

Dental phobics — how does dental anxiety affect their lives?

The impact of dental anxiety on daily living by S. M. Cohen, J. Fiske, and J. T. Newton *Br Dent J* 2000; 189: 385-390

Aim

To explore the impact of dental anxiety on daily living.

Method

Twenty people attending a dental sedation clinic completed the Modified Dental Anxiety Scale, and were interviewed privately using a reflexive, in-depth technique. All interviews were audio-tape recorded and transcribed. The transcripts were analysed to identify the impact of dental anxiety upon the participants' daily lives. Twenty-five per cent of the qualitative data was reviewed by an independent researcher to ensure the reliability of the analysis.

Results

The mean age of participants was 41 years (range 23 to 60). The mean MDAS score was 21.5 (range 14 to 25). Five main impacts of dental anxiety were identified: physiological; cognitive; behavioural; health; and social. Subsumed under these broad categories were: the fright response; a vast array of negative thoughts, feelings and fears; avoidance behaviour and behaviours related to eating, oral hygiene, and self-medication; and other manifestations of anxiety in the dental environment including muscular tension, crying and aggression were all identified.

Comment

It is nearly 16 years since the first UK qualitative dental research was published.¹ Initially greeted with scepticism it is now accepted as an important method of developing a deeper understanding of research questions, rather than merely providing descriptive facts.²

This paper explores the impact of dental anxiety on daily living using a qualitative methodology. This is an important issue given the high reported prevalence of dental anxiety and the impact this has on the dentist-patient relationship. Despite the high prevalence there is limited information about the impact that dental anxiety has on health. The authors note that health is more than the absence of clinical disease and involves the ability to eat, speak and socialise without feeling discomforted or embarrassed. These psycho-social and functional aspects have to be explored to make a valid assessment of the impact of dental anxiety.

This issue was investigated by interviewing a group of patients attending a referral dental sedation clinic. The interviews were

Dental anxiety was also found to disturb sleep and to have a profound affect socially, interfering with work and personal relationships.

Conclusion

The impact that dental anxiety can have on people's lives is wide-ranging and dynamic.

In Brief

- Dental anxiety has wide ranging effects on the lives of individuals who are dentally phobic.
- The impact of dental anxiety is manifest in five ways: physiological disturbance; behavioural changes; cognitive changes; changes in health; and disruption of social roles.
- The nature of the impact of dental anxiety varies at different times. The impact is greatest immediately before and on the day of the dental appointment.

audio-taped and transcribed for analysis. An independent review assessed the reliability of the analysis. Four findings are especially important. Oral hygiene practices and purchases were changed positively to avoid dental treatment. Disturbance of sleep patterns was reported. Respondents disclosed effects on workplace activity, including a loss of authority after disclosing information to colleagues about their anxiety and poor job interview performance because of impaired speech. Finally, the development of personal and the maintenance of family relationships was harmed.

Questions for further investigation are raised. The frequency and severity of impacts which have their origins in dental anxiety should be established in a more representative sample. This would enable the identification of the added impact arising from dental anxiety when compared with impacts reported by those not anxious. One productive use of qualitative data has been to develop hypotheses for quantitative research, as has been successfully achieved with respect to barriers to access

and oral self-care routines and patterns.^{3,4} Primary dental care practitioners may question the transferability of the paper's findings to their patients. A measure of dental anxiety, as described in this paper, may provide a screening tool to identify those who would report higher levels of impact and the special challenges they provide for primary dental care.

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- 1 Nettleton S. Understanding Dental Health Beliefs: an Introduction to Ethnography. *Br Dent J* 1986; 161: 145-147.
- 2 Blinkhorn A S, Leather D S, Kay E J. An assessment of the value of quantitative and qualitative data collection techniques. *Community Dental Health* 1989; 6: 147-152.
- 3 Todd J E, Lader D. *Adult Dental Health* 1988. United Kingdom. London: HMSO, 1991.
- 4 Abegg C, Marcenes W, Croucher R, Sheiham A. The relationship between tooth cleaning behaviour and flexibility of working time schedule. *J Clin Periodont* 1999; 26: 448-452.