



## CORRECTION OF PSYCHOEMOTIONAL ANXIETY IN ADULTS AT DENTAL APPOINTMENT

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**Annotation.** This article discusses the correction of psycho-emotional anxiety in adults at a dental appointment, describes the signs of psycho-emotional anxiety, analyzes the possible reasons for the negative attitude of adults to treatment and, apparently, patients with high anxiety are more sensitive to pain. The study involved 80 people aged 18 to 45 years who sought outpatient dental care at the Samarkand specialized regional dental clinic. An analysis of the degree of anxiety in adults was carried out using the Frankl, Korah scale DAS, blood pressure and heart rate. Based on the results of the examination using these methods, adults were divided into two groups: main and control. Characterized the behavior of adults with different levels of anxiety depending on the reason for the request. Compare emotional state adults who were interviewed before the visit doctor, with a group of adults who did not undergo psychological correction. Based on these studies, we have proposed methods for identifying and correcting existing psycho-emotional anxiety in adults during dental appointments.

**Key words:** Painful treatment, dental anxiety and worry, correction of fear in adults, source of fear.

## CORRECTION OF PSYCHO-EMOTIONAL ANXIETY IN CHILDREN AT THE DENTAL RECEPTION

**Abstract.** This article discusses the correction of psycho-emotional anxiety in children at a dental appointment, describes the signs of psycho-emotional anxiety, and analyzes the possible reasons for the negative attitude of children to treatment, and apparently, patients with high anxiety are more sensitive to pain. The study



involved 100 children aged 6 to 15 years who applied for outpatient dental care at the Samarkand Specialized Children's Dental Clinic. The analysis of the degree of anxiety of children was carried out on the Frankl, Korach DAS scale, blood pressure level and heart rate. According to the results of the survey, according to these methods, the children were divided into two groups: the main and the control. The behavior of children with different levels of anxiety was characterized, depending on the reason for the treatment. We compared the emotional state of children with whom a preliminary conversation was conducted before visiting a doctor with a group of children who did not have psychological correction. Based on these studies, we have proposed methods for identifying, preventing and regulating the existing psycho-emotional tension of children at a dental appointment.

**Key words:** Painful treatment, dental anxiety and anxiety, correction of fear in children, source of fear.

Dental phobia at a dental appointment is extremely common, especially before any dental procedure unknown to the patient. Its prevalence in adults ranges from 5 to 61%, and in adults – from 1 to 52%. Most studies conducted show that women of all age groups, children and adolescents, and people with low levels of education are at greater risk of developing dental anxiety. Clinically, these patients have a large number of decayed and missing teeth and fewer filled teeth or dentures to replace lost teeth. There is a connection between dental anxiety and oral hygiene – the higher the anxiety, the worse the hygiene. In addition, these patients are usually the least satisfied with the appearance of their teeth. Scientific research conducted in the world in the field of health care is aimed at strengthening public health, and therefore, studying various disorders in the body of adults experiencing psycho-emotional stress at a dentist appointment; assessing the effectiveness of the developed measures to correct psycho-emotional stress, assessing the impact on the physiological state of the patient; prevention and reduction of the number of complications of psycho-emotional stress is an important task. Nearly two-thirds of dentists believe that treating an anxious patient is a major challenge in daily practice. Anxious patients often cancel appointments, and dentists also consider anxious patients to be a source of professional stress. Anxiety during dental treatment prevents the patient from fully cooperating with the dentist, resulting in wasted time for the dentist, unnecessary difficulties in performing dental procedures, and unsatisfactory results. Based on this, dental anxiety can be considered a potential predictor of dental caries incidence. Today, the high prevalence and intensity of



caries are considered one of the main health problems. An analysis of available foreign and domestic works describing psycho-emotional stress in adults at an outpatient dental appointment revealed that there is no in-depth, scientifically based solution to this problem. In this regard, the study of the psychological behavior of adults at a dental appointment, its impact on the patient's dental status, biochemical and physiological indicators, and assessment of the effectiveness of the proposed non-pharmacological methods for correcting psycho-emotional stress seems very relevant. There are five theories that explain dental anxiety: Pavlovian theory, information theory, replacement theory, verbal threat theory, and parenting theory. Pavlov's theory is the most common, and it attributes present dental anxiety to past painful experiences. Information theory is an indirect theory that posits that dental anxiety occurs as a result of other people talking about “scary” dental procedures. Replacement theory is another indirect way in which people can acquire dental phobia by observing the reactions of other dental patients. According to the verbal threat theory, the patient does not directly observe the traumatic/frightening event, but through receiving “dangerous” information about dental procedures, dental anxiety occurs. Sometimes used as a disciplinary measure to correct bad behavior in adults. Parental Theory – Fearful behavior exhibited by a parent (especially the mother) contributes to the child acquiring dental anxiety. Additionally, dental anxiety can be patient-related, physician-related, or environmental-related. Patient-related reasons include past dental experience and the experiences of family members or friends, while physician-related reasons include communication methods and rudeness. Environmental causes include the sounds of procedures, the screams and moans of other patients, the unpleasant smell or appearance of the clinic, and the sight of blood or local anesthetic injections. When treating a patient with anxiety, the use of different measures will depend on the severity of the disorder, age, and willingness to cooperate. In all cases, the dentist should be collected and friendly to the patient, encouraging the patient. The measures taken by the doctor depend on the age group of the patients. When treating adults with anxiety at a dental appointment, the following are suggested:

- Allow sufficient time for the meeting;
- reduce triggers of anxiety - do not show a syringe with an injection needle, tips or blood; avoid strong-smelling materials such as eugenol; Do not let patients listen to the sounds of teeth drilling or other patients crying; avoid vibration from working tools;
- distract the patient with music, video;



- give a sense of control over the procedure by involving the patient during treatment, for example, raising a hand when he/she feels pain or discomfort;
- adequate and effective anesthesia;
- providing relaxation therapy for older adults to help patients gain control over their psychological well-being. Techniques can be given before and even during the procedure.

These may include progressive muscle relaxation and rhythmic breathing. Sedation may be indicated in patients with severe anxiety. If the above methods do not help, the practitioner may refer the patient to a psychologist for further treatment or resort to general anesthesia if equipment and trained personnel are available.

Fear and anxiety are states that, in an evolutionary context, promote survival.

Various cognitive, neurobiological, emotional and behavioral reactions are triggered when faced with a dangerous situation and these reactions allow us to protect ourselves [3]. Our attention is focused on danger and the body prepares for “fight” or “flight” (the hormone adrenaline is released to increase strength and endurance, the heart beats faster to pump blood to major muscle groups, the body begins to sweat to maintain optimal temperature). Although these “survival responses” are helpful in situations where there is real danger, in situations where there is no real threat, instinctual fear responses are not helpful and can increase distress. For example, children become anxious because they do not understand what is happening to them. Therefore, the first thing dental practitioners can do to support anxious patients is to explain the fear response and normalize the feeling of anxiety.

Although the terms anxiety and fear are often used interchangeably, fear has been described as a reaction to immediate and anxiety to potential danger. The fear reaction is associated with a surge of excitation of the autonomic nervous system (defensive actions). It has been suggested that anxiety is a much more complex condition and is characterized by feelings of helplessness, an inability to predict or control upcoming situations, and a state of readiness to confront possible future threats. Anxiety reactions include restlessness, hypervigilance, cognitive distortions, autonomic nervous system arousal, and avoidance behavior. Dental fear refers to reactions to stimuli that are perceived as threatening (for example, a turbine handpiece with a bur), and dental anxiety is a state of apprehension (for example, thoughts that something terrible is going to happen) that occurs before the visit begins. In clinical situations, it is difficult to differentiate between dental anxiety and fear. In addition, children may experience various combinations of



anxiety and fear reactions. Therefore, in adults, the term “dental fear and anxiety” (DFW) is used to describe the negative feelings associated with visits to the dentist.

Some countries have established specialized dental clinics that can be used by adult patients with severe dental anxiety, and these clinics provide specialized care, including both non-pharmacological and pharmacological treatments. In addition to helping patients treat dental anxiety, these clinics promote short-term and long-term dental care.

Psycho-emotional stress during a dental appointment has an undoubted impact on the emotional sphere of the child and manifests itself in behavior. Immaturity of self-awareness, gender, age, and character accentuation also matter.

Immediately before treatment, it was planned which teeth would be treated during each visit. Typically this was one quadrant per session. If the child cooperated well, more teeth were treated than planned. If cooperation was poor, treatment was reduced. Knowing as many ICPNs as possible allows the clinician to use them as needed, thereby promoting a positive dental experience for adults.

We have developed our own "baby language" to describe treatments, materials, etc. It is clear that this should be adapted depending on the level of understanding the patient has. For example, a 15-year-old boy with an average level of comprehension is unlikely to be told that his teeth will be “tickled,” whereas a 5-year-old girl with an average level of comprehension is unlikely to understand the term “local anesthesia.” It is important that the doctor and assistant use the same “baby language”; Parents should also be encouraged to use the same “baby language” when talking about dental procedures with their child. Nonverbal communication is important in all interactions with your child. For younger adults, it may be helpful to imitate nonverbal communication skills similar to those of a children's TV presenter, such as smiling, having a cheerful tone of voice, and sitting so that the therapist is at eye level with the child.

Appropriate physical contact with the patient, such as a gentle pat on the arm, can also be used to reinforce positive behavior. Nonverbal communication generally provides support and increases the effectiveness of all non-pharmacological behavior management methods

### **Literature**

1. Nazhmiddinovich S. N., Obloberdievich S. J. Optimization of Orthopedic Treatment of Dentition Defects in Patients with Chronic Diseases of the





- Gastrointestinal Tract //Eurasian Research Bulletin. – 2023. – Т. 17. – С. 157-159.
2. Nazhmiddinovich S. N. OPTIMIZATION OF ORTHOPEDIC TREATMENT OF DENTAL DEFECTS IN PATIENTS WITH CHRONIC GASTROINTESTINAL DISEASES //Spectrum Journal of Innovation, Reforms and Development. – 2022. – Т. 10. – С. 53-58.
  3. Najmiddinovich S. N. et al. CARIES IN SCHOOL CHILDREN AND TREATMENT PREVENTIVE MEASURES //American Journal of Pedagogical and Educational Research. – 2023. – Т. 16. – С. 44-49.
  4. Najmiddinovich S. N. et al. PREVENTION PROGRAM DENTAL DISEASES IN SCHOOL-AGE CHILDREN //Intent Research Scientific Journal. – 2023. – Т. 2. – №. 9. – С. 24-31.
  5. Sadriev N., Sanakulov J., Akhmedov I. ANALYSIS OF PROFILE TELERENTGOGRAM AND PLANNING ORTHODONTIC TREATMENT OF DENTAL ANOMALIES AND DEFORMATIONS IN CHILDREN AND ADOLESCENTS USING AUTOMATED EQUIPMENT WITH ELEMENTS ARTIFICIAL INTELLIGENCE" ALLEGRO" //Евразийский журнал технологий и инноваций. – 2023. – Т. 1. – №. 9. – С. 69-71.
  6. Sanaqulov J., Sadriyev N., Axmadov I. KERAMIK KIRITMANING BOSHQA RESTAVRATSIYA VOSITALARI BILAN SOLISHTIRISH //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 9 Part 2. – С. 22-26.
  7. Sadriev N. et al. DENTAL IMPLANTOLOGY IN THE DIABETIC PATIENTS //Бюллетень студентов нового Узбекистана. – 2023. – Т. 1. – №. 10. – С. 44-48.
  8. Akhmadov I. et al. VARK DEPARTMENT OF ORTHOPEDIC DENTISTRY //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 10 Part 3. – С. 57-61.
  9. Sadriev N. et al. DENTAL IN CHILDREN WITH TRAUMATIC STOMATITIS COMPLEX DENTAL TREATMENT OF DISEASES AND THEIR EVALUATION OF PREVENTION //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 10 Part 3. – С. 62-65.
  10. Akhmadov I. et al. CERAMIC INLAYS COMPARED TO OTHER RESTORATION PROCEDURES //Евразийский журнал технологий и инноваций. – 2023. – Т. 1. – №. 10. – С. 186-191.
  11. Sadriev N. et al. PREVENTION OF PROSTHETIC DENTISTRY //Бюллетень педагогов нового Узбекистана. – 2023. – Т. 1. – №. 10. – С. 54-57.
  12. Санакулов Ж., Садриев Н., Ахмадов И. КОМПЛЕКСНОЕ ОРТОПЕДО-ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ АНОМАЛИЙ И ДЕФОРМАЦИЙ ЗУБОЧЕЛЮСТНОЙ СИСТЕМЫ В СФОРМИРОВАННОМ ПРИКУСЕ С



- ПРИМЕНЕНИЕМ ЛАЗЕРНЫХ ТЕХНОЛОГИЙ АННОТАЦИЯ  
//Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. –  
№. 9 Part 2. – С. 27-31.
13. Sadriev N. et al. TISHLARNI PROTEZLASH JARAYONIDA ORTOPEDE  
STOMATOLOGNING DEONTOLOGIK MUNOSABATGA KIRISHISHI  
//Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. –  
№. 11 Part 3. – С. 109-113.
14. Sadriev N. et al. PANDEMIYA SHAROITIDA STOMATOLOGIK  
FAVQULODDA VAZIYATLAR BO'YICHA KO'RSATMALAR  
//Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. –  
№. 11 Part 3. – С. 95-99.
15. Zh S., Sadriev N., Akhmadov I. COMPLEX ORTHOPEDIC-SURGICAL  
TREATMENT OF ANOMALIES AND DEFORMATIONS OF THE  
DENTAL SYSTEM IN A FORMED BITE USING LASER  
TECHNOLOGIES ABSTRACT //Central Asian Journal of Education and  
Innovation. – 2023. – Т. 2. – №. 9 Part 2. – С. 27-31.
16. Sadriev N. et al. COMPLEX ORTHOPEDIC TREATMENT OF  
ANOMALIES AND DEFORMATIONS OF THE DENTAL SYSTEM IN A  
FORMED BITE USING LASER TECHNOLOGIES ABSTRACT  
//Центральноазиатский журнал образования и инноваций. – 2024. – Т. 3. –  
№. 1 Part 2. – С. 97-101.
17. Nizom S. ASSESSMENT AND COMPARATIVE ANALYSIS OF THE  
STATE OF THE BUCCAL EPITHELIUM AND ORAL CAVITY HEALTH  
IN PERSONS HAVING TO SMOK TOBACCO //Web of Scientist:  
International Scientific Research Journal. – 2022. – Т. 3. – №. 11. – С. 446-  
450.
18. Sadriev N. et al. CHANGES IN THE PHYSICAL AND CHEMICAL  
PROPERTIES OF ORAL FLUID DURING THE PROCESS OF  
ADAPTATION TO DENTAL PROSTHETICS //Центральноазиатский  
журнал междисциплинарных исследований и исследований в области  
управления. – 2024. – Т. 1. – №. 1. – С. 16-20.
19. Sadriev N. et al. OPTIMIZATION OF ORTHOPEDIC-DENTAL CARE FOR  
PUPILS OF SPECIALIZED SCHOOLS FOR CHILDREN WITH MENTAL  
DISABILITIES //Журнал академических исследований нового  
Узбекистана. – 2024. – Т. 1. – №. 1. – С. 37-42.
20. Садриев Н. Н. и др. COMPLICATIONS OF CLASP PROSTHETICS WITH  
LOCKING FASTENERS //American Journal of Pedagogical and Educational  
Research. – 2023. – Т. 16. – С. 151-157.
21. Najmiddinovich S. N. et al. COMPLICATIONS OF PROSTHETICS WITH  
CLASP PROSTHESES WITH LOCK FASTENERS //American Journal of  
Pedagogical and Educational Research. – 2023. – Т. 16. – С. 167-173.



22. Садриев Н. Н. Ранняя диагностика заболеваний пародонта и прогнозирование их развития //IQRO. – 2023. – Т. 3. – №. 2. – С. 117-120.
23. Садриев Н. Н. СОВРЕМЕННАЯ МЕТОДИКА ПРЕПАРИРОВАНИЯ КАРИОЗНЫХ ПОЛОСТЕЙ ДЛЯ ПРОФИЛАКТИКИ РЕЦЕДИВНОГО КАРИЕСА //Conferences. – 2023. – С. 20-21.
24. Shavkatovich O. R. X-Ray Results During the Introduction of Osteoplastic Materials for The Prevention of Atrophy of the Alveolar Process //Eurasian Research Bulletin. – 2023. – Т. 18. – С. 31-34.
25. Shavkatovich O. R. Nizomitdin AI EFFECTIVENESS OF THE USE OF OSTEOPLASTIC MATERIAL" STIMULOSS" IN SAMARKAND //Web of Scientist: International Scientific Research Journal. – 2022. – Т. 3. – №. 11. – С. 612-617.
26. Nizomitdin A. I. Modern Methods of Odontopreparation for MetalCeramic for Beginner Prosthodontists //Eurasian Medical Research Periodical. – 2023. – Т. 18. – С. 98-102.
27. Ахмадов И. Н. Нарушения в системе перекисного окисления липидов при парадантозе //IQRO. – 2023. – Т. 3. – №. 2. – С. 124-127.
28. Ахмадов И. Н. КЛИНИЧЕСКИЕ ОСОБЕННОСТИ И ПРИНЦИПЫ ЛЕЧЕНИЯ АЛЛЕРГИЧЕСКОГО СТОМАТИТА ПРИ ИСПОЛЬЗОВАНИИ ЧАСТИЧНЫХ И ПОЛНЫХ СЪЕМНЫХ ПЛАСТИНОЧНЫХ ПРОТЕЗОВ //ББК 72 И66. – 2021. – С. 262.
29. Nizomitdin A. I. Therapeutic Effect Of Improved Enamel Surface Preparation Technique In The Treatment Of Acute Initial Caries Of Temporary Teeth In Children //Web of Scientist: International Scientific Research Journal. – 2022. – Т. 3. – №. 11. – С. 440-445.
30. Ахмадов И. VARK КАФЕДРЫ ОРТОПЕДИЧЕСКОЙ СТОМАТОЛОГИИ //Евразийский журнал медицинских и естественных наук. – 2023. – Т. 3. – №. 9. – С. 132-136.
31. Ахмадов И. КЕРАМИЧЕСКОЙ ИНКРУСТАЦИИ ПО СРАВНЕНИЮ С ДРУГИМИ ВОССТАНОВИТЕЛЬНЫМИ ПРОЦЕДУРАМИ //Евразийский журнал медицинских и естественных наук. – 2023. – Т. 3. – №. 9. – С. 126-131.
32. Ахмадов И. ОБЗОР СРЕДСТВ ДЛЯ ФИКСАЦИИ ЗУБНЫХ ПРОТЕЗОВ //ЗБІРНИК НАУКОВИХ ПРАЦЬ НАУКОВО-ПРАКТИЧНА КОНФЕРЕНЦІЯ З МІЖНАРОДНОЮ УЧАСТЮ ТА НАВЧАЛЬНИМ ТРЕНІНГОМ З ОВОЛОДІННЯМ ПРАКТИЧНИМИ НАВИКАМИ «СУЧАСНІ МЕТОДИ ДІАГНОСТИКИ, ПРОФІЛАКТИКИ ТА ЛІКУВАННЯ ОСНОВНИХ СТОМАТОЛОГІЧНИХ ЗАХВОРЮВАНЬ». – 2021. – С. 43.





33. Axmadov I., Sanaqulov J. RAQAMLI TISH QOLIPLARI //Центральноазиатский журнал образования и инноваций. – 2024. – Т. 3. – №. 1 Part 3. – С. 47-51.
34. Axmadov I., Sadriev N., Sanaqulov J. ЦИФРОВЫЕ СЛЕПКИ ЗУБОВ //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 12 Part 2. – С. 166-171.
35. Sadriev N. et al. ORTHOPEDIST-DENTIST-DEONTOLOGIST IN DENTAL PROSTHETIC SURGERY FACTOR COLLATION //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 12 Part 2. – С. 161-165.
36. Nizomitdin o'g'li A. I., Murodullayevich T. O. ODONTOPREPARATSIYA TUSHUNCHASI //Conferences. – 2023. – С. 84-86.
37. Jamshed S. PREVALENCE OF PHYSIOLOGICAL BITE FORMS IN PEOPLE WITH DIFFERENT FACE TYPES //Web of Scientist: International Scientific Research Journal. – 2022. – Т. 3. – №. 11. – С. 451-454.
38. Obloberdievich S. J. Grade States Fabrics Periodontal by Clinical Indexes //Scholastic: Journal of Natural and Medical Education. – 2023. – Т. 2. – №. 5. – С. 175-180.
39. Berdikulovich N. A. et al. CLINICAL AND EPIDEMIOLOGICAL RESULTS OF ORTHOPEDIC TREATMENT OF PATIENTS WITH PARTIAL ABSENCE OF TOOTH //Galaxy International Interdisciplinary Research Journal. – 2022. – Т. 10. – №. 1. – С. 958-960.
40. Sadriev N., Axmadov I., Sanaqulov J. СОВРЕМЕННЫЕ АСПЕКТЫ ЭТИОЛОГИИ И ПАТОГЕНЕЗА ЗАБОЛЕВАНИЯ ПАРОДОНТА //Центральноазиатский журнал образования и инноваций. – 2023. – Т. 2. – №. 11 Part 3. – С. 100-108.