



Dental Anxiety: The Effects on Oral Health and Dental Treatment

M. Cobb*, C. House, P. Rettig

Indiana University School of Dentistry, Indianapolis Indiana

ABSTRACT

Objective: The objective of this case presentation is to educate the dental professional on the management of a patient with dental anxiety. **Assessment:** A 20 year old Caucasian male presented to the dental hygiene clinic for a cleaning at the request of his grandmother. The patient reported a negative medical history with the exception of anxiety to dental care. Due to this anxiety, consent was obtained from the patient to speak with the grandmother in regards to his medical history. At this time, the grandmother disclosed that the patient had a traumatic dental experience as a child and has not been to the dentist since that event occurred. Clinically, the patient presented with generalized severe gingivitis as evidenced by red, rolled, spongy tissue with bleeding upon probing due to the presence of heavy calculus. Despite the inflammation present, bones levels are healthy. The patient reported never brushing his teeth due to pain and fear of causing pain to himself. **DH Care plan:** Patient received full mouth debridement, modified adult prophylaxis, and extensive oral hygiene instruction. Treatment: Experimental techniques were utilized throughout the course of treatment in order to ease anxiety while providing effective treatment. **Results:** Experimental methods that were used throughout treatment proved effective for the completion of full mouth debridement and adult prophylaxis. **Conclusions:** The patient presented with extensive gingivitis and heavy calculus deposits. For optimal success in the future, a short recall is necessary for the patient to receive continued extensive dental hygiene therapy.

BACKGROUND

- 20 year old Caucasian male
- No regular dental home or dental care
- History of traumatic dental experience as a child
- Negative medical history reported
- No medications reported

ASSESSMENT

- Generalized severe gingivitis as evidenced by red, rolled, spongy, loose tissue with bleeding upon probing
- Generalized healthy peridontium as evidenced by 1-3mm CAL with localized 4mm on tooth #15,17,31, and 32 due to inflammation
- Generalized healthy bone levels as evidenced by 1-2 mm from CEJ radiographically
- Plaque score was 100%
- Referral to Comp care clinic for extensive restorative needs

SIGNIFICANCE OF THE CASE

The patient presents with a history of a traumatic dental experience as a child which has caused him to avoid seeing a dentist for the last ten years. The patient showed physical signs of distress like shaking and avoiding eye contact during his appointments at the Indiana University School of Dentistry. After discovering that the patient was having difficulty relaying what procedures were actually causing him pain and what procedures he was feeling anxious about, we found that having the patient raise his hand when he felt true pain and needed to stop the procedure to take a break worked best for him. This system allowed us to move through the treatment more quickly by not pausing for breaks when they were not necessarily needed. According to the research, building a rapport with the patient as well as enhancing the patient's sense of control are both techniques that can be used to help manage anxiety for the patient. These two techniques were used during the treatment of this patient and seemed to work well.

DH CARE PLAN

- Full mouth series of x-rays
- Gross full mouth debridement (use of ultrasonic scaler only per patient request)
- Extensive oral hygiene instruction
- Adult Prophylaxis (use of ultrasonic scaler only per patient request)
- Dental exam
- In office application of 5% fluoride varnish
- Prescription for Prevident 1.1% fluoride toothpaste for home use

CONCLUSION

In review of the literature there seems to be a correlation between past invasive dental experiences and dental anxiety. This patient's grandmother reported that he had experienced a very traumatic event while having an invasive dental procedure as a young child and had been very anxious about going to the dentist since then. Prior to being seen the patient had not been to the dentist in over ten years because of this anxiety. Treatment was able to be completed for this patient and it was recommended that he be seen every three months to continue the hygiene therapy needed to assist him in returning his oral cavity to a state of health as well as monitor his progress with home care.

REFERENCES

- 1.) Aleksejuniene J , Balciuniene I, Brukiene V. Is dental treatment experience related to dental anxiety? A cross-sectional study in Lithuanian adolescents. *Dental and Maxillofacial Journal*, 2006; 8:108-115.
- 2.) Asimakopoulou K, Daly B, Newton T, Scambler S, Scott S. The management of dental anxiety: time for a sense of proportion? *British Dental Journal*. 2012; 213, 271 – 274.