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| **Name:** |
| Sophie Altenburg |
| **Group:** |
| 8B-2 |
| **Pathology Question:** |
| What are the common manifestations of anxiety in the dental chair? |
| **Report:** |
| Dental anxiety is extremely common. In fact, one in seven patients are considered to be highly anxious about receiving dental care (Armfield, Heaton). Many anxious patients will avoid the dentist completely, or only seek care when it is an emergency situation. However, even patients who maintain regular appointments experience anxiety. While it is possible to gauge a patient’s level of anxiety regarding dentistry using standardized surveys and questionnaires such as the CORAH Scale, there are several different manifestations of dental anxiety from a patient in the chair.  One way to categorize these different manifestations is by making a correlation between a certain behavioral component and its associated typical observable behaviors. A disturbed affect often leads to intense expressions of a negative emotions. This might manifest itself through crying, outbursts of anger, and even inappropriate laughter. Additionally, changes in motor behavior can be seen in an anxious patient. The patient may exhibit muscle tension, disturbances in speech, or abnormal facial expressions. Changes in cognitive function may also be evident. The patient may fail to listen and comprehend what the provider is saying. The patient may also display altered judgement and memory impairment or may become extremely talkative and inquisitive. Finally, a patient might experience actual physiological changes due to anxiety that result in increased heart rate, blood pressure, and respiratory rate, as well as increased activity of sweat glands.  However, a more structured way to categorize manifestations of dental anxiety is called “The Seattle System.” This system separates anxious patients into four different groups, each group with different manifestations and clinical presentations. This categorization also helps providers determine the best approach for treatment. The four categories are: fearful of specific stimuli, fearful of medical catastrophe, generalized dental anxiety, and distrustful of dental personnel. Those in the first category are often triggered by specific items such as the anesthetic needle, handpiece, or instruments. They may display changes in motor function such as muscle tension and may express an intense emotional response through crying. However, patients who are fearful of specific stimuli typically respond well to systematic desensitization. Being fearful of medical catastrophe may lead to patients reporting an allergy or reaction to local anesthetics. Although this is most likely not true because true allergies to these substances are extremely rare, they may present physiological changes due to the anxiety such as increased blood pressure, heart rate, and sweating. The effects of increased epinephrine levels in addition to an anxious response may be misinterpreted as an allergy or reaction. These patients may be overly talkative as well. As a provider, it is helpful to provide thorough education after taking a full medical history and utilize gradual exposure when addressing this type of anxiety.Generalized dental anxiety patients may believe that everything related to oral health care is negative. They might report poor sleep prior to the appointment and thus exhaustion, as well as feeling physically or emotionally ill. They will express extreme worry and it may hinder their cognitive abilities, such as ability to remain rational or understand what the provider is saying. These patients typically experience other phobias as well and worry about being negatively perceived by dental providers. Those with generalized dental anxiety respond best to reassurance throughout the appointment. Finally, patients who are distrustful of dental personnel may express their anxiety by being argumentative, suspicious, or sarcastic. They worry about a lack of control and are unsure of the provider’s motives. They may make inappropriate jokes or comments as well. This suspiciousness also leads to worry regarding how they are perceived by providers. A good approach with these patients includes being transparent about important dental and medical information and always asking the patient for permission. Simply asking the patient if it is okay to lower the chair, for example, provides the patient with autonomy and a larger sense of control. These patients would also benefit from explanations regarding each step of a treatment or being allowed to look at their own radiographs or at their own mouth in a mirror.  Ultimately, it is critical for oral health care providers to be aware of these manifestations of anxiety in order to determine the best approach on a patient by patient basis. Ignoring or simply not being able to recognize a patient’s dental anxiety leads to a cycle of symptom-driven treatment, rather than preventative care. There are various techniques, many non-pharmacological, that can be employed by providers to help patients address and work through their anxious feelings about oral health care. |
| **References:** |
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