The fearful patient in routine dental care

Akademisk avhandling
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Avhandlingen baseras på följande delarbeten


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Abstract

Background: Managing dental fear is a daily challenge in dental care. The overall aims of this thesis were to study the attitudes of dental health professionals to fearful dental patients, and their skills and strategies when treating these patients. A second overarching aim was to develop and evaluate a structured model for information and communication about dental fear in the treatment situation, the Jönköping Dental Fear Coping Model (DFCM), to the benefit of both the dental health professionals and their adult patients. The evaluation of the DFCM primarily focuses on outcomes pertaining to dental health professionals, but also on patient outcomes. Most dental fear treatment has focused on extreme dental fear; however, the DFCM is designed to work with the different levels of dental fear encountered in ordinary dental clinical work.

Material and Methods: The focus of the thesis is on dental health professionals treating adult patients, with or without dental fear. In a web survey, the experience and preparedness of dentists in Sweden to treat fearful patients were investigated. The DFCM was then developed with the aim to reduce stress among dental health professionals when treating fearful patients, and to reduce dental fear among patients. An intervention study was performed to evaluate the DFCM, both from a staff and a patient perspective.

Results: In the web survey, 20% of the dentists reported that they experienced stress when treating fearful patients. Despite reporting relatively good skills and expressing mainly positive attitudes towards treating adult fearful patients, a need for training in dental fear was expressed by the dentists. Data from the intervention study did not support the main hypothesis that the DFCM strengthened the professionals’ self-efficacy at treating fearful patients; however, it does indicate that using the DFCM facilitates the dental professionals’ identification of dental fear and their communication with patients. Furthermore, it seems to reduce tension among fearful patients.

Conclusion: The Jönköping DFCM can be used to improve the rapport with patients during the dental examination, and a Dental Fear Summary provides important information to support the dental treatment. The Jönköping DFCM needs to be evaluated in other studies and in other contexts, such as in private dental care/management.

Keywords: Dental fear, Dental health professionals, Dentist, Patients, Stress, Attitudes, Experiences, Competence, Treatment strategies, Training, Treatment models, Communication, Pain, Discomfort, Tension, Patient satisfaction.

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