

Help! I'm scared of the dentist



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At social gatherings and parties when I'm meeting new people, I hesitate for a fleeting moment before I share that I'm a dentist. I recall an experience of meeting someone who immediately went pale and started shaking at the mere mention of 'dentist'. I was newly qualified at the time, and hadn't seen such an exaggerated 'dental phobic' response before.

Almost half of UK adults have a fear of dentists and it's thought that 1 in 8 people are so scared of going to the dentist, they have dental phobia.¹ As dentists, we become aware that nervous patients come in all shapes and sizes, but we may not know the causes of such nervousness, the associated behaviour it leads to and how we can help the patient.

We can create empathy from a place of understanding, without upset or judgement of odd or challenging patient behaviour. This openness allows us to establish a better working relationship with nervous patients and improves the decision-making process.

We are guided by the patient as to whether we should attempt treatment, or whether the anxiety or phobia level is so high that a referral should be made for sedation or specialist clinic in line with GDC guidelines: *'You should manage patients' dental pain and anxiety appropriately.'*²

In my experience, real transformation takes place when a patient learns to overcome their fears and phobia. As their oral health improves, so does overall confidence and wellbeing, creating enhanced quality of life which is hugely rewarding to see.

Fear or anxiety?

'Fight or flight' is a fear response describing our behaviour when we are threatened – we either stay around and fight, or escape danger. But we also have other responses to a threat. We might freeze, become hypervigilant, yell or scream rather than get physical or flee.³

In popular psychology, 'fear' concepts are commonly used. Fear of the unknown, fear of flying or fear of failure, yet these are experienced as the emotion of anxiety.⁴

Anxiety is a general state of distress that is longer lasting than fear and produces symptoms that could be physical, psychological or a combination.^{4,5} Sometimes patients become fearful of experiencing anxiety itself because it's so exhausting.

Anxiety seems to take three main forms and patients may experience more than one type:⁵

- **Generalised anxiety disorder (GAD)**, where symptoms are present most of the time.⁶
- **Panic attacks** are unpredictable, sudden and intense attacks of anxiety. The feelings are strong and come on suddenly, reaching a peak in 10 minutes or less. Patients may also feel that they are going to die, lose control, choke or be short of breath.
- **Phobia** is when patients feel really frightened of something that is not actually dangerous and which most people do not find troublesome. The nearer they get to the thing that makes them anxious, the more anxious they get

and so they tend to avoid it. Away from it they feel fine.

Common concerns associated with dental phobias are loss of control especially of personal space, being ridiculed or 'told off', and the possibility of feeling pain during treatment. In the 2009 Adult Dental Health Survey, more women than men had extreme dental anxiety.¹

Signs and symptoms

The level of anxiety a patient can present with may vary from mild symptoms to an extreme phobia. We might notice one or a combination of anxiety symptoms the patient is not always aware of. Sweating, trembling, pacing, feeling faint or dizzy, muscle tension, choking sensation, dry mouth or difficulty opening mouth are physical symptoms. Obvious emotional symptoms could be a glum face, tears and crying, whilst anger is often projected outwards as passive-aggression or general irritability. We may notice an Intellectual response of the mind - asking lots of questions, looking for answers, expressing a need to feel safe and assured. There may be an exaggerated response to minor surprises or to being startled, such as a sudden noise.

What causes anxiety?

Genes

Some of us seem to be born a bit anxious – research suggests that it could be inherited through our genes. This idea was explored in the 2005 BBC Horizon documentary 'Ghost

in your genes', featuring emeritus Professor Marcus Pembrey of Paediatric Genetics at (UCL) University College London who said:

'At the heart of this new field [of epigenetics] is a simple but contentious idea — that genes have a 'memory.' That the lives of your grandparents — the air they breathed, the food they ate, even the things they saw — can directly affect you, decades later, despite your never experiencing these things yourself.'

Trauma

Some circumstances are so upsetting and threatening that the anxiety they cause can go on long after the event. These are often life-threatening situations like car crashes, train crashes or fires. If this happens, patients can feel nervous for months or years after the event, even if they weren't physically harmed. This is part of post-traumatic stress disorder. It can also happen in patients who have been neglected or abused in childhood; or persistently mistreated as an adult.

Psychology and memories

Some patients start to believe that the physical symptoms of mild anxiety are symptoms of serious physical disease. This makes them worry more, so the symptoms get worse, so they worry more... and so on.

Bad memories of childhood dental treatment, such as painful fillings or the smell of the equipment used to administer general anaesthetic can cause dental phobia.

'I can remember having to have a tooth extracted as an 8-year-old (maybe!) and having this black rubber funnel thing put over my mouth to knock me out...it was horrible. So, I would only go to the dentist when really needed during my teens or when my mum made me. As I became an adult I could make my own decisions, so decided not to go at all.'

Sometimes shared negative dentist stories e.g. from parents and grandparents transfer anxiety to their children, almost like a habit that has been unconsciously copied such as nail biting.

Drugs

Street drugs like amphetamines, LSD or Ecstasy don't help. Caffeine in coffee can be enough to make some patients feel over anxious!

Mental and physical health problems

Many mental health problems can increase patients' anxiety. About half the people with depression get panic attacks at some point. Anxiety can also be a symptom of a medical conditions like hyperthyroidism, certain cancers, cardiac and lung disease.⁷

The nervous patient journey

Anxious and dental phobic patients are looking for a dentist and a dental team they can learn to trust and be comfortable with. They will examine our verbal and non-verbal communication such as eye contact and body language, to look for signs of reassurance.

Establish good rapport by welcoming patients with care and empathy, while putting your preconceptions aside⁸. Take the time to observe and assess demeanour and disposition – are they relaxed or displaying any signs of anxiety or phobia?

Patients may initially be upset and tearful, angry or ask lots of questions, so communication is key. Ask open questions to encourage patients to share their story and show you are interested in them. Ask about their fears and triggers, or throw up suggestions if they are not forthcoming, like 'is there something in particular you are frightened of?' or 'is there anything else you are worried about?' Use encouraging words and language and give plenty of time for patients to answer. Really listen to understand and receive clues on how to tailor treatment to allay their worries and anxiety, with the aim of helping them to achieve good oral health.

So much can be done to assuage patients' anxiety by developing good interpersonal skills and bedside manner. However, mental health problems are prevalent worldwide, and in 2013, there were 8.2 million cases of anxiety in the UK.⁹ This potentially creates a requirement for dentists' to delve further into understanding mental health issues to really serve these patients. Further research and training into how additional therapies such as CBT Cognitive Behavioural Therapy, Talking therapies, and Homeopathy can help patients overcome their dental anxiety and phobia could really help transform the impact we have on our patients and communities.

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Tips for navigating the patient

- Does the patient require more time and management? If a patient is visibly upset or crying, stop and wait for them to calm down. Sometimes, it might take 2 or 3 visits before a patient is calm enough to have a full check-up, discuss and fully consent to treatment, especially if its complex
- Create a protocol with the patient to let them have 'perceived' control. Do they prefer to listen to music on their headphones as a distraction? Do they want explanations just before treatment commences? Which tooth or area do they want treated first where possible?
- Agree a 'stop' signal such as raising left hand. Some patients are too frightened to use this, so stop if you sense they are in discomfort and check-in with them
- Make sure you have good pain control and allow enough time for anaesthetic to take full effect before treatment is carried out
- In severe phobias, consider whether a referral for sedation or specialist clinic would be in the patient's best interests
- Frame up the treatment in advance so the patient knows exactly what's happening. Explain to them how long the appointment will be and what to expect post-operatively. There might be pain after root canal treatment and that strong painkillers may be required
- Follow up with patients after treatment via phone or email, to add further re-assurance