

YouTube as a Source of Information on Dentin Hypersensitivity: Analysis of Content and Reliability

Youtube Como Fonte de Informação Sobre Hipersensibilidade Dentinária: Análise da Qualidade e Confiabilidade do Conteúdo

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Abstract

This study aimed to evaluate the quality and reliability of YouTube videos about dentin hypersensitivity. The search was performed on the United States platform on January 24, 2025, identifying the 200 most relevant videos, of which those lasting between 4 and 20 minutes were included. Data collected included video duration, number of views, likes, comments, upload date, source, content, and mentioned therapies. Engagement was analyzed using metrics such as viewing rate, likes, and comments, while informational quality and reliability were assessed using a customized checklist, a modified DISCERN tool, and the Global Quality Scale, with statistical analyses applied ($p < 0.05$). Of the 200 videos initially screened, 171 were excluded for language issues, duplication, or irrelevance, leaving 29 videos, with an average of 23,104 views, 499 likes, and a duration of 9.04 minutes. Only 31.03% were produced by dentists or dental-focused channels, and 48.28% were targeted a non-specialized audience. Desensitizing toothpastes and dentin desensitizers were the most frequently cited treatments (58.62%). Most videos (89.65%) lacked source attribution, and important topics, such as etiology and treatment strategies, were often missing. Engagement metrics did not correlate with quality scores, although product-promoting videos showed significant differences ($p < 0.05$). Overall, the quality ranged from poor to moderate, raising concerns about the reliability and scientific accuracy of the information.

Keywords: Dentin sensitivity, Audiovisual aids, YouTube, Health literacy.

COMO CITAR ESTE TRABALHO

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Resumo

Este estudo teve como objetivo avaliar a qualidade e a confiabilidade de vídeos do YouTube sobre hipersensibilidade dentinária. A busca foi realizada na plataforma dos Estados Unidos em 24 de janeiro de 2025, identificando os 200 vídeos mais relevantes, dos quais foram incluídos aqueles com duração entre 4 e 20 minutos. Foram coletados dados sobre duração, visualizações, curtidas, comentários, data de publicação, fonte, conteúdo e terapias mencionadas. O engajamento foi analisado utilizando métricas como taxa de visualização, número de curtidas e comentários, enquanto a qualidade informacional e a confiabilidade foram avaliadas com uma lista de verificação personalizada, a ferramenta DISCERN modificada e a Escala Global de Qualidade, com análises estatísticas ($p < 0,05$). Dos 200 vídeos iniciais, 171 foram excluídos por idioma, duplicação ou irrelevância, restando 29 vídeos, com média de 23.104 visualizações, 499 curtidas e 9,04 minutos de duração. Apenas 31,03% foram produzidos por dentistas ou canais da área, e 48,28% eram voltados ao público leigo. Cremes dentais dessensibilizantes e agentes dessensibilizantes foram os tratamentos mais citados (58,62%). A maioria dos vídeos (89,65%) não apresentava fontes, e temas importantes, como etiologia e tratamento, frequentemente estavam ausentes. As métricas de engajamento não se correlacionaram com os escores de qualidade, embora vídeos com promoção de produtos tenham apresentado diferenças significativas ($p < 0,05$). De modo geral, a qualidade foi baixa a moderada, levantando preocupações quanto à confiabilidade e precisão científica das informações.

Palavras-chave: Sensibilidade da dentina. Recursos audiovisuais. YouTube. Literacia para a saúde.

1. Introduction

Dentin hypersensitivity (DH) is defined as a brief, sharp pain triggered by thermal, chemical, evaporative, tactile, or osmotic stimuli, not attributable to other oral diseases or dental defects (Orchardson; Collins, 1987). Its global prevalence among adults' averages 33.5% (Zeola; Soares; Cunha-Cruz, 2019). This condition can significantly impact daily activities such as toothbrushing eating, drinking, speaking, and even breathing, negatively affecting their oral health-related quality of life (Bekes; Hirsch, 2013; Douglas-de-Oliveira et al., 2018). Chronic DH pain lasting more than six months can also lead to emotional and psychological distress (Goh; Corbet; Leung, 2016; Lima et al., 2017).

To address DH, various treatment protocols have been proposed. Managing etiological factors is crucial for achieving long-lasting results and involves modifying habits such as diet, toothbrushing techniques, and the use of oral hygiene products (Gillam, 2017). In-office treatments include the application of desensitizing agents, varnishes, resin-based sealants, and laser therapy. Despite the availability of numerous therapeutic options to alleviate patient discomfort due to DH, a knowledge gap and lack of confidence still persist among dentists (Zeola et al., 2020).

In this context, internet platforms have emerged as an accessible source of information on health-related issues (Lena; Dindaroglu, 2018). In distance education and e-learning, video-sharing platforms function as informal virtual learning environments and open educational resources, supporting self-directed learning and continuous education. They play an essential role in enabling health professionals, students, and patients to acquire and share information remotely (Madathil et al., 2015). E-learning can be particularly useful for visualizing clinical procedures presented in videos (Mukhopadhyay; Kruger; Tennant, 2014; Woelber; Hilbert; Ratka-Krüger, 2012). However, because content is uploaded without instructional design oversight or mandatory peer review, the pedagogical quality and scientific accuracy of these digital learning objects remain a challenge for distance health education. Consequently, evaluating such content becomes a fundamental step for pedagogical mediation and digital health literacy in distance learning settings.

Through a combination of audio and video, YouTube is one of the most popular social media platforms globally (Dixon, 2025). In February 2025, it ranked among the top social networks worldwide by the number of monthly active users, with India, the United States, and Brazil - in that order - having the largest audiences during that month (Dixon, 2025). Although disseminating health information is important, the quality of YouTube videos raises concerns (Yagci, 2023). Since anyone with a subscription can upload content without verification of expertise, there is a lack of control over the accuracy of the information (Balhaddad et al., 2025; Curran et al., 2020; Osman et al., 2022), which can lead to spread of false concepts and treatments related to DH. Another issue is the prevalence of advertising videos with biased messages, promoting the use of a specific product (Balhaddad et al., 2025). Therefore, this study aims to evaluate the most popular YouTube videos about DH using tools designed to assess the quality of public health information, discussing their reliability as open educational resources for informal distance learning in health. The null hypothesis of this study is that YouTube videos addressing DH provide quality and reliable information.

2. Materials and Methods

2.1. Search Strategy and Eligibility Criteria

The video search was conducted directly on the YouTube™ website (<https://www.youtube.com>) using an incognito browser tab on January 24, 2025. To minimize variability in results, the search was performed on a single day using the United States version of YouTube. A dedicated YouTube account was created specifically for this purpose prior to the search. Google Trends (<https://trends.google.com>) was used to determine the most frequently used search terms for dentin hypersensitive with search parameters adjusted to 'worldwide' and 'past 5 years' (Google, 2021). Additionally, the search prediction reports function of Google Trends and YouTube was used to evaluate all videos obtained with each search term: 'dentin hypersensitivity', 'teeth sensitivity', 'sensitive teeth', and 'dental hypersensitivity'.

The first 200 videos ranked by relevance (Singh; Singh; Singh, 2012) were screened for content related to DH. No filters were applied based on upload date or video quality. However, only unique English-language videos with durations between 4 and 20 minutes were deemed eligible. Following the criteria established by Manasrah, Masoud and Jaradat (2021), short videos were excluded for being insufficient or incomplete. Additionally, duplicated videos - whether partial or incomplete - and those unrelated to the main topic were excluded from the analysis.

2.2. Video and Data Collection

All eligible videos were independently evaluated for content, and their data were extracted by two researchers (I.O.N, B.T.C), who had undergone prior training and calibration. They achieved a Kappa coefficient > 0.8, indicating substantial inter-rater reliability. Any discrepancies were resolved through arbitration by a third reviewer (L.F.Z.).

For each video, the following variables were extracted: title, video duration (in minutes), number of total views, number of likes and dislikes, comments, days since upload, video source, video subject, and the therapies mentioned for DH. Engagement metrics were planned based on established methodologies (Jung; Seo, 2022; Özbay; Çırakoğlu, 2021; Radonjic et al., 2020; Soares-Silva et al., 2024). The viewing rate was calculated as follows:

$$\text{Viewing Rate (\%)} = \left(\frac{\text{Number of views}}{\text{Number of days since upload}} \right) \times 100$$

Additionally, the Interaction Index (%) was originally defined as:

$$\text{Interaction Index (\%)} = \left(\frac{\text{Number of likes} - \text{Number of dislikes}}{\text{Number of views}} \right) \times 100$$

However, since YouTube discontinued the public display of dislike counts, user engagement was quantified primarily through the viewing rate (%) and absolute metrics of views, likes, and comments.

Video upload sources were categorized into the following groups: dentist, dental hygienist, dental student, dental-specific channel, general health channel, commercial entity, television program, podcast, and other. Furthermore, videos were classified into three categories based on their primary content focus: information for the non-specialized public, professional education, and promotion of treatments or products.

2.3. Assessment of Informational Content

To evaluate the video content, an assessment tool was developed based on the recommendations of a subject matter expert (L.F.Z.), following methodologies widely established in literature for evaluating online health and dental content (Jung; Seo, 2022; Magno et al., 2025; Nason; Donnelly; Duncan, 2016; Villa et al., 2021). The 5-point Likert scale was chosen as a unified ordinal metric to measure the gradient of informational accuracy and completeness across all evaluated topics, ranging from entirely incorrect information (score 1) to fully consistent and comprehensive scientific content (score 5). This unified construct allows for a standardized quantitative comparison of content depth and technical validity across different video categories. Seven key topics were independently assessed by two reviewers (I.O.N, B.T.C.) including: 1) definition/concept; 2) prevalence; 3) causes and associated risk factors; 4) theories explaining pain mechanisms; 5) differential diagnosis; 6) management and treatment strategies; and 7) prevention strategies and patient recommendations. Each evaluator used a Likert scale (1 to 5) to assess each topic (Magno et al., 2025; Villa et al., 2021), with following criteria: 1_Completely incorrect information; 2_Partially incorrect information; 3_Information not addressed; 4_Partially comprehensive and consistent information; and 5_Completely consistent and fully comprehensive information.

2.4. Reliability and Global Quality Assessment

All included videos were evaluated for the reliability of their information using a 5-point Likert scale based on five questions adapted from the DISCERN instrument (Charnock et al., 1999), as shown in Table 1. This methodology follows approaches commonly employed in previous studies (Singh; Singh; Singh, 2012; Soares-Silva et al., 2024; Monteiro et al., 2023; Ozsoy-Unubol; Alanbay-Yagci, 2021; Oydanich et al., 2022). The scale ranged from 1 (No, the information is not addressed by the video) to 5 (Yes, the information is fully addressed by the video). Additionally, all videos were assessed using the Global Quality Score (GQS) (Bernard et al., 2007). This assessment employed a 5-point Likert scale to evaluate the overall quality of each video, considering the accuracy and clarity of the information provided, as well as its perceived usefulness of the content for patient education or professional development. A score of 1 indicated poor quality and poor flow, with most information missing and the content deemed not useful for viewers. A score of 2 reflected generally poor quality and poor flow, with some information presented but many important topics omitted. A score of 3 corresponded to moderate quality and suboptimal flow, where some key information was adequately covered while other aspects were poorly addressed, making the video somewhat useful for viewers. A score of 4 indicated good quality and generally smooth flow, with most relevant information included, although some topics were omitted, resulting in a useful resource. Finally, a score of 5 represented excellent quality and flow, with comprehensive coverage of relevant topics, making the video highly useful for viewers.

Table 1 - Assessment of the reliability of YouTube videos on DH.

DISCERN-based adapted question
1. Are the aims clear and achieved?
2. Is it clear what sources of information were used to compile the video?
3. Does it describe how each treatment works?
4. Does it describe how the treatment choices affect overall quality of life?
5. Is it clear that there may be more than one possible treatment choice?

2.5. Statistical Analysis

Data extracted from the videos were organized using Microsoft Excel® 2016, and statistical analyses were conducted with IBM SPSS Statistics software (version 25.0; IBM Corp., Armonk, NY, USA). The Shapiro-Wilk and Kolmogorov-Smirnov tests were used to assess the normality of quantitative variables (days since upload, video duration, total views, likes, comments, viewing rate, and GQS). As the data did not follow a normal distribution ($p < 0.05$), non-parametric statistical tests were applied.

Spearman's rank correlation coefficient (ρ) was calculated to assess associations between engagement metrics, video characteristics, and GQS scores, classified as weak ($0 \leq \rho < 0.40$), moderate ($0.40 \leq \rho < 0.70$), or strong ($\rho \geq 0.70$) (Evans, 1996). Differences in GQS scores across categorical variables ('video source' and 'video subject') were analyzed using the Kruskal-Wallis test, followed by pairwise comparisons using Dunn's post-hoc test with Bonferroni correction. The Mann-Whitney U test was applied for two-group comparisons. A significance level of $\alpha = 0.05$ ($p < 0.05$) was set for all statistical analyses.

3. Results

Among the 200 screened videos, only 29 of them were included. Exclusions were made based on several criteria: videos with a duration of less than 4 minutes ($n = 147$), or greater than 20 minutes ($n = 6$), as well as videos in languages other than English ($n = 9$), off-topic content ($n = 2$), and duplicate entries ($n = 7$). Table 2 presents the descriptive data of the included videos. The mean number of total views, likes, and comments were 23,104.41 (SD $\pm 51,625.69$), 499.17 (SD $\pm 1,300.18$) and 47.52 (SD ± 145.35), respectively. The average video duration was 9.04 minutes (SD ± 4.21), and the mean time since upload was 1,482.52 days (SD $\pm 1,150.21$), corresponding to approximately 4 years. The mean viewing rate was 2,241.58 (SD $\pm 4,535.47$). Notably, the interaction index could not be calculated due to YouTube's omission of the number of dislikes from public metrics.

Table 2 - Descriptive analysis of the included videos.

Variables	Minimum	Maximum	Median (IQR)	Mean ($\pm$ SD)
Video duration (minutes)	4.12	18.23	7.98 (6.06)	9.04 (4.21)
Number of total views	2	268,002	2,162 (24,721)	23,104.41 (51,625.69)
Number of likes	0	6,600	34 (293.5)	499.17(1,300.18)
Number of comments	0	722	4 (20.5)	47.52 (145.35)

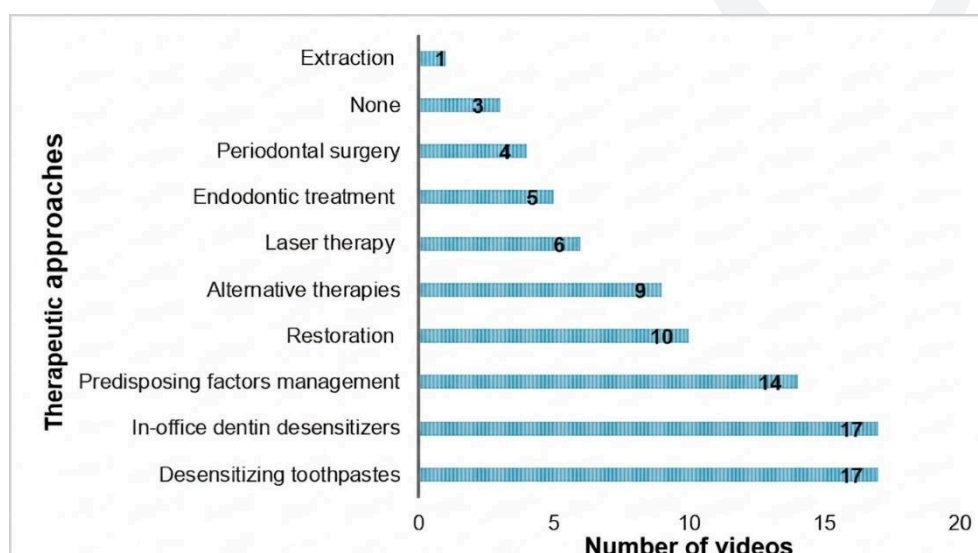
Number of days since upload	13	4,348	1,265 (935.5)	1,482.52 (1,150.21)
Viewing rate (%)	1.85	18,820.37	289.61 (2,247.79)	2,241.58 (4,535.47)

IQR, interquartile range; SD, standard deviation

The majority of the videos were published by dentists (31.03%) and dental-specific channels (31.03%). A smaller proportion of the content originated from commercial entities (3.45%) and television programs (3.45%). Furthermore, most of the videos aimed to provide information to the non-specialized public (48.28%), whereas 31.03% were directed toward professionals, and 20.7% were focused on the promotion of products and treatments.

Figure 1 summarizes the therapies mentioned in the analyzed videos.

Figure 1 - Therapeutic approaches for DH reported in the included videos.



Source: elaborated by the authors.

Table 3 presents the absolute frequency distribution of the content topics covered in all videos included in the study. The content topics most comprehensively addressed were 'definition/concept' and 'theories explaining pain mechanisms', with 16 and 14 videos, respectively, achieving the maximum score of 5. In contrast, 'prevalence' and 'differential diagnosis', were the most frequently omitted topics, absent in 23 and 19 videos, respectively. Additionally, the lowest-rated topics were 'causes and associated risk factors' and 'management and treatment strategies', with 13 videos in each category receiving a score of 2.

Table 3 - Absolute frequency distribution of the scores assigned to each content topics across all included videos.

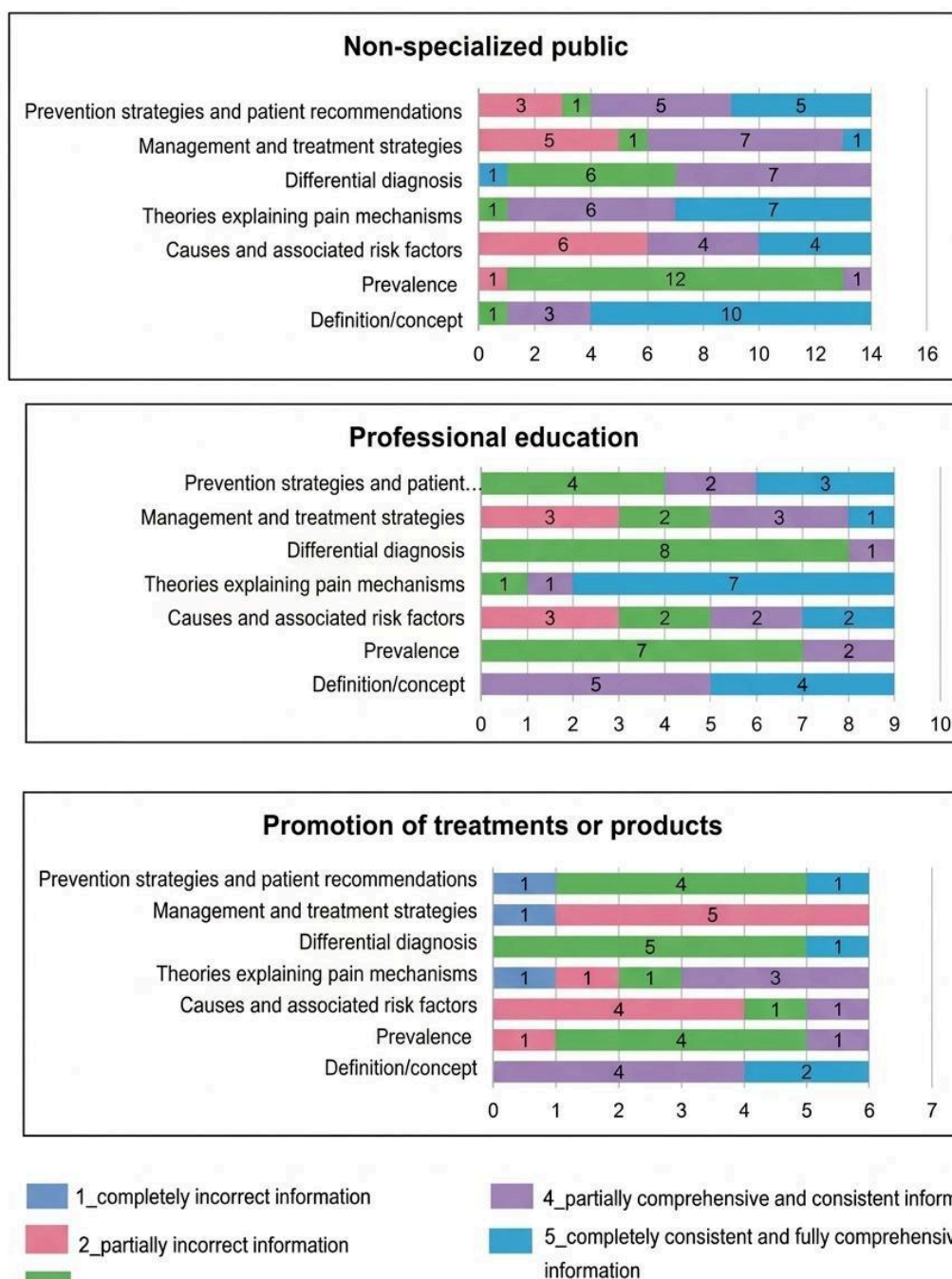
Content topics	1_CII	2_PII	3_INA	4_PCCI	5_CCFCI
Definition/Concept	0	0	1	12	16

Prevalence	0	2	23	4	0
Causes and associated risk factors	0	13	3	7	6
Theories explaining pain mechanisms	1	1	3	10	14
Differential diagnosis	1	0	19	8	1
Management and treatment strategies	1	13	3	10	2
Prevention strategies and patient recommendations	1	3	9	7	9

CII, completely incorrect information; PII, partially incorrect information; INT, information not addressed; PCCI, partially comprehensive and consistent information; CCFCI, completely consistent and fully comprehensive information

Figure 2 illustrates the distribution of scores assigned to each content topic, stratified by 'video subject'. Videos focused on the promotion of treatments or products demonstrated a lower overall score compared to other categories, particularly in terms of the information conveyed about therapeutic strategies and the underlying causes and risk factors of DH.

Figure 2 - Descriptive analysis of the scores obtained by the videos for each content topic, comparing them separately according to the specific subject of each video (A, B and C).



Source: elaborated by the authors.

In terms of quality assessment based on the GQS, 9 of the evaluated videos (31.03%) were assigned a score of 2, indicating generally poor quality. Additionally, 7 videos were rated with a score of 1 (poor quality) and 7 videos with a score of 3 (moderate quality). Only 6 videos (20.68%) achieved a score of 4, reflecting good quality, while none received the highest score of 5 (excellent quality). Overall, the median GQS score across all evaluated videos was 2.0 (IQR: 2.0-3.0).

A strong correlation was observed between the number of views and the number of likes ($p = 0.886$; $p < 0.001$), as well as between the number of likes and the number of comments ($p = 0.909$; $p < 0.001$), and between the number of views and comments ($p = 0.816$; $p < 0.001$). Likewise, the number of comments ($p =$

0.852; $p < 0.001$), likes ($\rho = 0.869$; $p < 0.001$), and views ($\rho = 0.895$; $p < 0.001$) showed a strong correlation with the viewing rate. On the other hand, no statistically significant correlations were found between the GQS and any of the analyzed engagement variables, such as likes ($\rho = 0.021$; $p = 0.914$), views ($\rho = 0.013$; $p = 0.946$), and comments ($\rho = -0.077$; $p = 0.693$) (Table 4).

Additionally, it was further observed that the different categories of the variable 'video source' did not exert a statistically significant effect on GQS scores ($p = 0.249$). In contrast, a statistically significant difference was detected among the GQS scores across at least two of the three 'video subject' categories ($p = 0.02$). Post hoc analysis using Dunn's test with Bonferroni correction indicated that videos centered on the 'promotion of treatments and products' had significantly different GQS scores compared to both 'information for the non-specialized public' ($p = 0.008$) and 'professional education' ($p = 0.017$).

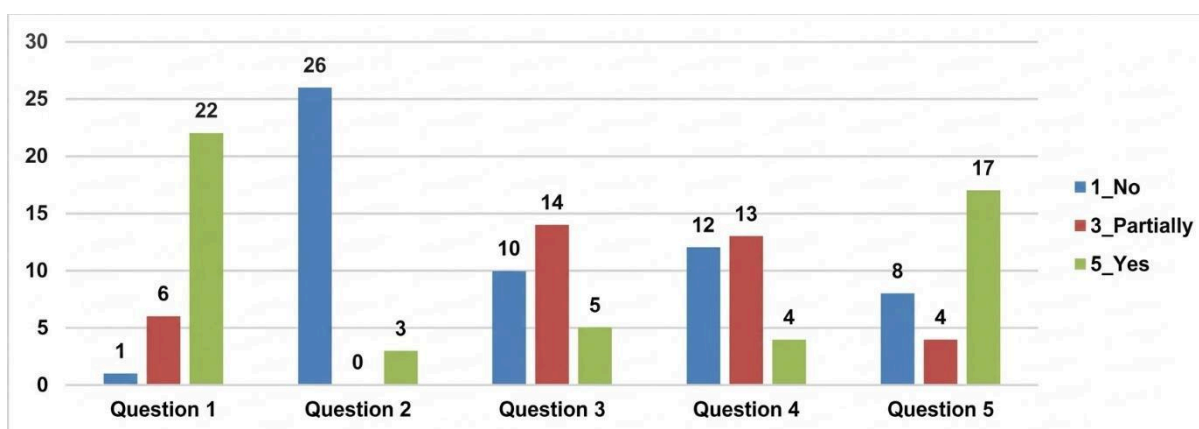
Table 4 - Correlation matrix showing Spearman's correlation coefficients (ρ) and p-values among days since upload, video duration, number of views, likes, comments, viewing rate and GQS.

		Days since upload	Duration (minutes)	Number of views	Number of likes	Number of comments	Viewing rate (%)	GQS
Days since upload	ρ	1						
	P							
Video Duration (minutes)	ρ	-0.026	1	0.092				
	P	0.895		0.634				
Number of views	ρ	0.256	0.092	1				
	P	0.181	0.634					
Number of likes	ρ	0.092	0.007	0.886**	1			
	P	0.635	0.971	< 0.001				
Number of comments	ρ	0.059	0.032	0.816**	0.909**	1		
	P	0.760	0.870	< 0.001	< 0.001			
Viewing rate (%)	ρ	-0.044	0.131	0.895**	0.869**	0.852**	1	
	P	0.821	0.498	< 0.001	< 0.001	< 0.001		
GQS	ρ	-0.061	0.055	0.013	0.021	-0.077	0.066	1
	P	0.755	0.778	0.946	0.914	0.693	0.735	

ρ , Spearman's correlation coefficient; P , p value; ** Statistically significant correlation considering $p < 0.05$

Figure 3 shows the scores achieved by the videos for each of the modified DISCERN questions.

Figure 3 - Scores obtained by the videos for each of the DISCERN questions.



Source: elaborated by the authors.

4. Discussion

The internet has become one of the main sources of information for the general population, with YouTube standing out as a widely used platform due to its dynamic audiovisual format and ability to engage users. In the field of distance education and e-learning, video-sharing platforms act as informal virtual learning environments and open educational resources, supporting self-directed learning for students, health professionals, and the general public. In addition to serving as an educational tool, it is frequently used by non-specialized individuals seeking information on health-related topics. (Curran et al., 2020; Desai et al., 2013; Lee et al., 2022; Madathil et al., 2015). This widespread use is concerning, particularly given evidence that a large proportion of users rely on such content to guide health-related decisions (Mohamed; Shoufan, 2024). As an open-access platform without mandatory peer review or pedagogical curation, YouTube exposes users to a significant risk of misinformation, highlighting the importance of evaluating the quality of health-related content, including in dentistry.

Despite the growing literature evaluating dental content on video-sharing platforms (Balhaddad et al., 2025; Jung; Magno et al., 2025; Seo, 2022; Kaval et al., 2022; Ozsoy, 2021; Saraç Atagün; Ceylan Şen; Paksoy, 2024; Soares-Silva et al., 2024; Villa et al., 2021), comprehensive assessments of DH videos covering both lay and professional needs are scarce. Contrary to earlier reports indicating adequate video quality on this topic (Saraç Atagün; Ceylan Şen; Paksoy, 2024), our results demonstrate that most accessible material lacks scientific rigor. Given the high prevalence of DH (West et al., 2024; Zeola; Soares; Cunha-Cruz, 2019), reliance on misleading online information poses a significant clinical risk, as self-management strategies may substitute or delay timely professional intervention.

The growing preference for short-form videos as a source of quick information further complicates this scenario. Although convenient, such content often lacks the depth necessary to adequately address complex health conditions (Li et al., 2020; Madathil et al., 2015; Suarez-Lledo; Alvarez-Galvez, 2021). To prioritize content with greater educational potential and depth, videos with very short duration were excluded during sample selection (Manasrah; Masoud; Jaradat, 2021). Within the evaluated sample, no correlation was observed between video duration and GQS scores, indicating that longer videos among the eligible content did not necessarily provide higher quality information (Madathil et al., 2015). Additionally, videos focused on the commercial promotion of products or treatments showed significantly lower GQS scores than those aimed at professional education or the general public. This demonstrates how commercial interest can negatively impact the scientific rigor and educational value of the material, increasing the risk of conveying inaccurate or partial content.

User interaction metrics - such as views, likes, dislikes, and comments - are often used as indirect indicators of a video's relevance and audience satisfaction. However, in this study, the interaction index could not be calculated due to YouTube's removal of public dislike counts, a change implemented to foster a more inclusive environment and reduce harmful digital behavior (Monteiro et al., 2023). This limitation restricted a more comprehensive evaluation of user engagement, which has been explored in prior studies (Çapan, 2021; Hassona et al., 2016; Lena; Dindaroglu, 2018; Soares-Silva et al., 2024; Ustdal; Guney, 2020).

Although it was anticipated that videos with higher GQS scores would attract greater user interaction, no significant correlation was found between video quality and the number of views, likes, comments, or viewing rate—a finding consistent with previous literature (Desai et al., 2013). Similarly, video duration was not associated with engagement metrics, indicating that shorter videos were not inherently more viewed or engaging, as also observed in evaluations of other health-related YouTube content (Hassona et al., 2016; Szmuda et al., 2020).

Interestingly, although most videos were produced by dentists or dental-related channels, no significant association was observed between the source and content quality. Furthermore, the majority of videos failed to disclose information sources, even when produced by professionals. Previously published studies have also identified a weak correlation between video quality and the source of publication, even when the content was produced by healthcare professionals (Duman, 2020; Kuka; Gursay, 2024). This finding is particularly concerning, as content produced by professionals or featured on dental channels would be expected to demonstrate high-quality, evidence-based, and transparent information (Hwang; Kim, 2024; Naik; Al-Kheraif; Vellappally, 2025).

Regarding therapeutic approaches, 58.6% of the videos mentioned the use of desensitizing toothpastes and dentin desensitizing agents, while 48.3% addressed the control of predisposing factors. This finding indicates a prevailing trend toward the recommendation of dentifrice use as the primary approach to managing DH, often at the expense of professional clinical assessment (West et al., 2013). Notably, only a small percentage of videos (17.25%) explained how each treatment works, and even fewer (13.8%) addressed the impact of these treatments on patients' quality of life. Alarming, 31% of the videos mentioned alternative therapies lacking scientific support, while some even suggested endodontic treatment (17.25%) or even tooth extraction (3.4%) as potential management options.

The findings of this study demonstrated that the null hypothesis was rejected, as the YouTube videos analyzed on the topic of DH were generally of poor quality and provided unreliable information. Our data align with previous research highlighting similar trends of low to moderate-quality, misleading, or anecdotal health information across various medical topics on YouTube (Balhaddad et al., 2025; Madathil et al., 2015; Mohamed; Shoufan, 2024; Monteiro et al., 2023; Olkun; Demirkaya, 2018; Singh; Singh; Singh, 2012; Soares-Silva et al., 2024; Villa et al., 2021). Crucial aspects, such as the conditions' prevalence and differential diagnosis, were largely absent from the evaluated content. Additionally, many videos contained inaccurate or misleading information regarding the etiology, risk factors, and management strategies for DH. Overall, most videos were classified as being poor to moderate quality based on the assessment tools used, underscoring the need for caution when relying on YouTube as a source of information on this topic.

Ultimately, these results raise significant concerns about the credibility of online platforms, a finding that diverges from a previous study on the same topic (Saraç Atagün; Ceylan Şen; Paksoy, 2024). This divergence can be attributed to key methodological differences, primarily in video sample selection and search strategy. While the previous research evaluated videos of all durations, the sample in this study was limited to medium-duration videos to focus on material with greater educational potential and depth. Furthermore, in this study the search strategy was more rigorous, utilizing a dedicated account with standardized country setting for a more precise analysis of content consumed by a specific regional audience, a contrast to the general searches conducted in the previous study (Saraç Atagün; Ceylan Şen; Paksoy, 2024). Therefore, future studies should focus on exploring interventions to improve the quality, reliability, and accessibility of online health content. Strategies such as pedagogical mediation, expert review prior to publication, and the

development of educational guidelines for health-related content on open platforms like YouTube play a crucial role in mitigating misinformation and enhancing the value of these resources for distance education.

5. Conclusions

The quality of information available on YouTube regarding DH is generally poor, with notable concerns regarding its reliability and accuracy. These findings underscore the importance of exercising caution for both patients and professionals when consulting or relying on content from this platform. Poor-quality online content can adversely impact professional conduct as well as patient understanding and self-care practices, highlighting the critical need for reliable, evidence-based digital health communication and pedagogical curation of open educational resources to support safe distance learning and digital health literacy.

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