MANAGEMENT OF FEARFUL ADULT PATIENTS

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Problems with the idea of “managing” people

- You can manage a problem or a situation
- You can manage a department or a practice
- But can you manage another person?
  - What are the assumptions behind the concept of “patient management”?  

The doctor-patient relationship

- This is a relationship between two human beings who come together for a specific therapeutic purpose.
- We therefore do not manage the fearful patient, but we do help the patient to manage their own fears, anxieties and phobias.
- Based on the assumption that every person is an expert on the subject of themselves.

Fear, Anxiety, Phobia

- Fear, anxiety and phobia are three distinct phenomena. Phobia is a very specific kind of psychological state; it’s not just the high end of anxiety
- Physiologically, fear and anxiety are identical, but psychologically they are very different
- For most patients, their fear and anxiety stems from “not really understanding what's going on.”
  - www.dentalreference.com

Fear: Perception of an Immediate Threat

When walking in the woods and you suddenly see a coiled object just in front of your feet, your first instinct is to jump back. This is fear, for if the coiled object is a poisonous snake, death might ensue. And when you escape or protect yourself from that object the feeling goes away. So fear is immediate, and specific, directed towards some identifiable source, and it elicits protective actions.

Anxiety

- Anxiety is generalized, non-specific sense of dread accompanied by a high state of physiological arousal and vigilance.
- There is the perception of powerlessness to protect against it.
- The feeling doesn’t go away quickly when the anxiety provoking situation is removed
- Anxiety is usually a learned response to a threatening situation.
**Phobia**

- Phobia is a persistent irrational fear of an activity or object. This leads to avoidance. The fear is out of proportion of the reality of the threat.
- Dental phobia means that that patient can't think about going to the dentist or doing anything related to dentistry without feeling intense anxiety.
- Phobia is a learned reaction to a stimulus, not a response to a feared object.

**Causes of adult dental anxiety**

- The human being is meaning oriented - continually creating meaning by evaluating events from perspective of our well-being.
- Dental anxiety in children is different from adult anxiety only in regard to level of maturity of the patient. The issues are essentially the same. On the other hand, dental fears along with fears in general tend to diminish with age.

**Causes of adult dental fear**

- Direct experience
  - Trauma - usually but not always in childhood
  - Disrespect/ disbelief
  - Abuse - sexual/ hitting/ verbal

**Causes of Dental Anxiety**

- More likely to be Indirect experience
  - Media
  - Friends relatives
  - Family attitudes
- Related to other anxieties

**Anxiety (continued)**

- Relation to other personal events
  - Child sexual abuse
  - Neuroticism around mouth
  - Beliefs about self and ability to cope with unpleasant experience
- Generalization from other fears

**Types of dental fears and anxieties**

- Fear of pain
- Fear of penetration - loss of body integrity
- Fear of loss of control
- Fear of ridicule
## Components of Pain

- Pain measurement is indistinguishable from anxiety *(Melzack and Wall, Textbook of Pain, Livingstone, 1994)*
  - Direct stimulus
    - tissue trauma
  - Emotional response = Perception
    - loss of bodily integrity?
    - cognitive or visceral reminder of past experience?
    - cultural conditioning

## Components of pain

- **Evaluation**
  - relative seriousness of injury
  - meaning of pain
  - sign of further injury and consequences?
- **Behaviour**
  - cultural conditioning
    - stoical, aggressive, tearful, etc
  - avoidance/acceptance

## Management of adult anxieties

- Dentist stress management
  - Are you aware of your own anxieties regarding dental treatment?
  - How have you organized your practice to reduce ambient stress?

## Stress management

- What is your relationship to your staff?
  - friendly
  - relaxed
  - efficient
  - trained
- How are you feeling in relation to this patient?
  - Is your body under tension?

## Communication

- starts with first phone call to office
  - inspire trust
  - "Unconditional Personal Regard"
    - the importance of being "friends"
    - Empathy
    - recognize how difficult it was to make that phone call
    - congruence

## Listen to patient

- Relate to cause (of fear/ anxiety)
- respect them as fellow humans
- Find out specifically their experience and perception
Relaxation

- office decor
- waiting time
- staff attitudes and behaviour
- ambient music
- guided imagery

Work within patient’s limits

- respect individual pain thresholds
- break treatment into short sessions according to patient’s wishes

Systematic Desensitization (for phobias)

- create relaxed state
- gradually introduce anxiety-causing images into relaxed state
- imaginally increase the level of stimulus
  - making the phone call
  - entering the waiting room
  - having an oral exam
  - injection
  - drilling

At each stage of treatment

- explain
- demonstrate
- act decisively but gently
  - i.e. tell/ show/ do

Pharmacological management of anxiety

- Any pharmacological approach must be complementary to psychological approach.
- Must be used expertly within published guidelines
  - Oral premedication
  - Inhalation analgesia
  - General anesthesia

Active vs. passive anxiety management

- Issues of consciousness and control
  - Pharmacology may help patient to control their anxiety and empower them to handle unpleasant situation
- Patient may wish to relinquish control to dentist or may be incapable of dealing with their anxiety
  - Drugs (incl. anesthesia) remove need for patient to manage their anxiety.
Conclusion

- Ethical principle of autonomy
- Patients respect being respected
- Even simple interventions have long term benefits.
- Effective communication is the key