

# THE PREVALENCE AND REASONS OF STOMATOPHOBIA IN CHILDREN

**Nargiza Ortikova,**

**Jasur Rizaev**

PhD Student Applicant, Samarkand State Medical Institute, Uzbekistan

Doctor of Medical Sciences, Professor, Samarkand State Medical Institute, Uzbekistan

e-mail: [giza1003@mail.ru](mailto:giza1003@mail.ru)

**Abstract:** Almost the third of whole population experiences fear before going to dentist in the modern community. This article will tell about kids fear. Child experiences different fears in the early stages of development. The “easiest” way to cope with fear and anxiety that kid chooses is aspiration to avoid the source of fear. There is analyzed and processed data about dental fear in children (different degrees of fear) before going to dentist, main checklists of fear appearing and overcoming it.

**Keywords:** Fear, dent phobia, anxiety, fear of dentist, children’s reactions.

**Introduction:** Dental anxiety and dentistry is a serious and common problem among children and can be an obstacle to the provision of quality dental care by the dentist. To describe the negative sensations associated with visits to a dentist in children, the term "dental fear and anxiety" (SSB) is used. A severe form of CSS is dental phobia (stomatophobia, dentophobia), which is characterized by the presence of excess CSS for at least 6 months, during which dental care is actively avoided, which has negative consequences for the oral health of children, compared with peers (for example, no longer treated carious lesions). Stomatophobia is closely associated with clinically significant deterioration of the oral cavity and teeth, which in turn leads to a loopback of anxiety and increased avoidance. This often means a higher probability of irregular dental care using only emergency dental care or even sometimes complete avoidance, leading to poor oral health. The prevalence of SSB among individuals 4 to 18 years of age varies from 6 to 19%, with an average prevalence of 10%. In cases of child self-reports alone, the average prevalence ranged from 12 to 17%. Five-year-old children with dental anxiety showed that statistically significant high prevalence and intensity of caries were observed. 2-3% of patients completely avoid dental care. The aim of the study is to study the prevalence of stomatophobia in children aged 6-15 years at an outpatient dental appointment.

**Material and methods:** In 2020, on the basis of the Department of Pediatric Dentistry of the Samarkand State Medical Institute, 100 children aged 6 to 15 years were surveyed using a modified dental anxiety scale (MDAS), according to which it is possible to score from 5 to 25, and the number of points above 19 indicates the patient's high dental anxiety, the possible presence of dentophobia. MDAS includes five elements for measuring anxiety when visiting a dentist (eg, tomorrow's dental treatment, being in the waiting room), dental treatment (eg, tooth drilling and filling polishing), and local anesthesia.

Also, patients were asked to answer the question that causes the greatest fear at the dental appointment: 1) anesthesia, injections 2) the sound of a storm machine; 3) lamp light; 4) doctor's comments on the state of the oral cavity; 5) waiting for pain or 6) your answer. In children aged 6 years, the Lucher color test was used to assess the psychoemotional state, according to which 4 points scored by the patient correspond to a favorable emotional state, 3 - satisfactory, 2 - unsatisfactory (specialist assistance is required), 1 - the child is in a crisis state and he needs the help of a psychologist or psychotherapist. Depending on age, all children were divided into 3 groups: 6-year-olds (19 children), 7-10-year-olds (46 people), 11-15-year-olds (45 people). Data are statistically processed using Microsoft Excel 2010 using parametric statistics methods.

**Results and discussion:** It was found that dental anxiety before a visit to the dental clinic was experienced by 47% children aged 7-15 years (average sum of MDAS points  $19 \pm 1.3$ ). Further analysis of MDAS scale results revealed that children aged 11-15 years (67% of cases) were most affected by dental anxiety. Lucher's color test revealed that in 6-year-old children, in general, an unsatisfactory psychoemotional state when visiting a dentist ( $2 \pm 0.23$  points), which entails the need to apply behavior management methods. It was revealed that the most anxiety at an outpatient dental appointment is caused by the expectation of pain -  $50\% \pm 2.15$ . The next big stimulus is local anesthesia (injections) -  $33\% \pm 2.97$ ; the sound of bormashins is feared  $32\% \pm 2.3$ ; lamp light causes psychoemotional stress in  $3.8\% \pm 1.1$ , and dentist remarks about the state of the oral cavity in  $2.7\% \pm 1.3$  children

**Conclusion:** Thus, it can be concluded that stomatophobia is common among children 6-15 years old, and the main risk factors for its appearance include: waiting for pain, local anesthesia and the noise of the storm. An analysis of the scientific literature revealed that despite the availability of studies to study the psychoemotional tension of children at outpatient dental appointments, there is still no effective way to correct it, which makes it very relevant to find a solution to this problem.

### References:

1. Abdeslahi SK, Hashemipour MA, Mesgarzadeh V, Payam AS, Monfared AH. Effect of hypnosis on induction of local anaesthesia, pain perception, control of haemorrhage and anxiety during extraction of third molars: A case-control study. *Journal of Cranio-Maxillofacial Surgery*. 2013;41(4):310-5
2. Carrillo-Diaz M, Crego A, Romero-Maroto M. The influence of gender on the relationship between dental anxiety and oral health-related emotional well-being. *Int J Paediatr Dent Br Paedod Soc Int Assoc Dent Child*. 2013;23:180-7
3. Health and Social Care Information Centre. Children's dental health survey 2013 report 1: attitudes, behaviours and children's dental health: Health and Social Care Information Centre; 2013
4. Hmud R, Walsh LJ. Dental anxiety: causes, complications and management approaches. *Journal of Minimum Intervention in Dentistry*. 2009;2(1):67-78
5. Johren P, Enkling N, Heinen R, Sartory G. Clinical outcome of a short-term psychotherapeutic intervention for the treatment of dental phobia. *Quintessence International*. 2007;38(10):589-96
6. Kani E, Asimakopoulou K, Daly B, Hare J, Lewis J, Scambler S, et al. Characteristics of patients attending for cognitive behavioural therapy at one UK specialist unit for dental phobia and outcomes of treatment. *Br Dent J*. 2015;219(10):501-6; DOI: 10.1038/sj.bdj.2015.890
7. Klingberg G, Berggren U, Carlsson SG, et al. Child dental fear: cause-related factors and clinical effects. *Eur J Oral Sci*. 1995;103:405-12.
8. Klingberg G, Broberg AG. Dental fear/anxiety and dental behaviour management problems in children and adolescents: a review of prevalence and concomitant psychological factors. *Int J Paediatr Dent Br Paedod Soc Int Assoc Dent Child*. 2007;17:391-406
9. Marzo G, Campanella V, Albani F, Gallusi G. Psychological aspects in paediatric dentistry: parental presence. *Eur J Paediatr Dent*. 2003;4(4):177-180
10. Nuttall NM, Gilbert A, Morris J. Children's dental anxiety in the United Kingdom in 2003. *J Dent*. 2008;36:857-60,
11. Olumide F, Newton JT, Dunne S, Gilbert DB. Anticipatory anxiety in children visiting the dentist: lack of effect of preparatory information. *Int J Paediatr Dent*. 2009;19:338-42
12. Townend E, Dimigen G, Fung D. A clinical study of child dental anxiety. *Behav Res Ther*. 2000;38:31-46