Summary of: Evaluation of dentists' perceived needs regarding treatment of the anxious patient

K. B. Hill,¹ J. M. Hainsworth,² F. J. T. Burke³ and K. J. Fairbrother⁴

FULL PAPER DETAILS

¹Lecturer in Behavioural Science and Dental Public Health, University of Birmingham, School of Dentistry, St Chad's Queensway, Birmingham, B4 6NN; ²Clinical Psychologist, Department of Medical Psychology, Leicester General Hospital, Leicester, LE5 4PW; ³Professor of Primary Dental Care, University of Birmingham, School of Dentistry, St Chad's Queensway, Birmingham, B4 6NN; ⁴Consultant in Restorative Dentistry, South Birmingham PCT, Birmingham Dental Hospital, St Chad's Queensway, Birmingham, B4 6NN

*Correspondence to: Dr Kirsty Hill
Email: K.B.Hill@bham.ac.uk

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Background With regard to the management of dental anxiety in general dental practice, it has been considered that general dental practitioners (GDPs) are well placed to treat adults with mild forms of dental anxiety. However, little is known about the specific anxiety management techniques being used by GDPs in the UK. **Aim** To determine the views and experiences of dental practitioners in their current use of anxiety management techniques, their undergraduate and post-graduation training in these techniques and future training needs. **Methods** A postal questionnaire was sent to a sample of GDPs working in the Midlands region (n = 750) in the UK. Dentists were randomly selected using lists provided by the primary care trusts for each locality. **Results** The response rate was 73% (n = 550). Of these, 90 were not included in the final analysis due to exclusion criteria set prior to questionnaire release. This left 460 questionnaires for analysis. Eighty-five percent of respondents agreed that dentists had a responsibility to help dentally anxious patients (n = 391). Dentists were asked their reasons for not using anxiety management techniques in practice. Psychological techniques, sedation (oral, inhalation, or intravenous) and hypnosis were reported as not having been used due to the paucity of time available in practice, a shortage of confidence in using these techniques and the lack of fees available under the NHS regulations. Also, 91% reported feeling stressed when treating anxious patients. When asked about the quality of teaching they had received (undergraduate and postgraduate), 65% considered that the teaching was less than adequate in the use of psychological methods, whereas 44% indicated that they would be interested in further training in psychological methods if financial support was available. **Conclusion** The need for further training in managing the dentally anxious patient is supported by dentists' lack of confidence and inadequate training in treating such patients, as determined from the results of a postal questionnaire to UK GDPs.

EDITOR'S SUMMARY

There are times when we must all have had the thought and possibly voiced it, that 'dentistry would be great if only it weren't for the patients'. One category about which such a remark might often be addressed is that of anxious patients since they can cause stress in the operator and practice team, take up additional time and be 'uneconomic' to treat.

These factors were all referred to by those GDPs who responded to this survey in regard to their experiences with anxious patients and their attitudes towards them. The over-riding concern that arises from this work is that dentists feel they are not satisfactorily trained to manage anxious patients which doubtless leads to the feelings expressed of stress and lack of confidence. Emotions

not helped when the system in which one is working does not allow for additional fee provision to treat such special cases.

Do we feel a similar sense of stress and frustration when faced with preparing a class II cavity, for example? Probably not. Is the reason because we feel we have had adequate training for such a procedure and sufficient practice of it to allow a sense of competence? If so, then why does our training not provide for better teaching of and exposure to nervous patients, let alone very anxious or even phobic patients? No doubt the answer would be framed as with so many similar responses in the form that the undergraduate curriculum is already so full and that priority needs to be given to clinical competencies.

Encouragingly, a reasonable percent-

age of those questioned expressed an interest in further training in psychological methods of dealing with anxious patients if financial support was available. There is no doubt that practitioners who are able to put anxious patients at their ease are also able to build strong relationships, engender long-term loyalty and create good word of mouth referrals. It might be hoped that research of this kind in the primary care arena will fuel greater training efforts in this important area of every practice.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 204 issue 8.

Stephen Hancocks,
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IN BRIEF

- Provides insight into the training requirements of GDPs.
- Increases understanding of the barriers to providing care to dentally anxious patients.
- Helps educators develop specific training needs for GDPs.

COMMENT

What this study nicely shows is that the vast majority of the dentists who responded to this survey want to help their dentally anxious patients to undergo treatment or to help them overcome their apprehensiveness. Unfortunately, they also believe they do not have the proper skills to do so. It is certainly sad news that half of the dentists reported they had never been exposed to any skills training in managing dentally anxious patients. As it has long been known that about 80% of patients display a certain level of distress while in the dental chair, it is hard to understand why this still not being implemented as an essential part in the undergraduate curriculum.

In the last two decades behavioural science has witnessed a compelling convergence of evidence from studies showing the effectiveness of at least three different approaches:¹ 1) the application/use of general anxiety reducing treatment; 2) teaching patients how to manage their fears in terms of coping techniques; and 3) gradually exposing dentally anxious patients to their anxiety provoking cues – if the dentist ensures that patients' anticipated catastrophes in fact do not occur, it 'proves' their fear is unfounded. Evidence derived from clinical trials indicates that patients benefit much more from such an approach compared to the use of sedation, both in terms of completing the treatment as well as long term dental health.

One other result that this survey shows is that even when adequate

training in behavioural management is received, many dentists believe it takes too much time to use it. This is certainly a misconception. One of the most effective components of an anxiety reduction approach proves to be just allowing treatment to be highly predictable. This has significantly more positive effect on the level of pain and distress than many other strategies. In this respect, it is unclear why the researchers made a distinction between anxiety management techniques in general and hypnosis in particular. Hypnosis is an example of a psychological method with poor empirical support for lasting effects on dental trait anxiety, and skilled use requires a comparatively large amount of training.

I agree with the conclusion of the authors that adequate training is essential. In this respect it should be the core business of every (medical) professional who takes him/herself seriously. A training module consisting of evidenced strategies in behavioural management would teach dentists that helping their patients to feel safe and respected is a gratifying experience. Further, it may reduce dentists' stress levels, correct their belief that effective behavioural treatments are time consuming and, most importantly, break their cycle of fear and avoidance in managing the anxious patient.

A. de Jongh, Professor in Anxiety and Behaviour Disorders in Dental Practice, Academic Centre for Dentistry Amsterdam (ACTA)

1. de Jongh A, Adair P, Meijerink-Anderson M. Clinical management of dental anxiety: what works for whom? *Int Dent J* 2005; **55**: 73–80.

AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

Dailey *et al.* highlighted the limited opportunities to gain actual clinical experience in the assessment and psychological management of dental anxiety within dental schools.¹ We set out to investigate the needs and potential training needs of qualified dentists in their treatment of anxious patients. We also investigated other (pharmacological) techniques used to manage dentally anxious patients.

At Birmingham Dental Hospital and School, we have a particular interest in the management of dentally anxious patients. Teaching at undergraduate and postgraduate level is provided in collaboration with dental practitioners, clinical and health psychologists.

2. What would you like to do next in this area to follow on from this work?

In view of the shortage of opportunities for interested practitioners to get formal instruction and experience of sedation techniques throughout the country, we are currently building on the innovative training offered in sedation and anxiety management at Birmingham Dental Hospital and School. Through identifying the needs of qualified dental practitioners, it is hoped that further accredited postgraduate programmes can be developed to help clinicians treat anxious patients using psychological approaches. Further studies are also warranted which investigate ways of overcoming the barriers in the management of dentally anxious patients.

1. Dailey Y M. The use of dental anxiety questionnaires: a survey of a group of UK dental practitioners. *Br Dent J* 2001; **190**: 450–453.