Grampian PATIENT PRESENTATION Guidance Patient presents with significant anxiety, gagging or other special need which prevents dental **Dental Anxiety** treatment in general dental practice setting. Modified Dental Anxiety Scale (page 2) REATTEMPT TREATMENT TREATMENT TRIED TWICE Continue to attempt treatment using appropriate behavioural support and consider Has treatment been tried at use of premedication if appropriate - see least twice in general dental SDCEP Drug Prescribing for Dentistry until practice setting? two or more attempts have been made. Yes SOME TREATMENT POSSIBLE Complete all treatment possible in general dental practice and refer only for outstanding treatment. REFERRAL INDICATED Assess oral hygiene and motivation

TREATMENT AVAILABILITY

Treatments available:

- Routine predictable fillings
- Routine extractions (surgical extractions to be referred via OMFS)
- Simple scaling (if combined with fillings or extractions)

Treatments not available:

- Endodontic
- Crown and Bridge

and refer for appropriate treatment.

- Complex restorative
- Multi visit periodontal
- For aesthetic reasons only

Notes

- Teeth will only be considered for restorations where they have a good prognosis and the patient has good oral hygiene and motivation
- Anterior endodontics may be considered in teeth of very good prognosis provided oral hygiene and motivation is good

REFERRAL

Consider referral to "Adult Dental Referrals (Anxiety)" at Grampian Public Dental Services.

Please confirm the following in referral:

- Provisional treatment plan
- Reason that treatment is necessary
- Patient is motivated to complete treatment and oral hygiene is satisfactory (unless referring for extractions only)

Please note that the referring Dentist will be responsible for providing:

- Any treatment that the patient is able to accept in practice i.e. dentures and other simple procedures
- Management of emergencies

PATIENT INFORMATION

Initial Assessment:

- Patients will have an initial assessment where the extent of their dental anxiety and any strategies for coping with treatment will be explored
- Subsequent referral for sedation will be dependent on this initial assessment

Appointment Management:

 Patients should be informed that failure to attend or repeated cancellations will result in discharge

Treatment Options:

 Patients must be made aware that only treatment detailed above is available and that provision of restorations will be dependant on satisfactory oral hygiene and motivation

Version – 1.2	Title – Dental Anxiety			Department – Dental Services		DRAFT	ĺ
Creator – Mike Brown		Lead – Mike Brown	Last Review – 22 November 2021		Next Review – 22 November 2023		

Modified Dental Anxiety Scale

Patient Details										
Name:			Date of Birth:							
Address:			CHI Number:							
Can you tell us how anxious you get, if at all, with your dental visits? Please indicate by inserting 'X' in the appropriate box — as accurately as you can										
1. If you went to	1. If you went to your dentist for treatment TOMORROW , how would you feel?									
Not Anxious	Slightly Anxious	Fairly Anxious	Very Anxious	Extremely Anxious						
2. If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?										
Not Anxious	Slightly Anxious	Fairly Anxious	Very Anxious	Extremely Anxious						
3. If you were about to have a TOOTH DRILLED , how would you feel?										
Not Anxious	Slightly Anxious	Fairly Anxious	Very Anxious	Extremely Anxious						
4. If you were ab	out to have your TEE	TH SCALED AND PO	DLISHED, how woul	d you feel?						
Not Anxious	Slightly Anxious	Fairly Anxious	Very Anxious	Extremely Anxious						
5. If you were ab	out to have a LOCAL	ANAESTHETIC INJE	CTION in your gum	, how would you feel?						
Not Anxious	Slightly Anxious	Fairly Anxious	Very Anxious	Extremely Anxious						
Can you describe felt during the tre	in your own words, a atment?	ny dental treatmen	t you have had reco	ently and how you						