

2. Oral sedation, involves taking certain medications, such as benzodiazepines (e.g., Valium, Xanax) which act as sedatives and/or anti-anxiety drugs.
3. Intravenous (IV) sedation, which is where a drug is administered to a patient during dental treatment to produce a deep sedation. Patients are not asleep, but their level of consciousness is very low and they may remember little or nothing of their time while sedated.

Final, important, summary information

If it is you who are anxious about going to the dentist...

...**the most important thing** you can do is let the dentist and the dental staff know about your concerns. Only then can they adequately help you manage your anxiety and carry out any necessary treatment. If you tell them your concerns and they do not or cannot adequately address those concerns, you should consider looking for another dentist.

If it is a partner, relative or friend of yours who is anxious about going to the dentist...

- > ...give them this pamphlet
- > ...be supportive and don't judge, criticise or dismiss them or their anxiety and concerns
- > ...help them find an alternative dentist ...there are lots of good websites on overcoming dental fear and anxiety (such as dentalfearcentral.org)

Good oral health is important and worth the effort!

Acknowledgement:

Colgate Oral Care

For further enquiries

Dental Practice Education Research Unit
ARCPOH, School of Dentistry
The University of Adelaide, SA 5005

Phone: +61 8 8313 6084

Fax: +61 8 8313 4858

Online enquiries: arcpoh.adelaide.edu.au/dperu



adelaide.edu.au



facebook.com/uniofadelaid



twitter.com/uniofadelaid



youtube.com/universityofadelaid

DISCLAIMER: The information in this publication is current as at the date of printing and is subject to change. You can find updated information on our website at adelaide.edu.au. With the aim of continual improvement the University of Adelaide is committed to regular reviews of the degrees, diplomas, certificates and courses on offer. As a result the specific programs and courses available will change from time to time. Please refer to adelaide.edu.au for the most up to date information or contact us on 1800 061 459. The University of Adelaide assumes no responsibility for the accuracy of information provided by third parties.

CRICOS 00123M © The University of Adelaide. Published March 2016



Dental fear and
anxiety:

Information for Patients

Special Topic Pamphlet No. 11

Many people regularly attend a dental practitioner with few or no concerns. Some even enjoy the experience and look forward to a dental visit. However, some people have significant concerns or worries about going to the dentist. Whether we call it fear, anxiety, phobia, dread or just worry, these negative feelings can make even a simple dental visit a highly stressful, even terrifying, challenge. Some people put off making a dental visit, even when they have problems that could be successfully treated by a dental practitioner. If you are like this, or know someone who is, there are ways and means to conquer this anxiety.

What you need to know

1. Perhaps the first thing to be aware of is that while people who have dental anxiety often feel isolated they are by no means alone. In fact, many people, about 1 in 7, have high levels of anxiety about going to the dentist. Dental anxiety is one of the most common concerns in the community.

2. Most dental practitioners are aware of how common dental anxiety is and will have had some training in treating anxious patients. Increasing attention is being paid to successfully managing treatment for people who are concerned about attending a dental clinic.

3. It is important, when a person with dental anxiety goes to a dental practitioner, that they inform the practitioner or the dental staff about their concerns. The dental team will not dismiss those worries or think negatively about an anxious patient. A dental clinic is a business and it is their job to look after every patient and manage their dental care to the best of their ability. This means addressing any concerns, worries, doubts or issues a patient might have.

4. It is worth recognising that while dental practitioners are both qualified and competent in addressing oral health concerns, they also vary tremendously as people and practitioners and will have more or less skill in successfully working with an anxious patient. If a patient feels they are not receiving the required or desired service from a dentist they should look elsewhere. Finding a dental practitioner who can communicate well and who you trust is a crucial part of tackling dental anxiety.

What can help?

Finding the right dentist (if you haven't already!)

- > The right dentist must have good people skills and be interested in you as a person.
- > Ask around – friends, colleagues, relatives... Do they like their dentist or have glowing reports?
- > Your GP or their receptionist might know of someone who specialises in treating anxious dental patients.
- > Information is often available from internet forums.
- > Look at dentist's websites. Do they state that they specialise in or are interested in treating anxious patients? Do they state how they help and do they offer what you want? Are there photos of the dental staff and do they look happy and friendly?

Behavioural or psychological approaches

There are lots of approaches, some simple, some less so, that a dental practitioner might use in collaboration with an anxious person to help them successfully cope with dental treatment. Some of these are:

- > Non-threatening and calming language.
- > Simple interactive strategies like tell-show-do, where the patient is first **told** what the dental practitioner would like to do, and then **shown** what is involved, before actually **doing** the procedure when the patient feels comfortable and is ready to proceed.
- > Scheduled, frequent breaks from treatment.
- > Signalling, to allow a patient to halt treatment when it starts to get too much for them or when they just need a break.
- > Relaxation techniques, which can even be practiced at home to be applied when in the dental chair.
- > Distraction techniques such as watching movies or listening to music.
- > Systematic desensitisation, which is a psychological technique involving gradual stepped exposure to various dental techniques or specific objects (such as needles).
- > Hypnosis, but this requires special training by the dentist and will not be commonly available.

Clinical (non-sedation) approaches

There are now many options available to dental practitioners in terms of the clinical management of dental anxiety. These include such things as:

- > Numbing gel, or topical anaesthesia, is almost universally available and can be rubbed or sprayed on to the gums before an injection (if required) and after about a minute will numb the area so that the injection that follows, and which contains a stronger anaesthetic, is barely felt or not felt at all!
- > The 'Wand' (CompuDent or STA), which is a computer controlled device for administering a local anaesthetic through what looks like a hand-held pen.
- > Air abrasion which is basically used instead of a drill and uses compressed air (containing aluminium oxide powder and sometimes other materials) to remove decayed portions of teeth. Little or no noise, vibration or smell!

Dental sedation

Pharmacological (drug) approaches can be used to help people cope with dental anxiety. This is also sometimes called 'sleep dentistry' and can be very effective for people who:

- > just want it over with;
- > don't want to be conscious while receiving dental treatment;
- > just need a little help relaxing ('laughing gas');
- > have fear-specific issues such as needles;
- > have tried other approaches, such as those listed above, and had no success.

The three types of sedation are:

- 1.** inhalation sedation: a mixture of nitrous oxide and oxygen (aka 'laughing gas' or 'happy gas') is breathed in to produce a happy, almost euphoric, state and often considerable pain reduction. It takes effect rapidly, can be readily controlled and produces no 'hangover' effect, being eliminated from the body in a matter of minutes when turned off.