



## NON-PHARMACOLOGICAL METHODS OF CONTROLLING THE CHILDREN'S BEHAVIOR AT THE DENTAL APPOINTMENT

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### Abstract.

Patients behavior while dental curing depends on his mental condition. Depressive disorders also promote progression dental diseases. An individual plan of treatment and features of cooperation with patients must be defined depending on psycho-emotional condition of sick. That lets to cooperate patient with doctor and raise the quality of dental help and also minimize risks of development conflict situations. On purpose to define psycho-emotional deviations of sick dentists use different scales and questionnaires that have certain benefits.

### Key words:

Dentistry, dentophobia, psychological awareness, music therapy, relaxation

Knowing as many non-pharmacological behavioral management techniques (NBCM) as possible allows the clinician to use them as needed, thereby contributing to a positive dental experience in children.

We have developed our own "childish language" to describe treatments, materials, etc. (see table 1). It is clear that it should be adapted depending on the patient's level of understanding. For example, a 15-year-old boy with an average understanding is unlikely to be told that he will "tickle his teeth," while a 5-year-old girl with an average understanding is unlikely to understand the term "local anesthesia". It is important that the doctor and the assistant use the same "childish language"; parents should also be encouraged to use the same "childish language" when talking about dental procedures with their child.

Non-verbal communication is essential for all interactions with the child. For young children, it may be helpful to mimic non-verbal communication skills similar to those of a children's television presenter, such as smiling, cheerful tone of voice, and sitting, so that the doctor is at the child's eye level.

Appropriate physical contact with the patient, such as light patting on the arm, can also be used to enhance positive behavior [15]. Non-verbal communication generally provides support and enhances the effectiveness of all non-pharmacological behaviors.

**Table 1. Examples of children's language for use in the dental environment**

Term	Children's words
Turbine handpiece	Dental shower
Mechanical handpiece	Tickler
30-40% phosphoric acid for etching	Blue Teeth Shampoo
Dental vacuum cleaner	Mini vacuum cleaner
Saliva ejector	Juice straw

Local anesthetic	Magic sleepy juice for teeth
Puster (pistol) 3 in 1	Washing and drying
Light lamp	machine (magic hair dryer)
Seal	Magic torch
Crown	Dental plaster
Matrices	Princess crown (soldier's helmet)
Cotton rolls	Shield for other teeth
Rubber dam	Cheek ticklers
Clump	Dental cloak
Forceps	Shiny Teeth Ring
Fluoride varnish	Tooth hug
Fissure sealants	Superhero toothpaste

Non-pharmacological methods of behavior management include [2, 5]:

- Tell-Show-Do;
- Strengthening control;
- Voice control;
- Modeling;
- Formation of behavior and positive reinforcement;
- Distraction;
- Managed images;
- Systematic desensitization;
- Negative reinforcement;
- Focus;
- Glove dolls;
- Guess;
- Sleeping statues;
- Secret prize.

### **Algorithm for the initial consultation-consultation (before the use of the NLCM):**

1. Greet the child by calling him or her by name.
2. Introduce the assistant and if the child does not want to sit in the “most comfortable chair in the room,” smile and invite the patient to sit next to the parent.
3. Explain to your child that “to hear everything about you and your teeth, we might even peep to see how many are hiding there - do you know how many teeth you have?”.

1. Tell, show, do.

A three-step process including:

“Tell” is a short, age appropriate description of the procedure to be followed.

Show - demonstration of the procedure to be performed; equipment to be used.

"Do" - procedures performed with a minimum delay after the first two stages.

It is effective in anticipating anxiety in pediatric patients who are visiting the dentist for the first time [6].

Useful in children with low levels of anxiety, but ineffective for use in very anxious children [16].

It is able to reduce the physiological signs of anxiety in children aged 6–15 years [18].

An example of this method is the fissure sealing of a 7 year old child without dental experience:

"Tell":

“You have beautiful teeth in your mouth and I would like to help you keep them happy”;

“What we can do is paint a smiling face on our teeth to keep them happy”;

“It’s a bit like going to a hairdresser, so first we will apply blue shampoo to the tooth to make it beautiful and clean”;

“First, we will wash the tooth and do the styling with a magic hairdryer, so it will be a little noisy like hairdressers”;

“Once your tooth is clean and dry, we can draw an emoticon on it, and then light the magic torch on the smiley face”;

"The magic torch makes the paint dry very quickly so you can eat your lunch (dinner) right now."

Show:

“I will paint a small smiley face on your nail so you can see what your lucky teeth will look like. What nail will we paint? ”;

The physician should then perform the usual fissure sealing procedures, but on the patient's nails.

If the child is very anxious and does not allow the composite or glass ionomer cement to be applied to the nail, it is possible to apply it to the parent's nail first.

Often, saliva ejector operation is something unfamiliar and noisy that can disturb the child. Ask if they have a vacuum cleaner at home, and tell them that you have a “mini vacuum cleaner” that makes a little noise, like their vacuum cleaner at home can help present this equipment in a way that is comfortable for them. It is also helpful to make a "puddle of water" in your own hand and show how the "mini vacuum cleaner" works before using it on a child's finger.

Use non-frightening words such as tickling to describe the feeling of suction

"Do":

Then it is important to carry out the procedure with a minimum delay, so that all information (sensations) that should be experienced during the procedure, etc., are fresh in the child's mind.

Where it is necessary to seal fissures in more than one tooth, the child should be given the "illusion of choice", for example:

"(Child's name), on which tooth would you like the smiley - the first top or the bottom?", Not "Can I draw a smiley on the top tooth first?"

Advantages: the method is useful for almost all patients who are able to communicate, especially for those patients who are "monitors" ("observers" - prone to exaggeration and overestimation of danger).

Disadvantages: not always suitable for those patients in whom detailed information can lead to an increase in anxiety

## Conclusions:

This article contains the NMAP that we use at the pediatric dental outpatient appointment. Knowledge of these methods will allow pediatric dentists to improve interaction with patients, prevent them from developing a negative impression of dental treatment. It is known that negative dental experience acquired in childhood affects the attitude towards this type of medical care throughout the entire subsequent life of a person, leading to delayed or even delayed visits, and thereby worsening dental status.

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