



CPD4dentalhygienists

YOUR FUTURE IN YOUR HANDS

Management of Dental Anxiety

Aims: This article will review the signs, symptoms and aetiology of dental anxiety. It will review the most common dental anxiety assessment scale and explore the different ways to manage the anxious patient in the dental practice.

Objectives: On completion of this verifiable CPD article the participant will be able to demonstrate, through the completion of a questionnaire, the ability to:

- Identify some of the causes of dental anxiety
- Recognise some of the signs and symptoms a patient may display if they are anxious
- Identify some of the different scales used to identify the anxious patient
- Develop an understanding of the modified dental anxiety scale
- Identify a variety of strategies that can be utilised in the management of a patient's dental anxiety

Introduction

There is a general negative attitude towards dentistry portrayed by the media. How many times have you heard the negative saying 'I would rather go the dentist'? In addition, dental treatment frequently involves using sharp instruments, high speed cutting equipment and administering local anaesthetic by injection. Therefore, it is not surprising that a proportion of patients experience dental anxiety when visiting the dentist.

Studies have suggested that 31% of adults are fearful of dental treatment.¹ In 2009 the UK Adult Dental Health survey included questions relating to dental anxiety and extreme dental anxiety was estimated to be experienced by over one-tenth of dentate adults and was clearly more of an issue for women than men..²

Patients who are anxious may not access dental care at all; if they do they may delay access and therefore are often more likely to require treatment when they do attend.³ They may cancel or fail to attend appointments once they are arranged and they may find tolerating treatment difficult. As a result of these factors, managing the dentally anxious patient can prove to be difficult. Studies indicate that the dental team find treating anxious patients' stressful.^{4, 5}

This article looks at the signs, symptoms and aetiology of dental anxiety; it will explore ways to assess the level of the patient's anxiety and review the most

commonly used dental anxiety assessment scale. It will explore a variety of management techniques for treating the dentally anxious patient.

Anxiety or Fear?



The Oxford dictionary defines anxiety as “a feeling of worry, nervousness, or unease about something with an uncertain outcome.”⁶ Anxiety and fear are often incorrectly grouped together. Chadwick (2002) defines fear as “a biological response to a specific treat. There is usually no anticipatory component. It may occur when something unpleasant occurs (e.g. pain) or it may be associated with a specific situation, object or event (e.g. a dental injection).”⁷

Causes of Dental Anxiety

There are a variety of factors that could result in a patient becoming dentally anxious the most powerful of these could be a previous painful or unpleasant dental or medical experience. Anxiety about the unknown can also be a major component. Other factors that could cause dental anxiety include the following:

- Vicarious learning – studies show a strong correlation between parental anxiety and child anxiety. In addition, children can be influenced by stories from their peers and this too can be the case for adults, who may find themselves influenced by stories in the workplace or in the media.^{8,9}
- Patient dentist relationship – the interaction between the dentist, patient and other members of the dental team can be very important. If a patient feels that they are being criticised in any way it can result in anxiety. Good communication is vital. If a patient feels the dentist is distracted during treatment and conversing with the dental nurse or third party in non-clinical chat that does not include them they could become anxious.^{8,9}
- Previous negative dental/medical experience – if a patient has had a previous negative dental or medical experience studies have shown this can increase their level of anxiety at future appointments. This could be as a result of pain during a dental visit or a negative experience with the dental team. Therefore, a thorough dental and medical history can identify these patients at an early stage and enable the team to manage the patient more effectively.^{8,9}

- Lack of control – the process of lying down in a dental chair can cause a patient to feel they are not in control and cause them anxiety. They may feel that they are unable to communicate during an appointment and providing them with a signal, for example, raising their hand if they want you to stop and ensuring that you comply with the signal can ease this anxiety over time as the patient begins to trust you.⁸
- Fear of the unknown – this can be a major cause of anxiety for some patients. They can become fidgety and distressed every time the clinician moves as they are unsure what will happen to them next. Excellent communication, keeping the patient fully informed with explanations and prior warning before each stage of the treatment can alleviate this anxiety for a patient.^{8,9}

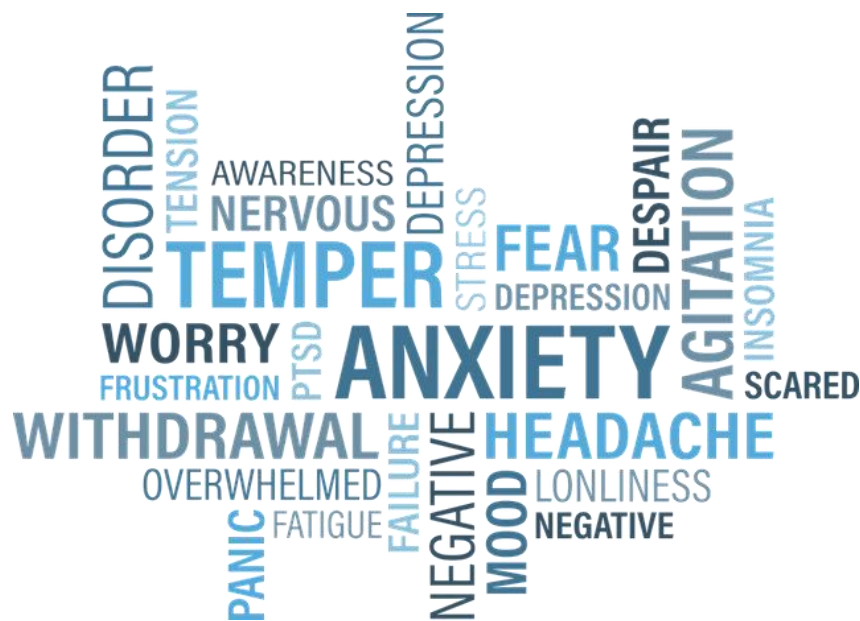
Recognising Dental Anxiety

The signs and symptoms of dental anxiety have been categorised into three different types of response components; physiological, behavioural, and cognitive.⁹ Patients may experience some or all of the signs and symptoms of all of the components or one/two of the components.⁹

Response type	Signs and Symptoms
Physiological	• Pallor • Sweating • Dry mouth • Knotted stomach • Flushed face • Extreme muscle tension • Fainting • Hyperventilation
Behavioural	• Verbal abuse • Excessive talking – used as a delay tactic • Cancelling appointments frequently • Missing appointments • Arriving late
Cognitive	• Feelings of dread • Apprehension • Negative thoughts • Dwelling on the worst-case scenario despite reassurance

The anxious patient could display any combination of the above signs and symptoms. These signs and symptoms are often displayed in the waiting room along with a general persona of fidgeting, moving around, pacing and displaying an exaggerated response to any noises.⁸ The clinician is unlikely to be able to observe this behaviour and will require other members of the team to report it to them.

Assessing Dental Anxiety



Studies have shown that if a patient is given a questionnaire allowing them to self-report the level of their anxiety that this can alleviate some of their signs and symptoms of anxiety.¹⁰

There are a variety of dental anxiety scales that have been used to identify the anxious patient in dental practice and for research purposes. Some of these are outlined in the table below.

Scale	Method	Advantages	Practice or Research	Adults or Children
The Modified Dental Anxiety Scale¹¹	- Five Questions each having a selection of 1 -5 answers - The score is collated by adding up the scores to each answer - High score indicates high anxiety	- Quick and easy to use - Useful when planning treatment	Practice	Adults
Visual Scales⁹	Picture based	- Quick and easy to use - Removes any problems associated with the use of words or phrases	Practice	Adults/ Children
The Dental Fear Survey¹²	20 questions - Concentrates on specific past dental experiences	- Popular in research - Too complicated for use in daily practice	Research	Adults
The Visual Analogue Scale⁹	- Used to assess pain and anxiety - A visual linear analogue scale - Subjects are asked to draw a 10 cm line at a point that represents their level of the emotion being assessed - A quantitative score is obtained by measuring the distance from one end of the line up to the cross	- Useful and simple - Provides the clinician and the patient with a direct comparison of perceived anxiety and actual results and can be used positive reinforcement for similar circumstances in the future	Practice	Adults

Using The Modified Dental Anxiety Scale

The modified dental anxiety scale is based on the Corah's Dental Anxiety Scale and it is brief, quick and easy to use and has a consistent answering scheme this results in it being the most commonly used dental anxiety scale in the UK. It has also been shown that using it does not increase the patients existing fears.¹³

It can be integrated into everyday dental practice as a screening tool and clinical aid, it could be given to the patient to complete in the waiting room prior to the appointment as part of the initial completion of medical history details or it could be completed at the appointment with the clinician.

The results are recorded with a score of 1 to 5 with a score of 1 being allocated if the patient marks not anxious and a score of 5 being allocated if the patient marks extremely anxious. This results in a range of scores from 5-25 with 5 meaning the patient is not anxious and 25 meaning the patient is extremely anxious.

Example Questionnaire

Modified Dental Anxiety Scale ¹⁴

1. If you went to your dentist for treatment how would you feel?

Not anxious; slightly anxious; fairly anxious; very anxious; extremely anxious

2. If you were sitting in the waiting room (waiting for treatment) how would you feel?

Not anxious; slightly anxious; fairly anxious; very anxious; extremely anxious

3. If you were about to have a tooth drilled, how would you feel?

Not anxious; slightly anxious; fairly anxious; very anxious; extremely anxious

4. If you were about to have your teeth scaled and polished, how would you feel?

Not anxious; slightly anxious; fairly anxious; very anxious; extremely anxious

5. If you were about to have a local anaesthetic injection in your gum above an upper back tooth, how would you feel?

Not anxious; slightly anxious; fairly anxious; very anxious; extremely anxious

By using this type of clinical aid the dental team will have a clearer understanding of the level of anxiety the patient is experiencing at appointments this will allow the team to utilise a variety of suitable techniques to alleviate the anxiety for the patient.

Reducing Dental Anxiety

A variety of strategies can be used in the management of a patient's dental anxiety, several of the techniques relate directly to how the dental team communicate and empathise with the patient and some relate to specifically to management of pain. Often, ensuring a patient feels in control can dramatically reduce their anxiety.

Communication and Rapport

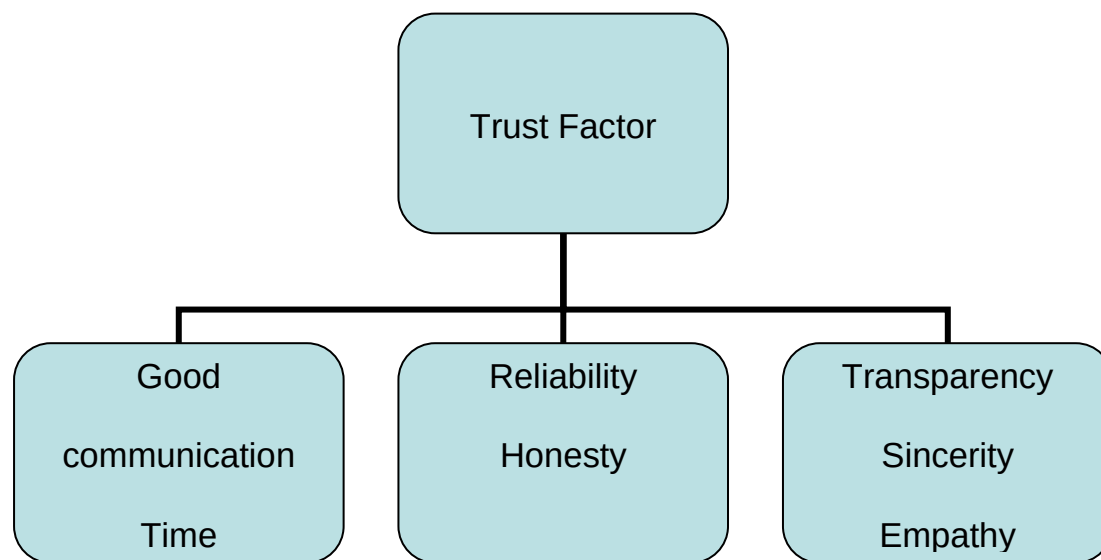
Establishing rapport with our patients can begin from when they first enter the building. Verbal and non-verbal communication is vitally important. The initial contact with a member of staff can either help to alleviate a patient's anxiety or increase the anxiety. A caring friendly greeting to the patient from a smiling friendly team member should be offered to all patients from the minute they enter the building. The appearance of the waiting room can also alleviate stress for the patient, having a selection of quality magazines and newspapers and fresh water available can calm and distract a nervous patient. All team members should endeavour to offer patients good verbal and non verbal support.



Control

Patients can feel more in control if they are given clear explanations of treatment and how it will make them feel at the right stage of an appointment. Clear instructions on arriving in the building of where to sit and how long they will have to wait and who they are going to see can provide reassurance to them. It would be inappropriate to try and discuss a whole treatment plan at the reception desk but offering information in stages alleviates anxiety. The dental care professional who calls the patient through to the surgery offering information of where they are leading the patient to and who they are seeing provides the patient with a feeling of control.

The clinician plays a vital role in passing control to the patient. Teaching relaxation techniques can be very effective in demonstrating to patients that they do have control over their anxiety symptoms.³ Many patients may feel they are not in control when they are supine in the dental chair, the clinician can pass control to the patient by using a stop signal and if the patient then uses the signal the clinician must stop the procedure straight away so that the patient can communicate their problem. This also builds the element of trust between the patient and the clinician.¹¹



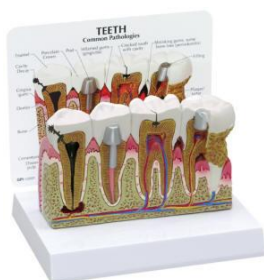
Relaxation Techniques

Relaxing techniques such as: Jacobson's progressive muscular relaxation; Ost's applied relaxation technique and Autogenic relaxation can be useful in teaching patients to reduce muscle tension and control their breathing.³

Jacobson's progressive muscular relaxation is a common technique where the patients learns to tense groups of muscles in turn e.g. neck, shoulders, arms, hands and then relax them, as they move through the groups of muscles they begin to become aware of the difference between tense and relaxed. This technique can be practised at home. The non verifiable section of the website has information on a variety of other relaxation techniques.³

Tell Show Techniques

The use of tell and show techniques can be used with all ages of patients, the clinician clearly explains to the patient what they are going to do before starting any treatment. Using models, pictures and computer technology can be of assistance.



Models to assist clinicians to demonstrate to patients

Positive Reinforcement

Praising a patient when they have achieved something, they find difficult is a verbal reward and is very effective. It encourages the patient and helps to build trust between the patient and clinician. It is helpful if the dental visit ends on a positive note. It can help strengthen patterns of behaviour.

Pharmacological

There are a variety of pharmacological methods available to treat patients when other techniques are not successful. These include: inhalation sedation; intravenous sedation; oral sedation and transmucosal sedation. However, managing a patient using these methods would only be carried out by a clinician that has undergone postgraduate education in this area.¹¹

Hypnosis

Some clinicians complete specialised training in hypnosis to assist them in treating anxious patients. Some people are more receptive to change when in a hypnotic state and it can be used to modify beliefs and behaviour.^{3,11}

There are a number of other techniques that can be utilised to treat the anxious patient. These include products that enable the clinician to minimise pain during dental procedures such as topical anaesthetic gels and oraquix and alternative therapies such as meditation, acupuncture, acupressure, reiki, reflexology and these could be explored through your non verifiable CPD.

Conclusion

Treating an anxious patient can be stressful but rewarding for the dental team. Identifying the anxious patient at an early stage is vital to provide the team with the opportunity to manage the patient's dental anxiety. Identifying the signs of anxiety can enable the team to assess the level of anxiety a patient suffers from and assist them in assessing the cause of the anxiety.

This can enable the team to decide on suitable techniques to manage the patient's anxiety. It can be time consuming and require a number of different techniques, but

the process will build trust and hopefully enable the patient to overcome their anxiety.

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Personal Development Plan and Reflective Learning

This CPD is linked to the following GDC Enhanced CPD Development Outcome:

A. Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk.

C. Maintenance and development of knowledge and skill within your field of practice.

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now be offered the opportunity to answer some reflective learning questions for the CPD you complete. These will be:

- 1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?
- 2) Comment on any changes/updates needed in your daily work
- 3) How has completion of this CPD article benefitted your work as a DCP?

Further reading

<https://www.nhs.uk/live-well/healthy-body/fear-of-the-dentist-help/>

<https://www.oralhealthgroup.com/features/practical-considerations-for-treating-the-anxious-dental-patient/>

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