**ABSTRACT:**

**Objective**

The purpose of this hospital based study was to measure dental anxiety level among patients seeking for dental services.

**Methods**

The study was based on interviews with 100 patients, aged 20 years-old and over, reporting to Dr Z A Dental College, AMU, Aligarh. Self-administered questionnaire was asked for information about regular dental visits, and dental treatment experience. Beck Anxiety Inventory Scale was applied to measure the anxiety level in the dental patients.

**Results**

It was reported that 66% of the patients were anxious, according to the Beck Anxiety Inventory Scale. Anxiety was found more in patients who were reporting first time to the dental OPD. Women were more anxious than men at a statistically significant rate and anxiety level was high either at very young or very old age.

**Conclusions**

Within limits of this study it is concluded that anxiety has significant impact on regular dental visits and dental treatment opted.

**Keywords**

Anxiety, dental visits, fear

**INTRODUCTION**

Anxiety is an unpleasant state of inner uncertain origin, often accompanied by nervous behaviour. Common symptoms are fear, worry, uneasiness, overreaction to a situation, restlessness, fatigue, problems in concentration. Anxiety occurs without any certain external stress. Anxiety in dental clinic may exist as a general correlation between anxiety and dental treatment.1

Dental anxiety has been variously called dental phobia, odontophobia, dentophobia, or dental fear in the literature.2 Despite advances in dentistry, anxiety for dental treatment and the fear of pain remains widespread among patients and is a major inhibiting factor for seeking dental treatment. This study was done to highlight the significance of anxiety associated with regular dental visit and dental treatment experience and thus to focus on the minimizing levels of anxiety and aid in planning stress-free treatment.

**METHODOLOGY**

A sample of 100 patients was randomly selected which consisted of patients of age 20 years and above, reporting to the OPD of Dr Z A Dental college, AMU, Aligarh for dental services. Self-administered questionnaire was asked for gaining demographic information and about regular dental visits, and dental treatment experience. For measuring the anxiety level in the dental patients Beck Anxiety Inventory Scale was applied. This scale comprised of 21 multiple choice questions related to experience and attitude. Comprehensive statistics was carried out to meet the results.

**RESULTS**

The present study reported results from a final sample size of 100 individuals, calculated to measure the frequency of anxiety in dental patients. Fig 1 shows that the 66% of the sample population was anxious.

Fig 2 depicts the relation between number of dental visits and anxiety. Anxiety was found more in patients who were reporting first time to the dental OPD. According to Fig 3 women were found more anxious than men. Fig 4 reported the dual peak relationship of anxiety with age. Either very young or very old age patients were found more anxious.

**DISCUSSION**

Anxiety is more associated with first visit because of new environment and previous heard stories regarding dental treatment.3 Patient may feel helpless while sitting on a dental chair with mouth wide open mouth, unable to see what's going on inside. Anxiety may also arise due to embarrassment and loss of personal space, physical closeness of the dentist or hygienist to patient’s face.4 Some patients are also self-conscious about the appearance of their teeth or possible mouth odours. In last vist there was also high anxiety present due to final appearance and treatment need in future.

Female patients are generally more anxious than male patients. Reason is not clear but it may be due to hormonal differences, genetic predisposition, they are more sensitive and self-conscious.

Management for dental anxiety often includes a combination of behavioral and pharmacological methods.5 Behavioral methods are positive reinforcement (e.g. praising the patient), use of non-threatening language, tell-show-do techniques, relaxation, audio analgesia and pharmacological methods are premedication, sedatives and hypnotics, anti histaminic, conscious sedation, general anesthesia.

**CONCLUSION**

A significant anxiety may exist at the time of first dental visit or during dental treatment. It is the duty of the dentist to establish a healthy dentist- patient relation and maintain a stress free environment for the patient. Counseling of the patient and maintaining a rapport should an integral part of the dental treatment.

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