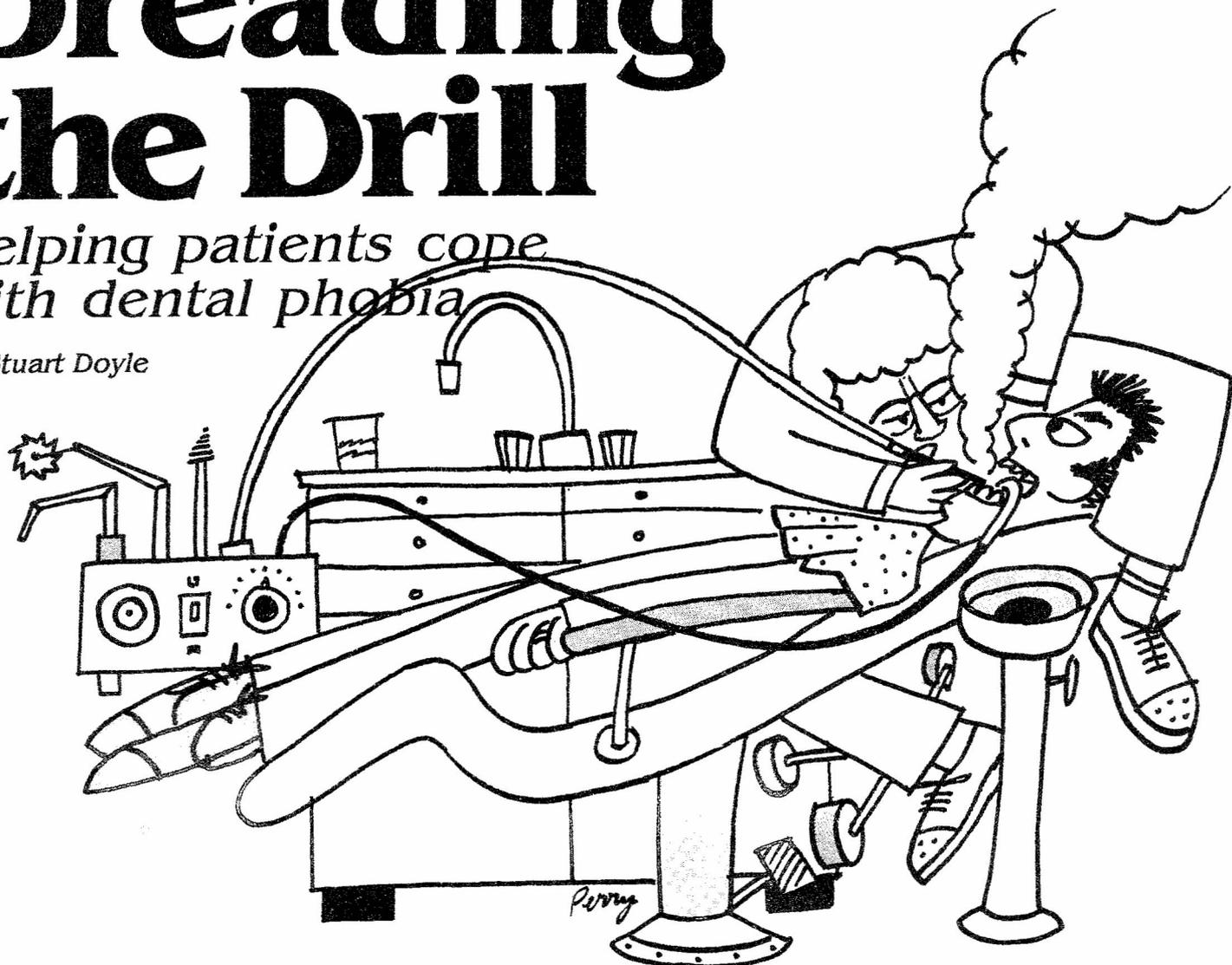


Dreading the Drill

Helping patients cope with dental phobia

by Stuart Doyle



Last year, Casey Moore, 36, scheduled an appointment with a local dentist after enduring the tortures of a cavity for three weeks. It wasn't lack of money, dental insurance, transportation or time that made Moore choose to valiantly weather her pain. Moore said dental offices and paraphernalia have frightened her since childhood. "It's just something about that damned drill and the noise it makes," she confesses.

Like Casey Moore, Rosalyn Griffith, 29, finds dental office visits terrifying. Griffith says just the thought of a routine check-up makes her so anxious she gets nauseous. Her eyes glistening with tears, Griffith revealed that she's afraid of what would happen to her if the anesthesia did not work.

In his article, "Odontophobia—Inordinate Fear of Dental Treatment," *Dental Clinics of North*

America, Vol. 6, p. 683, 1962), L.R. Borland discusses how fear of dentistry has led men to avoid joining the armed forces and enlisted men to be court-martialed. Borland also cites a case in which a woman would faint whenever her dentist wore a white physician's coat. The woman behaved normally if the dentist wore a business suit or sports shirt. Her problem stemmed from her childhood tonsillectomy, after which she suffered nightmares featuring doctors and nurses in white uniforms.

Casey Moore, Rosalyn Griffith and the men and women Borland describes are all victims of odontophobia, or dental phobia. Dental phobia is a deep-seated, unfounded fear of dentistry that prevents a person from undergoing dental treatments. The problem dates back further than the days of Queen Elizabeth I, who was so af-

raid of having a tooth extracted that she allowed the Bishop of London to yank out one of his own as she watched, to prove it was a painless procedure.

A widespread condition

The American Dental Association estimates that 35 million Americans suffer from dental anxiety. Of that amount, "as many as 20 million ... are so afraid of a dental visit they would rather risk losing every tooth," Franca Lebow reports in *Health* magazine. A mild fear of dental procedures is normal, while dental phobia affects five percent of the population. It's more common among women, particularly those with minimal education and lower social status.

The specific fears of dental phobics vary. Dr. Harvey Passes, a New York dentist specializing in treating anxious patients, says

most people fear visiting the dentist because their past experiences have been bad. As a result of these experiences, people most commonly fear needle injections, the drill, blood, injury and hospitals. Sometimes, the fear in children is a learned behavior from parents. Research has shown that dental phobics normally have more negative attitudes toward doctors, in and out-patient treatments, emotional disorders and tranquilizers. As children, adult phobics had greater dislike of school and poorer grades, studies show.

The plight of dental phobics looks dismal considering the devastating effects their anxieties can produce. Phobic children can exhibit disruptive behavior during examination and even during surgery. Twelve million adult phobics, considered the true dental phobics, shun dentists under any circumstances. Known for constantly cancelling their appointments, dental phobics ultimately create dire results for their teeth as minor problems gradually soar into catastrophic dental dilemmas. Now imagine the emotional state of the adult phobic during a catastrophic dental dilemma.

Probably the worst effect of dental phobia is the anticipation of tremendous pain during treatment, even though none may occur. Non-phobics expect pain also, but a phobic anticipates more because his anxieties increase his sensitivities. Despite the bleak outlook, dentists have recently developed methods to combat this problem even before it starts.

Coping with patient fears

In one strategy, dentists allow patients to temporarily stop a procedure by giving established signals. This allows the patient more control, thereby relieving his fear. With the patient-control method, the dentist encourages the patient to continue as the patient gradually sets his own pace. In a related maneuver, dentists are equipping the dental chair with on-and-off switches for the patient's use while treatment is in progress. In a study Borland cites, nearly every patient used the switch once or twice during the first few minutes of drilling, but hardly ever after.

For children, exposure to dental staff and facilities before treatment

is valuable in preventing and eliminating fears. Consequently, when the children undergo treatment they are usually more relaxed. It is also important that children become accustomed to being separated from their parents. One popular method of pre-exposure requires the dentist to play video tapes of children undergoing treatment with positive behavior and without fear (peer modeling through video). Studies show that when compared to non-phobics, young children experienced less fear and were less disruptive when they had just viewed a 10- to 13-minute video of other children coping with anxiety during dentistry and being rewarded for their cooperation.

Favorable results continue. Dentally phobic children aged eight to 13 viewed a film of peers practicing controlled respiration and imagery during treatment. Children who were asked to practice the same maneuvers while watching the film fared better during actual treatment than those children who were told only that the film might help them.

Another method dentists have used to deal with this problem is the dental phobia clinic. Currently, more than a dozen are operating nationwide. In two to five sessions, the phobia clinic staff helps loosen muscles and relax their minds so that services can be properly performed. These clinics also use behavioral therapy techniques to help patients overcome their fears. One such technique is to allow patients to handle instruments in an attempt to make them feel more comfortable.

Barry Dale, D.D.S., of Mount Sinai Medical Center's dental phobia clinic in New York, allows children to blow up balloons with his air syringe to soothe apprehension. Dale constantly reinforces the tool's harmlessness, assuring children that "there's no reason to fear pain because there's no reason to feel pain." He gives injections and drills teeth only with the patient's permission, and stops when the patient raises a hand.

Alternative methods

In contrast, some dentists use hypnosis, drugs or anesthesia to induce relaxation. Controlled studies comparing adults treated by behavior therapy with those receiving

general anesthesia have shown that patients receiving therapy ultimately experience less anxiety in the dental office following treatment. In one study, 96 percent of these patients completed all of their dental work within a year after group treatment for dental phobia. Also, most had regular dental care for the next two years.

Many dental offices are using variations of relaxation and desensitization techniques. Some play video games and tapes to distract the patient's attention. In addition, dentists are becoming skilled in conducting relaxation exercises.

Treating the dental phobic can be easier if the dental staff regards it as part of their job rather than as an obstacle. The purpose is to build trust, says Merwin Landay, D.D.S., M.B.A., Associate Dean of Clinical Affairs at Temple University. Results require time, empathy and good communication. ❏

Five Ways Dental Workers Can Help Patients Battle Their Fears

1. Encourage patients to explain their fears to dental professionals. Let them know they are not alone in this—more than 35 million Americans experience dental anxieties and the dental staff is trained to deal with them.
2. Suggest that they bring a friend or relative to their next visit. Sometimes a peer they can trust is the best medicine.
3. The dental staff should explain the procedures and reinforce their importance to the patient's health. Such reinforcement could make apprehensive patients think twice about chickening out.
4. During the procedures, tell patients to concentrate on something pleasant—an upcoming vacation, winning a lottery, a mink coat, etc.
5. Make yourself available to talk with phobic patients between visits. Try to establish a friendly relationship. A feeling of trust between patient and dental staff can make a big difference. ❏