

Article

TikTok as a Source of Oral Hygiene Education: Alignment and Misinformation Relative to Official Dental Guidelines

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Abstract

In recent years, social media platforms have emerged as major sources of health-related information. The aim of this study was to evaluate the alignment between TikTok videos on oral hygiene and official dental protocols, and to determine the prevalence of misinformation. A quantitative, observational, cross-sectional study was conducted to analyze 246 Spanish-language TikTok videos collected between May and July 2025 using 11 hashtags. Videos were assessed using a standardized summary based on guidelines from the Fédération Dentaire Internationale, American Dental Association, Federación Odontológica Ecuatoriana, and Federación Dental Española. Content was classified as aligned if it aligned with at least one protocol. Statistical analyses included descriptive statistics, Z-tests for proportions, chi-square tests, and Mann–Whitney U tests. As results, only 1% of videos cited official references. Overall, 26.19% aligned with at least one protocol, while 73.81% contained unsupported or non-aligned information. Misrepresentation was most frequent for fluoride concentration, toothpaste quantity, dental floss characteristics, and mouthwash use. Video format, presentation style, and creator profile were significantly associated with accuracy. Engagement metrics did not consistently favor accurate content. In conclusion, most TikTok oral hygiene content does not reflect official dental protocols, highlighting the need for improved digital health literacy and responsible professional communication.

Keywords: oral hygiene; social media; communication; toothbrushing; evidence-based practice

1. Introduction

Oral hygiene is a fundamental component of oral and general health, playing a central role in the prevention of dental caries and periodontal diseases [1]. Dental plaque, a structured microbial biofilm, is the primary etiological factor for gingivitis and periodontitis, and its effective mechanical disruption through toothbrushing and adjunctive hygiene measures is essential for disease prevention [2]. Current clinical recommendations emphasize regular toothbrushing with fluoridated toothpaste, appropriate brushing techniques, and the use of interdental cleaning devices and mouthrinses when indicated [1,2]. In addition, contemporary oral hygiene formulations may contain modifier additives and organo-inorganic compounds intended to improve antimicrobial activity, remineralization potential, or physicochemical stability, further increasing the complexity of evidence-based oral health recommendations [1].



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Official dental protocols issued by scientific and professional organizations, such as national dental associations and international federations, are designed to provide evidence-based guidance on oral hygiene practices [2,3]. These protocols serve as reference standards for clinicians and the general population, supporting preventive strategies aimed at reducing the global burden of oral diseases. Despite the availability of these guidelines, discrepancies between recommended practices and actual oral hygiene behaviors remain common, particularly among adolescents and young adults [3–5].

In recent years, social media platforms have emerged as major sources of health-related information [6]. TikTok, characterized by short-form, highly visual content and rapid information dissemination, has gained substantial popularity among younger populations [7]. This platform increasingly hosts content related to oral health, including toothbrushing techniques, toothpaste selection, and the use of auxiliary hygiene products. However, the popularity and viral reach of such content do not necessarily reflect its scientific accuracy or adherence to established clinical recommendations [4,8].

Previous studies have raised concerns regarding the quality and reliability of health information disseminated through social media, highlighting the risk of misinformation influencing health behaviors [6,8–11]. In the context of oral hygiene, inaccurate or incomplete guidance may contribute to ineffective plaque control, inappropriate use of fluoride, or misuse of oral hygiene products, potentially undermining preventive efforts [8].

Given the growing influence of TikTok as a health information source and the absence of systematic evaluations focused on oral hygiene content, it is essential to assess whether the information disseminated aligns with official dental protocols. Therefore, the aim of this study was to evaluate the degree of concordance between TikTok videos addressing oral hygiene practices and evidence-based clinical guidelines, as well as to identify the prevalence and characteristics of misinformation present on the platform.

2. Materials and Methods

2.1. Study Design

An observational, analytical, cross-sectional study with a quantitative approach was conducted to evaluate the accuracy of oral hygiene information disseminated on TikTok.

This study analyzed publicly available TikTok videos and did not involve interaction with users, intervention, or collection of private identifiable information. Therefore, according to institutional policies and international ethical recommendations for publicly accessible online content research, formal ethical committee approval and informed consent were not required.

2.2. Data Source and Video Selection

Publicly available TikTok videos in Spanish related to oral hygiene were collected between May and July 2025. A total of 11 hashtags associated with oral hygiene and toothbrushing were used to identify relevant content (Figure 1). To minimize algorithm-driven personalization bias, a newly created TikTok account with no prior viewing history was used exclusively for data collection.

2.3. Eligibility Criteria

Videos were included if they: (1) were in Spanish; (2) provided instructions or demonstrations related to oral hygiene or toothbrushing; and (3) were publicly accessible. Videos were excluded if they: (1) promoted home remedies or pseudotherapies; (2) focused primarily on product marketing without educational content; (3) addressed hygiene techniques specific to orthodontic patients, periodontal patients, children, or animals; (4) failed to demonstrate or explain any brushing technique; or (5) were duplicates.

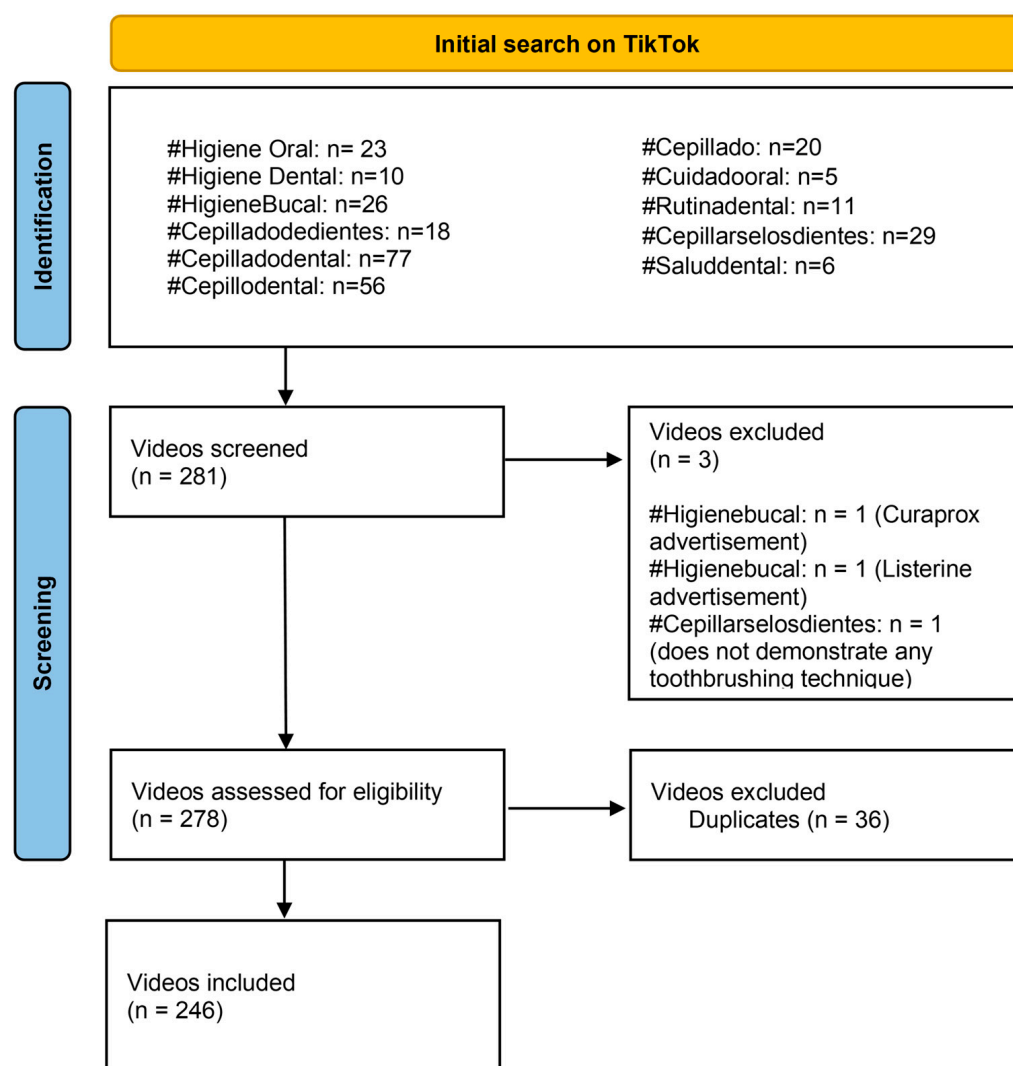


Figure 1. Flow diagram of TikTok video selection and inclusion. Videos were initially identified through hashtag-based searches on TikTok, followed by application of exclusion criteria and removal of duplicates, resulting in a final sample of 246 videos included in the analysis. #: Metadata tag used in social media platforms to categorize and facilitate content searches.

2.4. Evaluation Instrument and Variables

A standardized evaluation summary was developed based on official oral hygiene guidelines issued by recognized dental organizations, including the Fédération Dentaire Internationale (FDI), the American Dental Association (ADA; United States), the Federación Odontológica Ecuatoriana (FOE; Ecuador) in collaboration with the Ministerio de Salud Pública del Ecuador, and the Federación Dental Española (FDE; Spain). The summary assessed variables related to toothbrush characteristics, toothbrushing techniques, toothpaste composition, mouthwash use, dental floss, and electric toothbrush features [12–14] (Supplementary Material—Supplementary Table S1). Additional variables included video format (demonstrative, narrated, or text-based), presentation style, creator profile, number of views, and number of likes.

Videos were operationally classified as containing “aligned information” when at least one evaluated recommendation aligned with an official oral hygiene protocol. This binary classification was used for comparative statistical analyses at the video level [12–14] (Supplementary Material—Supplementary Table S1).

2.5. Data Extraction and Reliability

Prior to formal data extraction, the evaluators underwent a calibration process using a pilot sample of videos not included in the final analysis. Inter-rater reliability was assessed using Cohen's kappa coefficient, which demonstrated excellent agreement between reviewers ($\kappa = 0.86$). Two calibrated evaluators (L.A.M.R. and A.V.P.L.) independently assessed all included videos using a structured digital form. Discrepancies were resolved by a third independent reviewer (M.N.). The evaluation process followed a triple-blinded approach, with reviewers blinded to each other's assessments and to engagement metrics during scoring.

2.6. Statistical Analysis

Descriptive statistics were calculated for all variables. Associations between categorical variables were analyzed using chi-square tests. Normality of quantitative variables (views and likes) was assessed using the Kolmogorov–Smirnov and Shapiro–Wilk tests. As distributions were non-normal, Mann–Whitney U tests were applied to compare engagement metrics between 'aligned' and 'non-aligned' videos. Statistical significance was set at 5%. Data were analyzed using IBM SPSS (version 30.1).

3. Results

3.1. Sample Characteristics

A total of 246 TikTok videos related to oral hygiene, distributed across 11 hashtags, were included in the analysis (Figure 1). Most videos did not specify a country of origin ($n = 144$; 59%). Among those with identifiable origin, Mexico was the most frequent country ($n = 23$; 9%). Only two videos (1%) explicitly cited an official oral hygiene protocol as a reference.

The predominant video style was casual ($n = 130$; 53%), followed by other styles ($n = 68$; 28%), comedy ($n = 33$; 13%), formal ($n = 13$; 5%), and drama ($n = 2$; 1%). Information was primarily presented in a demonstrative format ($n = 243$; 98.8%), with narrated content present in 167 videos (67.9%) and text-based content in 139 videos (56.5%). A total of 109 videos (44.3%) combined demonstrative, narrated, and text-based formats.

Women appeared most frequently as content presenters ($n = 140$; 57%), followed by dental models ($n = 60$; 24%), men ($n = 42$; 17%), and videos featuring both sexes ($n = 4$; 2%). Dentists were the most common source of information ($n = 131$; 53.3%), followed by dental clinics or companies ($n = 75$; 30.5%), non-dentists ($n = 32$; 13%), non-dental health professionals ($n = 6$; 2.4%), and students ($n = 2$; 0.8%).

3.2. Engagement Metrics

The mean number of views per video was 0.46 million (460,000), with a standard deviation of 1.7 and a maximum of 24.9 million views. The mean number of likes was 0.0009 million (approximately 900 likes), with a maximum of 0.01 million likes. Videos produced by dental clinics or companies achieved higher average view counts, whereas videos presented by dentists received a higher average number of likes (Figure 2).

3.3. Accuracy of Oral Hygiene Information

Considering all evaluated variables based on the selected protocols, 26.19% of the analyzed videos contained information aligned with at least one official recommendation.

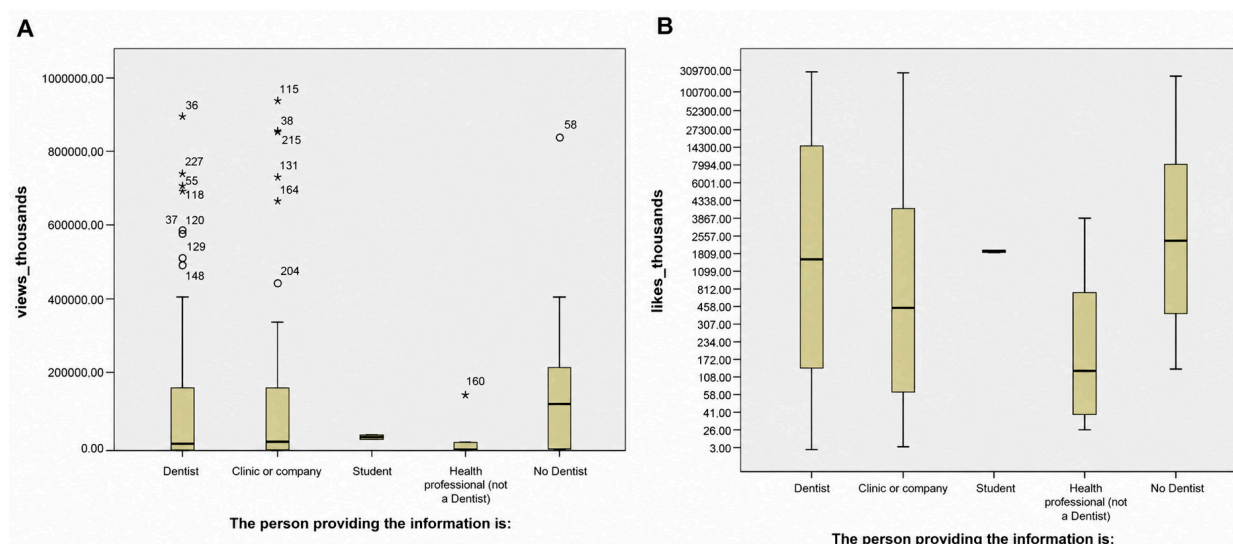


Figure 2. Distribution of views and likes according to the source of oral hygiene information on TikTok. Box-and-whisker plots showing the distribution of (A) views and (B) likes according to the individual or entity providing the oral hygiene information (dentist, clinic or company, student, health professional not a dentist, and non-dentist). Boxes represent the interquartile range, horizontal lines indicate medians, whiskers represent the minimum and maximum values, and outliers are displayed as individual points. Asterisks (*) indicate possible outliers.

3.3.1. Toothbrush Characteristics

Toothbrush bristles were mentioned in 55 videos (22.36%), of which 78.18% ($n = 43$) were aligned with at least one protocol. In contrast, information regarding toothbrush handles was not protocol-based in 98.18% of videos ($n = 54$), and information regarding toothbrush heads was not protocol-based in 80% of videos ($n = 44$).

3.3.2. Toothbrushing Technique

Seventeen videos (6.91%) addressed toothbrushing technique. All videos mentioning brushing movement were protocol-based ($n = 17$; 100%). For brush angulation, 70.59% ($n = 12$) aligned with protocols. Brushing frequency and brushing time were not protocol-based in 82.35% of videos ($n = 14$ for each variable).

3.3.3. Toothpaste Characteristics

Toothpaste characteristics were mentioned in 53 videos (21.54%). Among these, 90.57% ($n = 48$) were not protocol-based regarding fluoride presence, 98.11% ($n = 52$) were not protocol-based regarding fluoride concentration (ppm), and 66.04% ($n = 35$) were not protocol-based regarding toothpaste quantity.

3.3.4. Mouthwash Characteristics

Mouthwash was mentioned in 62 videos (25.20%). Among these, 96.77% ($n = 60$) were not protocol-based regarding components, and 85.48% ($n = 53$) were not protocol-based regarding instructions for use.

3.3.5. Dental Floss Characteristics

Dental floss was mentioned in 99 videos (40.24%). Instructions for use were not protocol-based in 70.71% of videos ($n = 70$). No aligned or non-aligned classification could be established for floss type due to the absence of protocol guidance, and flossing frequency was not protocol-based in 86.87% of videos ($n = 86$).

3.3.6. Electric Toothbrush Characteristics

Electric toothbrushes were mentioned in 20 videos (8.13%). Information regarding toothbrush head and bristles could not be classified due to lack of protocol guidance. However, 60% of videos ($n = 12$) aligned, describing electric toothbrush movement according to the available protocol.

3.4. Association Analyses (Chi-Square Tests)

Casual video style was significantly associated with aligned information regarding toothpaste quantity ($p = 0.0277$), mouthwash instructions ($p = 0.0273$), and electric toothbrush movement ($p = 0.0057$). Drama style was associated with aligned brushing frequency ($p = 0.0045$), while formal style was associated with aligned information on toothbrush bristles ($p = 0.0003$) and dental floss instructions ($p = 0.0292$) (Table 1).

Table 1. Associations between video characteristics and oral hygiene information on TikTok.

Characteristics	<i>n</i>	χ^2	<i>p</i>
Casual style—aligned videos on amount of toothpaste	246	4.845	0.0277 **
Casual style—aligned videos on mouthwash usage instruction	246	4.870	0.0273 **
Casual style—aligned videos on type of movement of the electric toothbrush	246	7.630	0.0057 **
Drama style—aligned videos on toothbrushing frequency	246	8.055	0.0045 **
Formal style—aligned videos on toothbrush bristle type	246	12.584	0.0003 **
Formal style—aligned videos on dental floss usage instruction	246	4.755	0.0292 **
Person appearing in the video: Man—aligned videos on fluoride amount	246	4.877	0.0272 **
Person appearing in the video: Dental model—aligned videos on toothbrush bristle type	246	8.568	0.0034 **
Person appearing in the video: Woman—aligned videos on toothbrush bristle type	246	10.434	0.0012 **
Person appearing in the video: Woman—aligned videos on toothbrush head	246	5.428	0.0198 **
Person appearing in the video: Woman—aligned videos on amount of toothpaste	246	8.099	0.0044 **
Person appearing in the video: Woman—aligned videos on toothbrushing frequency	246	4.296	0.0382 **
Person appearing in the video: Woman—aligned videos on mouthwash usage instruction	246	3.896	0.0484 **
Person appearing in the video: Woman—aligned videos on dental floss usage instruction	246	8.957	0.0027 **
Information provider: Dentist—aligned videos on mouthwash usage instruction	246	4.766	0.0290 **
Video style: Others—aligned videos on toothbrush bristle type	246	11.126	0.0008 **
Video style: Others—aligned videos on toothbrush head	246	4.399	0.0359 **
Video content type: Demonstrative—aligned videos on fluoride	246	14.943	0.0001 **
Video content type: Demonstrative—aligned videos on toothbrushing frequency	246	4.774	0.0288 **
Video content type: Narrated—aligned videos on toothbrush bristle type	246	10.031	0.0015 **
Video content type: Narrated—aligned videos on amount of toothpaste	246	6.283	0.0121 **
Video content type: Narrated—aligned videos on mouthwash usage instruction	246	4.419	0.0355 **
Video content type: Narrated—aligned videos on dental floss usage instruction	246	12.391	0.0004 **
Video content type: Text—aligned videos on toothbrush bristle type	246	15.706	0.000074004 **
Video content type: Text—aligned videos on toothbrush head	246	5.546	0.0185 **
Video content type: Text—aligned videos on amount of toothpaste	246	8.288	0.0039 **
Video content type: Text—aligned videos on fluoride	246	3.929	0.0474 **

Legend. Chi-square (χ^2) tests were used to evaluate associations between video characteristics (style, content format, person appearing in the video, and information provider) and the presence of aligned oral hygiene information based on official dental protocols. *n* represents the total number of analyzed videos ($n = 246$). Statistically significant associations are reported with corresponding χ^2 and *p* values. $p < 0.05$ was considered statistically significant (**).

The appearance of women was significantly associated with aligned information regarding fluoride quantity ($p = 0.0272$), toothbrush bristles ($p = 0.0012$), toothbrush head ($p = 0.0198$), toothpaste quantity ($p = 0.0044$), brushing frequency ($p = 0.0382$), mouthwash instructions ($p = 0.0484$), and dental floss instructions ($p = 0.0027$). The presence of dental models was associated with aligned information on toothbrush bristles ($p = 0.0034$). Dentists as information providers were significantly associated with aligned mouthwash instructions ($p = 0.0290$) (Table 1).

Demonstrative videos were associated with aligned information on fluoride presence ($p = 0.0001$) and brushing frequency ($p = 0.0288$). Narrated videos were associated with aligned information on toothbrush bristles ($p = 0.0015$), toothpaste quantity ($p = 0.0121$), mouthwash instructions ($p = 0.0355$), and dental floss instructions ($p = 0.0004$). Text-based videos were associated with aligned information on toothbrush bristles ($p = 7.4 \times 10^{-5}$),

toothbrush head ($p = 0.0185$), toothpaste quantity ($p = 0.0039$), and fluoride presence ($p = 0.0474$) (Table 1). A complete table containing the association analyses between video characteristics and oral hygiene information variables is provided in the Supplementary Materials (Supplementary Table S2).

3.5. Engagement Comparisons (Mann–Whitney U Test)

No significant differences in views or likes were observed for toothbrush characteristics or toothbrushing technique variables ($p > 0.05$). For toothpaste characteristics, fluoride presence and fluoride concentration were associated with significant differences in likes ($p < 0.05$) but not views ($p > 0.05$). For mouthwash characteristics, only mouthwash components showed significant differences in likes ($p < 0.05$). Aligned description of electric toothbrush movement was associated with significantly higher views ($p < 0.05$).

Categorized ‘non-aligned’ videos achieved higher numbers of likes for fluoride presence (difference = 211,121.22), fluoride quantity (difference = 21,583.66), and mouthwash components (difference = 21,653.97). Categorized ‘aligned’ videos achieved higher views for electric toothbrush movement (difference = 68,781.29).

4. Discussion

The present study demonstrates that a substantial proportion of oral hygiene-related content available on TikTok does not adhere to official dental protocols. Only 26.19% of the analyzed videos aligned with at least one evidence-based recommendation, while the majority presented incomplete, unsupported, or non-aligned information. This finding reinforces concerns raised in previous investigations regarding the reliability of health information disseminated through social media platforms, particularly those widely used by adolescents and young adults [6,8,15].

TikTok’s growing role as a health information source is especially relevant given its popularity among younger populations, who may be more susceptible to adopting behaviors based on highly visual and rapidly disseminated content [7]. Similar to observations reported by Fraticelli, Smentek [8] the present study confirms that although a considerable proportion of content creators identify as health professionals, informational accuracy remains inconsistent. In our sample, more than half of the videos were presented by individuals identified as dentists; however, explicit citation of official protocols was rare. This suggests that professional presence alone does not ensure evidence-based communication and highlights a gap between clinical knowledge and its translation into digital media.

Analysis of specific oral hygiene components revealed that misinformation was particularly prevalent in areas requiring precise technical guidance, such as fluoride concentration, toothpaste quantity, dental floss characteristics, and mouthwash indications. These findings are consistent with those of prior studies reporting frequent inaccuracies related to preventive oral care products [4,5,9]. In contrast, brushing movements showed higher concordance with protocols, possibly because these techniques are more intuitive, visually demonstrable, and routinely emphasized during clinical instruction and public education initiatives [12–14]. Frequent examples of non-aligned information included recommendations for toothpaste formulations without appropriate fluoride concentration, excessive toothpaste application beyond protocol recommendations, unclear or unsupported indications for mouthwash use, and inconsistent instructions regarding dental floss frequency and technique (Table 1; Supplementary Table S2).

The observed associations between informational accuracy and video characteristics further indicate that content presentation influences the quality of information delivered. Demonstrative, narrated, and text-based formats were differentially associated with aligned information depending on the oral hygiene variable analyzed. Nevertheless, informational

accuracy did not consistently correspond to higher engagement, as non-aligned videos often achieved similar or greater numbers of views and likes. This pattern aligns with broader evidence suggesting that social media algorithms prioritize engagement metrics rather than informational quality, potentially amplifying misleading content [16,17].

From a public health perspective, these findings underscore both the opportunities and risks associated with using social media platforms for oral health education [18]. While TikTok offers wide reach and accessibility, the absence of standardized quality control and the limited visibility of protocol-based guidance may undermine preventive efforts. Moreover, the variability and limited specificity of existing official protocols, particularly regarding certain hygiene components, contributed to classification challenges and may partially explain inconsistencies in content accuracy [19]. Addressing these gaps through clearer, more comprehensive, and regularly updated guidelines could facilitate both professional communication and public understanding.

Several considerations should be taken into account when interpreting these findings. The analysis focused on Spanish-language videos identified through predefined hashtags, which may not capture the full scope of available content and may limit applicability to other linguistic or cultural contexts. Variability in video distribution across hashtags likely reflects platform-specific algorithmic behavior and may have influenced content visibility. Another limitation relates to the binary classification system adopted for video-level analyses. Videos categorized as containing “aligned information” could also include incomplete, unsupported, or non-aligned recommendations in other evaluated domains. Although individual oral hygiene variables were analyzed separately, the dichotomous categorization may have introduced misclassification bias by oversimplifying the multidimensional nature of informational quality [19]. Future studies may benefit from implementing weighted scoring systems or cumulative accuracy indices capable of differentiating partially aligned content from consistently evidence-based educational material. Engagement indicators such as views and likes were used to estimate reach, although they do not provide information on user understanding, behavioral impact, or clinical outcomes. Finally, the absence of detailed recommendations for certain oral hygiene components within existing protocols constrained direct comparisons across all evaluated variables.

5. Conclusions

This study demonstrates that the majority of oral hygiene-related content on TikTok does not align with official dental protocols, with misinformation remaining prevalent despite the frequent presence of dental professionals as content creators. Informational accuracy was not consistently associated with higher engagement, indicating that popular content does not necessarily reflect evidence-based guidance. These findings emphasize the need for improved digital health literacy, clearer and more comprehensive oral hygiene guidelines, and greater professional responsibility in the dissemination of oral health information on social media platforms.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/hygiene6020026/s1>, Table S1: Summary of oral hygiene recommendations extracted from approved dental protocols; Table S2: Complete association analyses (chi-square tests) between video characteristics and oral hygiene information variables.

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