



ORIGINAL ARTICLE

A randomized control trial comparing the visual and verbal communication methods for reducing fear and anxiety during tooth extraction



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Abstract Purpose: To evaluate the value of using the visual information for reducing the level of dental fear and anxiety in patients undergoing teeth extraction under LA.

Methods: A total of 64 patients were indiscriminately allotted to solitary of the study groups following reading the information sheet and signing the formal consent. If patient was in the control group, only verbal information and routine warnings were provided. If patient was in the study group, tooth extraction video was showed. The level of dental fear and anxiety was detailed by the patients on customary 100 mm visual analog scales (VAS), with “no dental fear and anxiety” (0 mm) and “severe dental distress and unease” (100 mm). Evaluation of dental apprehension and fretfulness was made pre-operatively, following visual/verbal information and post-extraction.

Results: There was a substantial variance among the mean dental fear and anxiety scores for both groups post-extraction (p -value < 0.05). Patients in tooth extraction video group were more comfortable after dental extraction than verbal information and routine warning group. For tooth extraction video group there were major decreases in dental distress and anxiety scores between the

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pre-operative and either post video information scores or postoperative scores (p -values < 0.05). Younger patients recorded higher dental fear and anxiety scores than older ones ($P < 0.05$).

Conclusion: Dental fear and anxiety associated with dental extractions under local anesthesia can be reduced by showing a tooth extraction video to the patients preoperatively.

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1. Introduction

The fear and anxiety for dental examination or treatment is natural for many patients (Al-Samadani and Gazal, 2015; Gazal et al., 2015). Dental practitioners over last two decades tried different modalities to reduce dental fear and anxiety on dental chair. These approaches include noninvasive procedures such as listening to music and application of topical local anesthetics (Thoma et al., 2015). Postoperative distress associated with dental extractions under local anesthesia was reduced by the application of topical anesthetic (20% benzocaine) at the site of injection (Al-Samadani and Gazal, 2015). The utilization of medications to control the pain and anxiety is the conventional modality (Gazal et al., 2014). The systems of inhalation, intravenous, intramuscular and oral sedation have been taught for a long time in dental schools, through proceeding training channels. It has been accepted that the pharmacological sedation does not decrease or wipe out the fear; it incidentally dodges it (Nelson and Xu, 2015; Coulthard et al., 2015). Its quality is based fundamentally on making dental procedures congenial for the patients by reducing anxiety and processing a provisional state of tranquility (Gazal and Mackie, 2007). The issue is not only related to the patient only but also to the escorts and dental team. It is evident that both the specialist and the patient, apprehension must be seen as a dilemma obliging treatment. One might say, each one time the dental specialist is confronted with an apprehensive patient, he is managing a crisis; not a dental emergency; however the crisis of apprehension for the dental practitioner confronting the fearful patient may result in a feeling of insufficiency and dissatisfaction unless he is outfitted to manage the issue expertly (McCarthy, 1979; Appukuttan et al., 2015).

Pain and distress following teeth extraction under LA is still perceived as usually being suboptimal (Goddard and Pickup, 1996; Rudin et al., 2010; Taneja et al., 2015). On dental chair patients who have high level of anxiety and fear show a decrease in pain threshold. Consequently they will need more local anesthetics in order to carry out the treatment. Scared and anxious patients also avoid the attendance of the regular and emergency dental appointments resulting in poor oral health (Hmud and Walsh, 2009). The physical environment can play a critical role in maneuvering dental apprehension. A few on edge patients react well to more clear distraction systems, for example, listening to music or viewing films throughout treatment. Heaton et al. (2013) reported that the usage of computer assisted relaxation learning for patients with dental needle phobia resulted in reducing fear of dental injections. A recent study (Al-Namankany et al., 2015) investigated the effectiveness of video modeling for reducing the level of dental

anxiety related to the using of nasal mask for children receiving dental treatment under inhalation sedation. Their findings revealed that the video modeling did reduce the dental anxiety and has a significant impact on the acceptance of the nasal mask administration for inhalation sedation in children.

Considering these facts, this research was designed to reduce the level of fear and anxiety in the patients who will have teeth extraction under local anesthesia (LA). It was hypothesized that a constructive impact on the level of fear and apprehension can be obtained using a recorded video clip for the process of dental extraction preoperatively. To the best of our knowledge, no published study has reported the effects of using a recorded video clip showing the process of dental extraction as an educating technique. The current study has formally considered this comparison as a potential valuable trail for reducing the level of fear and anxiety in adult patients who are going to have teeth extraction under LA. The major aim of this study was to assess the level of dental fear and uneasiness in patients undergoing teeth extraction under LA. In addition, the effects of verbal communication and administration of video clip were compared.

2. Material and methods

This study was a single blind randomized clinical trial that was conducted at the department of oral and maxillofacial surgery, Taibah University College of Dentistry Almadinah Almunawwarah. The study was approved by the Taibah University Dental College research ethics committee. The patients attending the oral surgery and maxillofacial department from March 2014 to May 2014 for the purpose of tooth extraction were screened for detailed history and oral examination and necessary radiographs. Majority of teeth were extracted due to gross caries (23 patients; %39.7); caries with dental abscess 24 (% 41.4) followed by periodontal diseases (10 patients; %17.2) and orthodontic reasons (1 patient; %1.7) had treatment. 64 patients who fulfilled the following criteria were eligible for inclusion into the study: (1) Male aged 17–60 years of age. (2) Scheduled for simple extraction of between 1–3 teeth. (3) ASA I or II patients (American Society of Anesthesiologist). (4) Where the patient was able to understand and co-operate with the requirements of the protocol and was able and willing to exercise an appropriate written informed consent. Patients were excluded from the study if they need more than three teeth extraction, surgical extractions, nonadjacent multiple teeth extraction, were too distressed or upset to be approached and have language barriers.

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