahtar kelimeleri ile internet araması yapıldı ve ilk 50 web sitesinin linkleri kaydedildi. Dahil edilme kriterlerini sağlayan 37 sitenin değerlendirilmesinde dört farklı değerlendirme aracı DISCERN aracı, Hastalar için Kaliteli Bilgi Sağlanması (EQIP) aracı, Journal of the American Medical Association (JAMA) kriterleri, Readability Index kullanılmıştır. İstatistiksel analizler için SPSS 25 istatistik yazılımı kullanıldı ve p<0.05 istatistiksel olarak anlamlı kabul edildi.

Bulgular: Çalışma kapsamında ilk 50 web sitesi kayıt altına alınmış ve toplam 37 web sitesi dahil edilme kriterlerine uygunluk göstermiş ve değerlendirilmiştir. DISCERN, EQIP ve JAMA indeksi için ortalama değerler sırasıyla 2.05±0.911, 62.4±11.6 ve 0.486±0.692 idi. Ayrıca, yüksek güvenilirliğe sahip olanlar toplam site sayısının %5,4'ünü (n=2) oluştururken, bu sitelerin %50'si (n=1) özel hastaneler ve %50'si (n=1) bloglar (web günlükleri) tarafından yüklenmiştir.

Sonuç: Bu çalışmanın bulgularına dayanarak, internette çene ağrısı ile ilgili bilgi veren sitelerin kalitesi, güvenilirliği ve okunabilirliğinin sonuçları farklılık göstermekle birlikte, orta-düşük düzeyde olduğu sonucuna varılabilir. Türk Ortodonti Derneği (TOD) gibi mesleki dernek ve kuruluşlar, kamuya açık çevrimiçi kaynaklardaki bilgilerin kalitesini ve güvenilirliğini sağlamak için benzer araştırmalar yapabilir ve sonuçları yayınlayabilir.

Anahtar Kelimeler: Halk sağlığı diş hekimliği; internet; sosyal medya; temporomandibular eklem ağrısı