

## Management of the Anxious, Fearful or Phobic Dental Patient

### Educational Objectives

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

1. Understand the differences between anxiety, fear and dental phobia and their expression in the dental environment.
2. Be familiar with the tools available to identify dental anxiety.
3. Identify techniques used to manage a patient's dental anxiety and fear.
4. Identify management options for the patient with dental phobia.
5. Identify the role of the patient in the management of their dental anxiety and fear.

### Managing the Patient with Dental Anxiety or Dental Fear

A large percentage of people seeking dental care have varying degrees of anxiety and/or fear about receiving dental treatment. Dental anxiety, of clinical significance requiring some form of intervention, is reported to range from 4-20 percent world-wide.<sup>1,2,3</sup> Another 36-61 percent of people surveyed report feeling some anxiety prior to treatment.<sup>4</sup>

### Definitions

#### Anxiety

Anxiety is characterized by unpleasant, vague sense of apprehension associated with the unknown. It is expressed as worry, apprehension, unease or nervousness and may display somatic symptoms such as sweating, confusion, increased pulse rate or respiration rate as the individual anticipates impending danger or misfortune.<sup>5</sup> (Table 1)

#### Fear

Fear is an unpleasant emotional response to a known or definite threat. Fear may also be a noun – “something a person “feels” afraid of”.<sup>6</sup> Fear can be focused on a real or imagined danger. Fear and anxiety are interrelated. Most people faced with fear experience the physical reactions described in **Table 1**. Fear can cause anxiety and anxiety can cause fear.

Table 1

#### Physiological Symptoms of Stress and Fear

- Sleep disturbances
- Muscle pain and tension
- Chest pain
- Ringing or pulsing in ears
- Excessive sweating
- Shaking or trembling
- Cold chills or hot flashes
- Accelerated heart rate
- Numbness or tingling
- Upset stomach
- Nausea
- Shortness of Breath
- Dizziness
- Feeling faint
- Feeling like you are going insane

### FIRST EDITION

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The following commentary highlights fundamental and commonly accepted practices on the subject matter. The information is intended as a general overview and is for educational purposes only. This information does not constitute legal advice, which can only be provided by an attorney.

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## Phobia

Phobia is defined as a strong, persistent irrational fear, anxiety, and/or avoidance reaction to a person, object or situation. Phobias commonly focus on animals, insects, germs, heights, flying, public transportation, dental or medical procedures and elevators. Although people with phobias realize that their fear is irrational, even thinking or talking about it can cause extreme anxiety. Even though the fear may not make any sense, individuals feel like they are unable to control or stop the fear. People with a phobia or phobias can lead a disrupted life because they will go out of their way to avoid the uncomfortable and often terrifying feelings of the triggering stimulus.<sup>7</sup>

## Origins of Dental Anxiety, Fears and Phobias

Dental anxiety, fear and phobia do not always function as unique and separate categories, or states of being. They are fluid emotional states that are triggered by both real and imagined threats. The acquisition of dental anxiety, fear and phobia has been attributed to:<sup>8,9</sup>

- Influence of parents
- Bad dental experiences as a child, or as an adult
- Fear of specific stimuli
- Pre-existing anxiety disorder
- Lack of control
- Poor oral health
- Childhood sexual abuse
- Post-traumatic stress disorder
- Substance abuse

Parents play a significant role in how their children interact with the dentist. Fear of the dentist can be passed on to children by their parents.<sup>10</sup> Involving the parents in at least part of a fearful or anxious child's treatment could be beneficial to parent and child. The use of positive verbal cues and sequencing treatment with non-invasive procedures first could help to desensitize both parent and child. Counseling the parent regarding their child's condition should also be considered.

## Measuring Dental Anxiety

Several questionnaires have been developed to measure a dental patient's anxiety. The *State-Trait Anxiety Inventory* (STAI),<sup>11</sup> the *Dental Anxiety Inventory*,<sup>12</sup> and for children, the *Venham Picture Test*<sup>13</sup> or the *Children's Fear Survey Schedule*<sup>14</sup> were all created for that purpose. The most frequently used questionnaire is the *Dental Anxiety Scale* (DAS).<sup>15</sup> The DAS is a four-item questionnaire with each item scored from not anxious (1) to extremely anxious (5), resulting in a score from 4 to 20. A higher score denotes greater anxiety.

For busy practitioners, the *Short Dental Fear Question* (SDFQ) may be a good option. The SDFQ is a single question, "Last time you visited the dentist how did it go?" The answer given is scored one to four on a Likert-type scale (**Table 2**).<sup>16-18</sup> To quickly screen for anxious patients, the SDFQ question or the DAS questions can be placed in the health history questionnaire.

## Successful Management of Anxious and Fearful Patients

If the goal is to empower patients so that routine dental care can become just that, then identifying the best way to structure a dental appointment should be the starting place. Front office staff and dental assistants play a big role in managing anxious and fearful patients. Their understanding that almost everyone is anxious about something (snakes, spiders, height) can help them structure their interaction with a patient by deescalating any potential triggers in the environment creating a smooth transition from the waiting room to the operatory. If the front office and dental assistants know in advance to expect an anxious patient, they can:

- Give an anxious patient the first appointment of the day to reduce his/her time to think about the appointment.
- Greet a patient with positive cues like "It's great to see you today" and avoid asking how he/she is feeling, which may lead to musing over triggers.
- Keep the patient engaged until escorted to operatory.

Table 2

### Answer Classification for Short Dental Fear Question

1. I was totally relaxed during treatment
2. Nervous, but treatment was carried out successfully
3. Nervous; treatment was just carried out
4. I was so frightened and/or nervous that:
  - a. Treatment was difficult
  - b. Treatment was not successful
  - c. I missed my appointment

- Make the operatory environment more accommodating by offering to adjust room temperature, lighting, chair position, and TV or radio selection.

Prior to, during, and after treatment, communication plays a significant role in patient perception. Information in **Table 3** may be used as a guide to direct communication with the anxious patient before starting treatment. **Table 4** may be used as a communication guide during treatment and **Table 5** for communication after treatment.

The dentist and their staff members should always be mindful of their, and the patients, nonverbal communication. Dental staff can increase patient confidence and reduce patient anxiety through the use of positive body language such as standing and sitting straight and giving a genuine smile. If a problem is noticed or suspected during treatment providers should make a conscious effort to control body posture and facial expressions so as not to alarm the patient. If dental team members take time to focus on breathing and muscle relaxation at the end of the appointment they will not only feel better but will also have a better chance of placing the patient at ease.

Monitoring patient nonverbal behavior such as facial expressions, position in the chair, location of hands in proximity to the mouth and making nonverbal noise are all indicators the patient needs a break. This is also a good time to monitor perceived pain levels and reassure that what they are experiencing is temporary and will soon be over.<sup>19</sup>

Table 3

Communication with the Patient <u>Prior</u> to Treatment
<ul style="list-style-type: none"> <li>• Accurately and regularly update the patient's medical history to ensure that no care has contraindications due to existing health issues.</li> <li>• Explain dental care and answer questions in terms understood by patients.</li> <li>• Discuss treatment options and financial arrangements with patients, including dental insurance coverage if available.</li> <li>• Utilize visual aids in explaining dental disease and dental care. Visual aids could include models, diagrams, video clips, radiographic images or images from an intraoral camera.</li> <li>• Ask the patient about any questions they have (e.g., "What questions may I answer for you about your dental care today?")</li> <li>• Discuss patient anxieties about care and offer strategies for managing anxiety. Negotiate a nonverbal signal (such as a raised hand) through which patients may suspend treatment momentarily by communicating any unusual discomfort or sensations.</li> <li>• Ask open-ended questions and listen to patients in a nonjudgmental, curious manner about their goals and expectations, for example, "Ideally, how would you describe how your mouth, teeth, and tissues look and feel 20 years from now?" "What do you expect from me as a dentist/assistant/hygienist?"</li> <li>• Provide feedback to the patient about brushing, flossing and other health behaviors related to oral health, and offer assistance in developing related skills and setting goals to achieve these skills. One approach to persuading patients to change is motivational interviewing - a nonjudgmental approach in which patients identify their goals and the provider helps coach the patient in ways to achieve goals. For example, a provider might begin such a discussion by asking the patient, "How would you like your teeth to appear when you are 70 years of age?"</li> <li>• Ultimately, one criterion used to gauge the effectiveness of communication prior to dental treatment is the question, "Can patients identify the tooth/teeth/tissues involved in treatment and can the patients explain in their own words what care will be provided and why?"</li> </ul>

Table 4

Communication <u>During</u> Treatment
<ul style="list-style-type: none"> <li>• Provide informative updates about the progress of the appointment ("All of the decay has now been removed and we are ready to restore or fill the tooth").</li> <li>• Forewarn the patient about potentially uncomfortable treatment steps and check on the patient's comfort when performing those steps ("You will feel something now, but it will not last long").</li> <li>• Notice and acknowledge during treatment both intentional and unintentional nonverbal messages of discomfort (squinting, twitching, "white knuckles").</li> <li>• Demonstrate empathy to patients through a combination of words and nonverbal communication, acknowledging and attending to discomfort, addressing and offering options for fears, anxieties, and physical sensations.</li> </ul>

A number of behavioral management techniques can be added to complement good communication skills in the dental operatory (**Table 4**). Case presentations as well as a description of current or upcoming dental procedures can be presented in a Tell-Show-Do format. Discussing its flavor, while applying a topical anesthetic acts as a distraction. Allowing the patient to listen to their favorite music and adjusting the volume during the anesthetic injection, impression taking or when the high-speed handpiece is being used also provides distraction.

Cognitive ground work to assist anxious and fearful patients through difficult procedures can be laid before or after the case presentation by asking the patient to describe their most relaxing and enjoyable vacation or life event. Suggest to the patient that they focus on those memories

and positive emotions anytime they start feeling anxious or nervous. Dental team members may need to cue the patient to recall pleasant memories when they notice a patient becoming anxious.

Post-procedure communication is also important. It provides an opportunity to: 1) review what was accomplished; 2) provide positive reinforcement for the progress made and; 3) provide reassurance of what can be expected post-operatively. Word choice, tone of delivery and providing a sense that you are not rushed are important to make the patient feel they are important. Ultimately successful treatment is a team effort, with the dental team encouraging and supporting the patient by creating a reassuring environment and the patient taking steps to reduce their anxiety. **Table 6** provides a list of words to use, and to avoid, when speaking with a patient.

Table 5

Communication <u>After</u> Treatment
<ul style="list-style-type: none"> <li>• Inform the patient about potential and expected post-treatment sensations and complications ("Teeth may be sensitive to hot and cold temperatures after being treated; this sensitivity should subside in a few days").</li> <li>• Procedures such as extractions and endodontic therapy should have standardized postoperative instructions and expectations.</li> <li>• Call, text or email patients after particularly difficult or potentially uncomfortable dental care.</li> </ul>

Table 6

List of Words to Use and to Avoid When Speaking with Patients<sup>12</sup>

Use with Patients
Numb up your tooth or administer anesthetic
Extract or remove
Discomfort/sensitivity
Remove decay
Remove build-up or decay
Shape tooth/prepare tooth
Measure tightness of your gums/tissue
Protect /strengthen your tooth with a crown (used as a noun)
With your permission . . .
Necessary x-rays
Restore form and function
Tooth-colored material
Silver-colored material
Avoid with Patients
Shot; Needle
Pull/Yank
Pain/Hurt
Grind; Drill
Scrape
Grind; Drill
Probe
Crown (especially when verb or alone)
Policy requires
Full mouth series
Fill tooth/Filling/Patch
Composite
Amalgam

Pain Management

Obtaining anesthesia and maintaining profound anesthesia during treatment of anxious and fearful patient are critical to a successful treatment outcome. The delivery and maintenance of profound anesthesia is worked out with the patient verbally prior to injection and may include prearranged signs if the patient wants to ask a question or take a break. If the dentist suspects, or the patient informs the dentist of discomfort or pain, the procedure should be suspended until the discomfort can be brought under control. The entire office team should be able to accurately inform the patient of what they can expect and provide reassurance as necessary.

Highly Anxious/Phobic Patients

Highly anxious/phobic patients that cannot control their fears have several options for treatment. Sticking with the goal to empower patients, the office staff should encourage the patient to be an active participant in managing or eliminating their high anxiety by seeking help from mental health professionals and participating in support groups. As a resource for all patients, dental staff can have a handout available for all patients or to be given to patients who identify themselves as anxious or fearful on their health history (Table 7).

While many anxious and phobic patients could benefit from medication the night before treatment some questions must be addressed first:

- Did the patient ask for a specific medication; If so it may be a sign of drug seeking behavior<sup>20</sup>
- Will the patient have someone to monitor them taking the medication
- Will the patient have someone to bring them to the appointment and take them home

If your practice does not offer nitrous oxide or intravenous sedation you may elect to refer the patients that are unable to manage their anxiety. Patients who choose the use of sedation or general anesthesia should be encouraged to seek or continue treatment for their high anxiety.

Summary

Almost everyone experiences anxiety or has had a fearful response about a person, a place or an event. It is when other people's anxiety and fear hinder them from getting dental treatment or make providing treatment difficult that the dental team must have strategies in place to help patients identify and manage their fear and anxiety. Successful management of the fearful and anxious patient requires coordination of the entire dental team, and requires participation of the patient. Dental staff members can create a less stressful environment through careful scheduling, providing a positive reassuring environment, using behavioral management techniques, managing patient pain, keeping the patient informed about treatment progress and encouraging the patient, if need, to get professional help to learn how to manage their fear and anxiety.

The role of the fearful and or anxious patient is to participate in their treatment by asking questions of the dental team members, making team members aware of discomfort and becoming proactive in the treatment of their fear and or anxiety. Patients unable to manage their anxiety and fear should, in addition to seeking professional help, be referred to providers that provide additional sedation or anesthesia approaches.



Table 7

Suggestions for Patients to Reduce Anxiety

- Tell dentist about your fears
- Request an early morning appointment to decrease time to think about the appointment
- Bring a friend with you
- Avoid caffeine before the appointment
- The night before eat high-protein foods (high-protein foods produce a calming effect)
- Practice slow regular breathing to keep oxygen level up (low levels of oxygen increase feelings of panic)
- Work out signal with dentist that allows you to take a break
- Practice progressive muscle relaxation at home and at the dental office before treatment starts
- Do something special after the appointment to celebrate your success

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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. **With anxious patients the dentist should do all the below with an anxious patient except:**
  - a. Inform the patient what to expect.
  - B. Provide reassurance as necessary.
  - C. Ask the patient frequently how they are feeling.
  - D. Encourage the patient to ask questions.
2. **Dental anxiety, fear and phobia:**
  - a. function as unique and separate diagnostic classifications.
  - B. are static states.
  - C. are fluid states that can be elevated or lowered.
  - D. have nothing to do with a person's emotions.
3. **An effective way to empower a fearful patient during an appointment is to:**
  - a. help them feel they have control over the appointment.
  - B. tell them the appointment will be short.
  - C. refer them to a mental health expert.
  - D. All the above.
4. **The Tell-Show-Do technique is used to:**
  - a. distract a patient.
  - B. educate a patient.
  - C. allow the patient to ask questions.
  - D. All the above.
5. **In a study on dental anxiety what percentage of those surveyed reported some dental anxiety?**
  - a. 10-15 %
  - B. 18-25%
  - C. 42-51%
  - D. 36-61%
6. **An effective and efficient way to determine if a patient, or potential patient, has dental anxiety would be to:**
  - a. observe the patient for physical signs of stress.
  - B. incorporate questions that will identify anxious patients into the health history.
  - C. have your staff administer the DAS to all new patients.
  - D. None of the above.
7. **The acquisition of dental anxiety and fear can be attributed to:**
  - a. a bad dental experience.
  - B. a pre-existing anxiety disorder.
  - C. post-traumatic stress disorder.
  - D. All the above.
8. **In an effort to help patients manage their dental anxiety staff should do all of the following except:**
  - a. ask the patient how they are feeling when he/she arrives for their appointment.
  - B. keep the patient engaged prior and throughout the appointment.
  - C. work out signals so patient can let dentist know if they have questions.
  - D. use Tell-Show-Do as a educational and distraction technique.
9. **A phobia is defined as:**
  - a. an unpleasant, vague sense of apprehension associated with the unknown.
  - B. a strong, persistent irrational fear, anxiety or avoidance reaction to a person, object or situation.
  - C. an unpleasant emotional response to a known definite threat.
  - D. involving symptoms of stress, depression, anxiety and hypochondriac.
10. **A patient that cannot manage their anxiety can be given treatment options that include:**
  - a. referral.
  - B. nitrous oxide.
  - C. intravenous sedation.
  - D. All the above.

