Building trust and loyalty

Dealing with dental-phobic patients can be tricky, but with some lavender oil and an iPod to hand, Mhari Coxon shows there are ways to help patients overcome their anxiety.

Recently treated a patient who had not been for a hygiene session for over three years. Looking at her history, I could see she was extremely sensitive during her last cleaning and had found the whole experience quite traumatic. Added to this, she had just finished her second series of chemotherapy for ovarian cancer, and you have a patient who needs a lot of care as well as therapy.

First contact

When she arrived, I met her in one of our waiting rooms and sat down beside her. She had not met me before, which didn’t help her anxiety. I explained I would need to find out some information, so I could give her the best care. She was a little abrupt and felt this was a waste of her appointment, however I reassured her that everyone has to give this information, so I can care for them in the best way, too.

I asked about her general health, giving her the opportunity to discuss what had been a tough time. We then moved on to her dental health and routine, and her diet. She was repeatedly apologetic for ‘the state my teeth will be’, I reassured her she needn’t apologise. She was adamant that she wouldn’t floss because it was ‘too much hassle’, which she had had enough of recently.

Discussing fears

I could see she had relaxed a little and asked her if she disliked the dental experience. As I put it, ‘Let’s face it, no one likes a visit to the dentist, not even dentists; but are there some things in particular that makes you uncomfortable?’

She explained she had an unpleasant experience as a child where she had felt pain and was not allowed to stop the treatment. She still feels that lack of trust and control now, even as a grown woman. I found out that the smells and sounds of the surgery make her feel anxious and she panics at the thought that she won’t be able to stop treatment if she feels pain. I also learned that the slow-speed drill and the noise it generates, makes her heart race.

Add to this that she had had her chemotherapy through a Hickman line in her chest, and you have a patient who needs me to stop her treatment. She still feels that treatment. She still feels that needn’t apologise. She was repeatedly apologetic for ‘the state my teeth will be’, I reassured her she needn’t apologise. She was adamant that she wouldn’t floss because it was ‘too much hassle’, which she had had enough of recently.

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Add to this that she had had her chemotherapy through a Hickman line in her chest, which left her very tender around her neck, so her fears were justifiable.

Reducing anxiety

Once I checked she wasn’t sensitive to essential oils, I put some lavender oil on an electric stone heater to eliminate any dental smells. I also offered her the use of my iPod for the noisier bits (I have Eva Cassidy for this very situation, while The Future Heads are not such a relaxing choice), I then offer her a covered beanbag neck support.

Some of you will be thinking I am a bit namby pamby, others will think that it must have taken the whole appointment to do all this. It took me 15 minutes in total to find out her history and get her comfortable in the chair. I was empathetic but not condescending when offering solutions to ease her anxiety.

Carrying out treatment

Before starting treatment, I used a de-sensitising solution on her teeth (another two minutes) and made sure the rinse was lukewarm. I talked her through each stage and stopped regularly to check she was comfortable. I told the patient to give me a wave if there was any reason she needed me to stop.

Using disclosing solution, I showed her the plaque deposits and modified her brushing technique (this took another five minutes). I did not add an interdental aid at this stage as I thought it better to move slowly. I gently removed the more obvious supra gingival deposits with hand scalers and did a little prophylactic cleaning with a slow speed (and iPod). Although she was booked in for an hour, I called it a day at 40 minutes and said I would need to see her at least twice more to get her feeling better about her mouth.

Completing the work

Five shorter sessions on, we have just completed all the cleaning and her bleeding and plaque scores are good. We both decided to add an interdental brush to her routine. She still feels anxious about coming, but trusts me a lot more. She brings her own MP3 player and ‘zones out’ while I work. We both understand it will be hard for her to book in for her three-month maintenance session, as anxiety has a way of making you forget how well it went last time.

Future plans

Investing this time on her first appointment has given me a patient for life. We have a good professional relationship and she feels as comfortable with me as she probably ever will with any dental professional. It can be hard in a busy day to find the time to assess patients, but it surely makes a real difference to the quality of our practice. If we can take time to make sure we meet some of the needs and expectations patients arrived with, and reduce their anxiety, they will be happier to return, and we will have a happier clinical day.

For some good, free information on how to deal with dental phobia as a professional, have a look at http://www.dental-phantom.co.uk/dentalanxiety.html, which has lots of information to download.

About the author

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPDforDCP, which provides CPD courses for all DCPs. To contact Mhari, email mhari.coxon@cpdfordcp.co.uk.