

Results in Review

Newsletter for referring dental professionals

Spring 2009

Fear vs. Phobia

Knowing how to calm a fearful patient is part of every dentist's job. Good listening skills, compassion, oral medications and nitrous oxide can be employed successfully to treat the mildly anxious patient. *But what about patients with phobias?*

Fear: a distressing emotion aroused by impending danger, evil, pain, etc., whether the threat is real or imagined.

Phobia: a persistent, irrational fear of a specific object, activity, or situation that leads to a compelling desire to avoid it.

One in seven people has a fear of dentists so pervasive that it keeps them from obtaining regular dental care. These are phobics—patients who fear various aspects of dental care including pain, choking, smells or sounds of dental work, needles, or the feeling of powerlessness that accompanies sitting

in a dental chair. Different from mildly anxious patients, phobics:

- cannot be soothed or coaxed into receiving care,
- go to a dentist only as a last resort,
- make multiple appointments but rarely keep them,
- are not well treated with nitrous oxide or oral medications,
- unconsciously mask their fear by exhibiting anger towards the dental team.

Often, the intensity of these patients' fears has a profound impact on their experience of life. Phobics often have extensive dental disease and are missing teeth. They are at greater risk for health problems. They avoid smiling and laughing and fear the judgment of others that could occur in friendships, dating and intimacy, and professional life. Years of embarrassment bring about a low self esteem, self-blame and sometimes personality changes.

Indeed, phobic patients can present difficulties for general practice dentists and their office staffs. Having avoided preventative maintenance for years,



His treatment complete, Mitchell shows us his new smile.

The Blende Dental Group is a private practice dedicated to serving the phobic, disabled and medically compromised communities by providing definitive full-mouth rehabilitation under general anesthesia and I.V. sedation. This underserved population is the core of our practice.

phobic patients have treatment needs that require multiple lengthy appointments and consultations with specialists. Yet, the nature of their phobias makes it unlikely that these patients will emerge successfully from a long course of treatment, compounding the frustration of the staff that tries to help them.

Help Us Be Greener!

If you would like to receive this **newsletter as an email**, please sign up at:

http://www.drblende.com/results_in_review.html

Know of a patient who cannot get to your office?

The Blende Dental Group makes **House Calls** within 60 miles of San Francisco.

BEFORE



AFTER



Why refer the phobic patient?

As the case study in this newsletter demonstrates, phobic patients are often caught in a vicious cycle of fear and avoidance of care which makes them poor candidates for traditional treatment. After an initial negative experience or perception sets in, a phobia is born. The phobic avoids treatment, which eventually leads to pain and discomfort, which creates more fear and anxiety, and the cycle continues. Because of this cycle, most phobic patients have a depleted reservoir of courage (if any at all), and cannot endure lengthy treatments unless they can be totally asleep for them. Without I.V. sedation or general anesthesia, most phobic patients who start treatment quickly lose courage, and stop going to their appointments. Once that courage is lost, it takes them years to get it back. Their treatment incomplete, their dental health continues to deteriorate further. The patient then loses confidence not in just the dentist, but in dentistry in general. For this reason, taking small steps with a phobic patient's treatment can be counterproductive. At the Blende Dental Group, we don't ask people to overcome their fears. Patients receive I.V. sedation or general anesthesia, which enables them to sleep through dental treatment. We also condense extensive treatment into one or two comprehensive visits so that patients don't have to keep "getting up their nerve" for multiple appointments. Specialists are brought in to do their work at the same time, and the patient is sedated for one appointment rather than several. Treatment is completed in a predictable

way, with an elegant result. In many cases, phobic patients return to their general dentists for their relatively non-invasive routine care, which can be accomplished without the fear of pain or embarrassment that haunted them before.

Case Study

Mitchell Hong is a 56-year-old patient with severe dental phobia. He reports that he had bad experiences with his childhood dentist, who wouldn't listen to him. His next trip to the dentist was well over 10 years later, when he first visited the Blende Dental Group in 1985. At that time, Mitchell required 11 extractions, 2 root canals, 5 crowns, 4 bridges, 6 composites, and full mouth SC/RP. Due to his high level of anxiety, this treatment was provided under general anesthesia, utilizing both an endodontist and a periodontist. For the next several years, Mitchell kept up with his prophys on average twice a year. He had some deterioration over the years, resulting in the conversion of some of his composites to crowns and an additional extraction. Regrettably, in 2002, the periodontist who was caring for Mitchell stopped using IV sedation. Shortly thereafter, Mitchell stopped going to the office at all. Despite our encouragements to go in for a cleaning, he simply could not face additional dentistry. He wasn't in any pain, so he didn't feel it was necessary. By 2006, Mitchell's smoking and his lack of maintenance led to bone loss. When he recognized that his teeth were "falling apart," he returned to the office for care. His treatment plan was as follows:

Phase I

6 hours I.V. Sedation In-Office May 6

- Extracted all remaining teeth # 2, 3, 6, 9, 10, 11, 12, 13, 15, 18, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
- Implants placed for All-In-Four Concept -Upper Arch # 4, 7, 10, 13
- Implants placed for All-In-Four Concept -Lower Arch # 20, 23, 26, 29
- Converted provisional upper and lower acrylic over-dentures

5 Months

- Healing time for implants

Phase II

Oct 6

- Impression for full upper and lower acrylic fixed hybrid prostheses

Phase III

Nov 6

- Delivery of full upper and lower acrylic fixed hybrid prostheses
- Fabricated nightguard appliance

Team: Dr. Blende & Dr. Allen Wong (Prosthetics) & Dr. Kirk Pasquinelli (Periodontist)