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A Method towards Children's Psychological Health on Dental Visits

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Abstract

Problem Statement: Oral health is an important factor of individual health. Children's Fear is the most important blocker on oral care and treatment delivery. Purpose of Study: The main goal of this study was to offer a suitable method with psychological base to establish children tranquillity and calmness on dental visits. Methods: This experimental study was performed among 255, two to ten- year-old, children during 2012 in city of zanjan in Iran. Children were got accustomed to dental practice by story telling technique. The indicator of being tranquilised and fear free was the children 3 degrees cooperation with their dentist. The data was analyzed by chi-square and ANOVA test. Finding and Results: The complete children cooperation frequency in first, second (2 days later), third (1 week later) appointments and also after one mount were ordinally 24.3%, 52.5%, 76.5% and 80%. Only 2.4% of children had no cooperation in 3th appointment. 91% of parents were satisfied by this method. The cooperation improvement was significant among and between appointments (P<0.0001). Conclusion and Recommendations: The technique of telling story (story of teeth account) to the children made them be more familiar and cooperated had more comfort and confidence, prevented children stress and fear in dental visit, not decreased their psychological health and increased their cheerful.

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Keywords: Dental visit, Psychology, Children, Storytelling;

1. Introduction

Oral health is an important factor of Children's health. Fear of pain has been the main reason children avoid seeing the dentist from many years ago until now. although there is a wide array of medications and techniques -- used alone or in combination -- that can reduce or eliminate pain and control anxiety during most procedures.(1)Some of these techniques are Tell-show-do (TSD), positive reinforcement (PR), live modeling (LM), contingent escape (CE), mouth prop (MP), voice control (VC), physical restraint by the dentist (PRD), hand-over-mouth exercise (HOM), oral sedation (OS), and general anesthesia (GA). Voice control (VC) and hand-over-mouth exercise (HOM) were the least accepted techniques(Elango,Baveja,&Shivaprakash,2012).As the so called techniques are invasive ,majority of parents will not accept them, so we must provide a technique which is satisfied the parents and free from invasion and negative sights.

To select the appropriate technique, the clinician must have a thorough understanding of each aspect of the continuum and anticipate parental expectations, child temperament, and the technical procedures necessary to

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complete care. Behaviour management techniques (BMTs) are utilised by dentists to aid children's dental anxiety (DA). Dental anxiety did not affect children's perceptions of BMTs. Children were generally positive about dentist's communication and established BMTs (Nelson, 2012) (Davies, Buchanan, 2012).

Dental behaviour management problems (BMP), and dental fear and anxiety (DFA) are common when treating child patients (Jälevik, Klingberg, 2002). So children psychology health may be affected by BMP and DFA .

Several risk factors for developing BMP and DFA have been identified, e.g. low age, parental dental fear, general anxiety in the child, temperamental traits, and painful dental treatments (Holst, Crossner, 1987) (Klingberg, Vannas, Bjarnason, Noren, 1994)(Klingberg, Berggren, Carlsson, 1995)(Klingberg, Berggren, 1998) (Skaret, Raadal, Berg, Kavale, 1998).

It has been suggested that BMP is associated with dental variables such as dental treatments and pain, whereas DFA seems more related to non-dental variables such as general emotional status (Klingberg et al.) (Klingberg, Sillen, Noren, 1999).

From one point Several studies have reported the importance of dental factors, such as pain or perceived lack of control during treatment, for the development of DFA and DBMP (Skaret, 1998) (Radaal, Strand, Amarante, Kvale, 2002) (Holst, Schroder, Ek, Allonsten, Crossner, 1988) (Milgrom, Vignehsah, Weinstein, 1992) but the other hands, children and their parents represent a huge variation in age, competence, maturity, personality, intellectual capacity, temperament and emotions, experience, ralhealth, family background, culture, etc. All these aspects influence the child’s ability to cope with dental treatment. Some children are robust and tolerant in stressful situations and are not likely to present problems to the treating dentist, while others are vulnerable and may need more attention and time in order to feel at ease and to cooperate to dental treatment (Klingberg, Broberg, 2007).

Avoiding behavior in a dental setting has been attributed to a number of factors including dental fear/anxiety (DF/DA). The terms dental fear and dental anxiety are often used synonymously (Salem, Kousha , Anissian, Shahabi, 2012) (Gustafsson, 2010), and considered to be the main reason of behavior management problems and avoiding dental care(Gustafsson,Arnup,Broberg,Bodin,Berggren,2007). These problems sometimes urge the dentist to substitute the conventional treatment with more complicated alternatives such as sedation or general anesthesia. It is reported that 5%, to 52%, of the children experience such degrees of dental fear/anxiety that makes providing treatment difficult. Although mild fear is a normal expectation during the child’s development, when the extent is disproportionate to natural threat, the problems are evolved. Fearful patients, based on the origin of their fear fall into two broad distinctions: exogenous and endogenous. It is believed that the exogenous type of fear relates to a direct or indirect traumatic experience while the latter may be a component of a constitutional vulnerability to anxiety disorders (Locker, poulton, Thomson, 2001).

Behavior management is a comprehensive continuous methodology targeted to build relationship between child, parent, and doctor, aimed at eliminating fear and anxiety and ultimately building trust. It enables the dentist to forestall a positive dental attitude, to guide the child through their dental experience, and to perform quality treatment safely. Another integral aspect of child dental care is to provide parents with previous information of behavior management techniques (BMTs) (Guideline on behavior guidance for the pediatrics dental patient, 2007). This delivery of information provides a mechanism by which parents can participate in treatment decisions with full understanding of factors related to their child's proposed dental care and helps in reducing situational parental anxiety (Kupietzky, 2006). In our study the children and their parents received sufficient information about dental care and treatments by telling the story. The main goal of this study was to offer a suitable method with pszchological base to establish children tranquility and calmness on dental visits.