

The Psychoemotional Tension Of Patients On Outpatient Dental Appointment

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Abstract: Despite the indisputable significant positive changes in the provision of dental care to the public, dentists still pay little attention to the patient's psych emotional status.

Psychological support rendered to the patient by the dentist, allows to conduct the process of treatment more efficiently, to organize interaction at the clinical reception and to form a positive attitude of the patient to dentistry.

All of the above has created the prerequisites for conducting a study of psychoemotional stress in patients, which results in delayed treatment of patients to the dentist.

Keywords: psychoemotional stress, anxiety in dental patients, technique of psychoemotional stress reducing.

Analysis of literature sources showed that the problem of studying and arresting psychoemotional stress in dental patients is very important. Despite this, little attention has been paid to the methods of psychotherapeutic treatment. At present, there is no single approach to the treatment of anxious patients who have negative dental experience [1,3,7,8,10].

Adaptation to stressful situations arising at the dental reception, depends on the type of nervous system of patients.

Individuals with a stable nervous system are relatively easy to adapt to stressful situations. Patients with a labile psyche, or having a previous severe negative dental experience, need additional exposure to adapt to the conditions of the dental office [2,4].

Most often for preliminary preparation of patients in dental practice, medicinal preparations (for example, tranquilizers, benzodiazepine derivatives) are used. These drugs suppress a sense of fear and anxiety, suppress psychoemotional

arousal, have a pronounced sedative and muscles relaxing effect. In dentistry, the use of tranquilizers with emotional stress leads to the reduction of excessive tension in the patient with the preservation of correct behavior [5].

In addition, the combined use of tranquilizers with analgesics is possible.

However, these drugs can have serious side effects, for example - the development of withdrawal symptoms. Therefore, before the appointment of pharmacological correction, a specialist consultation is necessary and it should be used only in the most complicated cases [5,6].

Therefore, the search for ways of non-pharmacological correction of psychoemotional tension of patients at a dental appointment is of great importance. In this connection, the psychotherapeutic methods of influence are of great urgency, since they have no side effects and can be used by doctors of any specialty [9].

It is proposed to use a technique for reducing psychoemotional stress, based on methods of psychological influence aimed at establishing individual contact with the patient to reduce the tension of patients at the dental reception.

The proposed method can be adapted for use by a physician of any specialty, the basic points are described in the manuals on clinical psychology. For dental admission the technique was prepared by V. Boyko [3]. We, in turn, simplified and adapted the method of correction of the psychoemotional state so that it was available to any dentist, regardless of the level of his psychological preparation (Appendix 1).

The application of the psychoemotional stress correction technique, forms a more

positive attitude towards treatment and allows to make the process of dental treatment less debilitating for doctors and patients, increases the safety and effectiveness of dental treatment.

Research materials and methods: To test the effectiveness of the proposed methodology. 1072 patients aged 18 to 65 years were examined. Of these, 398 were men, 674 were women. Patients were divided into two groups - the main group and the control group. In the control group, the psychoemotional tension was corrected, with the goal of creating psychological control. In the main group, no correction was performed.

Patients underwent a questionnaire using a questionnaire on the severity of psychoemotional stress developed by V. Boyko and a questionnaire on the scale of Corah's dental anxiety. Patients were registered physiological indicators: SBP, DBP, heart rate three times - before treatment, during and after treatment.

Results of the study:

1. It was revealed that the average value of the sum of the points of expressiveness of psychoemotional stress in the main group corresponds to the average degree of psychoemotional stress.

The average indices of psychoemotional stress on dental admission	
Maingroup	Control group
144,5±8,55 points	74,9±4,18 points
The average degree of psychoemotional stress	The light degree of psychoemotional stress

There were significant differences between the patients of the main and control groups - in the main it was 144.5 ± 8.55, and in the control group - 74.9 ± 4.18 points ($p < 0.05$).

The average value of the sum of points in the main group corresponds to the average degree of psychoemotional stress.

2. In the main group there is severe dentophobia.

Maingroup	Control group
17,52±0,98 points	8,24±0,37 points
Dentophobia is expressed	Dentophobia is not expressed

Maingroup Control group
17,52±0,98 points 8,24±0,37 points
Dentophobia is expressed

Dentophobia is not expressed

The lower limit of severe dentophobia is 17 points, which at the result of $17,52 \pm 0,98$ indicates its presence in the main group.

3. Also, one can assert about the presence of emotional stress in patients on dental admission.

4. The change in physiological parameters at the dental reception was revealed. Prior to dental manipulations, patients are more excited than during and after taking. It was found that the values of blood pressure and heart rate were statistically higher in the main group than in the control group. Analysis of physiological indicators allows us to state that the application of the method of correction of the psychoemotional state

at the dental appointment significantly reduces the level of psychoemotional stress in patients.

Values of blood pressure and heart rate in patient groups

Indicators	Main group	Control group
SBP before admission	130,1±0,46	110,6±0,48
SBP during admission	128,5±0,43	110,4±0,46
SBP after admission	127,5±0,46	109,6±0,59
DBP before admission	86,7±0,31	71,7±0,31
DBP during admission	83,3±0,31	71,6±0,31
DBP after admission	82,7±0,27	71,5±0,31
Heart rate before admission	89,7±0,18	74,5±0,24
Heart rate during admission	86,6±0,16	73,2±0,22
Heart rate after admission	79,2±0,14	72,9±0,20

Thus, the method of correction of psychoemotional tension of patients at an outpatient dental appointment reduces both the patient's emotional resistance (excitement, fear) and his physical manifestations (blood pressure, pulse), reducing the need for using medication correction.

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Appendix 1

The sequence of the dentist's actions, aimed at determining the type of psychoemotional reaction of the patient.

1. Episodic anxiety.

The patient's condition is characterized by following signs: patient is relaxed, calm. Then this state of the patient is replaced by unexpectedly alertness, clamping. In this case, the patient more actively controls the situation. This state then is replaced by a state of relative calm and relaxation.

Such conditions of the patient are correlated with the insufficient level of patient's psychological preparation by the doctor for the expectation of specific unpleasant perceptions; The patient's attention was attracted by a source of unpleasant sensations; There can be a situation classified by the patient as supernumerary, associated with a threat to his health.

2. Excitement.

Number of the patient's body micro motions increases (the blinking frequency, the strain of the fingers of the limbs, excessive twitching of the shoulders, excessive head movements to find a more comfortable position); the increase in verbal activity, the appearance or increase in the number of critical comments on the actions of the doctor, the situation in the room, the condition of technical support, the quality of materials, staff qualifications, etc.

Such patient's conditions are correlated with the reasons like the insufficient level of the patient's preparedness for specific dental influences; long procedure; immobility and long open mouth discomfort; excessive physical impact on the oral cavity of the patient; insufficiently qualified actions of the doctor, insufficiently intelligible explanations on manipulations etc.

3. Mobilization:

The patient's condition is characterized by a strain of the muscles of the body, fixation of the limbs, heads and fixation of the sight, low-level verbal contact and monosyllabic, delayed response.

Such conditions and signs correlate with the reasons as the insufficient level of preparation of the patient for the forthcoming manipulations and the perceptions associated with them; Also negative experience associated with past effects on the patient by dentists (past experience).

4. Fright

The patient's condition is characterized by signs associated with a sufficient level of the patient's readiness to explain the cause and time of the onset of the disease; there is no isolation, a sufficiently high level of interest in communication with staff, information, readiness for detailed explanation of the circumstances of the disease, readiness for contact and assistance to medical staff in elimination of the disease.

5. Fear.

The patient's condition is characterized by signs associated with verbal manifestations, when the fear is expressed verbally, the patient does not cope with emotions. There is also a blocking of thinking.

Also, non-verbal (nonverbal) manifestations of fear are associated with behavioral peculiarities, such as pallor of the skin, decreased speed of movement, increased size of the eyes pupils; tension of limbs, slurred speech, semantically less adequate than usual; there can be mimic manifestations.

In addition to the above, the manifestations of fear can be in a less pronounced, disguised form, which is manifested in the denial of the dental treatment itself, the refusal to visit the dentist; there can be anosognosia; an excessive, unreasonable level of optimism; reevaluation of impressions; criticism of dentistry in general, as a branch of medicine; insufficiently high level of the patient's culture can determine the manifestations of anger, rudeness, aggression towards the medical staff.

The sequence of measures to reduce the level of psychoemotional stress in dental patients (depending on the type of psychoemotional reaction).

The order of performing actions in general to reduce the level of psychoemotional stress:

1) Recognize the dominant reaction, identify and understand the characteristic features of this reaction; Understand the psychological need, which determines this reaction.

2) To show the patient an understanding of his features.

3) To conduct an adequate impact: for rationally thinking patients it is necessary to give specific facts; Irrationally thinking patients require the use of appropriate forms of influence, i.e. it is necessary to adjust to them.

The procedure for dealing with a patient in a state of episodic anxiety, agitation, mobilization: the treatment process requires prior agreement with the patient on a signal corresponding to the state of anxiety.

1) It is necessary to work with patients on the basis of understanding that his\her feelings and experiences are understood and taken into account.

2) Pauses are necessary during the work with the patient,

3) In cases where interruptions in the actions are not possible, the patient is needed to be explained the routine of the situation, given an explanation of the nature and duration of the procedure.

The procedure for dealing with a patient in the event of a fright reaction.

1. It is necessary to confirm the naturalness of the fright condition, it is appropriate to show him\her an understanding of discomfort, due to the presence of a state of fright; also it is necessary to explain the positive side of fright reaction, which mobilizes the body.

2. To designate a measure of fright, i.e. a sense of fright should not be harmful.

3. Determine the cause of fright. The patient himself indicates a specific cause in most cases. If this does not happen, then help in establishing the cause of the fright of dental intervention.

4. The reason is formulated to the patient.

5. Show the patient the groundlessness of the fright reason.

The procedure for acting on the patient in case of a reaction of fear.

The solution of the main task is to encourage the patient to possibly spend the emotional charge before treatment.

1. To associate oneself with the patient, to point out the manifestation of fear as a natural property of a person, to show the level of sympathy for the patient, the positivity of the manifestation of fear in life situations.

2. To give a correct understanding in the evaluation of fear management: to point out such moments that fear should not be a hindrance in the process of treatment, should not interfere with the communication of the doctor and the patient.

3. At this stage it is necessary to pay attention to specific methods of psychotherapeutic influence associated with the choice of breathing mode, switching attention, switching fear, confrontation, catharsis.

The order of the doctor's activities for psychotherapeutic "desensitization" of patients, regardless of the type of psychoemotional reaction:

1. The patient is required to explain the preliminary treatment plan, an approximate algorithm for the doctor's actions during dental treatment, explaining the purpose of the instruments and explaining the meaning of the upcoming manipulations.

2. Talk about the need and expediency of the upcoming manipulations must be conducted taking into account the individual characteristics of the patient (profession, level of education, the state of the psychoemotional sphere).

3. Before each dental intervention, the patient should be told about the upcoming manipulations, the nature and purpose of each of them. Describe the possible unpleasant sensations that patients may experience during this manipulation. Tell the patient about the duration of the unpleasant sensation or the duration of the manipulations and explain what will be done to minimize them.

4. The patient mentally represents the "scale of dental anxiety" (dental manipulations, instruments, apparatuses that cause him psychoemotional reaction).

5. The patient relaxes as much as possible (unobtrusive lighting is necessary, soft, relaxing music is permissible), breathe deeply and rarely.

6. After relaxation, you need to repeatedly imagine your "scale of dental anxiety", so that the psycho-emotional stress gradually decreases.