



Children's Fear From Dentists, Based on Literature Data

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Abstract

Introduction: Providing quality dental services, priority is given to patients' approach to painless treatment at the dentist. The pain experienced by previous dental treatments, triggers the appearance of the feeling of fear that precedes the next dental intervention. This picture becomes even more difficult when talking about pediatric age and the feeling of fear or anxiety experienced by this age before dental treatment. Fear of dentists has its origins in childhood, so logically, if fear and anxiety about dental interventions are to be analyzed, the age of study on this topic should be specifically pediatric age.

Materials and methods: The study is of review type based on the collected articles on the assessment of fear and anxiety in pediatric ages. A total of 14 articles and literature sources, which were collected based on the study selection criteria. The study was designed in the context of coping with data figures published by various articles on dental fear and anxiety in pediatric age specifically.

Results: Based on the data collected, 23% of children reported emotional distress in dealing with the dentist where only 12% of them expressed feelings of fear. 64% of patients appreciate the way the doctor dresses, with white aprons giving him more confidence and not fear. 70% of pediatric patients did not have the feeling of fear of wearing the mask during dental treatments. Feelings of fear, according to children, leave for a clinic decorated according to age.

Conclusions: Maintaining oral hygiene leads to a healthy dental status that does not face pain originating from the tooth, and consequently, not recognizing the pain reduces sensitivity and expectation to dental fear or anxiety. The visual appearance of the clinic and the doctor speaking with body language affects the expectation at the level of fear perception before dental treatment.

Keywords: Fear; Anxiety; Dental Treatment; Hygiene

Introduction

Reaction at the biochemical level in the organism of the one who experiences it. This is the definition of the notion of fear which is experienced mainly as an individual emotional response reflected in the high level of expression of bodily reactions, of this feeling [1-4]. Strong negative feelings towards dental treatment are expressed by patients as dental fear, regardless of whether or not the criteria for a diagnosis of dental phobia are met. Dental fear which can be aggravated and even pass to the level of dental phobia is a common occurrence in adults but more pronounced in children. Delays in dental treatment or ways to avoid dental treatment are the choices that children suffering from dental fear or dental phobia make instantly. Both delays and avoidance of dental treatment result in poor oral status for children with fears up to dental phobia [1,3,5-9]. The article gathers some facts about preventing dental phobia in children. The approach to preventing dental fear initially begins with how parents can convey to their children their personal fears

or phobias. In children, the feeling of dental fear may be copied by the parents or may be due to painful treatments and previous pain in the dental chair. The child's personal experience with painful dental treatments causes more sensitive dental fear and a higher degree of expression [3,5,9-14]. The fears transmitted from parents to children are even more at the level of the wrong opinion created visually and emotionally in children by that parent, perhaps even incompletely, explaining about the dental treatment and the way the parent individually reacts to the dental treatment [1]. The role model of the parent is the one who is imitated, sometimes without even realizing it by the child himself, gaining an unmistakable reaction of dental fear [15-17].

Materials and Methods

Assessing fear and anxiety is no longer difficult, to pass specifically to fear or dental anxiety in pediatric age. The study

aims to gather information on articles and literature sources that talk about assessing dental fear and anxiety in pediatric ages. The review made in this article is more aimed at confronting the various figures and data published in the literature about fear or anxiety about dental treatment (Table 1). There are about 14 selected articles based on the inclusive criteria and the purpose of this study. Based on the selected keywords for this topic, the artists of different years or bandages of different years were selected, but with the specificity that the dental fear displayed in children was related to the various methods applied to reduce or eliminate its occurrence. Dental fear in children is mainly related to the dental pain experienced by children, to dental diseases that may have caused pain in children, pain that they have recorded in their memory and relive before dental intervention or the next dental

treatment [18-23]. Thus, the selected items should also be related to the methodology of children's approach to dental care in relation to oral hygiene (Table 2), as an element of preventive dentistry. Since fear has its origins in childhood, it is logical to choose children as the target Children who have positive interactions with their dentist will be less likely to display fear of dentists and will experience less anxiety during appointments with the dentist. As a result, they will be more likely to visit the dentist as adults and will have better dental health [20]. Miller stressed the need to reduce a patient's anxiety and fear of dentistry as much as possible. Possible [19]. Given the importance of dental health, all dentists should be aware of the patient's perceptions, preferences and fears in order to meet the patient's needs and provide them with quality care in a way that calms and reduces stress.

Table 1: Presentation of the frequency of presentation to the dentist and to the general practitioner accompanied by the percentage of dental fear manifestations [33,19,1813].

Answer	Visit to the dentist	Visit to the doctor	The feeling described		
			Frightened	Not Scared	
Yes	70%	22%	28%	Don't like	
No	24%	78%		Don't know	
				11%	14%

Table 2: This table shows data on children's preference about the gender of the stomatology doctor and the way he dresses during dental treatment [33, 24, 13].

Preferences	Dentist		Clothing	
	Male	Female	White	With colors
Po	55%	45%	77%	15%

Results

The results came out as the average of the percentages expressed in for the references mentioned. Based on the data collected, 23% of children reported emotional distress in dealing with the dentist where only 12% of them expressed the feeling of fear at the level of dental phobia. 14% of children expressed the feeling of fear as a feeling accumulated from previous treatments or as result of imitating the feeling of parents [24-30]. 77% of patients evaluate the way the doctor dresses, with a white apron, giving him more security and not fear, where 64% ask him to complete it with the placement of a mask and a plastic plastic protector. 70% of pediatric patients did not have the feeling of fear of wearing the mask during dental treatments. Feelings of fear, according to children, leave for a clinic decorated according to age.

Discussion

Fear of sight, noise of dental instruments based on literature data, is the most pronounced feeling in children. Therefore we are often faced with the fact that modeling of the dental unit is needed by creating more suitable environments for the treatment of children with animations and colors that attract their attention. The task of parents is directed towards the injection of dental culture in children from an early age, familiarizing them with the role of the dentist in oral health and the importance of dental visits performed at certain time intervals [31,32]. Fear is one of the most

fundamental human emotions. It is programmed into the nervous system and functions as an instinct. Ever since we were babies, we have been endowed with the survival instincts needed to respond with fear when we feel threatened or insecure. People tend to avoid situations or things they are afraid of. But that does not help them overcome fear - in fact, it could be the opposite. Avoiding something scary strengthens a fear and keeps it strong. Gradually coping with fear helps one overcome it [2]. For some adults and children, a visit to the dentist is not an extraordinary event (Table 3). For others it can be a horrible experience that they will only go through when the agony associated with a dental problem becomes unbearable. Fear of dentists and dental treatment is considered a major obstacle to the provision of quality dental services [14]. It is important for dentists to establish a friendly relationship with patients, especially children, in order to combat patient fears and provide effective treatment [33-35]. Creating a strong rapport during the child's first visit helps to create a comfortable atmosphere in which the child does not feel threatened [14]. Children often make judgments about their dentist based on his / her appearance and often record and analyze every dentist's words, gestures and gestures during a dental appointment [18]. A friendly relationship with the dentist can help patients cope with the identification of specific stimuli such as the sight of the anesthetic needle, the sound of instruments, and the sensation of the part of the teeth with the pit that have been shown to provoke anxiety [18].

Table 3: This table shows in figures the feeling perceived by children during dental treatment [33,24,19,18,13].

Sense	Frightened	Injections	Noise	Instruments in view	Treatment
Yes	14%	83%	10%	35%	25%

Conclusion

Maintaining oral hygiene leads to a healthy dental status, which does not face the pain originating from the tooth, and consequently, not recognizing the pain reduces the sensitivity and expectation to dental fear or anxiety. The visual appearance of the clinic and the doctor speaking with body language affects the expectation at the level of fear perception before dental treatment.

Abbreviations

Not applicable.

Declarations

Ethics declarations

Ethics approval and consent to participate

As the authors of the article, we state that there is no violation of the code of ethics during the realization of this article. Consent in the participation of patients in the study was performed with the signature of the patients themselves, procedures based on national protocols.

Availability of Data and Materials

The datasets analyzed during the current study are available from the corresponding author.

Competing Interests

The authors declare that they have no competing interests.

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Contributions

IR collected the scientific data and wrote the manuscript. SH revised and edited the manuscript. Literature research was conducted by SH KM collected the scientific data. All authors read and approved the final manuscript.

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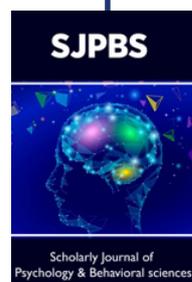


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