

THE STUDY OF THE SUBJECTIVE LEVEL OF ANXIETY IN DENTAL PATIENTS

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Abstract: the study of the effectiveness of the technique of psychoemotional stress reducing at the dental appointment

We conducted a questionnaire of 1072 patients to study the effectiveness of the technique of reducing the level of psychoemotional state. The control group was 450 people. Results were obtained showing the effectiveness of the method.

Key words: psychoemotional stress, anxiety in dental patients, technique of psychoemotional stress reducing

Despite the indisputable significant positive changes in the provision of dental care to the public, dentists still pay little attention to the patient's psychoemotional status [1].

Dental manipulations remain connected with negative emotions in people's minds. The reason of this is panic fear of dental intervention or dentophobia [2, 5].

Dentophobia in patients at a subconscious level complicates treatment, increases the time loss, worsens the outcome of the disease and increases economic losses [3, 6].

At the same time, psychological support provided to the patient by a dentist allows a positive attitude of the patient to dentistry [4, 7, 8].

All of the foregoing created the prerequisites for the study, the purpose of which was to determine the subjective level of anxiety in dental patients using the Korach scale.

Material and methods

1072 patients aged 18-65 were examined in the "Chilonzor Denta Lyuks" dental clinic (Tashkent, Uzbekistan). 398 of them were men, 674 were women.

Patients were divided into two groups: the main group (622 people) and the control group (450 people). Correction of psychoemotional stress with the goal of creating psychological control was carried out in the control group. And no correction was performed in the main group.

The psychological technique aimed at establishing individual contact with the patient is proposed to reduce the psychoemotional stress in dental patients. The proposed method can be adapted for use by any physician. The technique was adapted by V. Boyko for dental admission (Boyko, 2008). We (J.A. Rizaev, R.A. Fattakhov, 2016), in turn, simplified and adapted the method of correction of the psychoemotional state so that it was available to any dentist, regardless of his/her psychological preparation level (appendix 1). During the study, patients were questioned on the dental anxiety scale by Korach.

Results and discussion. The following data were received during the survey:

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

The lower limit of severe dentofobia is 17 points, which at the result of 17.52 ± 0.98 indicates its presence in the main group.

The received data represents the effectiveness of the psychoemotional stress correction technique in dental patients, which is very important because anxiety and fear, which often arise during treatment of patients, not only cause a significant deterioration in overall health, but in some cases, unfortunately, become an immediate cause of subsequent treatment refusal.

The conclusion. Thus, it can be argued that use of the method of correction of the psychoemotional state at the dental reception led to a statistically significant decrease in the psychoemotional stress level of patients. In addition, it can be argued about the presence of emotional stress in dental patients.

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, and 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 based on 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.

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