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Abstract

Objectives: Even though dental anxiety is common, it frequently goes unrecognised. Since 2020, COVID-19 has posed a health care concern. The purpose of this study was to assess dental fear as reported by patients and COVID-19 on attendance and fear was evaluated.

Methods:

Keywords: Dental phobia; Dentist evaluating

Introduction

Despite the fact that dental dread is common dentists frequently go unnoticed by it. It is understood that age and gender play a role in the frequency of dental phobia. And it alters for male and female patients in distinct ways over time. Dental fear can be measured with the aid of scales like the Modi ed Dental Anxiety Scale (MDAS), Facial Image Scale (FIS), and Visual Analogue Scale (VAS). Dental fear screening has been done with just one inquiry. Images with di erent codes or a "tra c light system" have previously been used in dental16 and medical care to indicate the level of pain or to help classify patients as high-risk patients, but not yet to identify patients who are afraid of the dentist. Particularly if a patient has a serious fear of the dentist, questionnaires, conversation, and behavioural observation are advised [1]. It must be remembered that even for skilled dental experts, identifying dental fear can be di cult. Due to the fear of infection, the COVID-19 pandemic may have had an impact on dental attendance as well as dental treatments. ere is some evidence to suggest that dental phobia among oral surgery patients, dental emergency patients, and dentistry students may be increased as a result of the pandemic.

e purpose of this study was to assess how dental fear is identi ed in primary care. e speci c goal was to look into the correlations between the well-known dental fear scales Facial Image Scale (FIS) and Modi ed Dental Anxiety Scale (MDAS), as well as a 3-point scale or "tra c lights" colour codes for dental fear (CCF), among adults who were coming for urgent outpatient dental care [2] and were categorised by age and gender. Investigating the relationship between patients' self-reported dental fear and dentists' assessments was another explicit goal. Investigations were also conducted into how the COVID-19 epidemic a ected attendance and dental anxiety.

Methods

In this cross-sectional study, patients seeking dental urgent treatment at the primary health care clinic in the Finnish city of Oulu made up the study population. During their dental session, all willing patients over the age of 15 who met the requirements for urgent dental care were o ered to take part in this survey. 277 (81.5%) of the 340 patients in this convenience sample agreed to take part [3]. If 50% of participants in this study reported having moderate or severe dental phobia, then 138 participants were required to reach the power of 80% and con dence interval of 95%: In previous surveys, 27% of Finnish individuals reported having dental anxiety. 8 In Finland, the rst study sample (T1) was obtained following the so-called rst wave of the COVID-19 pandemic in the months of June and July 2020, and the second study sample (T2) was obtained following the third wave in the months of April and May 2021. Di erent weekdays were represented by the study dates. e study group was excluded from those who required immediate emergency dental or medical care owing to a serious dental injury (n = 1), may have required COVID-19 testing (n = 1), or were not considered urgent dental patients [4] (n = 2). All of

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the enrolled participants were able to comprehend the written content in the study procedure and the quizzes. e data used in the analysis (n = 273) came from the completed.

Questionnaires

e MDAS,11,12, FIS,13, and CCF created for this study were among the questionnaires used to assess dental fear that were given to all participants. Before the dental procedure started, participants completed the questionnaires in the waiting area and returned them to the dentist's o ce in sealed envelopes. Although all questionnaires were lled out anonymously, data management techniques included consecutive numbering [5]. As background information, the participants' ages (in years) and genders (male/female/other/prefer not to say) were questioned. e MDAS questionnaire consists of 5 questions, each with 5 possible answers. A score of 1 indicates that you are not worried, and a score of 5 indicates that you are very anxious. e scores vary from 5 to 25 when added together. High dental anxiety is frequently represented by a cuto of 19 points. In study reports24, the phrases nervous and dental fear are interchangeable; the term dental fear is used here. e ve images on the FIS questionnaire depict the patient's current feelings, ranging from the most positive (happy) to the most negative (numbers 1 to 5). Using the colour codes (CCF; Figure), the participants were then asked to assess their own dental phobia at T2. Which shade best represents your dental phobia? Green indicates no or little fear, yellow indicates some dread, and red indicates a lot of fear. Dentists who volunteered to participate in the study (n = 24; 6 men and 18 women, or 96% of the dentists scheduled to provide

was no agreement between the red colour and anything else (men, p = 0.035; women, p = 0.034). e green colour, which represents low dental fear, had the highest agreement between patients' and dentists'

indicated some variations between the groups at T1 and T2, which might have been brought on by the ongoing COVID-19 pandemic.

Conclusion

Patients that are afraid are di cult to identify in dental care. Patients' usage of "tra c light" colour codes, which can be utilised traditionally, as in this instance, and digitally, appears to be helpful for identifying dental anxiety.

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Con ict of Interest

e authors declared no potential con ict of interest for the research, authorship, and/or publication of this article.

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