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Letter to Editor

Dentophobia - An Overview and Management

Haritma Nigam[1]* and Manisha Parpiyani[2]

[1]Assistant Professor, Department of Oral Medicine and Radiology, Pacific Dental College and Research Centre, Udaipur, Rajasthan, India

[2]Intern, Pacific Dental College and Research Centre, Udaipur, Rajasthan, India

***Corresponding Author:** Haritma Nigam, Assistant Professor, Department of Oral Medicine and Radiology, Pacific Dental College and Research Centre, Udaipur, Rajasthan, India.

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Abstract

Dentophobia i.e. dental fear may result into reduced dental care services and we deal with this in our dental offices very often. It is one of the commonest problem which we come across in our dental offices. Henceforward, for such patients appropriate proven rehabilitations should be implemented which can be benefitted for both patients and dentist. The current literature gives an insight view regarding such patients and their management.

Keywords: Dental Fear; Stress; Dentophobia

Introduction

Dentophobia (dental fear) is a "unique phobia with special psychosomatic components that impact on the dental health of the odontophobic persons" [1].

In our dental practice, procedures involving needles arouse most fear and invasive procedures like subgingival scaling, deep probing, fillings, extractions and root canal are associated with more pain therefore apprehensive patients do not visit the dentist. Such carelessness eventually come out as a bad consequences like poor oral health, dental caries, poor periodontal status therefore more of missed out teeth [2,3].

Henceforth, objective of a dentist should be at diminishing the anxiety and fear as a result of which patients should be positively driven for upcoming dental visits.

The current literature gives an insight overview of the etiology of dental anxiety, approaches to recognize and manage dentophobic entities in dental office.

Causative factors: Dental fear is considered to be multifactorial in origin.10Some commonest factors may include previous negative or traumatic experience, especially in childhood, indirect learning from anxious family members, provoked by sensory triggers such as sights of needles, noises of drilling, fear of pain, blood-injury, mercury poisoning and radiation exposure [4,5].

Management of dental anxiety

As the etiology for dental anxiety is multifactorial, there is no single therapy for management:

- Proper assessment of the patient and distinguishing their source and level of tension.
- Completely informed about the procedure in a simpler, friendly approach.
- Give moral help and confirmation during the procedure [6].
- Avoid negative phrasing [7].

Extra approaches to set up an office climate incorporates:

- Playing charming music.
- Walls decorated with relaxing banners and pictures.
- Waiting room tables with a variety of reading options.

A. Psychotherapeutic management

a. Behavior-management techniques: To change unwanted behavior through the process of learning. The strategies involved are:

i. Relaxation techniques: Stress reaction can be reduced by profound breathing and muscle unwinding when practiced routinely.

ii. Guided symbolism: It is a brain body work out, wherein patients are instructed to build up a psychological picture of a lovely, relaxing up experience that deliberately manages their concentration to accomplish unwinding, accordingly lessening nervousness [8].

iii. Biofeedback: It is also a brain-body technique. They use instruments to quantify, intensify, and feedback physiological data to the patient being observed.

iv. Acupuncture: It is a simple, inexpensive treatment modality, wherein the illness is treated by embeddings needles at different points on the body, known as needle therapy points [9].

v. Distraction: Distraction is a useful technique of diverting the patient's attention from what may be supposed to be an unpleasant procedure by giving patient a short break, visual and auditory distraction, such as background music, television sets, computer games, and 2-D and 3-D video glasses for watching movies [10].

vi. Enhancing control: Telling the patient what to expect and it includes Tell-show-do technique and modelling [11].

b. Cognitive therapy: Cognitive treatment strategies center around changing and rebuilding the substance of negative perceptions and improve command over the negative contemplations by support, adjusting assumptions, interruption [12].

B. Pharmacological management: Use of sedation and anesthesia- both local and general, and should be used only in cases where the patients are not able to respond and cooperate well with psychotherapeutic interventions [13].

a. Conscious sedation: Oral sedation is often used for the management of mild-to-moderate anxiety Example: Benzodiazepines.

b. Anesthesia

i. General anesthesia: General sedation is a medication-initiated loss of consciousness during which patients are not arousable, even by excruciating incitement.

ii. Local anesthesia: It induces the absence of sensation in a specific part of the body, causing local insensitivity to pain.

iii. Computer-controlled local anesthetic delivery: It alleviates anxiety in needle-phobic. It is a computer-controlled dental injection i.e. computer controls the flow rate of the local anesthesia as traditional syringe appears more dangerous, aggressive and threatening than plastic handpiece [14].

iv. Electronic dental anesthesia: The technique is noninvasive, safe, and well accepted by the patient. In view of the gate control hypothesis of pain it is utilized to create dental sedation by utilizing the guideline of transcutaneous electric nerve incitement [15].

Conclusion

Dentophobia can obstruct dental care services. The dental specialist ought to speak with the patient and recognize their main origin of fear, with adjuvant utilization of fear scales to empower classification and afterward treatment appropriately. In mild and moderate phobic patients can be oftenly overseen utilizing mental intercessions, and infrequently anxiolytic medications or cognizant sedation might be vital whereas in life-threatening phobic patients most every now and again require joined administration draws near.

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