

HYPNOTIC APPROACH DURING DENTAL TREATMENT: ANALYSIS OF DESCRIPTIVE DATA OF A CASE SERIES

R. FERDEGHINI^{1*}, D. LAURITANO^{2*}, A. TAGLIABUE^{3**} and L. TETTAMANTI^{3**}

¹Private practise, Monza, Italy; ²Department of Medicine and Surgery, University of Milan-Bicocca, Monza, Italy; ³Department of Medicine and Surgery, University of Insubria, Varese, Italy

*these authors contributed equally to this work and they are co-first authors

**these authors contributed equally to this work and they are co-last authors

Anxiety and worry are important components that affect the patient's behaviour during dental sessions and influence the effectiveness of dental treatment. Psychological approach and hypnotic approach (HA) have in recent years assumed increasing prominence as effective treatment regimes. Dentists have used a number of methods in the management of dental phobic disorders through HA. However the efficacy of HA in controlling anxiety and worry is controversial. The aim of the present study is to describe the response of patient to HA during dental treatment. The study of the population consisted of 42 patients, these being 50% random sample of consecutive patients presenting to a private practise over an 8-year period. In 38 patients HA was induced. 4 patients were not susceptible to HA. There were 20 women (52.6%) and 18 men (47.3%) with a mean age of 47.2 years (range 30-69 years). At the end of dental sessions with HA all the patients were asked to answer the following questions: 1) Have you been hypnotized in the past? 2) Were you aware of dental applications of HA? 3) How do you evaluate the use of this technique in the field of dental care? 4) Do you think that you can use this procedure in the future too? The answers were as follows: question 1: 34 patients answered yes, 4 no; question 2: 34 answered yes, 4 no; question 3: the choice was between "very useful", "useful", "Indifferent", "to avoid". Twenty-nine patients indicated "very useful", and 9 "useful"; question 4: the choice was between yes and no. All patients answered yes. This study adds further support to a growing body of evidence relating HA to a better compliance to dental treatment. The dental situation in particular lends itself to carefully controlled investigation providing further evidence to support a robust theory.

Anxiety and worry are important components that affect the patient's behaviour during dental sessions and influence the effectiveness of dental treatment. Despite the development of many new procedures these factors are still issues of major concern to many dental patients.

Although psychological suffering is not directly valuable, we do not have adequate tools to control anxiety and fear related to dental care. The need for further research into these areas is pertinent, in fact

fear causing dental avoidance in these studies ranged from 8% to 16%, which is considerably higher than the often-quoted estimates of 5-6% of some years ago (1). Dentistry has achieved great goals in recent years, but the anxiety related to the environment in a dentist's office is a global problem and, thus, poses a significant challenge for the provision of dental care. Thus, the anxiety related to dental treatment is some of the most difficult aspects for the management of dental patients.

Key words: Hypnosis, dental anxiety, dental fear, dental phobic disorders

Mailing address:

Prof. Angelo Tagliabue,
Department of Medicine and Surgery,
University of Insubria,
Via Piatti, 10, 21100 Varese, Italy
Tel.: +39.0332-825625 - Fax: +39.0332-825655
angelo.tagliabue@uninsubria.it

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Psychological approach and hypnotic approach (HA) have in recent years assumed increasing prominence as effective treatment regimes. Dentists have used a number of methods in the management of dental phobic disorders through HA. They have treated the anxiety directly and symptomatically, relying largely on relaxation and behavioural techniques. HA has also been found to be useful in more sophisticated uncovering techniques of age-regression and hypnoanalysis as part of more analytical insight-oriented psychotherapies.

HA has been found to be a relatively stable characteristic of the individual. Approximately 20% of the population is highly susceptible to HA, 20% is unresponsive and the remaining 60% is moderately susceptible to varying degrees (1). HA has been related positively to the degree of improvement in chronic pain problems, asthma, and various dermatological conditions. Recent studies provide that some specific clinical populations are characterized as more responsive to HA than the general population (1, 2).

While HA has always been a controversial subject, acceptance and understanding of this valuable tool is becoming more widespread. It is being used in many phases of medicine and dentistry and should rightly be applied in many instances where it is not. Its infrequent use is due to an inability of therapists to gain access to training programs. HA is not new. It is as old as mankind. One of the chief misconceptions of today is that HA is sleep. It is not. Other modern erroneous beliefs about HA stem from the thought that the subject becomes unconscious, loses his will power completely to the operator or may never wake up. Others feel that if a symptom is removed, another one of a negative nature will replace it. Such operators are definitely responsible for the overwhelming public opinion that HA is to be taken lightly or is something to "have fun" with. This type of application on a conscientious subject causes many people to avoid HA. Recent HA has been defined as "changed state of consciousness during which the patient's attention is focused on ideas and images that can evoke the desired effects" (3, 4).

Pain is not objectively valuable, and dentistry involves numerous painful procedures causing

psychological distress. HA is widely and often successfully used in a variety of clinical situations to modify patients' thinking, behaviour, and is one of the options being used in dentistry as a method to help the anxious subject relax and could be used to improve the level of patient cooperation by increasing confidence itself. Recently, dentistry is one of the medical fields more accepting of HA, as it has been very effective in controlling "toothache"; furthermore it is being used in oral surgery as a complement to anaesthesia, with its main tools being suggestion and speech. For this reason, HA is an option for reducing the anxiety or pain associated with dental treatment, in particular in children (5).

The aim of the present study is to describe sensations referred by the patient responsive to HA after dental treatment.

Descriptive data

The study of the population consisted of 42 patients, these being 50% random sample of consecutive patients presenting to the clinic over an 8-year period. 4 patients were not susceptible to HA. In 38 patients HA was induced.

There were 20 women (52.6%) and 18 men (47.3%) with a mean age of 47.2 years (range 30-69 years). Most patients presented with a combination of dental fears. The most common fears were fear of not being able to express or cope with feelings of helplessness and defencelessness (93.7%), fear of pain (85.3%), fear of injections (87.8%), generalized dental anxiety (73.4%), fear of drilling (75.6%) and fear of extractions (56.3%). The majority of patients, 32 (84.2%), had other phobic symptoms besides their dental phobia, i.e., multiple phobias.

HA was assessed for 38 out of the 42 patients. The others were selected out because their psychiatric problems, including schizophrenia and severe depressive illness, were contraindications for the use of HA. In 6 patients surgical therapies were performed, in 10 implant dentistry and in 20 oral hygiene.

MATERIALS AND METHODS

At the end of the dental sessions with HA all the patients

were asked to answer the following questions:

- 1) Have you been hypnotized in the past?
- 2) Were you aware of dental applications of HA?
- 3) How do you evaluate the use of this technique in the field of dental care?
- 4) Do you think that you can use this procedure in the future too?

RESULTS

The answers were as follow:

- 1) Have you been hypnotized in the past?
Excluding 4 patients who responded positively, all other patients answered no.
- 2) Were you aware of dental applications of HA?
Except for the 4 above-mentioned patients, all other patients answered no.
- 3) How do you evaluate the use of this technique in the field of dental care?
The choice was between: “very useful”, “useful”, “Indifferent” and “to avoid”.
Twenty-nine patients indicated “very useful” and 9 “useful”.
- 4) Do you think that you can use this procedure in the future too?
The choice was between yes and no. All patients answered yes.

What emerges from this preliminary study on the use of dental HA is that the potentials of the procedure are practically unknown among dental patients, particularly in regards to the benefits that HA can provide.

There is an incorrect perception of HA. Many patients fear that HA may control their will, or may be an intrusion into their private life, or they have no possibility of leaving the state of hypnosis. Television, pointing to the spectacularization of HA, is likely to have some responsibility in consolidating such fears. It would therefore be useful to alter this erroneous perception of the phenomenon in order to allow for wider diffusion of HA among dentists. In this regard, it is useful to evaluate the results of question 4, which shows that all patients, who successfully undergo HA, were ready to perform it again.

Obviously, the most satisfying result emerges from question 3. The overwhelming majority of patients considered the procedure very useful. The usefulness of HA consists of a global state of relaxation and sedation that accompanies the entire dental session, of a modified perception of pain that simulate analgesia, and can alter temporal perception of dental session, generally felt less longer than it really was.

DISCUSSION

The present study is a descriptive analysis of HA in dental patients. The aim of this research was to determine the dental anxiety and pain related to dental session, in order to ascertain whether HA combined with conventional behaviour management techniques reduces anxiety and pain.

In addition, we may assert that HA combined with conventional behaviour management techniques, is a tool more able to help patients to relax than conventional behaviour management techniques alone. HA is beneficial for the operator, as it enables optimal and more efficient clinical work, providing greater comfort and avoiding disruptive behaviours. The scientific evidence regarding the use of HA as a complement to another therapy for reducing anxiety during dental treatments is limited, thus, further research is required to objectively support the reduction of anxiety through the use of HA as a complement to other anxiety reduction techniques (3).

Similarly, as there is no evidence that HA, on its own, is capable of producing an aesthetic effect for dental procedures, it should always be combined with local anesthetic techniques or as a complement to sedation or general anaesthetic techniques (2). HA may be used for implant dentistry and periimplantitis treatment. In fact peri-implantitis is the most important delayed complication of implant dentistry (6-12). Peri-implantitis and periodontal disease spring from bacterial infection that activates a cytokines cascade leading to inflammation and bone loss (13-16). In addition, the patient-related susceptibility is a critical factor for disease onset. So, every factor favouring oral biofilm formation (poor oral hygiene), host defence capability (smoking habit, excessive alcohol

consumption, genetic traits, history of periodontitis, use of bisphosphonates), might favour developing of peri-implantitis and periodontal disease, which diagnosis and treatment require dentist's engagement (17-23).

In conclusion HA would be eminently suitable in the dental treatment. The literature is replete with accounts of techniques and a multitude of applications of HA techniques to dentistry. HA had varied periods of popularity followed by its rejection and appears to warrant far wider use than it receives. This may be related in the past to the lack of undergraduate training, misinformation, superstition, exaggerated claims, and the re-introduction of conscious sedation techniques.

CONCLUSION

Recently, the attempts to relate HA to the production of dental analgesia have ranged a moderate relationship between HA and pain reduction. This study adds further support to a growing body of evidence relating HA to a better compliance to dental treatment. The dental situation in particular lends itself to carefully controlled investigation providing further evidence to support a robust theory.

However HA must be used under strict supervision of the doctor. He chooses to work in this manner just as a physiotherapist or other technician does.

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