EUROPEAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH AND MANAGEMENT STUDIES

VOLUME04 ISSUE01
DOI: https://doi.org/10.55640/eijmrms-04-01-56 Pages: 331-337

THE RELATIONSHIP OF DENTAL ANXIETY WITH DEMOGRAPHIC INDICATORS

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ABOUT ARTICLE

Key words: Anxiety, dentistry, habits, demographic indicators.

Received: 21.01.2024
Accepted: 26.01.2024
Published: 31.01.2024

Abstract: This article considers that the study of dental anxiety in relation to demographic indicators before patients visit the dentist is necessary for the study. This study examined demographic indicators (age, gender) and dental visiting habits of patients using a questionnaire method.

The purpose of this study was to determine how dental anxiety, demographic factors, and the nature of dental visits are interrelated. This cross-sectional study involved 100 patients who independently completed a questionnaire that included a modified indicator of dental anxiety (MDAS). In addition, demographic information was collected. According to regression analysis ($p<05$), anxiety about dental problems leads to improper dental treatment. According to the latest analysis, children between the ages of 9 and 15 and those who have never seen a professional dentist are more likely to experience dental anxiety. Boys are more likely than girls to experience anxiety about their teeth. With age, anxiety about teeth decreases. Poor oral hygiene is caused by high dental anxiety, and dental anxiety is increased in people who have never visited a dentist. The results of this study have implications for oral health and can be applied in healthcare programs to improve the effectiveness of care.

INTRODUCTION

Dental anxiety is characterized as an unpleasant mental state of anxiety or apprehension before the frightening incentive of receiving dental treatment. Dental anxiety has been found to be a major factor

among patients avoiding dental care. Previous studies have discussed avoiding dental visits, during which people experiencing dental anxiety postpone going to the dentist and as a result allow their oral health problems to worsen. The unsatisfactory condition of the teeth makes patients feel ashamed and postpone visiting the dentist until they are forced to do so by excruciating pain or other unpleasant symptoms. This pattern of behavior reinforces the emotions of dental anxiety and anxiety about receiving dental care. According to a recent study, children who rarely brush their teeth, eat unhealthy food, and have poor oral hygiene habits. This makes treatment during checkups more necessary. Several studies have been conducted in different countries to collect information related to dental anxiety.

It has been shown that the average prevalence of dental anxiety is about 16%, it has been proven that dental anxiety decreases with age, but does not describe the relationship between dental anxiety, age and dental visiting habits.

Early studies have shown that fears of dental manipulation were associated with unpleasant dental experiences and injury prognoses. The dentist's personality traits compensate for these adverse reactions. Procedures that use a drill or needle tend to be the most worrisome. Especially in children with high dental anxiety. Pain reporting is associated with invasive surgeries such as plaque removal, fillings, extraction, and root canal treatment. In addition, patients expect discomfort before treatment, experience pain, and show less control when receiving dental care. Children who reported higher levels of dental anxiety predicted greater discomfort from procedures such as teeth whitening and vibrating sensations. This study involves a group of patients receiving dental hygiene care. Therefore, regular visits to the dentist can preventatively reduce dental anxiety. Dental specialists and students have knowledge about dental anxiety and the problems it creates to achieve effective treatment outcomes. Treatment of an anxious child can have consequences such as an increase in the number of cancellations of appointments, children who do not come to an appointment at all, deterioration of health and exaggerated perception of pain.

RESEARCH MATERIALS AND METHODS

This study used a cross-study design with a quantitative methodology. The participants were 100 child patients with various dental problems who visited hospitals and private clinics. The criteria for inclusion in the study for mothers were the absence of any systemic and mental disorders, the absence of pregnancy and lactation, the absence of bad habits, the absence of periodontal treatment during the last 6 months, the presence of at least 20 teeth and the desire to participate in the study. The inclusion

criteria for children were defined as the age from 6 to 15 years, the absence of known systemic diseases, the first visit to the dentist and the absence of acute pain.

The modified Dental Anxiety Scale (MDAS) was used as a questionnaire (Humphris et al., 2000). It consists of five multiple-choice questions: "not at all alarmed," "slightly alarmed," "quite alarmed," "very alarmed," and "extremely alarmed." This is a valid and reliable scale with a large amount of regulatory data from various countries. All subjects are evaluated collectively, with a maximum score of 25. A high dental anxiety is indicated by a marginal MDAS score of 19. MDAS was chosen specifically because of how easy it is to use and how quickly it can be completed. In addition, participants were asked to indicate their age and gender.

Dental anxiety was also assessed using physiological methods that determine anxiety-related parameters such as cortisol levels in saliva, blood pressure and pulse rate.

Study results: Young patients attending a dental clinic have been the subject of some research on dental anxiety. In one study, child patients who attended an emergency clinic at a dental school had higher levels of dental anxiety than the general population, and those people who sought dental care less often had higher levels of anxiety. It was thought that by focusing on specific health promotion programs, dentists and psychologists could expand access to dental care by better understanding how these three components interact. It has been hypothesized that:

There was a higher level of dental anxiety among the female patients.

Dental anxiety was higher in preschool patients.

A higher level of dental anxiety will lead to a violation of the habit of visiting the dentist.

CONCLUSION

In the treatment of children with dental anxiety, the use of various measures will depend on the severity of the disease, age and willingness to cooperate. In all cases, the dentist should be collected and friendly to the child, encouraging him. The measures taken by the dentist depend on the age of the children. When treating children with anxiety at a dental appointment, the following is suggested: • allocate enough time for a meeting; • reduce the triggers of anxiety – do not show a syringe with an injection needle, tips and blood; do not let patients listen to the sounds of drilling teeth or crying of other children; avoid vibration from working instruments; • distract the patient with music, video; • give a sense of

control over the procedure by involving the child during treatment, for example, raise your hand when she (a) feels pain or discomfort;

• Providing relaxation therapy for older children, which will help them gain control of their psychological state. Methods can be given before and even during the procedure. These may include progressive muscle relaxation, rhythmic breathing. Sedation may be indicated in patients with severe anxiety. If the above methods do not help, the dentist can refer the patient to a psychologist for further treatment or resort to general anesthesia if equipment and trained personnel are available. Personalized correction of psycho-emotional stress seems to be an effective method of reducing fear and anxiety in children during dental treatment. In addition, children who underwent correction of psychoemotional stress during dental treatment were reported not only to be less anxious than in the control group, but also to have more positive reactions after injection of local anesthesia.

Conclusion: Thus, the correction of psycho-emotional stress seems to be a useful tool for reducing distress and fear of dental treatment. It was revealed that after applying methods of correction of psychoemotional stress, dental phobia is not detected, physiological indicators are normal, children are more favorable to upcoming dental treatment (according to the results of Frankl and Lusher tests) and their motivation to maintain oral health increases.

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