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Abstract

Objective: Dental anxiety is common, but it is frequently overlooked. COVID-19 has been a health care concern since 2020. The aim of this study was to examine patients' and dentists' perceptions of dental fear. Another objective was to validate a color-coded device for calculating dental fear. It was determined how COVID-19 afected fear and attendance.

Method: In the spring of 2020 and 2021, a cross-sectional study was conducted at the primary urgent dental care in Oulu, Finland, following the frst (T1) and third (T2) waves of the pandemic. A novel

Result: 106 (38.8%) and 167 (61.2%) of the participants visited the dentist in T1 and T2, respectively. On average, they were 45.1 years old. 10.6% of respondents reported having a MDAS score of 19 or higher for severe fear. 87% of people who had severe dental anxiety selected the color red in the CCF "trafc light" system. The members' and dental specialists' appraisals of dental fear were just feebly corresponded (P.001), and there was no concurrence with the red code (Cohen's kappa esteem = 0.035). For those with the most serious self-detailed dental not entirely set in stone by the MDAS, Coronavirus greatestly a fected dental participation and dental fear.

Conclusion: Color-coded trafic lights appear to be effective in detecting severe dental phobia and

Keywords: Dental anxiety; Dental pathology; COVID-19; Dental

Introduction

In spite of the way that dental fear is normal dental specialists every now and again slip through the cracks by it. It is common knowledge that age and gender in uence the prevalence of dental phobia. Additionally, it changes in distinct ways over time for male and female patients. Scales like the Modi ed Dental Anxiety Scale (MDAS), Facial Image Scale (FIS), and Visual Analogue Scale (VAS) can be used to measure dental fear. Dental apprehension screening has been nished with only one request. In the past, images with various codes or a "tra c light system" have been used in dental16 and medical care to help classify patients as high-risk or to indicate the level of pain, but they have not yet been used to identify patients who are afraid of the dentist. Especially on the o chance that a patient has a serious feeling of dread toward the dental specialist, polls, discussion, and conduct perception are prompted [1]. Keep in mind that it can be challenging to identify dental fear, even for experienced dentists. e COVID-19 pandemic m TJ0.175 Tw Tf(in)23(v)8(es)5(t)-5(iga)19.1(t)6(e t)-6(h)4(e co)12(nn)4(e)-4.9(c)-7(t)-5(io)12(n)8(es)5(t)-5(iga)19.1(t)6(e t)-6(h)4(e co)12(nn)4(e)-4.9(c)-7(t)-5(io)12(n)8(es)5(t)-5(iga)19.1(t)6(e t)-6(h)4(e co)12(nn)4(e)-4.9(c)-7(t)-5(io)12(n)8(es)5(t)-5(iga)19.1(t)6(e t)-6(h)4(e co)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-5(io)12(nn)4(e)-4.9(c)-7(t)-7(io)12(nn)4(e)-7(io)12(io)12(io)12(io)12(occurred during the same time period. Various work days were

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