The Anxiety and Fears of Going to the Dentist
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Introduction

• Oral health is very crucial for everyday life; socially, and physically.
• Some people are not able to take care of their oral health because they suffer from anxiety or fear of going to the dentist.
• Findings suggest that over five million persons avoid dental work because of fear; this represents a personal problem of some social significance (Shaw & Thoresen, 1974).
• Many things cause have an affect on these anxieties and fear such as: fear of needles, fear of pain, fear of diagnosis, or embarrassment of their oral health.

Research Question

What are the causes of dental fear/anxiety and how could it be treated or managed?

Hypothesis

I believe that dental phobia can be caused by many reasons but the key to calm down the patient is to understand the cause of their fear and give them a thorough explanation of procedures, relieving their stress and proving their worries to be false.

Method

Relevant literature was identified by searching the following on-line databases: PsycArticles, PsycInfo, and Google Scholar. Search terms included subject heading and key words relevant to the causes and treatments of dental fear, dental anxiety and dental phobia. Publications from this search were examined and included if they explored specifically the causes and consequences of dental fear, dental anxiety or dental phobia as well as possible treatments.

Results

• Dental anxiety, or dental fear, is estimated to affect approximately 36% of the population, with a further 12% suffering from extreme dental fear (Beaton et al., 2014).
• Self-hypnosis had a complete elimination of pain and thus treatment without any pharmacological drugs was possible only in some cases. Self-hypnosis cannot be used routinely as safe and effective like anesthetics.
• “Psycho-physiological treatment” was effective and that 88% of the patients who had undergone the treatment could be treated by general dental practitioners (Lundgren & Boman, 2013).

Table 1

As shown in table 1, modeling was the most effective way of treating a patient for dental anxiety since more participants had complete success in dental treatment than the other groups (Shaw & Thoresen, 1974).

<table>
<thead>
<tr>
<th>Group</th>
<th>Complete success</th>
<th>Partial success</th>
<th>No success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modelling</td>
<td>78</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Desensitization</td>
<td>44</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>Placebo control</td>
<td>11</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Assessment control</td>
<td>0</td>
<td>0</td>
<td>22</td>
</tr>
</tbody>
</table>

Discussion

• As the dentist educates and increases information to the patient, this will enhance the predictability which will decrease fear and lessened pain response.
• Reassuring patients by providing sufficient information, not rushing, and paying attention to a patient’s motivations, concern, needs, and goals can greatly aid in reducing treatment anxiety and number of cancelled appointments (Weiner, 2011).
• Self-hypnosis allows a comfortable and relaxing treatment and should be used as an adjunctive therapy in a clinical setting along with anesthesia (Holden, 2012).

References


