



The fear factor

Fear *n.* 1. a feeling of anxiety and agitation caused by the presence or nearness of danger, evil, pain; dread; terror; fright; apprehension 2. respectful dread; awe; reverence 3. a feeling of uneasiness or apprehension; concern.

Do we have the patience for our patients?

What are we really doing to help our patients with their fear of the dental office? What is available to us and what are some of us doing in our offices today?

In looking at the definition from the *Webster's New World Dictionary*, "the presence or nearness of danger, evil ...," have we ever thought about that from our patients' perspectives? Of course, we are acutely aware of their apprehension and fright, but are we perceived as a *danger* to our patients?

We can read a patient better than anyone in the office, and we don't need our loupes for this, just our open hearts.

Most anxious patients have had a bad experience either in their childhood or recent adult life. Once someone has had that experience, it is very difficult to modify and reconstruct a new and healthy attitude toward dental procedures. Some apprehensive patients experience fear just because of the unknown and lack of control, such as may be felt when flying in an aircraft. Some are so petrified that they are quiet,

still, and seem standoffish. Some even seem rude. We may not see them as they really are.

Dental phobics are at another level of dental fear and anxiety. Many have dreams of waking up and spitting out bits of their teeth.

"Dental phobia is the serious, often paralyzing fear of seeking dental care. It has been reliably reported that 50 percent of the American population does not seek regular dental care. An estimated 9 to 15 percent of all Americans avoid much needed care due to anxiety and fear surrounding the dental experience. This translates to some 30 to 40 million people so afraid of dental treatment that they avoid it altogether." The preceding quote appears on www.dentalfear.net.

Here are some assurances that a dental phobic may need to ease the first step in entering a dental office:

- "I would need to know that they would not say anything about the state of my teeth."
- "I would need to know that the injection would not hurt."
- "I would need to know that if I wanted them to stop when I raised my finger, they would do so."
- "I would need to know that they would work at my pace and not push me into doing anything I am not ready to do."

On another Web site, a testimonial offers us a good view through the eyes of a phobic:

"My teeth got progressively worse. There were more cavities. Teeth started crumbling away and breaking off at gum level. Abscesses were regular occurrences and often lasted for several days, swelling the side of my face. The constant pain was almost unbearable but still my fears prevented me from seeking help. I would take painkillers like they were sweets, but still I could not go to the dentist because of my unconscious fears. I tried various ways to pull the offending teeth out to try to stop the pain — failing miserably and making the situation worse.

"With a phobia, the fear far outweighs the threat but the sufferer often has little control over their reactions. My rational thoughts told me that the pain I currently felt could not be anywhere near as bad as any pain I might experience having dental treatment. My unconscious mind did not agree ... the fear won. It has been said, 'When it hurts enough, people will go to the dentist.' This certainly does not hold true if you are a dental phobic!

"Now, not only were my fears stopping me from going to the dentist, I was also ashamed of the way my teeth looked. I thought that the dentist would never have seen teeth as bad as mine and I knew, from past experiences, they would never understand. Once again they would rebuff me and make me feel small and dirty for the way I had let my teeth deteriorate."

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I believe the main fear is pain but a secondary issue is trust. Do our patients trust the dentist and us? How much will this cost them? Many of our patients will joke and say that the most painful experience in the dental office is getting the bill. How many times have we heard from our patients, "I guess the dentist has a child going to college or I just paid for his new car?"

Hygienists can help build trust. They can confirm what the dentist has treatment planned. They can translate what was just presented to the patient. Hygienists understand that the patient's attention span was cut off after "This treatment will cost you around \$5,000," or "We're going to do a little surgical procedure." Must we use that language?

When I worked for a periodontist in Boca Raton, Fla., he would never or rarely use the word "surgery." He would use the words trim, recontour, open up, or adjust, depending on the procedure. What I have observed in some general dentists' offices is that they use the word surgery or surgical when it is a procedure they rarely do.

June Darling, PhD, executive coach for Maverick-Minded Professionals, recently shared her thoughts on dental phobics. "[The] number one fear is *learned*; therefore, it can be unlearned if they and their dentists are willing."

There are many methods of doing this: behavior modification, cognitive therapy, breathing, distraction, technology. These methods can all help and are relatively easy. Many dentists think phobic patients "aren't worth it." Patients should look to see if dentists understand and are using some of these modalities.

If they are using behavior modification, dentists will proceed "one small step at a time." The patient lets the doctor know how big of a step he or she wants to make on a given day. For example, the staff suggests, "Come in, look around, sit in the chair," and the patient interviews the dentist, gets a feel for the staff, and proceeds with their intuition.

Cognitive therapy will involve giving patients control through a technique such as signaling. Patients are totally informed about what is going to occur. They become aware of their thoughts, and developing "mantras" and creating soothing images. This can be combined with the behavior modification and will let the client/patient talk about their concerns, but *not* allow them to get off the hook; this will only give in to their fear.

They may also help them learn some breathing techniques (especially deep breathing) while there, in the chair, and/or practicing at home. Many of us have experienced the Lamaze technique as we went through childbirth. A similar technique can be applied in the dental setting. We also offer distracting activities in the dental office that occupy their minds, such as music and videos.

As for technology, the office may have premeds and use conscious sedation techniques such as Valium, Halcion, or

nitrous oxide, "The Wand" for local anesthetic injections, and new dental spa relaxation techniques, which enhance the experience. Other protocols can also add to the comfort of a maintenance visit such as the new desensitizing and remineralizing agents, ProClude and DenClude from Ortek Therapeutics, Inc., and Prospec™ MI Paste with Recaldent from GC America. I have experienced that, with some perseverance and practice they all work well.

General spa and salon services can be very relaxing to a particular group of people. Some offices hire massage therapists to relax the muscles and bring in cosmetologists for nail, hand, and foot care. This is a modern convenience along with a diversion during a dental procedure. Virtual glasses with movies and flat mini-screens with current TV programs can also add a distraction.

One thing to remember is that spa-type services in a dental office are *not* for everyone. What may seem relaxing to some of us may seem eerie and scary to others. I had a regular and usually upbeat patient that walked into our operatory, and because of the new dimly lit room and "haunting" music, she began to cry. She felt uncomfortable and is not one of the "touchy-feely" types of people. A massage or facial is not appealing to her. "It gives me the creeps," as she so eloquently put it.

There is so much to understanding the human psyche and spirit. I hope to see more continuing education courses on this behavior. It would be beneficial to many of us who are not so intuitive. I am proud to say that hygienists are generally compassionate and caring, which leads to heightened intuition. We can read a patient better than anyone in the office, and we don't need our loupes for this, just our open hearts.