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Dental Anxiety and Phobia

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Abstract

Dental anxiety encompasses fear, anxiety, or stress related to dental visits, often leading to avoidance of necessary treatment. Common triggers include needles, drills, and the dental environment itself. In severe cases, where irrational fear and avoidance of dental visits occur, it may escalate to dental phobia. Dental anxiety frequently occurs before, during, or after dental procedures, provoking physiological responses like increased heart rate and blood pressure. Prolonged distress can adversely affect oral and general health by deterring patients from seeking dental care and missing appointments. Effective management involves evidence-based practices tailored to the patient's needs, including psychotherapeutic behavioral techniques. If these approaches prove ineffective, medication-based treatments may be necessary [1].

Introduction

Prevalence

Dental anxiety is a prevalent concern that transcends geographical boundaries and affects individuals from various demographic backgrounds worldwide, a significant portion of the population experiences heightened levels of anxiety related to dental visits. This phenomenon is notably more pronounced among women, although its impact spans across genders.

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Dental anxiety tends to diminish with advancing age, indicating a potential for natural resilience or adaptation over time. Moreover, individuals with higher levels of education often exhibit lower levels of anxiety when undergoing dental procedures, possibly due to increased knowledge and familiarity with dental care practices.

Furthermore, traumatic experiences in the dental setting have been identified as critical factors contributing to the development and persistence of dental anxiety and fear. Such experiences can create lasting psychological associations that heighten apprehension and avoidance behaviors related to dental visits [2].

Causes of dental anxiety

The emergence and persistence of dental anxiety are reliably linked to a number of important factors. Personality qualities are important; features like neuroticism and sensitivity to threat are generally associated with higher levels of dental anxiety. Another important aspect is fear of pain, since people who have felt pain in the past or who anticipate pain during dental procedures may become more fearful. Anxiety and avoidance behaviors related to dental care can be intensified by enduring psychological impressions left by unpleasant dental experiences in the past, especially those that happened during childhood (referred to as conditioning experiences). Social factors also have a significant effect. Vicarious learning occurs when one observes others' fear reactions to dental appointments, which in turn reinforces one's own anxiety responses. This can occur when one is among family members or peers who are dentally apprehensive. Additionally, specific phobias related to blood or injury (known as blood-injury fears) can exacerbate dental anxiety, particularly in situations where such stimuli are present [3].

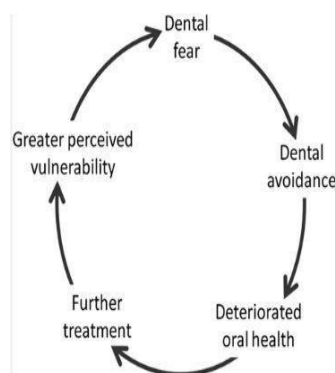
Consequences

There is a significant correlation between dental anxiety and avoidance of dental care in the general population indicating that avoidance behaviors are prevalent in those with dental anxiety. The higher the level of a person's dental anxiety, the longer is the avoidance period, leading to a higher risk of decay and dental problems, inevitably leading to overall worsening oral health [4].

The avoidance behaviors exhibited by patients exemplify the 'vicious cycle of dental anxiety' that many individuals may experience. Initially, fear among patients with dental anxiety can become overwhelming, prompting them to avoid seeking dental care. This avoidance can lead to deterioration in their oral health. Persistent avoidance exacerbates oral health issues, fostering negative thoughts about dental appearance. Consequently, self-esteem may diminish, accompanied by feelings of guilt and embarrassment. Heightened self-consciousness may intensify, resulting in social withdrawal and increased social anxiety. Over time, this recurring pattern can escalate anxiety levels, foster isolation, contribute to depression, and perpetuate the ongoing cycle of dental anxiety [5].

Patients who suffer from dental fear find that it has a substantial impact on their daily routines. Excessive anxiety is sometimes caused by intrusive thoughts about dental experiences, which is why people avoid watching television shows with dentists. Furthermore, patients may experience dietary restrictions as a result of persistent oral health problems brought on by avoidant behaviors associated with their phobia.

Untreated dental problems can create discomfort that makes it difficult for them to eat hard, chewy, or extremely hot or cold meals. Furthermore, dental anxiety can affect individuals economically, as avoidance of regular dental care may lead to more costly and extensive treatments later on. It can also impact career opportunities and personal relationships if oral health issues become noticeable or affect one's confidence and ability to communicate effectively [6].



Strategies for Management:

1/Identifying dentally anxious or phobic patients

Anxiety and fear can show up rather visibly during the patient and dentist's first appointment. Under such circumstances, performing thorough subjective and objective assessments is crucial to correctly identify and effectively manage the patient's condition, as well as to guarantee the patient's comfort and promote good communication over the course of treatment.

Once anxious patients were identified: In order to provide appropriate dental treatment, it is necessary to handle the widespread problem of dental anxiety. Numerous individuals experience moderate to severe anxiety, necessitating behavioral treatment techniques in lieu of medication. Some patients find that receiving even normal dental care is extremely difficult due to their anxiety, and nonpharmacological methods are ineffective for them. In addition to behavioral approaches, these individuals may be offered oral anxiolytics to help (7).

The Dentist starts by the psychotherapeutic approach; which includes:

1/Creating a supportive environment:

Clear Communication: Dentists should explain procedures clearly and in non-technical language to alleviate uncertainty and fear. This helps patients understand what to expect, reducing anxiety about the unknown.

Empathy and Understanding: Showing empathy towards patients' concerns and fears can help build trust. Dentists and staff should listen actively to patients' worries and address them with sensitivity.

Establishing Trust: Building a trusting relationship with the patient is key. Dentists can do this by being approachable, respectful, and by acknowledging and respecting the patient's feelings throughout the appointment.

Techniques for Managing Behavior

The concepts of learning, including social learning and classical or operant conditioning, provide the foundation of behavior modification. It seeks to use learning to alter unwanted behavior in specific contexts. The techniques include exposure-based therapies including systematic desensitization, "tell- show-do," and modeling, as well as relaxation combined with guided imagery and adjuvant use of physiological monitoring utilizing biofeedback, hypnosis, acupuncture, distraction, positive reward, and stop-signaling.

Methods for Relaxation

The opposite of a stress response, a relaxation response helps a person manage their anxiety symptoms and reduces stress and anxiety levels when it is consistently practiced. Both deep breathing and muscular relaxation can help achieve this. It is impossible for someone to be psychologically disturbed and physically at ease at the same moment. Stimuli that cause anxiety cause physical tension, which heightens the individual's sense of anxiety [8].

If the dentist doesn't get needed results by the psychotherapeutic approach then he must go to the pharmacological intervention; it boils down:

Sedative technique: While more seriously anxious and uncooperative individuals can be treated under general anesthesia, conscious sedation treatments have been shown to be a safe and effective way to manage dental anxiety. In contrast, there are several ways to administer anxiolytic agents, such as ingestion, rectal suppository, intramuscular injection, and intravenous injection for direct application into the circulation, as in the cases of midazolam, diazepam, and other benzodiazepines. Commonly used agents include nitrous oxide and oxygen administered by inhalation. Sedative drugs must quickly put a patient in a relaxed condition for the necessary amount of time, but they also need to wear off quickly enough for the patient to quickly recover to their regular state [9].

Conclusion

In conclusion, even though dental anxiety is a widespread problem that affects a lot of people, it's important to understand that there are practical methods and solutions available to allay these anxieties. People can take proactive measures to manage and overcome their anxiety by promoting open communication between patients and dental practitioners, putting relaxation techniques into practice, and investigating contemporary sedation options. Recall that good oral health and a higher quality of life are directly related to having healthy teeth, and that conquering worry can help you achieve both. Adopting these strategies can enable people to seek dental care with confidence, resulting in a healthier future for their smiles and themselves.

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