

Behavior Guidance of the Pediatric Dental Patient

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- Concept evolved over the years:
 - Dealing with the child
 - Building a relationship with the child **AND** focus on child's oral health needs

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- Optimal outcome for the child: a positive attitude toward OH and future dental care
 - Overall goal: dentist is able to provide high quality safe dental care in an environment that is as pleasant as possible for the child

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- First step : children are not little adults
 - Theories of cognitive development , age-specific
 - Developmental theory : stages with stable behavior
- age: variable
- sequence: constant

Jean Piaget's stages

Sensorimotor stage:



- 0-24m
- Use senses and motor abilities to understand the world
- No meaningful verbal communication other than single word commands
- Hyperaware
- Perceptive to nonverbal communication

Jean Piaget's stages

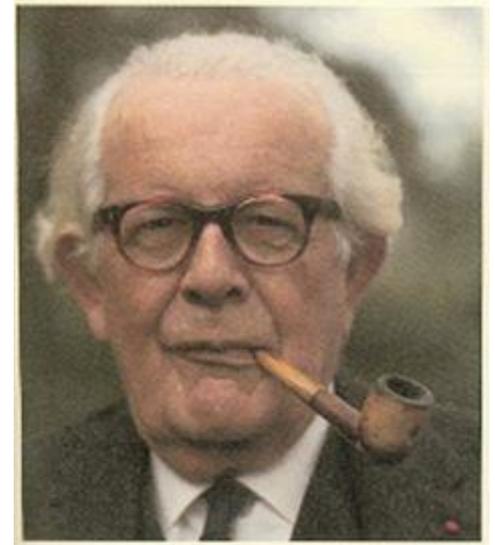
Preoperational stage:



- 2-5y
- Begin to use language in similar ways to adults
- Mental symbols and words to represent objects
- Language: concrete and literal
- Limited logical reasoning skills
- Perceive the world from their own perspective (EGOCENTRIC)

Jean Piaget's stages

Concrete Operational stage:



- 6-11y
- Increased logical reasoning skills
- Can see the world from different point of view
- Difficult with abstract ideas
- Concrete instructions

Jean Piaget's stages

Formal stage:

- 11+
- Abstraction and hypothetical concepts
- Reason analytically



Learning Theory

- Response to past : influences future
- Too simple but has value
- Undesirable behaviors can be reinforced (inadvertently): parental attention / verbal correction => ignore

Temperament

- Features other than genetic and env.
- Linked to dental characteristics
- Traits that:
 - 1- organized fashion during early life
 - 2- stable in periods
 - 3- consistent across situations
 - 4- neurophysiologic
 - 5- partially heritable

Easy Temperament

- **Biological regularity**
- Quick adaptability to change
- Tendency to approach new situation
- Predominantly positive mood of mild or moderate intensity

Difficult Temperament

- Biological regularity
- Withdrawal to new
- Slow adaptability
- Frequent negative emotional expressions of high intensity

Slow to warm up

- Withdrawal to new
- Slow adaptability
- Frequent negative emotional expressions of low intensity
- Shy
- ECC

Personality

- Genetic + env.
- High self esteem + favorable adults assessments
- Poverty
- Family life
- abuse

Variables associated with uncooperative behavior

- Dental fear (for most)
- temperament
- General fear
- Verbal intelligence
- Demographics
- Coping
- Pain
- Parental anxiety

Dental fear

- No straightfwd relationship :
oversimplification
- Multifactorial etiology:
 - 1- previous experience
 - 2- general fear
 - 3- familial anxiety
- 20% DF=misbehaving (but not identical)
- Twice as likely to misbehave

Dental fear

- Fears of dentistry : realistic and theorized
- Realistic fears = previous bad exp. /
acquired from peers/ needle
- Attributed to :
 - 1- lack of trust
 - 2- lack of control

Most feared procedures:

- 1- dental injection
 - 2- drilling and tooth scaling
 - 3- feeling the needle- seeing the needle
- BUT: needle phobia does not imply a high level of children's DA / diminishes with age

Dental fear

- May be the manifestation of another disease : fear of heights/flying/claustrophobia/etc.
- Increased time since last visit : cycle
- BMP : different, but associated



Demographics

- Age :
 - Physiologic Vs. Chronologic
 - Communication and coping skills
- Gender? (verbalize, culture)
- SES? (caries and invasive Tx./single parent/access to dentists)

Temperament

- Shyness : disruptive b. in presurgical setting
- Impulsivity and negative emotionality : more in BMP
- Children with BMP: less balanced temperament

Coping

- Ability to deal with threatening/challenging/harmful situation
- Crucial for well-being
- Sense of control over situation
- Behavioral:
 - Overt physical/verbal activity
- Cognitive:
 - Conscious manipulation of thoughts/emotions
- Self-statement

Coping

- Older
- Girls : emotional and comfort-seeking
- Boys: physical aggression and stalling
- Lower pain scores



Pain

- Child in pain : always BMP
- Subjective
- Tissue damage: not required
- Take it seriously (XXX it is uncomfortable but does not hurt XXX)
- TSD
- 1994 Survey
- Advantage of fluid nature of pain: relaxation/distraction – hypnosis/mental imagery

Parental anxiety

- Especially mothers
- Length of time since mother's last visit
- Her regularity of dental attendance
- Maternal psychiatry morbidity

The stage

- Dental office
- Scheduling
- Dentist and team
- Patient assessment
- Parents in room
- Parent expectation

Office

- Child-friendly : send the message
- New patient packets or websites: letters directly to children/activities
- Parents: NOT to put much emphasis
- Study: no diff. in behavior of 4-6 yo if they were exposed before or not



Scheduling

- Conventional : early Vs. afternoon
- Studies: afternoon
- Reason of this perception?
- Reappointing for morning visit before advanced tech.
- Preconditioning appointment? (two studies) => emergent treatment

Dentist and dental team

- Ability to communicate with : parent-child-staff
- Variety of personalities
- Flexibility is beneficial
- Dentist's appearance : neat and professional
- Study:
 - parents: traditional (such as white coat and tie)
 - children: casual
 - both: white coat (not pediatric coat)
- Protective gear?
- Same euphemisms

Pharmacologic management of Patient Behavior



Sedative/hypnotics

- **Antihistamines:**
- hydroxyzine
- Promethazine
- Diphenhydramine
- **Benzodiazepines:**
- Diazepam
- Midazolam
- **Chloral Hydrate**

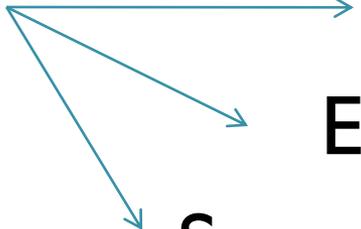
Opioids

- Fentanyl
- Meperedine
- Naloxan X



Child abuse

What is CHILD ABUSE?

- Treating a child in a culturally unacceptable manner
- Three categories 
 - Physical
 - Emotional
 - Sexual

What is CHILD NEGLECT?

- Failure to meet a child's basic needs resulting in serious impairment of the child's health or development .



Figure 2.15
Untreated carious teeth – but is it dental neglect?



Figure 2.6

Burn on the side of the neck of a 6-year-old boy in the 'triangle of safety', an unusual site for an accidental injury. In this case there was a credible accidental explanation.



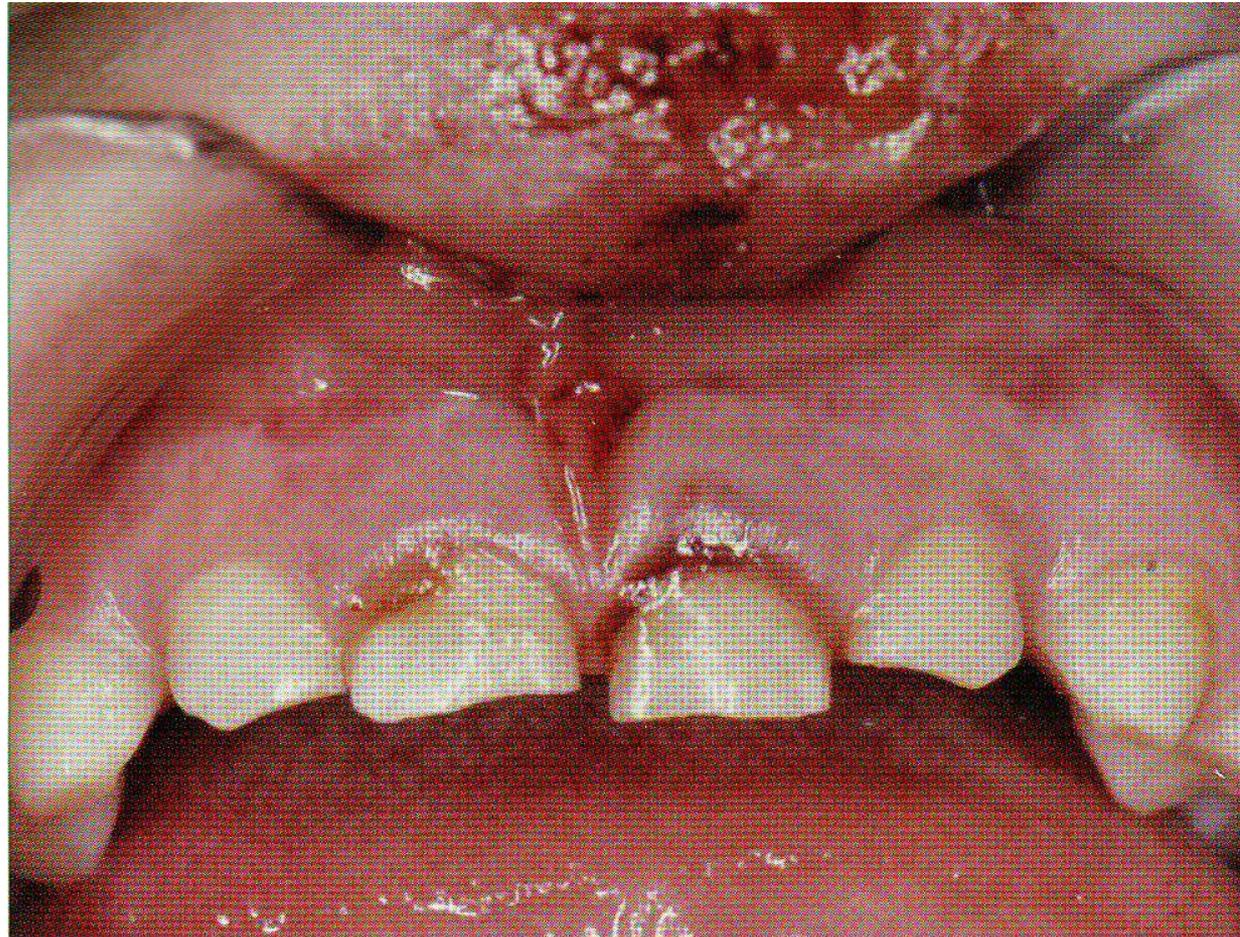
Figure 2.10

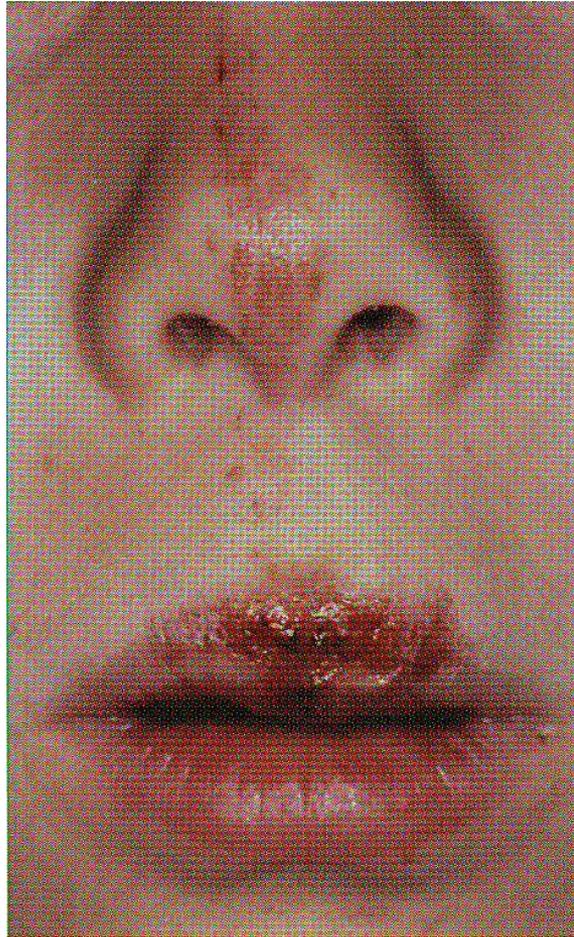
Cigarette burn on the forehead of a 7-year-old girl, showing the typical appearance 0.8-1.0 cm diameter with a smooth, well-defined edge (*reproduced with permission of Elsevier, see page ii*).



Figure 2.13

Torn frenum in a 3-month-old baby. Further investigation showed fractured ribs
(reproduced with permission of Elsevier, see page ii).





Conclusion

Separation in family

- Divorce
- Death of parents
- Being in jail



Cultural lacks

- Poverty
- Cruelty of parents
- Addiction

Psychological disorders

- parents characteristics
- behaviour of the parent and child
- poor follow up treatment
- socio-economic status
- age and medical problems

Evaluating suspected cases

- Physical indicators
- Behavioral indicators
- History taking
- Physical examination
- Communication with the child

Managing suspected cases

- Treatment
- Documentation
- Reporting
- Parental concerns
- Legal considerations

Thank You 😊

