

Evaluation of the level of dental anxiety and its association with various factors

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Abstract

Background: Dental anxiety is the apprehension that results from anticipation of a life threatening situation. We did a prospective study to evaluate the level of dental anxiety in patients attending a dental college in Uttar Pradesh, India, and to check its relationship with various factors such as age, gender, marital status, history of previous dental experience and intraoperative pain. All the parameters of Corah’s dental anxiety scores were surveyed.

Materials and Method: A total of 80 patients(44 males and 36 females) were included in the study. Dental anxiety was evaluated using Corah’s dental anxiety scale. Intraoperative pain during exodontia was checked using VAS scale and facial pain scale. Influence of age, gender, marital status and previous history of extraction on the dental anxiety and intraoperative pain was also evaluated. The correlation between dental anxiety and intraoperative pain was checked.

Results: There was a decrease in patients' anxiety scores with age. Also, the anxiety scores were more in females as compared to male patients and slightly higher in unmarried patients and in those with previous dental experience. There was strong correlation between dental anxiety and intraoperative pain

Conclusion: The dental anxiety of the patients is influenced by a number of factors like age, gender, marital status and history of previous dental experience and also has an influence on the intraoperative pain perception.

Keywords: Dental anxiety, pain

Introduction

Dental anxiety has been defined as “a state of apprehension resulting from the anticipation of a threatening event or situation”.⁽¹⁾ It can be differentiated from dental fear on the basis of the fact that it occurs in the absence of an observed threat, whereas the fear always occurs in the presence of the threat.⁽²⁾ Dental phobia is defined as “marked and persistent fear that is excessive or unreasonably cued by the presence or anticipation of a specific object or situation.”⁽³⁾ All three of them are a commonly encountered problem that prevent the patients from undergoing treatment.⁽⁴⁾ As a result such patients end up with worsened oral health, which in turn leads to avoidance of the dentist until the patient comes to seek treatment because of unbearable pain and symptoms.^(5,6) Such patients with high levels of dental anxiety and fear, also have poor oral health habits, such as infrequent irregular tooth brushing, use of tobacco and unhealthy eating habits, which further increases the treatment needs.⁽⁷⁾ Identification of these patients is important and their concerns should be addressed as early as possible. Dental anxiety has been found to increase after

administration of local anaesthetic containing a vasoconstrictor like epinephrine.⁽⁸⁾ Hypertensive patients also experience cardiovascular changes after extraction.⁽⁹⁾

Dental anxiety has been influenced by a number of factors like age, gender, history of previous dental experience and others. Also, it has a strong correlation with pain because the patients with more anxiety have increased intraoperative pain perception during any procedure.

The aim of this paper is to show the influence of such factors on dental anxiety, and the association of pain perception with dental anxiety among patients attending a dental college in Muradnagar, Ghaziabad, representing the population of Uttar Pradesh, India.

Materials and method

The study was conducted in the Department of Oral and Maxillofacial Surgery at ITS Centre for Dental Studies and Research, Muradnagar, Ghaziabad, Uttar Pradesh, India. The patients reported with decayed tooth, pain or swelling in the vicinity of the tooth.

Injection pheniramine maleate (Inj Avil) and epinephrine were kept to be injected in case of allergy to the local anesthetic. 80 patients, without any systemic disease, who were planned for tooth extractions were randomly selected for the study, with 44 males and 36 females. The age of the patients ranged from 14-80 years. Any patient with systemic disease, as well as the pregnant and lactating women were excluded from the study. All the parameters of Corah's dental anxiety scores were surveyed.

The study was approved by the institutional Review Board of ITS Centre for Dental Studies and Research, Muradnagar. The work was done in accordance with the Code of Ethics of the World Medical Association (Declaration of Helinski) Informed prior consent was obtained from all the patients. Prior to receiving

treatment, all the patients completed both basic questionnaires and Norman Corah's Dental Anxiety Scale, Revised(DAS-R).⁽¹⁰⁾ This questionnaire consists of four questions that test anxiety of the patients that can occur due to certain dental procedures. These include the following:

(1)If you had to go to the dentist tomorrow for a check-up, how would you feel about it?

(2)When you are waiting in the dentist's office for your turn in the chair, how do you feel?

(3)When you are in the dentist's chair waiting while the dentist gets the drill ready to begin working on your teeth, how do you feel?

(4)Imagine you are in the dentist's chair to have your teeth cleaned. While you are waiting and the dentist or hygienist is getting out instruments which will be used to scrape your teeth around the gums, how do you feel?

All these questions were explained to the patients in the local language.

A simplified 5-point -scale was devised for each question ranging from not anxious to extremely anxious. The measurement was done in points from 1 to 5.

In order to obtain the total score of the scale, the scores for each of the responses were summed.⁽¹⁰⁾

The maximum possible score of the scale is 20, and the minimum score is 4. The final assessment of the anxiety level is given by the sum of points of scale items:

- Less than score 8-No anxiety
- 9-12:Moderate anxiety but have specific stressors that should be discussed and managed
- 13-14:High anxiety
- 15-20:Severe anxiety(or phobia). May be manageable with the Dental Concerns Assessment

but might require the help of a mental health therapist.

After administration of local anesthesia, exodontia was commenced after checking all the objective and subjective signs and symptoms. Immediately after extraction, patients were asked to indicate the level of pain perception on Visual Analogue Scale(VAS) graded 0-10. The level of pain perceived during extraction was as follows:

- Score 0/1/2:no pain
- Score 3/4:moderate pain
- Score 5/6:depressing pain
- Score 7/8:Horrible pain
- Score 9/10:Excruciating pain

The patients were also asked to indicate the level of pain on the face scale graded 0-5. The level of pain measured on this scale was as follows:

- Score 0:No hurt
- Score 1:Hurts little bit
- Score 2:Hurts little more
- Score 3:Hurts even more
- Score 4:Hurts whole lot
- Score 5:Hurts worst

All the 80 patients were asked about their anxiety scores that were given according to scoring criteria. Individual patient scores were recorded on the questionnaire.

Statistical analysis

Data were entered and analyzed using a computer database/statistical software package (SPSS) version 16. They were subjected to simple descriptive analysis, frequency distribution and statistical analysis. Spearman correlation was done to assess the strength of association of DAS-R with age and intraoperative pain during exodontia. Independent sample t-test was

done to compare the mean total DAS-R, VAS scores and facial pain scores between categories in a group, and Mann-Whitney U test was done to check for the significance in these categories. $p \leq 0.05$ was considered significant.

Results

The scores for high dental anxiety were maximum for injection(16.2%), followed by fear of being injured(13.8%) and then extraction(11.2%). For almost all the procedures the higher percentage of anxiety levels were found to be low(Table 1).

Spearman correlation showed a strong association between the anxiety score and intraoperative pain scores measured on the VAS scale and the face scale with statistically significant difference($p < 0.05$). According to this test, the patients who had higher anxiety experienced more intraoperative pain(Table 2). There was a decrease in anxiety scores with age.

Independent sample t-test and Mann-Whitney U test showed that the female patients had higher anxiety levels and pain as compared to male patients. The marital status of the patients also seemed to effect the dental anxiety. Out of the total of 80 patients, 55 were married while 25 were unmarried. The anxiety scores (DAS-R) were slightly higher in unmarried patients. However, the pain scores were lower in these patients. 44 patients had a history of previous extractions. These patients had higher mean anxiety and pain scores than those without history of previous extractions.

Discussion

The Corah dental anxiety scale is a reliable tool that is used in dental offices and research projects for measuring anxiety of dental procedures.⁽¹¹⁾ It was used in this investigation to evaluate the dental anxiety in the patients of Uttar Pradesh, who were

attending ITS Centre for Dental Studies and Research, Muradnagar for dental treatment. Dental anxiety was evaluated and its association with intraoperative pain due to exodontia was checked. Influence of other factors on dental anxiety, like age, gender, marital status and history of previous tooth extraction was also evaluated.

Most of the tested participants in this study had lower levels of dental anxiety. The scores for high dental anxiety were maximum for injection, followed by fear of being injured and then extraction. For almost all the procedures scores for high dental anxiety were found to be low as compared to the previous studies that have shown greater percentage of patients with dental anxiety,^(3,12-17) which could be attributed to less accessibility to oral health care because of low dentist-to-population ratio, geographic location and affordability toward treatment.⁽¹⁸⁾ High anxiety levels can also be due to lack of dental health education which leads to poor compliance and attitude. It may also be linked to poor personality characteristics, fear of pain, and traumatic dental experiences in childhood. The dentally anxious family members and peers can be another cause.⁽¹²⁾

The patients' anxiety scores showed a strong correlation with the intraoperative pain perception. The pain scores increased with the increase in anxiety scores, with statistically significant difference. Similar findings were present in the previous studies.^(19,49)

The anxiety scores in this study decreased with age, with the younger patients showing more anxiety than their elder counterparts. This was in accordance with the previous studies that showed an inverse relationship between age and levels of dental anxiety.^(17,19-29) This reduction in anxiety could be correlated with age to age dependent cerebral deterioration,

extinction or habituation, increased ability to tolerate the treatment with experience, and increased exposure to systemic ailments and treatment.⁽²⁸⁾ However, several other studies have contradicted this trend of decreasing anxiety scores with age.^(30,31) Thomson et al. reported lower levels of dental anxiety in the 18-34 year age than those aged between 35-44 years.⁽⁵⁾ Kivora et al. reported higher dental anxiety in the 25-26 year olds than other people.⁽³²⁾ This could be because of a number of psychological factors that have diverse impacts in this age group, leading to dental fear and anxiety.^(33,34)

In relation to gender, the mean anxiety scores were found to be greater among females, though there was no statistically significant difference. Many of the studies done in the past have also shown higher anxiety scores among females.^(5,12,17,19,20,21,34-46) This can be explained by the fact that females usually admit their fears readily than males who are more emotionally stable.^(16,34,40-42) Several other studies have reported no difference in the anxiety levels between the genders on account of cultural differences.^(25,27,47,48) The VAS and facial pain scores were also higher in females patients as compared to males, which could be attributed to lower tolerance to pain among females.⁽¹⁷⁾ This was in contrast to a previous study that reported a higher mean VAS score in males, though the anxiety scores were slightly lower.⁽¹⁹⁾

The anxiety scores in this study were also influenced by the marital status of the participants, with the unmarried participants having a slightly higher anxiety scores as compared to the married ones. However, despite higher anxiety scores, pain scores were found to be slightly lower in the unmarried patients.

Patients who had previous history of extractions showed higher mean anxiety and pain scores than

those without history of previous extractions, but there was no statistically significant difference between these groups of patients. Suryakant and Suresan reported that the patients who had visited the dentist before had a statistically significant increase in the anxiety scores than those who were reporting for the first time.⁽¹⁷⁾ The negative dental experience of the patients can be associated with higher level of anxiety.^(24,25,42,50) However, a study by Kakko and Murtomaa had reported that patients with previous history of tooth extractions, whether painful or painless, presented higher anxiety prior to tooth extractions than did patients without past dental experience. Few studies have also reported lower mean anxiety scores in patients with a history of previous extraction.^(19,51) This can be explained by the fact that patients with previous experience with extraction become more familiar with the procedure because of past exposure.⁽¹⁹⁾

Several methods can be used to manage dental anxiety, such as psychotherapeutic interventions, pharmacologic interventions, or a combination of both, depending on the characteristics of the patients, level of dental anxiety and clinical situations.⁽³⁾

Conclusion

The dental anxiety of the patients is influenced by a number of factors like age, gender, marital status and history of previous dental experience and also has a strong correlation with intraoperative pain perception.

Ethical approval: The study was approved by the institutional Review Board of ITS Centre for Dental Studies and Research, Muradnagar.

Patient consent: Written informed consent was obtained from all patients

Ethical: The work done is in accordance with the Code of Ethics of the World Medical Association (Declaration of Helinski)

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Legend Tables

Table 1: Dental Concerns Assessment-Response to the questions by the patients

Sn.	Concern	Level of concern or anxiety			
		Low %	Moderate %	High %	Don't know %
1	Sound or vibration of the drill	33.8	18.8	8.8	38.8
2	Not being numb enough	41.2	21.2	10.0	27.5
3	Dislike the numb feeling	46.2	20.0	6.2	27.5
4	Injection	43.8	20.0	16.2	20.0
5	Probing to assess gum disease	61.2	13.8	6.2	18.8

6	The sound or feeling of scrapping during teeth cleaning	48.8	20.0	5.0	26.2
7	Gagging, for example during impressions of the mouth	72.5	7.5	6.2	13.8
8	X-rays	66.2	7.5	3.8	22.5
9	Rubber dam	52.5	8.8	7.5	31.2
10	Jaw gets tired	58.8	13.8	6.2	21.2
11	Cold air hurts teeth	51.2	11.2	3.8	33.8
12	Not enough information about procedures	40.0	10.0	3.8	46.2
13	Root canal treatment	33.8	10.0	7.5	48.8
14	Extraction	57.5	13.8	11.2	17.5
15	Fear of being injured	60.0	15.0	13.8	11.2
16	Panic attacks	65.0	13.8	10.0	11.2
17	Not being able to stop the dentist	71.2	11.2	7.5	10.0
18	Not feeling free to ask questions	72.5	13.8	5.0	8.8
19	Not being listened to or taken seriously	76.2	8.8	7.5	7.5
20	Being criticized, put down, or lectured to	77.5	8.8	5.0	8.8
21	Smells in the dental office	75.0	10.0	5.0	10.0
22	I am worried that I may need a lot of dental treatment	53.8	25.0	11.2	10.0
23	I am worried about the cost of the dental treatment	60.0	20.0	10.0	10.0
24	I am worried about the number of appointments and the time that will be required for necessary appointments and treatment time away from work, or the need for childcare or transportation	67.5	16.2	7.5	8.8
25	I am embarrassed about the condition of my mouth	71.2	16.2	3.8	8.8
26	I don't like feeling confined or not in control	71.2	12.5	7.5	8.8

Table 2: Table showing strong correlation between dental anxiety and pain scores

			DASR	VAS	Faces pain scores
Spearman's correlation	DASR	Correlation Coefficient	1.000	0.455	0.458
		Sig. (2-tailed)		0.000	0.000
		N	80	80	80
	VAS	Correlation Coefficient	0.455	1.000	0.987
		Sig. (2-tailed)	0.000		0.000
		N	80	80	80
	Facial pain scores	Correlation Coefficient	0.458	0.987	1.000
		Sig. (2-tailed)	0.000	0.000	.
		N	80	80	80