Quality Resource Guide

First Edition

Management of the Anxious, Fearful or Phobic Dental Patient

Author Acknowledgements

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Educational Objectives

Following this unit of instruction, the learner should be able to:

1. Define and differentiate between anxiety, fear, and phobia.
2. Identify common expressions of anxiety, fear, and phobia.
3. Offer empathetic management strategies to anxious, fearful, and phobic patients.
4. Recognize and address the stressful impact of treating anxious, fearful, and phobic patients on the dental team.

MetLife designates this activity for **1.0 continuing education credits** for the review of this Quality Resource Guide and successful completion of the post test.

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The content of this Guide is subject to change as new scientific information becomes available.

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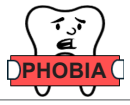
Introduction

During his inaugural address in 1933, Franklin Roosevelt said, "The only thing we have to fear is fear itself." When it comes to the subject of anxiety, fear, and phobia, truer words were never spoken. Generally, some degree of anxiety is normal and necessary. It alerts us to unusual or unexpected situations and motivates us to respond. Fear, too, is natural and essential.[1] It propels us to react to a threat or danger. When a response to anxiety or fear extends beyond what is considered typical, it becomes restrictive or entirely debilitating, and the effect on one's psychological and physical health can be profound. The uncomfortable physiologic symptoms of fight or flight that accompany anxiety, fear, and phobia, whether actual or anticipated, can have long-term detrimental systemic implications – especially when chronic. A recent meta-analysis determined that the global prevalence of dental fear and dental anxiety was as high as 15.3% among adults[2] and 25.8 – 36.5% among preschoolers and schoolchildren.[3] Individuals with higher levels of dental fear and anxiety had a significantly increased number of decayed teeth and experienced more severe dental pain and a lower oral-health related quality of life.[4,5,6] As you can see, there is a good reason to fear, fear!

Anxiety vs. Fear vs. Phobia

		
An emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune.	A basic, intense emotion aroused by the detection of imminent threat, involving an immediate alarm reaction that mobilizes the organism by triggering a set of physiological changes.	A fear that is traditionally defined as excessive or unreasonable and is invariably triggered by the presence or anticipation of the feared object or situation, which is either avoided or endured with marked anxiety or distress.
Future-oriented, long-term response focused on a diffuse threat.	**Appropriate short-term response to a present, clearly identifiable threat.**	**Intense response or avoidance to present or anticipated fear.**
EXAMPLE: "Ugh – I have a dental appointment tomorrow. I don't want a shot."	EXAMPLE: "That needle looks HUGE – my heart is racing, and I feel dizzy."	EXAMPLE: "Thankfully, I have *extra* antibiotics and painkillers at home - no dental visit needed."

Physiological Symptoms and Behaviors of Anxiety, Fear, and Phobia

Dental anxiety and fear potentiate cognitive, physiological, and behavioral responses in an individual (**Figure 1**). The amygdala, nestled deep within the brain, processes anxiety, fear, and phobia directly by unconscious detection of a threat (real or anticipated) and its attached behavioral and physiological response, and indirectly by generating a cognitive-emotional feeling of fear.[8] This emotional response is then stored in the hippocampus, which is proximately connected to the amygdala. While the hippocampus stores factual memories, the amygdala determines their emotional value.[9] Typically, the frontal lobes, which regulate voluntary and rational actions, step in to override the amygdala to ensure we respond appropriately.

Screening for Dental Anxiety

Anxiety and fear are subjective experiences that vary in terms of intensity, severity, and the way individuals express them. As a result, it can be challenging to measure.[10] Dentists may be able to observe signs of anxiety, fear, and phobia in patients (*e.g.,* avoiding eye contact, pacing, fidgeting). Self-reported questionnaires and physiological measurements (*e.g.*, heart rate, blood pressure) can be used to detect and even measure the degree of dental anxiety.[10] Dental anxiety scales can be used to uncover potential sources of angst. The Corah Dental Anxiety Scale (**Table 1**), most frequently used, is considered the benchmark for dental anxiety scales.[10] Though this short, 4-question scale provides some information about a patient's level of dental anxiety, it is important to keep in mind that it does not account for a patient's personal characteristics (age, gender, *etc.*), clinical situation, or the quality of the patient-provider relationship, all which may influence the response.[10] Identifying the source of a patient's dental anxiety or fear and acknowledging his/her individual attributes and circumstances is essential when determining which treatment approaches to adopt. It is a fundamental first step in managing patient anxiety.[11]

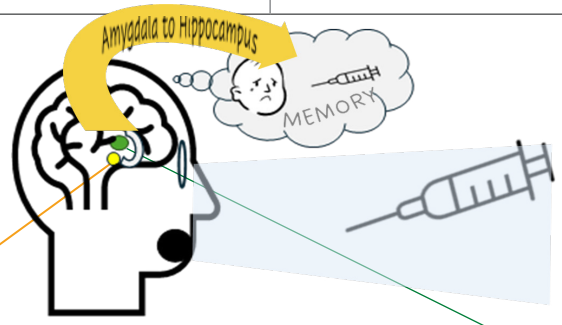
Figure 1 - The Process

Amygdala to Hippocampus:
Ugh, I have a dental appointment - they are the worst!

Cognitive Beginnings

- Lack of understanding
- Lack of control
- Bad/painful dental experiences
- Distrust of dentist/team
- Anxious parental influence
- Poor coping style
- Genetic predisposition

- Physical/Emotional abuse - Post-Traumatic Stress Disorder
- Humiliation by the dentist about dental status/hygiene
- Exposure to frightening portrayals of dentists in the media
- Sensory triggers (needles, sound of drill, smell of eugenol)
- Fear of choking, mercury, radiation
- Dentist's personality



Amygdala to Hypothalamus:
"EEK a **SHARP** *NEEDLE!"*

Hypothalamus → Autonomic Nervous System → **Pituitary Gland:**
"A ***LONG SHARP*** *NEEDLE is heading toward us - alert the adrenal gland"*

Pituitary Gland to Adrenal Gland:
"A ***VERY LONG LONG SHARP*** *NEEDLE is near!"*

Adrenal Gland:
"A ***HUGE LONG SHARP*** *NEEDLE???*
Cortisol, Epinephrine, and Norepinephrine prepare the systems!"

Physiologic Symptoms

Increase activity in Heart & Lungs
- Rapid Heart Rate
- Chest Pain
- Hyperventilation/Shortness of Breath

Redirect Blood Flow
- Peripheral blood vessels constrict (ex: skin)
- Blood vessels around vital organs dilate to oxygenate
- Dizziness/Fainting (Vasovagal response)

Reduce GI Activity
- Stomachache
- "Butterflies"
- Nausea

Inhibit Production of tears & saliva
- Dry Mouth

Prepare Muscles for Action
- Muscle tension/pain
- Headache
- Jittery
- Piloerection (goosebumps)

Metabolic Changes
- Glucose levels spike
- Calcium Level Increases
- WBC Level Increases

Others
- Chills and/or Sweating
- Sleeplessness
- Irritability
- Dilated Pupils

Behavioral Response

ANXIETY	FEAR	PHOBIA
• Worry • Rumination • Avoidance • Pressured Speech • Hypervigilance • Distress • Crying • Anger • Impatience	• Escape • Flight • Freeze • Triggered by real immediate threats	• Immediate and intense fear reaction • Overwhelming panic • Impaired functioning • Recognizing exaggerated response but feeling powerless to control • Triggered by specific objects or situations

Table 1 - Corah Dental Anxiety Scale (DAS)[12]

1. **If you had to go to the dentist tomorrow, how would you feel about it?**
   a) I would look forward to it as a reasonably experience
   b) I wouldn't care one way or the other.
   c) I would be a little uneasy about it.
   d) I would be afraid that it would be unpleasant and painful.
   e) I would be very frightened of what the dentist might do.
2. **When you are waiting in the dental office for your turn in the chair, how do you feel?**
   a) Relaxed
   b) A little uneasy
   c) Tense
   d) Anxious
   e) So anxious that I sometimes break out in a sweat or almost feel physically sick.
3. **When you are in the dentist's chair waiting while he gets his drill ready to begin working on your teeth, how do you feel? (Same alternatives as number 2)**
4. **You are in the dentist's chair to have your teeth cleaned. While you are waiting and the dentist is getting out his instruments which he will use to scrape your teeth around the gums, how do you feel? (Same alternatives as number 2)**

Points were assigned to the subject's choices, with one point for an (a) choice to 5 points for an (e) choice. Total scores of 4 – 20 can be used to define the level of anxiety as follows:

≤ 4 = no anxiety; 5-8 – mild anxiety; 9-14 – moderate anxiety; 15-20 – high anxiety

Helping Patients to Cope

Fostering a trusting patient-provider relationship that encourages open, honest communication can go a long way in easing a patient's anxiety. Patients feel relieved when their provider acknowledges (rather than dismisses) their concerns.[11] An empathetic approach in which signs of emotional distress are recognized and addressed in a timely fashion can provide additional reassurance for patients who are anxious, fearful, or phobic. Giving patients an active role in their care can provide a sense of control. It is important to note that, without a positive patient-provider rapport, anxiety management efforts will be unsuccessful.

Individuals "fearful of specific stimuli" can be guided to develop effective coping strategies through the process of desensitization, whereby he/she is encouraged to use relaxation methods (**Table 2**) while being gradually exposed to the feared stimuli.[11,13]

Individuals "fearful of medical catastrophe" (life- threatening medical event) respond well when dental practitioners take their concerns seriously.[5,13] Patients may report an "allergy" to local anesthetics because of a previous experience with heart palpitations.[11] Some may express concerns about their ability to breathe with the use of a rubber dam.[11] A modified dental environment designed to decrease the clinical "feel" and increase comfort (*e.g.*, aromatherapy, weighted blanket, etc.) can promote relaxation for these patients. While receiving care in this environment, patients not only have a better opportunity to hear treatment information without "clinical distractions" they also can better access the encouraged relaxation exercises (**Table 2**).

Individuals with "generalized dental anxiety" experience significant angst in anticipation of dental treatment rather than to a specific stimulus.[13] Over-responsivity to the conversation surrounding their anxiety can be further exacerbating. These patients respond well to reassurance before, during, and after the procedure.[5] Providing relaxation strategies (**Table 2**) and slowly introducing patients to the required steps associated with a procedure allows an individual to learn the coping skills they need to control their anxious response.

Individuals "distrustful of dental personnel" may come across as argumentative or suspicious of the dentist's motives.[13] While their behavior may seem quick-tempered and sarcastic, it is important to remember that this is a manifestation of their anxiety and fear. Sensing an impending loss of control at the hands of their provider, these patients will use confrontation as a way to take charge of the situation.[11] Managing these patients is best accomplished by keeping them well-informed, listening to their needs, and actively involving them in the treatment process.

For children and patients who have special needs, dental visits can be particularly daunting due to both a lack of maturity and a lack of understanding. Pre-appointment preparation with related books and videos can positively highlight what he/she may experience during a dental visit. Allowing patients to play the role of the dentist while attending to a stuffed animal "patient," using a toothbrush, disposable mirror and gauze can be a fun and effective way to relieve fear. Using a weighted blanket, tell-show-do, and positive reinforcement can also ease anxiety. Pre-treatment visits to meet their providers and tour the office should be encouraged to acclimatize these patients and to quell imaginative minds.

Regardless of the circumstance, a patient-tailored approach is essential when working with patients who experience dental anxiety, fear, or phobia. While sedation with anxiolytics only temporarily reduces a patient's anxiety, an individualized approach can help to reduce a patient's fear to a functional level, which allows them to cope autonomously during future situations. This approach also helps foster the patient-provider trust required for successful dental treatment.

Table 2 - Relaxation Techniques for Dental Patients

1. **Breathing Exercises:**
   - Box breathing:
   - Exhale (4 seconds)
   - Hold (4 seconds)
   - Inhale (4 seconds)
   - Hold (4 seconds)
2. **Listen to Music / Watch Video**
3. **5-4-3-2-1 Method: Look around and find:**
   - 5 things you can see (ex: the design of the ceiling tiles)
   - 4 things you can feel (ex: the fabric of the chair)
   - 3 things you can hear (ex: the sound of the cars outside)
   - 2 things you can smell (ex: the smell of perfume/cologne)
   - 1 thing you can taste (ex: the taste of the toothpaste)
4. **Hug Pillow/Stuffed Animal**
5. **Squeezing Stress Ball**
6. **Fiddle with Fidget**
7. **Guided Imagery - deliberate daydream**
8. **Mindfulness Activity:**
   - Pick a category (cars, fruits, animals, etc.)
   - From A-Z, think of an item in that category (Apples, Bananas, Cherries…)

The Patient Won't Even Step into the Dental Office

While individuals with low and moderate dental anxiety may acquire an improved ability to tolerate dental procedures through a trusting collaborative rapport, a mindful approach to treatment, and the use of relaxation strategies, the phobic patient will either avoid or endure treatment with significant distress or impairment. Extremely anxious or phobic patients most frequently require a combined management approach.

Management Strategies

Psychological and pharmacological interventions are equally effective in reducing dental anxiety and phobia, but each has its limitations. Behavioral/cognitive therapy requires multiple sessions to achieve an initial treatment response. For this reason, a phobic patient who is experiencing an acute dental issue may require some form of sedation in order to undergo urgent treatment.[14] Once the acute dental need is resolved AND if the patient is motivated, behavioral/cognitive therapy can be initiated and has been shown to be successful in managing dental phobia.[14]

Anxiolytics may be used as an adjunct to reduce physiological symptoms and increase comfort. They can help fearful patients to develop coping strategies while experiencing treatment in a relaxed state.[15] Deep sedation, however, should be avoided, when possible.[15] Along with its amnestic effects, deep sedation masks a patient's experience and provides no opportunity to learn anxiety management skills. As a result, their dental fear continues as does the "cycle of avoidance".

Teledentistry is a great way to make a first connection with fearful patients who are suffering at home.[15] These virtual visits allow the patient to "meet" their dental team while remaining in a comfortable and non-threatening environment. Providers can use this format to learn about a patient's treatment needs and concerns, walk the patient through a visit, and ultimately begin to establish the patient-provider relationship.[15] With teledentistry, severely affected dental-phobic

individuals can be reached, educated, reassured, and eventually guided to present for in-person care.

Music Therapy can reduce anxiety and fear by blocking out triggering dental equipment noises in the dental office. Body rhythms synchronized with low and predictable rhythms, results in lower adrenergic and neuromuscular arousal.[16] Listening to music suppresses the sympathetic nervous system, reducing adrenergic and neuromuscular activity, lowering anxiety.[17] The use of headphones while in the dental chair during any dental procedure is recommended.[18]

Virtual Reality Exposure Therapy (VRET) is a novel cognitive behavioral approach used to successfully treat specific anxieties through systematic and gradual desensitization until fear extinction occurs.[19,20] VRET creates a computer-generated virtual environment where the patient can confront their fears at their own pace and in the privacy of the therapist's office or dental chair. Some consider it a safer, less embarrassing and more cost-effective treatment for anxieties.[19]

Immersive visualization (IV) is a distraction technique that uses specialized eyewear to reduce stress, pain, anxiety and fear without interfering with treatment.[21] IV eyewear does not restrict the patient's peripheral vision, providing additional comfort. IV is promoted as an effective technique to help decrease or manage short-term anxiety in adult patients undergoing routine oral debridement.[21] IV eyewear is a safe, economical, easy-to-use, non-pharmacological and portable approach to manage short-term dental anxiety.

Auricular acupuncture is a minimally invasive technique that can reduce general and preoperative anxiety.[22] Anxiety occurs due to an imbalance in neurotransmitters such as GABA in the brain.[22] Auricular acupuncture relieves anxiety by modulating the autonomic nervous system, suppressing the sympathetic nervous system, and stimulating the parasympathetic nervous system, thus inhibiting noradrenaline production and reducing sympathetic hyperactivity.[22]

The Dentist is Not Immune

Working with apprehensive and fearful patients is associated with significant psychological stress for the dental practitioner and their staff, as well.[11] Almost 80% of dentists report feeling anxious when treating such patients. Anxious patients often have an exaggerated memory of an unfavorable dental visit that leads to an increased perception of pain and heightened reactivity.[23] These patients may be less cooperative and require more treatment time and resources, which not only impacts the dentist's ability to deliver care properly but may also trigger a similar physiological stress response within the provider.[11]

Routinely practicing self-awareness and relaxation strategies while proactively intervening to reduce the patient's dental anxiety will lower overall workplace stress and help reduce the morbidity and mortality rate of the stress-related disorders associated with the dental profession.[11]

Dentists' top five stressors, in order (American Dental Association. 2003 Dentist Well-Being Survey)

1. Time pressures
2. Patient demands
3. Uncooperative patients (children, fearful, nervous, or militant)
4. High levels of concentration and focus
5. Team issues

Conclusion

About 36% of the U.S. population is fearful of dental treatment, with 12% having an extreme fear. Although psychotherapeutic and/or pharmacological interventions can have a profound and positive impact on these individuals, the compassionate response of the dental team is critical when it comes to breaking the "cycle of avoidance". Establishing a trusting rapport, being cognizant of the signs of distress, acknowledging the patient's experience, and using a mindful approach are instrumental when providing dental care to those with anxiety, fear, and phobia. It is equally important for the dental team to acknowledge that providing care to patients with dental anxiety is a workplace stressor. For the health of the patient and the team, it must be identified and addressed promptly.

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POST-TEST

Internet Users: This page is intended to assist you in fast and accurate testing when completing the "Online Exam." We suggest reviewing the questions and then circling your answers on this page prior to completing the online exam.

(1.0 CE Credit Contact Hour) Please circle the correct answer. 70% equals passing grade.

1. **Dental anxiety, fear, and phobia can cause all of the following EXCEPT:**
   a. Dry mouth
   b. Cycle of avoidance
   c. Constricted Pupils
   d. Spike in blood glucose levels

2. **What part of the brain plays a key role in processing anxiety?**
   a. Hypothalamus
   b. Amygdala
   c. Hippocampus
   d. Pituitary Gland

3. **All of the following are true about physiological symptoms associated with dental anxiety, fear, and phobia EXCEPT:**
   a. Prepare an individual for fight or flight.
   b. Can occur even when there is no immediate danger.
   c. May be uncomfortable.
   d. Have no long-term effect on the patient.

4. **The Corah Dental anxiety scale explores:**
   a. The anticipation of pain caused by dental procedures.
   b. The patient's personal characteristics.
   c. The relationship between patient and dentist.
   d. The experience of a potential clinical situation.

5. **For children and patients who have special needs all of the following may help to decrease anxiety EXCEPT:**
   a. Telling them there's no need to cry
   b. Pre-appointment preparation
   c. A weighted blanket
   d. Role reversal play

6. **Patients who may come across as argumentative:**
   a. Are difficult to manage.
   b. Are never satisfied with the care they receive.
   c. May fear a loss of control at the hands of their provider.
   d. Are generally angry all the time.

7. **Teledentistry visits are a helpful tool to reach those who have dental-phobia because:**
   a. They provide an opportunity for the patient to "meet" their dental team while remaining in an environment that is comfortable and non-threatening.
   b. Providers can learn about a patient's treatment needs and concerns and walk them through a visit.
   c. They can begin to establish the patient-provider relationship critical to the management of dental anxiety and fear.
   d. All the above

8. **Behavioral/cognitive therapy:**
   a. requires multiple sessions to achieve an initial treatment response.
   b. Requires patient motivation.
   c. Has shown to be successful in addressing dental phobia.
   d. a and c
   e. All the above

9. **All are true about pharmacological interventions EXCEPT:**
   a. Can be used as an adjunct to help ease anxiety.
   b. Deep sedation should be reserved for phobic patients.
   c. Can help fearful patients to get through a procedure while still experiencing it.
   d. Can help phobic patients who are experiencing an acute dental issue and who are undergoing behavioral/cognitive therapy.

10. **Anxious, fearful, or phobic patients**
    a. May have a heightened response to pain which can impact proper diagnosis.
    b. Are best managed with general anesthesia.
    c. Can potentiate a similar physiological stress response within the provider.
    d. a and c
    e. All the above

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