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Oral Session O24 – Dental Anxiety and Behavioural Management 3

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Oral Session O24/Dental Anxiety and Behavioural Management 3

O24-170

Child rearing styles, dental anxiety and emotional and behavioral problems: an exploratory study

J. B. KRIKKEN & J. S. J. VEERKAMP

Department Cariology, Endodontology, Pedodontology, ACTA, Amsterdam, The Netherlands

Introduction: Dental anxiety is an important cause of disruptive behavior during dental treatment. Less is known about the influence of parenting and general emotional and behavioral problems on this behavior. We studied the relation between child dental anxiety, their behavior during treatment, parental rearing style and emotional and behavioral problems.

Materials and methods: Parents of 40 referred children were asked to fill out the Child Behavior Checklist (CBCL) and the Child Fear Survey Schedule (CFSS) prior to dental treatment on behalf of their child. The Child Rearing Practices Report (CRPR) was used to assess parental rearing style. Dentists were asked to assess the behavior of the child during dental appointments using the Venham scale. Correlations were calculated using Spearman and Pearson rank correlations.

Results: A weak negative correlation ($0.33, P = .022$) existed between Nurturance and the behavior of the children during the first treatment appointment. The parents of the younger children (1.5–5 years) who scored higher on the subscale aggressive behavior scored higher on the factor Restrictiveness ($P = .037$). Positive correlations, were found between the dental fear of the younger children and CBCL subscales emotionally/ reactive ($0.52, P = .038$), anxious/ depressed ($0.53, P = .034$) and attention problems ($0.60, P = .014$). A positive correlation was found between the behavior the children displayed during the second treatment appointment and the subscales aggressive behavior ($0.62, P = .013$) and sleeping problems ($0.61, P = .016$).

Conclusion: Correlations between nurturing patterns and child behavior seem to be complex. Further studies are needed to specify age problems and the relations with sequential sessions.

O24-171

Efficacy of nonaversive behaviour management techniques: based on video assisted parental ratings

O. O. KUSCU, E. CAGLAR & N. S. ALLI

Department of Paediatric Dentistry, Yeditepe University, School of Dentistry, Istanbul, Turkey

Introduction: Behaviour management techniques (BMTs) help to alleviate anxiety in both children and parents. The aim of this pilot study is to determine the efficacy of nonaversive BMTs by the ratings of parents who had observed their children during dental treatments.

Patients and methods: Dental records of the children, who were treated by the same paediatric dentist in Yeditepe University-Paediatric Dentistry clinic were analyzed retrospectively (Sept. 2006–Sept. 2008). Parents of children who had received at least 3 sessions of dental treatment, two of which with local anaesthesia

administration were invited to the study after obtaining ethical approval. 25 out of 47 parents were reached and wished to participate in the study. Parental form of CFSS-DS (Children's Fear Survey Schedule - Dental Subscale) were used for determining children's anxiety. Parents were asked to fill in a questionnaire (after watching a descriptive video on BMTs) rating the efficacy of each applied BMT.

Results: Eighty eight percent of the parents totally agreed with the appropriateness of the applied nonaversive BMTs. 'Perceived control' and 'positive reinforcement' were rated with higher scores on children's favourable behaviour whereas the significance was 0.138. The parents of anxious children rated 'Parental presence or absence' more efficient on favourable behavior than the parents of nonanxious children ($P = 0.005$).

Conclusion: All nonaversive BMTs were found efficient on children's favourable behaviour. 'Parental presence or absence' were found more efficient by the parents of anxious children.

O24-172

Evaluation of aversive conditioning techniques in pediatric practice in Chennai, India

M. S. MUTHU, S. A. GOURI, V. CHARANYA & S. SHIFA

Pedo Planet, Pediatric Dental Centre, Chennai, India

Introduction: The aim of this study was to evaluate the use of aversive conditioning behavior management techniques, namely, Physical restraints, Voice control and Hand Over Mouth Exercise in an exclusive pediatric private practice setting in Chennai, India

Materials and methods: This was a retrospective study conducted on patients who visited, Pedo Planet, Pediatric Dental Centre, Chennai, India in the last 55 months. Nine hundred and thirty two (n-932) case sheets of patients were evaluated for the recordings of behavior management techniques used during their dental visits. Data was collected regarding the use of aversive conditioning techniques namely Physical restraints, Voice control and Hand Over Mouth Exercise. These behavior management measures were undertaken after the parental consent and in their presence inside the dental operatory.

Results: Twenty six patients underwent dental treatment after the use of aversive conditioning techniques, namely physical restraints (9), voice control (13) and hand over mouth exercise (4). This amounts to 2.8% of all the patients who have sought dental treatment in the pediatric dental centre.

Conclusion: Aversive conditioning techniques were used in pediatric practice but to a lesser extent.

O24-173

Behaviour management techniques employed by dentists for their child patients

F. A. OREDUGBA & O. O. SANU

Department of Child Dental Health, College of Medicine, University of Lagos, Nigeria

Introduction: The provision of effective dental services for children also involves successful behavior management techniques. Many techniques are employed by dentists, depending on factors relating to patients, clinic environments, and the practitioner. This study was carried out to determine the different behavior management techniques employed by dentists in Nigeria for their child patients.

Materials and methods: One hundred and fifty questionnaires were hand delivered to dentists in different locations in Nigeria. Information required include respondent's biodata, years post-graduation, behavior managements techniques employed, and reasons for choice of technique.

Result: A total of 128 (85.3%) were returned completed, comprising 53.2% females and 46.8% males, in age groups, < 30 years (25%), 30–39 years (48.4%), 40–49 years (19.5%) and 50 years and above (7.1%). Thirty one (24.2%) practiced in health centers, 92 (71.8%) in teaching hospitals and 5 (3.9%) in private hospitals. Majority (96.8%) attended to child patients and 29.6% rated their patients as uncooperative. The most frequently used behavior management technique was in 'tell-show-do'. (73.4%) followed by positive reinforcements (35.9%), modeling (31.2%), desensitization (18.7%), restraints (13.2%), sedation (11.7%) and 'hand over mouth' (4.6%). Only 3.2% used general anesthesia. The major factors influencing choice of behavior management technique was age of child (78%), convenience to dentists (28%), availability of facilities (25.8%), acceptability by parents/child (18.8%). Only 25.8% rated their facilities as adequate.

Conclusions: The 'tell-show-do' technique was practiced by majority of respondents in this study. Improvements of facilities may

increase the number of dentists employing pharmacological methods of management.

O24-174

The effect of low level laser therapy on pain during cavity preparation with laser in children

I. TANBOGA, F. EREN, F. ERTUGRAL & B. ALTINOK

Department of Pediatric Dentistry, Dentistry School, Marmara University, Istanbul, Turkey

Introduction: Standard treatment for caries removal and cavity preparation for restorations using mechanical means is often accompanied by fear and pain for the patient. Although the pain may be reduced by local anaesthesia, fear of the needle and noise and vibration of mechanical preparation remains a cause of discomfort. This was one of the factors that stimulated dentists' early interest in lasers. The aim of this study was to evaluate the effect of low level laser therapy on pain during cavity preparation with laser in pediatric dental patients.

Patients and methods: The study has been carried out under observation with 10 children, total of 20 primary molar teeth in 6–9 age group. Children's parents signed informed consent documents. For laser preparation an Er YAG laser was used. Half of the preparations were treated by Low Level Laser Therapy (LLLT) before laser preparation. All cavities were prepared by ER YAG laser, restored with light-cured composite resin following the application of acid etching and bonding agent. Children were instructed to rate their pain on the Visual Analogue Scale (VAS).

Results: A visual analogue scale (VAS) from 0 to 5 points was used to subjectively assess the pain intensity for each patient after low level laser therapy and non low level laser therapy. Mean VAS scores for LLLT was 1.2 and for non LLLT was 2.8.

Conclusion: The use of LLLT before cavity preparation with laser decreased pain on pediatric dental patient.

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