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DENTAL MISINFORMATION ON SOCIAL MEDIA: CONTENT QUALITY, USER ENGAGEMENT, AND IMPLICATIONS FOR ORAL HEALTH LITERACY – A NARRATIVE REVIEW

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ABSTRACT

Objectives: This narrative review aimed to summarize current evidence on dental misinformation on social media, with a particular focus on content quality, user engagement, and possible implications for oral health literacy and patient decision-making.

Methods: A narrative literature review was conducted using full-text publications identified through PubMed, Scopus, and Google Scholar. Studies published between 2017 and 2026 were considered. The search included terms related to dental and oral health misinformation, social media, information quality, user engagement, oral health literacy, fluoride, dental caries, aesthetic dentistry, orthodontics, and major social media platforms. Original studies and review articles were included.

Key Findings: Dental misinformation was identified across multiple platforms and areas of dentistry, including fluoride, dental caries, aesthetic dentistry, orthodontics, endodontics, and alternative dental practices. Professional or institutional sources were often more reliable, although professional authorship did not always guarantee accurate information. Misleading or low-quality content sometimes received high user engagement, but misinformation was not consistently associated with greater popularity. Trust in the source, perceived credibility, and individual evaluation of information may influence how users respond to online dental content. Evidence directly linking misinformation exposure with actual patient behavior or clinical outcomes remains limited.

Conclusions: Dental misinformation is a relevant challenge for oral health communication. Improving users' ability to assess online information and increasing access to clear, evidence-based dental content may help reduce its potential impact. Further patient-level and longitudinal research is needed.

KEYWORDS

Dental Misinformation, Oral Health Misinformation, Social Media, Information Quality, User Engagement, Oral Health Literacy, Fluoride, Dental Caries, Aesthetic Dentistry, Orthodontics

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1. Introduction

Social media have become an important source of health-related information, including information on oral health. Users turn to these platforms because of the easy access to content, the speed of finding information, and the opportunity to learn from the experiences of others [1–3]. They are used to seek information on prevention and treatment as well as on products related to oral health [1,2]. At the same time, a substantial proportion of the published content is created by patients and individuals without professional medical training, while some posts are primarily marketing-oriented [3,4].

The growing role of social media is accompanied by concerns about the quality and reliability of the information available online. The studies included in this review identified false, misleading, or incomplete content across several areas of dentistry, including fluoride, dental caries, aesthetic dentistry, orthodontics, and endodontic treatment [5,6]. The recent scoping review by Oddy and Holden confirms that low-quality information and misinformation occur across different platforms and cover a broad range of oral health topics [6]. Another concern is the commercial nature of some publications and the difficulty in distinguishing educational content from promotional material [6,7]. In addition, the popularity of a post does not necessarily reflect its quality [6]. This may make it more difficult for users to assess the reliability of the information they encounter [7].

The aim of this narrative review is to assess the quality and reliability of dental information disseminated through social media, to present the most common forms of oral health misinformation, and to analyze user engagement with this type of content. The review also examines how exposure to misinformation may influence beliefs, information-seeking, and decision-making, with particular attention to the implications for oral health literacy and public health.

2. Methodology

This narrative review was based on full-text scientific publications identified through PubMed, Scopus, and Google Scholar. The search included terms such as *dental misinformation*, *oral health misinformation*, *social media*, *content quality*, *information reliability*, *user engagement*, *oral health literacy*, *fluoride misinformation*, *dental caries*, *aesthetic dentistry*, *orthodontics*, *YouTube*, *Instagram*, *TikTok*, *Facebook*, and *X/Twitter*. The terms were combined using the Boolean operators AND and OR.

Publications from 2017 to 2026 were considered. Articles were selected based on their titles and abstracts and then assessed in full text. Original studies and review articles were included if they addressed the quality or reliability of oral health information on social media, dental misinformation, user engagement, or the possible effects of such content on users' beliefs, information-seeking, and decision-making.

The selected studies were grouped according to the main themes identified in the literature, including content quality, common types of dental misinformation, user engagement and responses, clinical and public health implications, and approaches to reducing misinformation.

3. Results

3.1. Social Media as a Source of Oral Health Information

Social media have become an important source of health-related information, including information on oral health [1–3]. Users report that the main reasons for turning to social media for health information include ease of use, convenient access to content, and the possibility of obtaining information quickly [1]. Users may search for information deliberately, but they may also encounter health-related content incidentally during their everyday use of these platforms [1]. The opportunity to learn from other patients' experiences and compare different perspectives also plays an important role [1,3].

Social media are also used to search for information about oral hygiene and oral care products [2]. In a study of 308 adults, 36.7% of respondents reported frequently using social media for this purpose, with Instagram being the most commonly used platform [2]. Purchase intentions were influenced, among other factors, by recommendations from friends and reviews from other users [2]. These findings indicate that social media serve not only an informational role but may also influence users' decisions related to oral health [1,2].

3.2. Quality and Reliability of Dental Content on Social Media

However, not all medical content available online can be considered reliable. In an analysis of popular dental content published on Chinese social media platforms, 79.4% of longer posts were created by individuals who were not healthcare professionals, while 58.3% described personal experiences related to treatment [3]. A similar contribution of patient-generated content was observed in aesthetic dentistry on Instagram, where patients were the authors of 49.3% of the analyzed posts [4]. This shows that a substantial proportion of information concerning treatment and aesthetic procedures may come from individuals without professional medical training.

One of the key studies on oral health misinformation was conducted by Lotto et al. [5]. The authors identified false or misleading information concerning, among other topics, gum disease, root canal treatment, toothache, fluoride, and dental caries. Some posts also promoted natural or alternative treatment methods, while certain content was associated with the authors' financial motivation [5].

A similar phenomenon was described by Riyaz et al. [8], who analyzed 72 oral health-related videos published on YouTube. Approximately 55% of the videos contained misleading information, and most of these were posted by individuals who were not medical professionals. Videos classified as misleading received numerically more views, likes, and comments than those considered useful, although these differences were not statistically significant [8].

Several studies show that even when videos are not explicitly misleading, their educational value may still be limited. In an analysis of videos concerning dental caries, content published by healthcare professionals received higher scores for quality, usefulness, and reliability, although the overall level of available information remained limited [9]. Similar findings were reported for videos on proper oral hygiene, among which only a small proportion were rated as very high-quality content [10]. In the case of orthodontic information, YouTube videos were also found to be more reliable than TikTok content, although neither platform consistently provided high-quality information [11].

The importance of content quality becomes particularly relevant when considering how users respond to such information. Alhomsy et al. found that although most participants reported limited trust in medical information shared on social media or remained neutral toward it, some users relied on advice found on these platforms when making health-related decisions [12].

3.3. Common Types of Dental Misinformation

3.3.1. Fluoride and Fluoridation Misinformation

Fluoride and fluoridation are among the best-documented examples of problematic and misleading oral health content on social media [6,13–15]. Anti-fluoride messaging is not limited to questioning the effectiveness of fluoride. The analyzed content also includes claims about its alleged toxicity, potential adverse effects, the supposed superiority of “natural” products over fluoride-containing products, as well as pseudoscientific and conspiratorial narratives [13–15].

In a study by Lotto et al., 500 highly engaging Instagram posts containing false or misleading information about fluoride were analyzed [13]. Of these, 82.6% were classified as misinformation, and the most common themes included fluoride toxicity, possible adverse effects, and the promotion of fluoride-free products [13]. A similar presentation of fluoride-free products was observed on Twitter. An analysis of 21,169 tweets containing the term “fluoride-free” showed that the dominant themes were related to healthy lifestyles, natural and organic oral care products, and recommendations for fluoride-free products and practices [16]. Esmaeilzadeh et al. found that 29.5% of 400 Persian-language Instagram posts were anti-fluoride [14]. The beliefs expressed in these posts included claims about fluoride toxicity, its ineffectiveness in preventing dental caries, and conspiracy theories [14].

Water fluoridation is another topic widely discussed on social media. An analysis of content published on X showed that 37.4% of posts had a negative sentiment, 34.4% a positive sentiment, and 28.2% a neutral sentiment [17]. The study focused primarily on sentiment rather than a direct assessment of misinformation, but it demonstrated strong polarization of the debate and increased interest in the topic in connection with media and political events [17].

A more recent analysis of 800 Instagram and X posts in English and Spanish also identified significant differences depending on language and platform [18]. Spanish-language content was generally more accurate and had a more positive tone, whereas English-language content, particularly on X, was more often sensational in character [18]. Posts with a negative tone also received a higher number of likes [18].

Problems with information quality were also observed on TikTok. In an analysis of 120 fluoride-related videos, only 22.5% were classified as evidence-based, and evidence-based content was more often published by medical and dental professionals [19]. Fluoride misinformation may also be constructed using seemingly scientific arguments. Lotto et al. found that 81.82% of the analyzed false claims used *false attribution*, meaning that claims were presented without adequate scientific support, while 18.18% used *quote mining*, in which data or publications were cited outside their proper context [15].

Fluoride misinformation is not limited to social media. Studies among mothers of young children indicate that knowledge and opinions about fluoride are also shared by family members, healthcare professionals, and other people within their immediate social environment. Exposure to inconsistent or conflicting information may make it more difficult to assess its reliability and may lead to confusion [20].

3.3.2. Dental Caries and Toothache

Dental caries and toothache represent another important area of oral health misinformation on social media [21–24]. In a study by Menezes et al., 500 English-language Instagram posts related to dental caries were analyzed, of which 44% contained misinformation [21]. Most posts were published by regular users, and 73.8% had a positive tone [21]. Importantly, the presence of misinformation itself was not a predictor of a higher number of interactions, whereas greater overall engagement was associated with positive sentiment and posts published by regular users [21].

Somewhat different findings were reported in an analysis of 500 Facebook posts related to dental caries, where misinformation accounted for 40.8% of the analyzed content [22]. In this study, misinformation was the only predictor of increased total user interaction, although it did not predict greater relative performance of the posts [22].

A similar problem concerns information related to toothache. An analysis of 500 English-language Facebook posts showed that the presence of misinformation was significantly associated with financial motivation and positive sentiment [23]. Greater user engagement was observed mainly for posts containing links or videos and for content with a positive tone [23].

The most recent study by Menezes et al. further shows that misinformation does not always generate greater engagement [24]. In an analysis of 500 Brazilian Instagram posts, misinformation accounted for 21.8% of the content and mainly concerned caries treatment, diet, microorganisms, and oral hygiene [24]. No significant direct association was found between misinformation and engagement, although the median total number of interactions was higher for posts containing misinformation [24].

Taken together, these findings indicate that misinformation related to dental caries and toothache is relatively common, but greater popularity of such content is not universal and also depends on the platform, author, format, tone, and characteristics of the published content [21–24].

3.3.3. Pseudoscience and Alternative Dental Practices

Social media also contain content promoting pseudoscientific and alternative practices related to oral health, often presented using health-related terminology and narratives emphasizing their “natural” character [25]. A good example is so-called *biological dentistry*, also referred to as holistic dentistry, which combines conventional dental topics with practices that have limited or insufficient scientific support, such as homeopathy, detoxification, and selected forms of alternative medicine [25].

Jucá et al. analyzed 500 English-language Instagram posts related to *biological dentistry* and found that 68.2% contained misinformation, while 52% showed financial motivation [25]. Importantly, 58.4% of the posts were published by health-related authors [25]. Both health-related authorship and financial motivation were significant predictors of misinformation [25]. The analyzed content included, among other topics, claims about the alleged toxicity of fluoride and amalgam and criticism of conventional procedures such as endodontic treatment [25]. The authors also drew attention to the persuasive and emotionally charged nature of the communication and to the possibility that content published by health-related profiles may appear more credible to users [25].

A similar example is the popularity of *mouth taping*, which involves taping the mouth closed during sleep. In an analysis of 390 reels tagged with #mouthtape, as many as 94.4% supported the practice, although the available evidence for the claimed health benefits remains limited and inconclusive [26]. Most of the content was published by companies (55.4%), whereas only 11.6% was posted by medical professionals [26]. Posts supporting *mouth taping* were also shared significantly more often than critical content [26].

3.3.4. Tooth Whitening and Aesthetic Dentistry

Tooth whitening and aesthetic dental procedures represent another area in which social media may provide users with low-quality or misleading information [27–29]. Buldur et al. evaluated Instagram content published under the hashtag #teethwhitening. Of the 300 posts initially collected, 109 were included in the final analysis, of which 42% had low informational content [27]. In addition, 53% of the posts referred to prosthetic treatment or therapies combining whitening with prosthetic procedures, and #veneers was one of the most commonly used additional hashtags [27]. The authors noted that content searched as being related to tooth whitening may therefore also direct users toward more invasive aesthetic procedures [27].

Low reliability of information was also observed on YouTube. In a study by Silva et al. including 43 videos on tooth whitening, 71.4% of the materials received low reliability scores, while only 4.7% achieved the maximum score [28]. At the same time, content published by individuals who were not medical professionals generated approximately 3.5 times greater engagement than materials created by healthcare professionals [28]. The analyzed videos also promoted unverified home-whitening methods using, among other substances, activated charcoal, baking soda, and lemon [28].

Alfaraj et al. (2025) analyzed Instagram posts related to full-mouth rehabilitation. Among 144 posts, 75.7% were marketing-oriented, while only 9% were educational [29]. As many as 86.8% of the posts contained non-factual or misleading information, whereas all posts classified as educational were factual [29]. Dentists were responsible for only 5.6% of the analyzed content, and engagement did not differ significantly between factual and non-factual posts [29].

3.3.5. Orthodontic Misinformation and Marketing

Orthodontic content published on social media varies in quality and reliability, and educational functions often coexist with entertainment and marketing [11,30–32]. Kılınç compared orthodontic content available on YouTube and TikTok, and YouTube videos achieved higher average scores for both quality and reliability than TikTok content [11]. YouTube materials were more often informational or based on patients' experiences, whereas TikTok content was more strongly focused on entertainment [11]. Despite these differences, the author concluded that content on neither platform generally reached a high level of quality or reliability [11].

A clear predominance of marketing-related content was observed in Instagram posts concerning clear aligners [30]. In an analysis of 130 posts associated with clear aligner hashtags, 90.2% were self-promotional, while only 8.9% were educational [30]. Most posts were published by dentists, and 79.8% of these authors were orthodontic specialists [30]. At the same time, posts published by patients received significantly more likes and comments than those published by dentists [30].

The role of marketing in treatment-related decision-making is also illustrated by the study by Adanan et al., which included 15 young adults seeking orthodontic treatment [31]. Participants generally viewed social media positively as a source of information, a marketing tool, and a convenient way to communicate with clinics and clinicians. At the same time, 12 of the 15 participants noted the possibility of encountering false or misleading information, while nine pointed to the problem of inauthentic profiles [31]. The process of choosing a treatment provider was influenced by factors such as opinions and other characteristics of social media profiles, online trends, treatment cost and location, recommendations from third parties, level of knowledge, and the availability of information online [31].

A particularly concerning example of orthodontic misinformation is content promoting *fake braces*, meaning fixed appliances provided by unqualified individuals [32]. Of the analyzed TikTok videos, 79.9% were posted by fake-braces sellers, and 66.9% were marketing-oriented [32]. The videos accumulated approximately 77.5 million views and more than 6 million likes in total [32].

3.3.6. Endodontics and Implant Dentistry

Problems related to the quality of information on social media have also been observed in endodontics and implant dentistry [33–35]. Jung and Seo analyzed 95 YouTube videos on root canal treatment, assessing their reliability and quality [33]. Although videos published by universities and professionals were more accurate, the overall completeness of the information remained low regardless of the source [33]. Content intended for patients provided better information on etiology, anatomy, symptoms, and prognosis, whereas materials aimed at dentists offered more detailed information about the procedure itself [33].

Similar observations were reported by McLean et al. in an analysis of videos addressing the risks associated with root canal treatment [34]. The overall quality of the evaluated materials was relatively low, with a mean score of 2.20 on a five-point scale. Content published by official institutions achieved the highest quality scores while receiving the fewest views and interactions [34]. In contrast, videos created by non-

healthcare individuals and media sources received the lowest ratings, yet generated greater user engagement [34]. The authors also noted that information important for informed patient decision-making was often presented inadequately [34].

In implant dentistry, Ho et al. analyzed 202 videos containing patient testimonials about implant treatment [35]. Patients' statements often emphasized improvements in aesthetics and function, while many important aspects of treatment were omitted or presented in a potentially misleading way [35]. This included information related to pain control, and some statements could suggest treatment permanence and contribute to increased patient expectations [35].

3.4. User Responses and Oral Health Misconceptions

Some studies focused not only on the quality of information published on social media, but also on how users perceive and evaluate it. BinHamdan et al. found that individuals who placed greater trust in social media as a source of oral health information had a higher number of dental misconceptions [36]. At the same time, those who followed dental-related accounts had fewer such misconceptions [36].

Chung et al. examined factors associated with users' willingness to verify the credibility of oral health information [37]. In a study of 452 young adults, participants who recognized the presented content as misinformation were more likely to report an intention to verify it [37]. A greater tendency toward fact-checking was also associated with a stronger need to analyze information carefully and with the belief that oral health misinformation may have serious consequences [37]. However, it should be emphasized that the study assessed only the stated intention to verify information, rather than whether participants actually engaged in fact-checking behavior.

4. Discussion

4.1. Main Findings and the Quality–Engagement Paradox

Dental misinformation is widespread on social media. Its presence has been reported on Facebook, X, Instagram, TikTok, and YouTube [6]. The topics involved include, among others, fluoride, dental caries, aesthetic dentistry, orthodontics, endodontics, and alternative dental practices [6]. The problem includes not only clearly false information, but also incomplete or selective content, materials of low educational value, and posts with a marketing or self-promotional purpose [6,9–11,29,30,33–35]. This distinction is important because content may mislead users even when it does not contain statements that are explicitly false. In several analyses, materials created by healthcare professionals, universities, or official institutions received higher scores for quality, reliability, or completeness than content from non-professional sources [9–11,33,34].

Professional authorship, however, does not guarantee consistency with current scientific knowledge. A clear example is the analysis of so-called *biological dentistry* by Jucá et al., in which misinformation was frequently published by health-related accounts, and health-related authorship was significantly associated with the presence of misinformation [25]. In addition, the high proportion of marketing content in aesthetic dentistry and orthodontics suggests that the boundary between patient education and commercial communication may be unclear on social media [29,30]. Taken together, these findings suggest that the reliability of dental information on social media should not be judged solely on the basis of the author's stated professional status, but should also take into account the scientific basis of the content, its completeness, transparency, and purpose [6,25,29,30].

The studies analyzed do not support a simple relationship between the presence of misinformation and greater user engagement. In some studies, less reliable content or content created by non-professionals received more interactions. In the study by Riyaz et al., misleading materials received more views, likes, and comments than useful content, although these differences were not statistically significant [8]. A clearer discrepancy was reported by Silva et al., who found approximately 3.5 times greater engagement with tooth-whitening videos created by individuals who were not medical professionals [28]. Similarly, McLean et al. observed that materials addressing the risks of root canal treatment and published by official institutions had the highest quality, while receiving the fewest views and interactions [34].

This pattern was not consistent across studies. In studies by Menezes et al. on dental caries, the presence of misinformation itself was not a significant predictor of engagement, although in one analysis posts containing misinformation had a higher median total number of interactions [21,24]. Likewise, in the case of *mouth taping*, greater engagement was not observed across all measures: content supporting the practice was

shared more often, but did not receive significantly more likes or comments [26]. These findings show that the popularity of social media content depends not only on whether it is accurate, but also on how it is presented, who publishes it, and the platform on which it appears [21,26,28]. Therefore, the number of views, likes, comments, or shares should not be treated as an indicator of content reliability or as evidence that users believed the information or changed their behavior because of it [6].

4.2. From Exposure to Beliefs, Decisions and Oral Health Literacy

Simply encountering information on social media does not mean that a user will immediately accept or act on it. Responses to oral health content depend, among other factors, on trust in the source, the credibility of the author, perceived risk, and the user's tendency to verify information. BinHamdan et al. found that users often cross-checked information found on social media against the opinions of professionals, other online sources, and the experiences of other people [1]. They placed greater trust in content published by individuals with professional qualifications, presented transparently, or associated with credible institutions [1]. At the same time, users were more willing to try practices perceived as low risk, whereas treatment-related advice was more often associated with a stated need to consult a professional [1].

Individual user characteristics also influence how information is evaluated. Chung et al. found that the tendency to verify information was associated, among other factors, with a greater need to analyze content carefully and with how serious the user perceived a given problem to be [37]. Greater trust in social media as a source of oral health information was, in turn, associated with a higher number of misconceptions [36]. Taken together, these findings suggest that responses to misinformation depend not only on exposure to the content itself, but also on how it is evaluated by the recipient.

On the one hand, social media may increase access to information, facilitate health communication, and support the exchange of experiences and decision-making. On the other hand, the large amount of content of varying quality, the presence of misinformation and advertising, and difficulties in assessing source credibility may make it harder for users to make informed use of available information. In the study by Ghalavand et al., dentists pointed both to the potential of social media to improve access to knowledge and to problems related to misinformation, misleading advertising, and superficial or incomplete presentation of oral health information [7]. The role of social media is not limited to providing information. Online content may also influence how patients perceive dental treatment and what they expect from it [38]. Social media may therefore both support access to knowledge and decision-making and make it more difficult to determine which information is reliable.

4.3. Potential Clinical and Public Health Implications

Oral health misinformation may have important consequences, particularly when it concerns prevention or treatment. Fluoride-related content is a good example, as it may include claims about toxicity, lack of effectiveness, the superiority of "natural" products, and conspiracy theories. Such messages may increase uncertainty about evidence-based preventive methods and contribute to reluctance to use them. Research on misinformation also shows that repeated exposure to false claims may increase their perceived credibility, and their influence may persist even after later correction [39]. From a public health perspective, this issue is particularly important because of the rapid spread of content on social media and the difficulty users may have in distinguishing reliable information from false or misleading information [40].

The potential risk becomes greater when misinformation promotes the self-directed use of unverified methods. In the studies analyzed, this included practices such as *mouth taping*, home whitening methods using activated charcoal, baking soda, or lemon, as well as practices promoted within *biological dentistry* [25,26,28]. A particularly clear example is *fake braces*, whose popularity on social media shows that unreliable content may also promote procedures carried out by unqualified individuals [32]. The clinical significance of misinformation may therefore increase when false beliefs begin to influence users' actual behavior.

Another important issue is the presence of commercial dental content. Studies on aesthetic dentistry, clear aligners, and full-mouth rehabilitation indicate that education is often combined with the promotion of services [29,30]. Patient testimonials concerning dental implants may, in turn, emphasize the benefits of treatment while overlooking its risks and limitations [35]. Rostamzadeh and Rahimi point out that marketing in aesthetic dentistry may shape unrealistic patient expectations and potentially contribute to overtreatment [41]. Misinformation may therefore also involve selective presentation of benefits, omission of risks, or blurring the boundary between education and advertising.

4.4. Limitations, Countermeasures and Future Directions

Caution is needed when interpreting the effects of misinformation. In their recent scoping review, Oddy and Holden emphasize that most studies assess content and user engagement, while far fewer examine actual patient beliefs and behaviors [6]. Therefore, high engagement does not necessarily mean that users believed the content or changed their behavior because of it [6]. Likewise, the association between greater trust in social media and a higher number of misconceptions does not in itself establish a causal relationship [36]. Another limitation is the considerable methodological variation between studies. Researchers assessed, among other factors, misinformation, information quality and reliability, completeness, sentiment, consistency with scientific evidence, and marketing-related characteristics. These outcomes cannot therefore always be compared directly [6].

Addressing dental misinformation requires action from users, dentists, and public health institutions. An important step is improving the ability to assess information sources, the qualifications of the author, and the scientific basis of the content presented. Pennycook et al. showed that simply drawing users' attention to the accuracy of information before sharing it may improve the quality of content they subsequently disseminate, although this study was not conducted specifically in dentistry [42]. Dentists may also support users by publishing clear, evidence-based materials and explaining common myths. One example of this approach is the FACTS model proposed by Puneet and Mathew [43], although it was a small educational project and its effectiveness requires further evaluation. Public health campaigns may also be useful when they correct false information and promote reliable content in an attractive and easily shareable form [44].

Future research should focus more closely on whether exposure to misinformation actually changes patients' beliefs, decisions, and behaviors and whether it leads to measurable clinical consequences. Longitudinal and experimental studies are particularly needed, together with evaluations of interventions aimed at reducing the spread of false information and promoting reliable content. Differences between countries, languages, and platforms should also be taken into account. Fernández et al. showed that the way fluoride-related information was presented varied according to language and platform [18], which limits the extent to which findings can be generalized. Future studies should also consider changing algorithms and trends, as these may influence the visibility and spread of content on social media [6].

5. Conclusions

Dental misinformation is widespread on social media and affects many areas, including fluoride, dental caries, aesthetic dentistry, orthodontics, and alternative dental practices. It may influence how users understand oral health information, evaluate treatment options, and make health-related decisions. The problem is not limited to completely false information, but also includes incomplete, selective, and strongly marketing-oriented content. At the same time, the current evidence is based mainly on content analyses and measures of user engagement, making it difficult to determine the actual impact of misinformation on patient behavior and clinical outcomes. Further research is needed to assess the real consequences of exposure to misinformation and the effectiveness of interventions aimed at reducing its spread.

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Research concept and design - Maria Torchalska, Monika Szerszeń

Data collection and/or compilation - Martyna Smogór, Monika Szerszeń

Data analysis and interpretation - Maria Torchalska, Martyna Smogór, Monika Szerszeń

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Supervision, project administration - Maria Torchalska

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