The Impact of Dental Anxiety on the State of Oral Hygiene in Children

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ABSTRACT

Dental anxiety plays a major role in the behavior of children at outpatient dental appointments. Not every dentist can work with children, and it's not only and not so much about permits. Children are a special category of patients; accordingly, they need a special approach. Someone can quickly find a common language with young patients, someone can't. A visit to the dentist can easily cause a strong fear reaction and acute anxiety in children. This is one of the most basic reasons for avoiding and neglecting dental care. This may interfere with the provision of dental care, as the child may not want to take the treatment provided by the dentist

Keywords: dental anxiety, anxiety, neuropsychological tests, first visit to the dentist.

Objective: to evaluate the role of dental anxiety in children undergoing dental treatment at the first visit to the dentist.

Methods and materials of the study: The study included 100 randomly selected children aged 6 to 15 years who first went to the dentist. Demographic data and data on oral hygiene of children were collected using a questionnaire. The children's dental anxiety was assessed using a Modified Dental Anxiety Scale (MDAS), the Korach test and the Frankl Scale, respectively. One of the most important factors affecting the prevalence of major dental diseases, such as dental caries and its complications is the motivation to seek dental care. It is she who contributes to a beneficial, from the point of view of health, change in the patient's attitude to dental diseases and their prevention. Dentophobia contributes to the formation of a negative attitude of school-age people to treatment by a dentist. Psychological research in the dental clinic began to be conducted relatively recently. The interest in the problem under consideration, which has especially increased in recent years, is due to the mass nature of outpatient dental appointments, the negative consequences of psycho-emotional stress, insufficient development of means and methods for correcting emotional stress. The use of questionnaire data helps the dentist to conduct a special tactic of communication with patients aimed at correcting the psychoemotional state of the patient at a dental appointment. Based on the data obtained from the results of the questionnaire, it is proved that patients from the "risk group" require correction of the psychoemotional state at a dental appointment, and the use of psychotherapeutic techniques can reduce the pharmacological burden on the patient. Prior to dental intervention, we obtained the following data during the survey: according to the Korach scale, 40 patients had mild dentophobia, 50 patients had moderate, and 10 patients had severe. With a mild form of dentophobia, there is no need for psychological preparation before dental intervention, with an average form,

correction of the emotional state is shown at a psychologist's appointment, with a severe form of dentophobia, correction is mandatory: the help of a psychologist and pharmacological support.It was revealed that patients with high and very high psychological stress needed the help of a psychologist and taking pharmacological drugs. With average psychological stress, only the help of a psychologist was needed, with low and very low stress, psychological correction is not needed.

Anxiety is a neurotic syndrome in which children have difficulty explaining internal anxiety, anxiety and fear, reaching the level of panic, which causes physiological and behavioral disorders as a result of exposure to motor tension and even vegetative hyperactivity. Anxiety and fear are often found in dental clinical practice in both adults and children. Dental anxiety is also defined as a strong fear and anxiety arising from the thought that the patient will be harmed, that he will have an unknown operation that does not depend on him, as well as due to the fact that he previously had a negative experience of dental treatment.A complex of factors such as previous negative dental experience, postoperative complications, age, gender, anxious temperament in childhood, family influence on the approach to dental treatment and socio-demographic factors are reported to influence the development of dental anxiety. Most school-age children begin to imitate their parents as role models. Children in this age group learn the values, attitudes and behaviors of parents, especially mothers, because they usually spend more time with their mothers. It is believed that parents' dental anxiety can especially affect their children's dental anxiety due to modeling and knowledge. Children suffering from dental anxiety try to avoid dental treatment by all means. The thought that patients will feel more pain than usual because of the anxiety they experience during dental treatment makes it difficult to treat. Anxiety can cause children to stop treatment, leading to deterioration of their dental health. As a result, the necessary dental treatment becomes more time-consuming, invasive and expensive. At the same time, the fear of treatment slows down the clinical process, jeopardizes the results of treatment, causes professional stress among dentists. Dental anxiety is assessed using projective tests, behavioral assessments, psychometric assessments and physiological methods. Behavioral assessment is based on a visual assessment of behavior by a dentist, for this purpose the Frankl Behavior Scale is used. Neuropsychological assessments are performed using questionnaires, which are the most preferred because of their ease of use and are used to measure children's anxiety before dental treatment. Physiological methods measure parameters related to anxiety, such as cortisol levels in saliva, blood pressure and heart rate (pulse). However, it is believed that the equipment used in this technique can increase anxiety, especially in children. The inclusion criteria for children were determined: age from 6 to 15 years, were the absence of any systemic and mental disorders, the first visit to the dentist and the absence of acute pain. The results of the study and their discussion. Based on the data obtained during the survey, a number of numerical values were compiled reflecting the level of anxiety of children of different age groups: an uneven distribution of anxious emotional states among 10-15 year olds was determined: the greatest number of anxious emotions falls on adolescence (11-14 years) compared to younger schoolchildren and adolescence. This can be explained with the peculiarities of hormonal and psychological restructuring of the adolescent's body.The actions of children and adolescents with the appearance of toothache significantly differed depending on their level of anxiety. Schoolchildren with low and moderate levels of anxiety preferred to treat the tooth, and children with phobia – to remove or do nothing in the current situation. From the point of view of age characteristics, the greatest desire not to take any action on the treatment of the tooth was expressed by middle school students. Children and adolescents aged 10-15 years were asked to choose the following ways to improve the organization of dental reception from the methods proposed in the questionnaire. To reduce the irritating effect of a working drill, the following options were

offered to the subjects: younger schoolchildren preferred constant communication with a doctor (36%) and watching TV (32%); teenagers were interested in soothing music (30%), however, a third of them believed that nothing could distract them; older schoolchildren in most cases preferred listening to pleasant music (41%). Here I would like to note that middle school students, among whom the level of anxiety is the highest, most often denied the possibility of reducing the irritating effect.

Conclusion: Using the results of the study, it is possible to improve the quality of the treatment process at a pediatric dental appointment and more effectively prevent dental anxiety, namely: to form a positive attitude towards dental treatment in children, to have a personalized approach to the child, to establish trusting relationships with young patients. In addition, it was found that anxiety during dental treatment leads to incomplete cooperation with the dentist, which leads to unnecessary difficulties in performing dental procedures and unsatisfactory results. It was found that psychotherapeutic methods of correction of psycho-emotional stress are not given enough attention, despite their undoubted advantages. It is necessary to create a favorable environment for the treatment of children, allowing to reduce the risk of developing urgent conditions in the present and dentophobia in the future, as well as the analysis of the results showed that an important role in regulating the psycho-emotional status of a child should belong to a dentist who is obliged to know the basics of psychology and be able to find their application taking into account the individuality and psychological type of personality. Having an idea of the psychological status of the child, it is possible to optimize the provision of dental services, to make treatment emotionally comfortable for both the patient and the doctor.

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