

Review Article**MANAGEMENT OF ANXIOUS AND PHOBIC PATIENTS IN A DENTAL PRACTICE****Preeti Singh¹, Anu Singh², Jyothi C.³, Nidhi Pruthi⁴, Devina Pradhan⁵**^{1,5} PG student, Department of Public Health Dentistry-Rama Dental College Hospital & Research Centre, Kanpur² MDS, Department of Conservative Dentistry and Endodontics- Rama Dental College Hospital & Research Centre, Kanpur³Head of Department, Department of Public Health Dentistry-Rama Dental College Hospital & Research Centre, Kanpur.⁴ Reader, Department of Public Health Dentistry-Rama Dental College Hospital & Research Centre, Kanpur

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ABSTRACT

As we know, amongst the most troublesome issues faced by the dental professional today is persuading people everywhere of the need for regular dental treatments and check-ups. The dental anxious and/or phobic patients are the ones whom the practitioner might attempt to aim for his or her general practice. Dental anxiety and Phobia focuses on a continuity, which may reflect complex mental issues that has brought serious effect to the lives of the people that experience the ill effects of them. It is important to consider how best to treat dental anxiety and Phobia in order to avoid poor oral health later on. Advertising plays a vital role in bringing attention of the people towards dental care. Eye-catching kid's shows, logos, and trademarks draws attention of such patients and assure them that their sentiments will not be disregarded. Dental procedures carried on normal individuals and individuals with anxiety and phobia are the same. However, in cases of pain management, some additional treatments can be carried on or the treatment can be altered if necessary. A recall approach is important for the follow-up procedures. Over the years, there are various approaches regarding recall that have been suggested. Recall can be through written or telephonic communication at various intervals after the patient had undergone any kind of treatment. Proper understanding of the psychology of such patients, their behaviour and the reason for this can help dental practitioner and its staff to plan out an effective way to minimize their discomfort and anxiety.

INTRODUCTION

As we know, amongst the most troublesome issues faced by the dental professional today is persuading people everywhere of the need for regular dental treatments and check-ups. From a general wellbeing viewpoint, if regular check-ups are not carried out, it can further predispose to serious dental problems. Furthermore, from an administration point of view, it is difficult to carry forward a dental practice without sufficient number of patients especially patients who fear dental treatment.

The dental anxious and/or phobic patients are the ones

whom the practitioner might attempt to aim for his or her general practice. Despite of the fact that at the first attempt, it may be difficult to attract these particular patients but by applying the appropriate practice management techniques and skills in a professional way, there can be a change in the patient's thinking perspective for the same which can further help him in relieving the particular health related issues.¹

Coriat defined dental anxiety as 'an excessive dread of anything being done to the teeth' with the result that 'any dental surgery, no matter how minor, or even dental

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prophylaxis, may be so postponed or procrastinated that the inroads of disease may affect the entire dental apparatus'.² Another definition of anxiety includes 'patients specific reaction toward stress associated with dental treatment in which the stimulus is unknown, vague or not present at the moment.'^{3,4}

Anxiety does not cause any type of discomfort or uneasiness, which alters the body mechanism of the patient. However, it is multidimensional in origin consisting of elements like cognitive, emotional and somatic.⁵ In some cases, anxiety and nervousness can be intense to a point that it can cause complete avoidance of the stimulus (for instance: a dental visit), it is viewed as an abnormal behaviour and a patient experiencing such kind of anxiety behaviour would be regarded as Phobic. Dental phobia (DP) represents a severe type of dental anxiety, which is characterized by persistent and marked anxiety in relation either to clearly discernible situations likewise drilling, injections etc. or to the dental situations in general.⁴

Dental anxiety and Phobia focuses on a continuity, which may reflect complex mental issues that has brought serious effect to the lives of the people that experience the ill effects of them. In this way, it is important to consider how best to treat dental anxiety and Phobia in order to avoid poor oral health later on.

Advertising for Dentally Anxious and Phobic

Advertising plays a vital role in bringing attention of the people towards dental care. While focusing on anxious and phobic patients, the particular methodology of treating them is essential. Eye-catching kid's shows, logos, and trademarks draws attention of such patients and assure them that their sentiments will not be disregarded. Majority of these patients (particularly the genuinely phobic) will not have been to a dental

practitioner for quite a long while, a deliberate choice on their parts to consider going to a dental practitioner is a major step and one that must be encouraged wherever possible.

Presentations to other associations locally by the dental specialist and/or staff illuminating the group about the accessibility of systems and practices to benefit the anxious patient are other reasonable advertising techniques.

Therapeutic Techniques for the Dentally Anxious and Phobic Patient

1. The Telephone Call

Administration of such patients begins with their first telephone call which is an initial level. Keeping in mind to achieve a good rapport with the patient, members of staff should promptly determine in the beginning that the patient is anxious. The primary contact with the patient gives them some signs about the staff at the dental practice setting. It is accordingly essential for each individual from the dental office to take an ideal opportunity to be empathic and gentle to each person who calls. The idea of preliminary sympathy, knowing maybe what the individual may encounter, lessens a portion of the individual's uneasiness. The patient has an impression that signifies, "Hey they truly understand what I'm feeling at the moment."

2. The First Appointment

In order to attain a professional patient relationship with anxious or phobic patients, the first appointment with them is very critical and essential. The extent to which the patient is made agreeable and is permitted to express his or her worries specifically that determine the level of accomplishment of treatment and in addition whether he

or she will come back to finish treatment.

The anxiety level of the patients can be assessed by the forms filled out from the patients, that will include detailed patient's history.

Despite the fact that nervousness scales and/or questions on history structures can demonstrate the most vital part of appraisal which includes a point by point information regarding the patient's anxiety or phobia and have a one on one communication with the dental practitioners or hygienist. However, such group meetings are tedious, but they hold their own clinical significance.

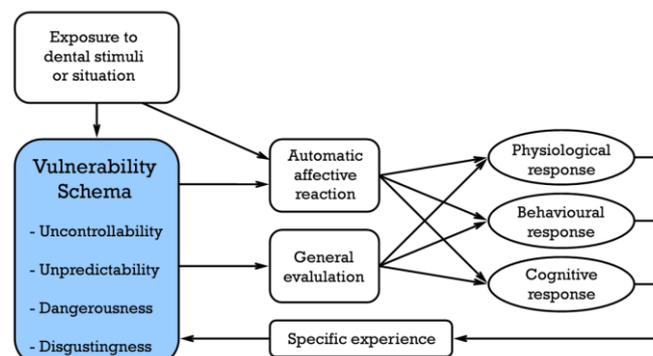
Essential methodology in taking care of such patients might be termed as "affective dentistry." This kind of approach comprises of

- (1) Consoling the patients that issues are feasible and will be resolved
- (2) Conducing articulation of effect
- (3) Listening non-judgmentally and determinedly

3. Treatment Course

Dental procedures carried on normal individuals and individuals with anxiety and phobia are the same. However, in cases of pain management, some additional treatments can be carried on or the treatment can be altered if necessary. There exists a correlation between pain and anxiety, so the management in such cases differs. It is also noticed that when the anxiety of the patient increases, there is increase in the likelihood of noxious interpreting neutral stimuli to be painful.

It is believed that dentist is very aware about the local anaesthesia and analgesic drugs. However, sometime for managing such cases dentist might not be aware of non-intrusive therapies, which can be beneficial in treating these patients. Some of the therapies include acupuncture, bio feedbacks, visual and auditory programming, hypnosis or relaxation training. All these



Cognitive Vulnerability Model of the elicitation of a fear response to dental stimuli⁶

techniques help in understanding the ability of the patient's mind and body changes which can further help to treat the patient. These therapies must be used with other traditional approaches likewise nitrous oxide related analgesia or local anaesthesia, which can give a synergistic effect.⁷

4. Follow-Up

It is an accomplishment for the dentist if he or she has successfully treated an anxious or phobic patient. In addition, the dentist must appreciate the patient, which is a kind of a positive reinforcement.

It is very essential for the dental practitioner to inform the patient about the possible side effects like occurrence of pain after the effect of anaesthesia wearing off. However, the patient must be informed that if there are any problems or queries, the dental practitioner and the complete staff is present at all times to resolve the problems. This brings the faith in patients and helps in diminishing their anxiety towards dental treatments.

A recall approach is important for the follow-up procedures. Over the years, there are various approaches regarding recall that have been suggested. Recall can be through written or telephonic communication at various intervals after the patient had undergone any kind of

treatment. The administrative assistant must manage this recall system. With the advent of technology, it is now easy to maintain the patient's recall system.⁸

Hence, with phobic and anxious patients it is essential to use reinforcement approach and have a strict recall plan.

CONCLUSION

Dental treatment seems to be fearful to some patients and that is the reason why some patients restrict themselves from getting access to avail the dental facilities. Proper understanding of the psychology of such patients, their behaviour and the reason for this can help dental practitioner and his/her staff to plan out an effective way to minimize their discomfort and anxiety towards dental treatment.

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