Dental anxiety is a term used to describe fear, anxiety or stress in a dental setting. Being scared to visit the dentist can result in delaying or avoiding dental treatment.

Dental anxiety can be associated with certain triggers such as needles, drills or the dental setting in general.

When dental anxiety is severe and results in irrational fear and complete avoidance of going to the dentist, it can be classified as a dental phobia.

Some mental health conditions including generalised anxiety disorder, depression, post-traumatic stress disorder, bipolar disorder or schizophrenia, or a previous history of head and neck trauma can increase the risk of a person experiencing dental anxiety.

**Signs and symptoms of dental anxiety**

People with dental anxiety may experience:

- sweating
- racing heartbeat (tachycardia) or palpitations
- low blood pressure and possible fainting (syncope)
- visible distress, crying or signs of panic
- withdrawal, or using humour or aggression to mask anxiety

Some anxious patients will routinely miss dental appointments, and may find it difficult to undergo dental treatment regardless of whether it is simple or complex.

**How dental anxiety or phobia can affect your oral health**

Avoiding the dentist can result in the worsening of dental disease, a greater need for emergency care or more complex treatment. It can also feeding the underlying problem of dental anxiety. This is known as the ‘vicious cycle of dental anxiety’.

Regular dental check-ups, cleans and screening X-rays can prevent dental disease and help the dentist find any problems early, so that simpler and less invasive treatments are needed.

Most dental disease is lifestyle-related and preventable. By avoiding going to the dentist, not only are you more likely to need more complex treatments when you do finally attend, but you are also missing out on learning how to better care for your oral health.

The lifestyle factors that lead to dental disease are very similar to those that lead to diabetes, obesity, heart disease, stroke and some cancers, so taking care of your oral and general health is very important.
Causes of dental anxiety and phobia

Dental anxiety can be caused by:

- a traumatic dental experience or other healthcare experience(s)
- previous trauma to the head and neck
- other traumatic experiences, including abuse
- generalised anxiety, depression or post-traumatic stress disorder
- the view that the mouth is a personal area and accessing the mouth is an invasion of personal space
- fear of loss of control
- trust issues
- anxiety associated with other conditions such as agoraphobia (fear of being in situations where you feel you cannot escape), claustrophobia (fear of closed spaces) or obsessive compulsive disorder where there is an obsession around cleanliness can make access to dental care more difficult.

Who can be affected by dental anxiety

Dental anxiety is common and can affect people of any age.

Children who have had bad dental experiences in most cases can overcome their fear if the situation is managed well and they are well cared for and supported during further dental visits. Adults who are anxious about dental care tend to remain anxious throughout life.

Many anxious dental patients can find a dentist who is sympathetic to their situation, so they are able to cope with going to the dentist.

How to manage dental anxiety or phobia

There are many ways to help people manage dental anxiety or phobia. It is important to let the dentist know if you experience any level of dental anxiety. Open discussion around the individual triggers of anxiety can help the dentist work with you to tailor a treatment plan for you.

Some coping techniques that can assist some individuals include:

- deep breathing
- meditation
- distraction (such as listening to music or the use of screens)
- guided imagery
- progressive muscle relaxation
- hypnosis.

Referral to a psychologist can be helpful too. Short targeted therapies including cognitive behavioural therapy can be very successful.

Severe dental anxiety or phobia may require management with relative analgesia (happy gas), anxiety relieving medication, conscious sedation (twilight sedation) or general anaesthesia.

Relative analgesia (happy gas)

Known as happy gas or laughing gas, nitrous oxide can help people relax during dental treatment. A mask is fitted to your face, and you breathe a mixture of oxygen and nitrous oxide. It takes effect within a few minutes and wears off quickly.

You will feel relaxed but will still be awake. You can talk to the dentist, and hear what they say to you, but you won’t necessarily remember everything once the visit is over.

For most people, the relaxed sensation created by nitrous oxide sedation is very pleasant. Occasionally people don’t like the sensation it creates, and other options can be considered.
Anxiety relieving medication (oral anxiolytic tablets)

Oral anxiety relieving (anxiolytic) medications (such as temazepam) are sometimes prescribed by dentists or doctors to help anxious patients relax. A short-acting, small, single dose is usually taken one hour before the dental appointment.

Medication should only be taken following discussion with your dentist or doctor. You will need someone to accompany you to and from the dental visit as you cannot safely drive a car while under the influence of anxiolytic medication.

Conscious sedation

This type of sedation involves receiving medication through a drip placed into a vein of the arm or hand. Intravenous (IV) sedation is provided by a dental sedationist (a dentist with advanced training in sedation) or an anaesthetist. It can be undertaken at a dental practice that has additional equipment, or in a hospital.

Under IV sedation, patients are relaxed and may drift off into a light sleep, but they can respond to verbal prompts. Possible side effects include drowsiness and nausea after the procedure. Patients should not drive themselves home after intravenous sedation.

Not all dentists offer treatment under sedation. Some pre-existing medical conditions or medications may affect the type of sedation you can have. Talk to your dentist for further information.

General anaesthesia

Treatment under a general anaesthetic is carried out in a hospital setting by the dentist and anaesthetist. General anaesthesia involves patients being ‘fully asleep’. Some possible side effects include nausea and a longer recovery time than other forms of sedation.

A general anaesthetic can be a good option for some people, but remember that it doesn’t help you learn coping strategies for anxiety or get used to going to see the dentist.

You will need both pre- and post-operative visits to the dentist. The anaesthetist will also need to assess you prior to the general anaesthetic. Patients cannot drive themselves home after a general anaesthetic.

Some dental treatments are better provided over several visits. This means that your treatment options may be more limited if you want all your dental treatment under general anaesthetic. Some people need a lot of treatment and it may not be possible to get enough anaesthetic time to finish all the treatment in one session.

In some instances, having some treatment done in the dental chair before the general anaesthetic will help prepare the mouth for the treatment that will be provided, to make best use of the general anaesthetic session.

General anaesthetic works best when used in conjunction with other strategies, so that some treatments can be done without general anaesthetic. This way, the general anaesthetic session time is kept for the treatments that are most difficult to cope with.

Where to get help

- Your dentist (public or private)
- A specialist in special needs dentistry
- Dental Health Services Victoria – for more information about public dental services Tel. (03) 9341 1000, or 1800 833 039 outside the Melbourne metropolitan area
- Australian Dental Association Inc. ‘Find a Dentist’ search function

betterhealth.vic.gov.au