

DENTAL ANXIETY AND ITS RELATIONSHIP TO DENTAL AND NON -DENTAL BACKGROUND VARIABLES AMONG 6-12 YEARS OLD PEDODONTIC PATIENTS

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ABSTRACT

For the Pedodontic team, a child's dental anxiety poses major management problems, as an anxious child may require more time for treatment, cause stress for the clinicians and is very likely to miss appointments. Thereby, measurement of dental anxiety not only makes the dentist forewarned about the patient's behavior, but also allows him to take measures to alleviate the anxiety during the operative procedures. The aim of this study was to evaluate the level of dental anxiety and to explore the influence of the most important related dental and non -dental background variables among a sample of Pedodontic patients. The sample comprised 850 children aged from six to twelve years consecutively collected from Pedodontic clinic, Faculty of Dentistry in Tanta .Mothers who participate in the study completed the questionnaires while waiting for their turn with the dentist. The questionnaire consisted of four sections: sociodemographic information for the children, Dental Sub-scale of Children's Fear Survey Schedule (CFSS-DS) for assessment of child's dental fear and Dental Anxiety Survey (DAS) to collect relevant information about maternal dental anxiety .In addition, questions regarding type of dental attendance, previous dental experience, type and source of fear were also implemented. The results of this study demonstrated statistically significant influence of age, maternal anxiety, and objective dental experiences. On the other hand, sex, type of school and socio-economic status didn't significantly affect the level of dental anxiety. Moreover, most anxious children tended to be irregular symptomatic attenders. Extractions were evident to be the most anxious stimuli for dental anxiety followed by needle injections and restorations.

Based on the findings of the present study, it is concluded that mothers may play a more primary mediating role in the etiological process of dental anxiety in children. So, mothers must be learned how to manage their children effectively to break the cycle of dental anxiety in families. In addition, the first contact of the child with the dentistry should be positive and negative factors relating to the dental situation must be avoided. Moreover, since direct conditioning experiences in dental practice are important genesis of dental anxiety, attention should be paid for proper conditioning of children by using appropriate management techniques. Regular dental appointments are necessary for behavior shaping. Lastly, Further studies involving larger non-clinic samples are needed to examine the issues raised by the findings of this study.

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