



DENTAL ANXIETY AS A PSYCHO-EMOTIONAL EXPERIENCE IN CHILDREN AGED 6 TO 15 YEARS

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Abstract

The dental anxiety problem takes a leading place in the modern knowledge. In the last decade, the interest to the studying of anxiety significantly strengthened due to abrupt changes in the society life caused uncertainty and unpredictability of the future and as a consequence worries of emotional stress, anxiety and dismay. Together with it, it is necessary to mention that in the present anxiety is being researched within narrow concrete applied problems (school, examinational, competitive anxiety, anxiety before visiting dentist, during dental procedures and others.) in our country. Such position in the anxiety studying is mainly conditioned by logic of domestic psychological science development in which studying of emotions, emotional condition, dominating emotional worries of the individ was carried out predominantly at psycho-physiological level, and the area of stable formations in emotional sphere in fact was left as not studied. Studying of kid's and teenager's anxiety (genetic aspect) also carries usually pronounced applied, "official" characteristics.

Key words: dental anxiety, emotional discomfort, childhood, emotional worries.

Studying of anxiety at different stages is important either for disclosure the cause of given phenomenon or for understanding of age regularities in emotional sphere development of a human, becoming, consolidation and emotional-personal formations development. Exactly anxiety, as many researchers and practical psychologists note, lies in the base of the whole range of psychological difficulties in childhood including many violations of development enured occasion for addressing to psychological education service. Importance of anxiety prevention, its overcoming is important for preparation of children and adults to difficult situations (visiting the dentist, procedures and manipulations in the dentistry, also exams, competitions and others.) when mastering new activity.

- Understanding the dismay as an emotional condition, and anxiety as a stable personal formation (last term is used for designation of the whole phenomenon generally too) we emanate from that some level of the anxiety is normally characterized to all people and necessary for optimal adjustment of human to the reality. Anxiety availability as a stable formation is prove of violations in the personal





development obstructing to normal development, activity, communication. Anxiety is described here as an emotional-personal formation which like any complicated psychological formation has cognitive, emotional aspect. Anxiety is described as a worrying of emotional discomfort connected with expectation of trouble, foreboding of threatening danger. The fact that dismay is together with fear and hope unique, anticipatory emotion provides its special place among other emotional phenomena. The main problem of dental appointment is most dental manipulations seem or are aggressive. The child is surrounded by many irritants provoking psychical discomfort and disturbing emotions. Therefore, the behaviour of patient-kid often takes protest character. Character and expression of child's behavioural reaction to dental terms are conditioned by many factors :

- pattern of irritants and strength;
- pattern of patient-kid's actual needs; threshold sensitivity's level of child to irritants;
- basic anxiety's level of child;
- intensity and lability of dismay's emotions;
- efficiency of child's and his/her selfcontrol's psychological defense.

Irritants at the dental appointment include material incentives directly interacting to patient's receptors and also triggers-provokers of associations and memories connected with negative experience. During dental appointment a child can face about 65-70 incentives and triggers of different modalities associated with the threat for safety: optic, aural, olfactory, gustatory, proprioceptive, static, tactile, thermal, nociceptive and also complicated psychological factors (suspense's condition in new situation; supposing of the worst; lack of confidence in own strength for overcoming dangerous situation; lack of confidence in support availability for overcoming dangerous situation).

As a result of above factors at the dental appointment dentist can face with various manifestations of patient-kid's contact. Dentist treating a kid should organise work in this way that treatment would be provided effectively and child gain (fix) positive attitude to dentist. Appointment of patient-kid suppose close interaction and cooperation in "triangle kid's dentistry", uniting a child, his/her parents and personnel of dental clinic.

There are several types of kid's behaviour at the appointment:

- Children who are ready to cooperation;
- Children who are able to cooperation;
- Children who are not able to cooperation.



Participation of authoritative parents at the appointment helps to dentist's work while intervention of irresponsible, overcaring, authoritarian and aggressive parents can contribute serious interferences.

Purpose of Research

Determination of anxiety level in children at the outpatient dental appointment with the aim of increasing the efficiency of providing dental help to children.

Materials and Methods

In 2019 on the base of Samarkand State Medical institute's department questioning of 110 children at the of 6 to 15 was provided with the use of modified scale of dental anxiety (MDAS), according to which we can get the sum of points from 5 to 25, and the quantity of points that is more than 19 indicates to high dental anxiety of patient, possible availability of dentophobia. MDAS includes 5 elements for measuring the anxiety during the dentist's visit (for example, tomorrow's dental cure, location in the waiting room), dental treatment (for instance, tooth drilling and teeth polishing) and local anesthesia.

Also, patients were asked to answer the question, what does provoke the biggest fear at the dental appointment: 1) anesthesia, injections 2) the sound of dental drill; 3) the lighting of lamp; 4) dentist's notes about oral cavity's condition; 5) the expectation of pain or 6) own answer. Depending on the age, all children were divided into three groups: 6 years old (19 children), 7-10 years old (46 children), 11-15-years old (45 children). The data was statistically processed with help of Microsoft Excel 2010 with the use of parametric statistics. Analysis of anxiety degree in children at the dental appointment was carried out by Frankl's scale, Korach's DAS scale, arterial pressure's level and heart contractions frequency because psycho-emotional stress at the dental appointment firstly provokes changes of these physiological parameters of cardiovascular system. Frankl's scale includes 4 categories of behaviour (from certainly negative to certainly positive), after establishing the type of kid's behaviour at outpatient dental appointment we correlated it with certain fear level. Corakh's DAS scale includes special questions directed to the clarification of patients attitude to the dentist's visit, the sum of the answers to all questions varies from 4 to 20 points. Depending on the kid's behavioural features at the dental appointment Frankl differs four types (groups) of children, (table 1).

Determination of the anxiety's level in children based on the psychological test's results





Level of anxiety	Frankl's test	Corakh's DAS test
	"F++" absolutely positive behaviour	4 points
Level of anxiety	"F+" positive behaviour	5-9 points
Middle level of anxiety	"F-"negative behaviour	10-16 points
High level of anxiety	"F--"absolutely negative behaviour	More than 17

Reason of addressing for dental help was considered by us. While the interview process of parents we tried to reveal possible causes of child's negative attitude to visit a dentist. Also we researched emotional behaviour of children with different anxiety level:

– Children with low anxiety level bravely entered the cabinet and sat in the armchair, independently did dialogue with the dentist, watched with interest manipulations of dentist, widely opened mouth, their arterial pressure and heart contractions frequency was corresponded to their age.

– Children with middle anxiety level entered the cabinet with parents, timidly sat in the armchair after dentist's invitation, watched with alertness actions of dentist, opened mouth not enough widely, the level of arterial pressure was within norm, however little increasement of heart contractions frequency was registered of some children.

– Children with high anxiety level refused entering the cabinet, cried, shouted, sat in the armchair only with parents, watched with fear actions of dentist, didn't open mouth, increasement of arterial pressure and tachycardia was registered in them.

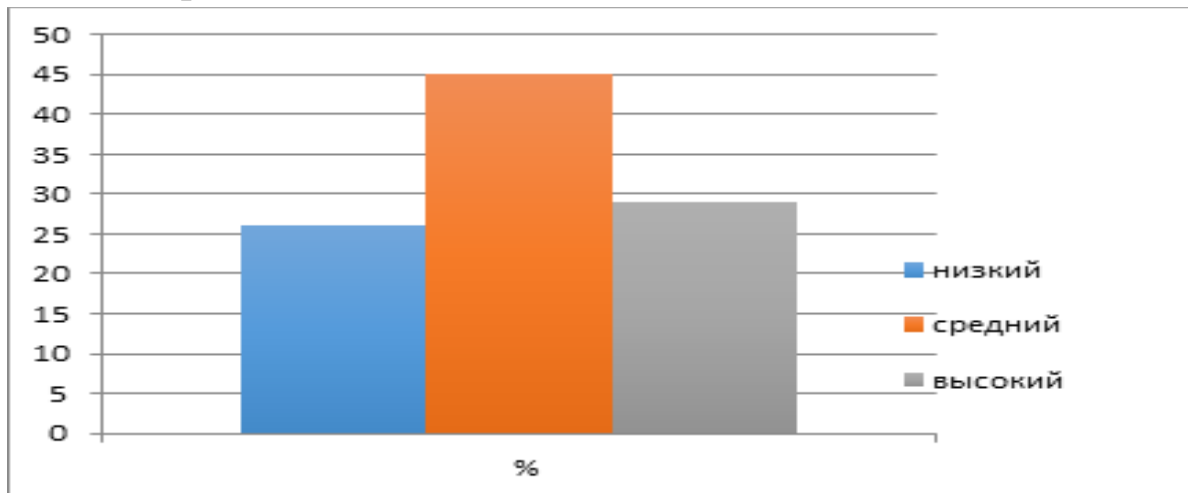
With the consideration of above issues, the question of psycho-emotional condition of a child at the dental appointment is actual.

To evaluate the psycho-emotional condition of 6 year old children Lusher's coloured test was used according to which 4 points dialed by patient correspond to pleasant emotional condition, 3-satisfied, 2-unsatisfied (specialist's help is needed), 1-child is in the crisis condition and he/she needs psychologist's or psychotherapist's help. Depending on the age all children were divided into three groups: 6-years old (19 children), 7-10-years old (46), 11-15-years old (45 people). The data is statistically processed with the help of MicrosoftExcel 2010 with the use of methods of parametric statistics.

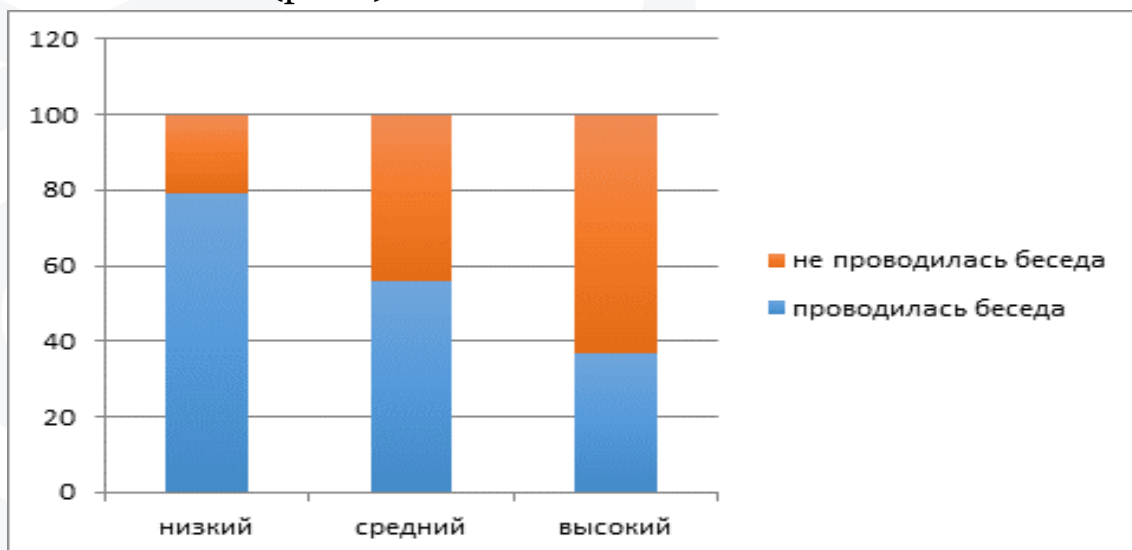


Results and Discussion

Taken results showed that middle anxiety level was noted in more quantity of children -66 children (47%), the number of children with low anxiety level -18 (27%), high- 26 children (25%). (pic. 1).



It was established that dental anxiety before visiting the dental clinic was felt by 47% of children in the age of 7-15 years old (average sum of points based on MDAS 19+_1,3). During further analysis of MDAS scale it was revealed that mostly children at the age of 11-15 (67% occasions) were exposed to dental anxiety. In our research we payed attention to providing a psychological preparation of a child to upcoming dental intervention. It was revealed: in the group of children with low anxiety level with 18 (69%) children from 42 motivational conversation was held with parents at home, with middle anxiety level such conversation was held by 40 (56%) parents from 66 questioned and in the group with high anxiety level conversation was held with 17 (37%) children from 26 (pic. 2).





It was exposed that anxiety at the outpatient dental appointment is provoked by pain expectation -50% +_2, 15 the most. The next big irritant is local anesthesia (injections) -33%+_2,97%; fear of the dental drill's sound 32%+_2,3; the light of a lamp provokes psycho-emotional stress in 3,8%+_1,1, and dentist's notes about the oral cavity's condition in 2,7%+_1,3 children.

Conclusion

Thus, we can sum up that dental anxiety is widespread among 6-15 years old children and in the result of our done research we established that kids with low anxiety level often visit dentist with the aim of preventive examination, and children with high anxiety level address to dentist usually in extra occasions;

- Diagnosis with which a child is directed to a dentist does not impact on anxiety level;
- Children with whom preliminary conversation was held before visiting a dentist felt much lower anxiety level;
- The main reasons among the causes of fear before visiting a dentist are: fear of parents, unpleasant feelings during treatment and negative experience of teeth treatment in the past.

Thus, we can conclude that visiting a dentist with prophylactic aim decreases anxiety level of a child at the appointment, preliminary conversation before visiting a dentist also makes pleasant impact. Worry and anxiety of parents are included to the possible reasons of kid's fear.

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