

CONCEPT PAPER TEMPLATE

Provisional Paper Title:	Judgements of the appearance of the dentition: a psychosocial measure of disease burden and a potential biomarker for biological aging
Proposing Author:	Grace Nichols
Author's Phone, Fax or E-mail:	grace.nichols@postgrad.otago.ac.nz / 0273417987
Date:	
P.I. Sponsor (if the proposing author is a student or colleague of an original PI)	Associate Professor Jonathan Broadbent

Background:

In this study, we intend to use the intraoral dental scans taken at age 45 of the Dunedin study to assess the appearance of the dentition by both dental and non-dental examiners.

These assessments will be used to quantify the potential social stigmas (perceived socioeconomic status, age, attractiveness and health) associated with malocclusion and dental diseases. They will also be used to assess the long-term success of orthodontic treatment in individuals who have received orthodontic treatment. The second purpose of this assessment is to assess overall dental appearance as a biomarker for biological aging.

1. Social Judgements based on the appearance of the dentition

First impressions are a powerful and rich source of information for people¹. Perceptions about the attractiveness, health and socioeconomic status of a person based on their physical appearance occur on a daily basis.² A major component of physical appearance are the mouth and teeth³. The presence of dental decay, periodontal disease and malocclusion can all contribute to the aesthetics of a person's smile.

The Impact of Dental Appearance on the Appraisal of Personal Characteristics: Dental disease

Access to affordable dental care in New Zealand is limited as most dental care is provided within the private sector after the age of 18. Unfortunately, this has led to wide disparities in the level of decay and missing teeth for adults of different socioeconomic statuses.⁴ Historically, New Zealand has had high rates of tooth loss and edentulism by international standards.⁵ The social implications of unattractive or disease-ridden teeth are diverse. People with grossly visible dental decay when smiling are judged as being poorly-adjusted and less intellectually competent than those with healthy teeth^{6,7}. A study with manipulated facial photos depicting anterior dental decay and healthy teeth in the same individual demonstrated how first impressions were highly influenced by the presence of dental disease in judgements of social skills and professionalism.³ Other studies have shown how the visible presence of dental decay influences impressions of job suitability and employment^{7,8}.

The Impact of Dental Appearance on the appraisal of personal characteristics: Malocclusion

Specific dental and facial characteristics have been shown to affect perceptions of personality, attractiveness and intelligence⁹. Malocclusions, such as increased overjet (upper front teeth stick out over lower front teeth) and missing anterior teeth, are associated with judgements of lower intelligence, attractiveness and socioeconomic status¹⁰.

The personification of occlusal traits has also been demonstrated in studies of facial convexity¹¹. School teachers uniformly associated a retrognathic profile (small jaw) with a child who has decreased intelligence. Incisor crowding and midline diastemas have been shown to have the greatest effect on perceived intelligence¹². A study used manipulated photos to demonstrate 6 different malocclusions (open bite, deep bite, under bite, excessive overjet, crowding, spacing and normal occlusion) and collected data from 889 respondents regarding perceptions of intelligence, attractiveness and personality traits based on the photos (Olsen et al., 201). The study found that ratings of attractiveness, intelligence and personality traits differed significantly depending on occlusal traits. People with normal occlusion were rated the most intelligent, extraverted and attractive. People with reverse overjet (class III) were rated as being the least attractive, least intelligent and least extraverted.

The impact of dental appearance on the appraisal of health

Judgements of a person's health based on their facial appearance occurs on a daily basis². These judgements, although often subconscious, can contribute to other overall social judgements relating to physical attractiveness and leadership capabilities^{2,13,14}. This could potentially manifest in real-life consequences which may affect employment outcomes and relationships. The other social consequences that can stem from judgements of poor health include social isolation and stigmatization. There is a biological advantage to this through avoidance of contagious disease.¹⁵ Theorists believe that individuals with more masculine features may have better innate immunity and health and can afford to develop more pronounced masculine features than individuals of poorer health.¹⁶

Subconscious judgements about a person's dental and facial appearance can manifest in wider implications in relationships, employment and education. A better understanding of the social burden of both dental disease and malocclusion is needed.

The purpose of our study is to investigate whether dental appearance affects others' appraisals of socioeconomic status, age, health and attractiveness. This data could then be used with employment and socioeconomic status data to ascertain how accurate people's first impressions are and investigate whether malocclusion and poor oral health could have potentially contributed to poorer employment opportunities.

2. Success of Orthodontic Treatment

Motivation to seek orthodontic treatment is commonly driven by the opinions of others and the desire for social acceptance. A common goal of orthodontic treatment is to improve dental and facial aesthetics however aesthetics is highly subjective in nature. The success of orthodontic treatment is traditionally measured based on clinical indices, such as the Peer Assessment Rating score¹⁷. Given that the rationale for the provision of orthodontic treatment is usually to provide psychosocial benefit to the patient, a more socially-centered approach is warranted.

The problem with using individuals to self-rate their appearance is that personality traits and self-esteem can cause some individuals to be highly self-critical¹⁸. Not only are some people with definite malocclusions quite satisfied with their overall appearance, people with good occlusion are

sometimes dissatisfied with their appearance¹⁹. In a study of school children, 48% of children with moderate to severe dental irregularities were satisfied with their teeth, while others who had no visible irregularities were dissatisfied¹⁰.

In our study we hope to provide a better understanding of the diversity with which people judge dental attractiveness and whether or not people's perceptions of what is attractive are universal. We will also be informed as to whether individuals are more self-critical of their appearance than others are by comparing self-perceived attractiveness with attractiveness ratings by others.

3. Appearance of the dentition as a biological marker of aging

The appearance of the dentition at a point in time can often reflect the cumulative exposure to environmental insult over the life course.

Despite modern advances in molecular and genetic technology, the process of aging remains to be a mysterious phenomenon that is not well understood. There are two main theories that have been proposed to explain the process of aging. The first proposes that aging is programmed within our DNA whilst the second proposes that aging is a consequence of an accumulation of damage over our life-course. Both theories cannot explain the aging process in its entirety. As the average lifespan of humans increases, the burden of age-related diseases intensifies. A better understanding of aging could provide insight into potential interventions that could be used in younger populations to reduce this burden later in life. Several major questions exist: When do we start aging and is there a limit to how old we can grow? How can we measure aging and does everyone age at the same rate? To better understand these questions, longitudinal data including a series of age-related biological markers is needed. The Dunedin Multidisciplinary Health and Development study has conducted a longitudinal study which included 18 biomarkers of aging collected in a cohort of participants of the same chronological age at age 26, 32 and 38. These biomarkers integrated a range of body systems including cardiovascular, immune, renal, hepatic, periodontal and lungs. The use of multiple biomarkers is needed to dilute any transient effects on one specific marker, for example, due to infection at the time of measurement. The study was able to quantify the pace of biological aging for each of the 954 participants. The study found that individuals were normally distributed for biological age despite all being chronologically the same age. In other words, some individuals were aging at a faster rate than other individuals. The study also found that individuals who were found to be aging at a faster rate, were perceived as being older based on facial appearance when their frontal photos were assessed by blinded examiners. The study concluded that the next step is to complete an 'add-one-in-type' analysis where the relative performance of other biomarkers of aging can be assessed.

The appearance of the dentition could be used as a biomarker for the assessment of biological aging. A single dental examination reflects the accumulation of environmental assaults sustained by the dentition over the life-course once the permanent dentition has erupted by age 12. Given the chronic and irreversible nature of both dental caries and periodontal disease, the state of the dentition at any one time reflects a progression of dental decline and the placement of restorations by dentists does not mask this. Wearing of the dentition is a common phenomenon which is irreversible and challenging to quantify in studies. The use of an overall dental appearance measure would also take into account the presence of occlusal and incisal wear facets which can easily be identified dichotomously however are not easily quantified. The appearance of the dentition may provide a relatively non-invasive, quick and relatively inexpensive measure of aging that could potentially be integrated into the short form measure of the Pace of Aging. This measure favours the theory that aging occurs as a consequence of an accumulation of environmental assaults and error. However, genetic variation in the strength of enamel to withstand demineralisation, resistance to the development of periodontal disease as a consequence of variation in our immune response and interindividual variations in the protective composition and volume of saliva allows

the dentition to behave as a biomarker of aging for the programmed theory of aging as well.

Objective of the study:

Part one: Stereotypes

To investigate how:

1. Dental appearance affects peoples' perceptions of attractiveness, estimation of age, socioeconomic status and perceptions of dental health in an adult population
2. Different occlusal traits affect peoples' perceptions of attractiveness, estimation of age, socioeconomic status and perceptions of dental health in an adult population
3. Perceptions about socioeconomic status and attractiveness based on dental appearance are associated with actual socioeconomic status and employment

Part two: Success of Orthodontic Treatment

To investigate how:

4. Self-reported dental and facial attractiveness compare to perceptions of dental and facial attractiveness made by others
5. History of orthodontic treatment and malocclusion status (DAI score) affect other peoples' ratings of dental attractiveness

Part three: Aging

To investigate how:

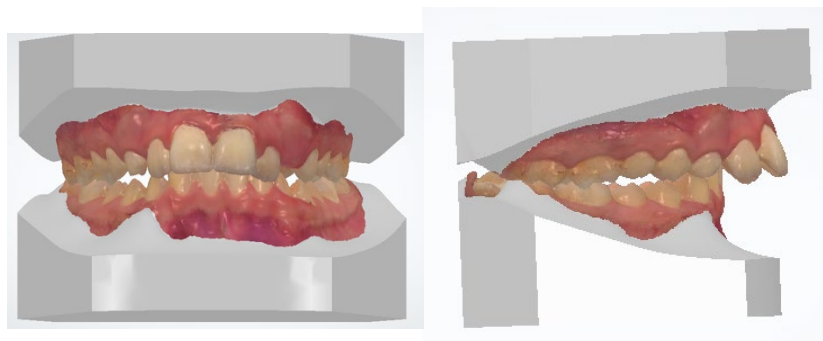
6. Overall dental appearance can be used to predict biological age (separate study)

Data analysis methods:

Data collection

Following a positive outcome of this concept paper application, a separate ethics application will be sought prior to commencement of data collection.

A total of 900 intraoral scans from the Dunedin study members at age 45 will be cropped and prepared on PowerPoint slides in a standardised form. The slides will be prepared with three images of the dentition from frontal, left buccal and right buccal.



The questionnaire will include:

1. How would you rate the overall ATTRACTIVENESS of these teeth?

Highly unattractive 0 1 2 3 4 5 6 7 8 9 10 Highly Attractive

2. What AGE do you think this individual is?

Record as number:

3. How HEALTHY do you think this individual is?

Very unhealthy 0 1 2 3 4 5 6 7 8 9 10 Very Healthy

4. How DEPRIVED do you think this individual is?

Not at all deprived 0 1 2 3 4 5 6 7 8 9 10 Very Deprived

There will be a total of 900 different surveys prepared for each of the Dunedin study members.

Examination Process:

- We will recruit 30 dental and 30 non-dental examiners. Care will be taken to ensure that we do not include any Dunedin study members themselves. A demographic screening questionnaire will be administered prior to the examiners being included in the study including age, gender, marital status, highest level of education and profession/occupation. The examiners will be blinded to the origin of the study population and the age of the scanned individuals.
- The intraoral scans will be displayed in a lecture theatre with standardised projector settings. The examiners will be provided with either an electronic clicker or a paper questionnaire to answer the questions displayed above.
- Each examiner will be asked to rate a total of 180 scans. To reduce the risk of bias due to survey fatigue, the examiners will complete ratings of 60 study members in one session. The examiners will be asked to attend 3 sessions in total. The examiners will be provided with a \$50 voucher as remuneration.

- At each session, 60 scans will be assessed by 10 examiners. 50 of the scans will be new scans and 10 will be scans that are repeated from the first session to assess intra-rater reliability.

Session one	Scans 1-50 + 10 repeat scans	Examiners 1-10
Session two	Scans 51-100 + 10 repeat scans	Examiners 1-10
Session three	Scans 101-150 + 10 repeat scans	Examiners 1-10
Session four	Scans 151-200 + 10 repeat scans	Examiners 11-20
Session five	Scans 201-250 + 10 repeat scans	Examiners 11-20
Session six	Scans 251-300 + 10 repeat scans	Examiners 11-20
Session seven	Scans 301-350 + 10 repeat scans	Examiners 21-30
Session eight	Scans 351-400 + 10 repeat scans	Examiners 21-30

	repeat scans	
Session nine	Scans 401-450 + 10 repeat scans	Examiners 21-30
Session ten	Scans 451-500 + 10 repeat scans	Examiners 31-40
Session eleven	Scans 501-550 + 10 repeat scans	Examiners 31-40
Session twelve	Scans 551-600 + 10 repeat scans	Examiners 31-40
Session thirteen	Scans 601-650 + 10 repeat scans	Examiners 41-50
Session fourteen	Scans 651-700 + 10 repeat scans	Examiners 41-50
Session fifteen	Scans 701-750 + 10 repeat scans	Examiners 41-50
Session sixteen	Scans 751-800 + 10 repeat scans	Examiners 51-60
Session seventeen	Scans 801-850 + 10 repeat scans	Examiners 51-60
Session eighteen	Scans 851-900 + 10 repeat scans	Examiner 51-60

Table demonstrates the structure for assessing the Dunedin study scans and photos

Analysis

We will assess examiner characteristics using descriptive statistics including gender, socioeconomic status, occupation, marital status ethnicity.

Primary Analysis 1: we will use correlations to test for an association between malocclusion status and independent social judgements of age, socioeconomic status, attractiveness, health.

Objectively-measured malocclusion data from the age 45 dataset (DAI) will be used to explore the association between malocclusion and subjective measures of attractiveness, health, age and socioeconomic status. The appraisals of age, health, attractiveness and socioeconomic status will be assessed independently but with similar methods.

The first part of this analysis will assess malocclusion status at age 45 using DAI score and test for a correlation with estimates of age (15-50+), health (1-10 visual analogue scale), attractiveness (1-10 visual analogue scale), and socioeconomic status (high, medium, low) using bivariate analysis. Depending on normality testing, a one-way ANOVA test will be used to assess the association between severity of malocclusion and attractiveness ratings of others, estimated age, perceived socioeconomic status and overall health of the individual. A post-hoc test will be done to indicate the significance level. The significance level will be set to 0.05.

Specific malocclusion characteristics will be individually assessed for correlations with appraisals of socioeconomic status, health, age, attractiveness. Malocclusion variables including crowding, spacing, deep bite, open bite, reverse overjet, missing anterior teeth, midline diastema, mandibular incisor irregularity will be coded dichotomously (presence or no presence). Depending on normality testing, either a Student's t-test or Mann-Whitney test will be used.

Actual socioeconomic status will be compared to perceived socioeconomic status using bivariate analysis.

Primary Analysis 2: we will use bivariate analysis to test for an association between history of orthodontic treatment and ratings of dental attractiveness

History of Orthodontic treatment and Ratings of Attractiveness

The history of orthodontic treatment will be treated as a dichotomous variable (yes/no). The ratings of attractiveness will be compared between those who have had orthodontic treatment and those who have not.

Self-rated dental appearance and dental attractiveness assessed by others

At age 45, the study participants were asked to rate their dental appearance relative to others. Participants were asked to rate their appearance as “better than average”, “average” or “below average”. We will investigate bivariate associations between self-rated dental appearance and dental attractiveness assessed by others. A score of 0-3 by the examiners will be classified as “below average”, a score of 4-6 will be classified as “average” and a score of 7-10 will be classified as “above average”. This analysis will be used to assess whether individuals are more self-critical than external examiners.

All statistical analyses will be conducted using I/C STATA 15 software (Stata, Texas, USA), with the significance level set at 0.05.

Primary Analysis three: we will use assess whether examiner characteristics (age, gender, relationship status) are associated with more critical assessments of individuals

Examiner Characteristics

A previous study used manipulated images to demonstrate 6 different occlusal traits and collected data from 889 respondents regarding perceptions of attractiveness, personality traits and intelligence⁹. The age and level of education of the respondents had an effect on the appraisals. Younger and more educated assessors tended to be more critical of the images. The characteristics of the examiners which gave the lower scores on average will be compared to the characteristics of the examiners which gave the highest scores on average with regard to gender, age, relationship status and whether they were from a dental or non-dental background.

Variables needed at which ages:

Intraoral Dental Scans at age 45

These will be prepared in to standardized, based composite images from five different views.

Self-rated dental appearance at age 45

History of orthodontic treatment at age 45

Socio-economic status at age 45 yrs

Dental Aesthetic Index:

The Dental Aesthetic Index has been used to score the severity of malocclusions in the age 45 cohort. The Dental Aesthetic Index is a commonly used epidemiological instrument that evaluates 10 occlusal traits: missing anterior teeth, crowding and spacing in the anterior region, midline diastema, maxillary and mandibular overjet, anterior open bite, maxillary and mandibular incisor irregularity and molar relationship^{20,21}. The overall Dental Aesthetic Index score is calculated by adding the scores of these weighted components and summing with a constant of 13^{20,21}. DAI score will be treated as a continuous variable (0-35).

Age 45 years, from DentalDAI_P45

orthoDAI1_max_p45	Number of missing maxillary teeth
orthoDAI1_mand_p45	Number of missing mandibular teeth
orthoDAI2_p45	Crowding in the incisal segments
orthoDAI3_p45	Spacing in the incisal segments
orthoDAI4_p45	Size of midline diastema
orthoDAI5_p45	Largest maxillary irregularity
orthoDAI6_p45	Largest mandibular irregularity
orthoDAI7_p45	Maxillary overjet
orthoitem5_p45	Overbite
orthoDAI8_p45	Mandibular overjet
orthoitem6_p45	Number of anterior teeth in cross bite
orthoDAI9_p45	Vertical open bite
orthoitem7_p45	Number of posterior teeth in cross bite left
orthoitem8_p45	Size of posterior cross bite left
orthoitem9_p45	Number of posterior teeth in cross bite right
orthoitem10_p45	Size of posterior cross bite right
orthoitem11_p45	Posterior open bite
orthoDAI10_p45	Molar relationship
orthoitem12a_p45	Irregularity Index 33/32
orthoitem12b_p45	Irregularity Index 32/31
orthoitem12c_p45	Irregularity Index 31/41
orthoitem12d_p45	Irregularity Index 41/42
orthoitem12e_p45	Irregularity Index 42/43
orthoitem13a_p45	Lower fixed retainer
orthoitem13b_p45	Fixed retainer comments
orthoDAI_p45	P45: DAI score

Significance of the study (for theory, research methods or clinical practice):

Rationale one: Assess stereotypes about perceived socioeconomic status, health, age and attractiveness

Stereotyping of people with malocclusions has been previously reported in the literature and is a form of bullying that can lead to stigmatization of the individuals (Basha *et al.*, 2016; Sehra *et al.*, 2011). People with malocclusions are perceived to be less intelligent despite there being very weak evidence that individuals with malocclusions have lower intelligence ²². Furthermore, judgements of a person's health based on their facial appearance occur on a daily basis ². These judgements can manifest in real-life consequences which may affect employment outcomes and relationships. Specific dental and facial characteristics have been shown to affect perceptions of personality, attractiveness and intelligence ⁹.

Our study aims to provide a better understanding of stereotypical judgements made by others about socioeconomic status, health, age and attractiveness based on dental appearance. Unlike previous studies, our research is not subject to bias relating to the manipulation of photos.

Rationale two: Evaluate ratings of dental attractiveness and success of orthodontic treatment

The success of orthodontic treatment is often measured using clinical indices or quality of life

measures. Quality of life measures, such as the oral health impact profile, are not very condition specific and cannot show a direct reflection of the social implications of a condition. Quality of life measures tend to show the impact that the dental status is having on an individual and are subject to confounding due to self-esteem and personality traits.

The ratings of attractiveness of others will be used to evaluate the long term success of orthodontic treatment. Self-rated attractiveness is subject to the same issues as quality of life measures - confounding by both self-esteem and personality traits. When analyzing subjective measures of the success of orthodontic treatment, it is important to account for how personality traits might affect self-perception and the individual's perception about whether the orthodontic treatment was successful. By including a range of other people in the evaluations, we can eliminate this source of confounding.

Rationale three: Quantify aging of the teeth and dentition and relate this to early life exposures:

Firstly, this study will be used as a way of quantifying the aging of the teeth and dentition and relate this to early life exposures. The global population is aging and consequentially, the burden of age-related disease is becoming more profound. Biological biomarkers of aging in young adults are currently being identified and are the subject of intensive research within the Dunedin study. Study members are chronologically aging together, but biologically, there is considerable variation between them. The estimation of dental age will help to inform a broader goal within the Dunedin Study to quantify variation in the pace of aging from young adulthood to midlife, allowing us to test hypotheses of risk for accelerated aging.

This study will generate a new dataset which may also be used for further studies relating to perceptions of facial appearance by others. For example, previous research has assessed the association between perceptions of facial appearance and objective health measures such as, oxidative stress¹⁶. This dataset would be useful for further multidisciplinary research.

To conclude, the purpose of the study is two-fold. The study will be beneficial both in increasing our knowledge about perceptions of attractiveness and stereotyping in relation to malocclusion and orthodontic treatment. It will also provide a new dataset which can be used in relation to biomarkers of aging.

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Data Security Agreement (customize as necessary)

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Provisional Paper Title	Judgements of the appearance of the dentition: a psychosocial measure of disease burden and a potential biomarker for biological aging
Proposing Author	Grace Nichols
Today's Date	

Please keep one copy for your records and return one to the PI Sponsor

Please initial your agreement

My project is covered by Dunedin Study's IRB approval OR I have /will obtain IRB approval from my home institution.

I will treat all data as "restricted" and store in a secure fashion.

I will not share the data with anyone, including students or other collaborators not specifically listed on this concept paper.

I will not post data online or submit the data file to a journal for them to post. Some journals are now requesting the data file as part of the manuscript submission process. Data from the Dunedin Study cannot be shared because the Study Members have not given informed consent for unrestricted open access. Speak to Richie Poulton, DMHDRU Director for strategies for dealing with data sharing requests from Journals.

Before submitting my paper to a journal, I will submit my draft manuscript and scripts for data checking, and my draft manuscript for co-author mock review, allowing three weeks.

I will submit analysis scripts and new variable documentation to DMHDRU data manager after manuscript gets accepted for publication.

I will return all data files to the PI responsible and/or DMHDRU Data Manager after the project is complete. The data remains the property of the Study and cannot be used for further analyses without express, written permission.

Signature: