

Dental coping strategies and dental anxiety

Adaptive and maladaptive strategies among adult patients with regular or irregular dental care

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Avhandlingen baseras på följande delarbeten:

- I Bernson JM, Elfström ML, Berggren U. Self-reported dental coping strategies among fearful adult patients: preliminary enquiry explorations. *Eur J Oral Sci* 2007; 115: 484–490.
- II Bernson JM, Elfström ML, Hakeberg M. Adaptive coping strategies among adults with dental fear. Further development of a new version of the Dental Coping Strategy Questionnaire. *Acta Odont Scand* 2012; 70: 414-420.
- III Bernson JM, Elfström ML, Hakeberg M. Dental coping strategies, general anxiety and depression among adult patients with dental anxiety but with different dental attendance patterns (submitted for publication).
- IV Bernson JM, Hallberg LR-M, Elfström ML, Hakeberg M. Making dental care possible – a mutual affair. A grounded theory relating to adult patients with dental fear and regular dental treatment. *Eur J Oral Sci* 2011; 119: 373–380.

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Abstract

The overall aim of this thesis was to explore the reported use of coping strategies in connection with dental treatment among adult patients with dental anxiety and regular or irregular dental care.

The specific aims of the four papers were (I) to develop a questionnaire for assessing coping strategies in the dental treatment situation and to evaluate its psychometric properties; (II) to further investigate and evaluate the newly constructed Dental Coping Strategy Questionnaire (DCSQ-15); (III) to investigate the relationship between the use of dental coping strategies in DCSQ-15, emotional distress and sociodemographic factors; (IV) to generate a conceptual framework explaining the main concerns of patients with dental anxiety who, despite their fear, participate in regular dental treatment, in order to acquire a deeper understanding of what they do to manage the dental-treatment situation.

This thesis has a mixed-method design containing both quantitative and qualitative research components, i.e. both cross-sectional questionnaire surveys and qualitative in-depth interviews.

The overall findings showed that adult patients with dental anxiety and regular dental attendance use more adaptive coping strategies.

In Paper I, the Dental Coping Strategy Questionnaire (DCSQ-20) instrument showed sound psychometric properties and good reliability with four factors of coping strategies labeled Self-efficacy statements, Distraction and distancing, Catastrophizing and Praying and despair. Catastrophizing and Praying and despair were significantly higher correlated with dental anxiety and were rated significantly higher among irregular attendees. Gender (male) and having high levels of dental anxiety, Catastrophizing and Praying and despair were predictive of irregular dental care.

Paper II focused on adaptive coping and a new instrument, the DCSQ-15, was constructed from the DCSQ-20, displaying five factors of coping strategies labeled Self-efficacy, Self-distraction, Distancing, Praying and Optimism. The factors of Praying and Optimism were significantly higher correlated with dental anxiety and were assessed significantly higher and lower, respectively by patients with irregular dental care. Gender (male), having a high level of dental anxiety and using little Optimism were predictive of irregular dental care.

In Paper III, the results showed that the level of general anxiety and depression was significantly higher among irregular attendees, who also showed lower levels of adaptive coping strategies. Gender (male), high levels of dental anxiety and general anxiety and the non-use of the coping strategy of Optimism were predictive of irregular dental care.

In Paper IV, a grounded theory study, the main concern of the fearful patients who participated in dental care was identified as “making dental care possible – a mutual affair”, comprising the close and trust-filled interplay between the patient and the dental staff that makes dental care possible, and four additional categories with coping strategies were identified.

The conclusions were that regular attendees reported greater use of adaptive coping strategies and that the use of optimistic thinking was predictive of regular dental care. Risk factors for irregular dental care were being of male gender, having high levels of dental or general anxiety and relying on the maladaptive coping strategy of Praying, as well as catastrophic thinking.

It is suggested in Paper IV, that the patients logical argumentation with themselves, social support, feelings of control during treatment and trust-filled interplay between the patient and the dental staff are of great importance in making dental care possible and maintaining regular dental care among patients with dental anxiety.

Key words: Coping skills, dental anxiety, dental visiting habits, depression, general anxiety, questionnaire.

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