

Managing Anxiety in Children Undergoing Dental Procedures

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In this review, as we are in Child Awareness Month, I will review the non-pharmacologic methods for controlling children's dental anxiety.

I hope this review will be of help for clinicians who struggle managing dental anxiety during common dental treatments in children.

Dental anxiety is a term used to define in compliant behaviors which is followed by the fear that something unpleasant is going to happen in dental situation.

Klingberg reported the prevalence of dental anxiety is about 9% for children in Australia, Canada, Europe and USA. This percent range between 6% to 29% depending on socio-economic factors and indicators for diagnosing dental anxiety in designing study setting [1].

Studies suggest to use a unique behavior management protocol for each child based on clear recognition cognitive, social and emotional developmental stage of child and make positive feelings in child and parents by communication before starting treatment [2].

There is one Cochrane systematic review which evaluated efficacy of conscious sedation in pediatric dentistry. Clinical trials included in this review comparing different protocols such as Oral Midazolam, Nitrous oxide inhalation vs placebo were at high risk of bias. They concluded that there are weak evidence showing that Oral Midazolam or Nitrous Oxide inhalation is effective for sedating patients undergoing dental treatment [3].

Non pharmacological methods are classified in 4 groups [4]:

1. Communication skills and trust building [Verbal – Non-verbal].
2. Behavior modification protocols
3. Cognitive behavior therapy
4. Physical restraints.

In trust building the clinician should try to build a non-threatening realization of dental environment by complete understanding of child's development stage, paying attention to child's emotions and communicating in friendly, kind and non-judgmental manner [5].

For behavior modification, clinician aims to utilize protocols like Voice control, Positive reinforcement, Tell-show-do, etc. to correct the disruptive behavior of child in dental environment [6].

Usually the child's anxiety is because of the unreal presumption of situation. Clinicians can rebuild child's negative prediction by talking to control their anxiety [7]. This method is called Cognitive therapy.

Physical restrain method is recommended to be used in rare, critical situations when no other alternatives are available, because of its cruel and undesirable features [8].

Nicolas et al, reported that children with dental anxiety have more caries compared to co-operative children [9]. Hallberg marks that dental anxiety could result in avoidance of dental visits [10]. So, it is important to use the correct non-pharmacologic method to control un-cooperative child in order to complete dental treatment, but the main purpose is to modify their negative perception of dental environment.

Bibliography

1. Klinberg G. "Dental anxiety and behaviour management problems in paediatric dentistry--a review of background factors and diagnostics". *Journal of the European Academy of Paediatric Dentistry* 9 (2008): 11-15.
2. Feigal RJ. "Guiding and managing the child dental patient: a fresh look at old pedagogy". *Journal of Dental Education* 65 (2001): 1369-1377.

3. Lourenco-Matharu L., *et al.* "Sedation of children undergoing dental treatment". *The Cochrane Database of Systematic Reviews* Cd003877 (2012).
4. Appukuttan DP. "Strategies to manage patients with dental anxiety and dental phobia: literature review". *Clinical, Cosmetic and Investigational Dentistry* 8 (2016): 35-50.
5. Marci CD., *et al.* "Physiologic correlates of perceived therapist empathy and social-emotional process during psychotherapy". *The Journal of Nervous and Mental Disease* 195 (2007): 103-111.
6. Skinner BF. "The behavior of organisms; an experimental analysis. D". Appleton-Century Company, Incorporated, New York, London (1938).
7. Child and adolescent therapy: cognitive-behavioral procedures / edited by Philip C. Kendall; foreword by Donald Meichenbaum. Guilford Press, New York (1991).
8. Weaver JM. "Why is physical restraint still acceptable for dentistry?" *Anesthesia Progress* 57 (2010): 43-44.
9. Nicolas E., *et al.* "Factors affecting dental fear in French children aged 5-12 years". *International Journal of Paediatric Dentistry* 20 (2010): 366-373.
10. Hallberg U., *et al.* "Dental appointment no-shows: why do some parents fail to take their children to the dentist?" *International Journal of Paediatric Dentistry* 18 (2008): 27-34.

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