

Nervous Paediatric Patients: Key Tips to Support Them

Dr. Greig D Taylor PhD.

NIHR Clinical Lecturer/Specialist in Paediatric Dentistry

School of Dental Sciences, Newcastle University

greig.taylor@newcastle.ac.uk

Overview

- Understand why children get nervous.
- Learn practical, age-appropriate communication strategies.
- Discuss how tips on achieving good local anaesthesia in children
- Explore effective behaviour management techniques.

What is Dental Anxiety?

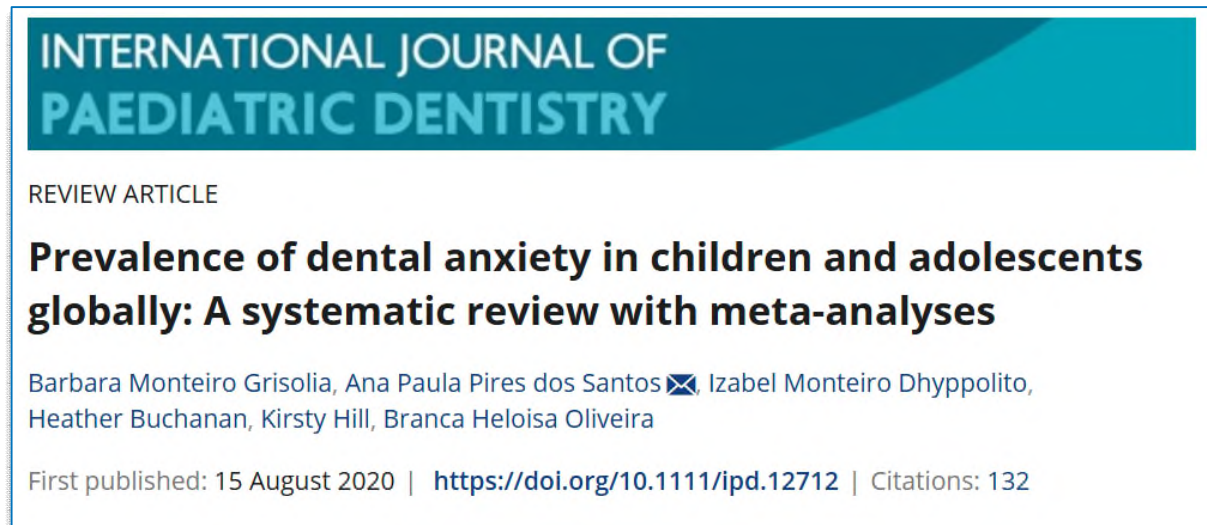
A feeling of fear, stress, or unease associated with dental environments

Dental anxiety is common in children and can affect lifelong dental attitudes.

How common is it?

Up to 20–30% of children show significant dental fear

More common between ages 5–9 and in those with negative prior experiences



Developmental Considerations

Toddlers (2–4):

Stranger anxiety, attachment to parents.

Early childhood (4–7):

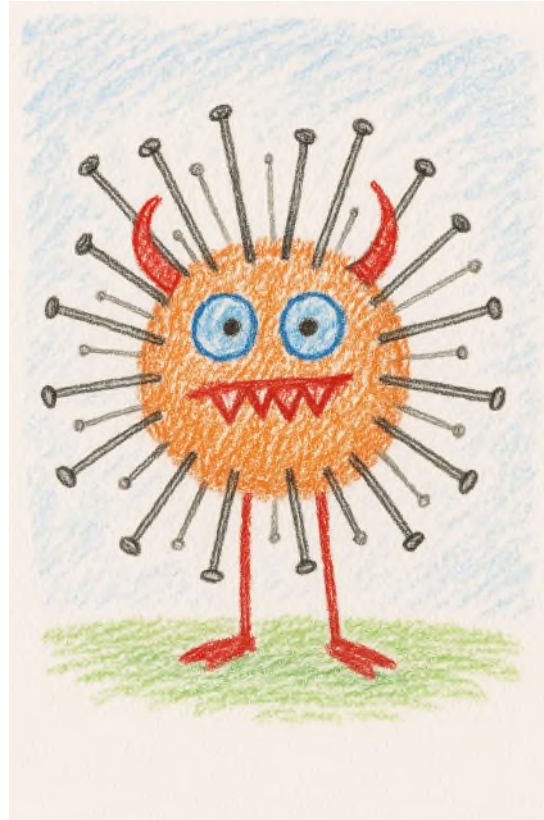
Imagination-driven fears (e.g., needles = monsters).

Older children (8–12):

More logical but can still fear pain or judgment



Developmental Considerations



Causes of Dental Anxiety

Fear of pain or the unknown.

Previous bad experiences (even medical ones).

Learned behaviour (parents, siblings).

Personality traits – shy, sensitive children may be more prone.

Sensory issues – noise, smells, lights

What is pain

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage”

How do we cause pain?

Physical pain:

e.g. giving local anaesthetic

Giving Local Anaesthetic – in children

LA Techniques that can be used

- IDB (IANB)
- Mental nerve block
- Infiltration
- Interpapillary
- Intra-aligamentary

Giving Local Anaesthetic – in children

Use Topical!!!



Giving Local Anaesthetic – in children

Avoid the child seeing the needle

- Good nurse essential!
- Hide the needle (i.e. don't bring across patient, bring behind patient)
- **“Make eye contact with parents that it is ok....”**
- Distract (cover eyes, sing songs etc)

<https://www.youtube.com/watch?v=bCljDf5veEs>

Giving Local Anaesthetic – in children

Think when giving palatal injections



With kind permission, Prof. RR Welbury

Giving Local Anaesthetic – in children

The 'Wand'

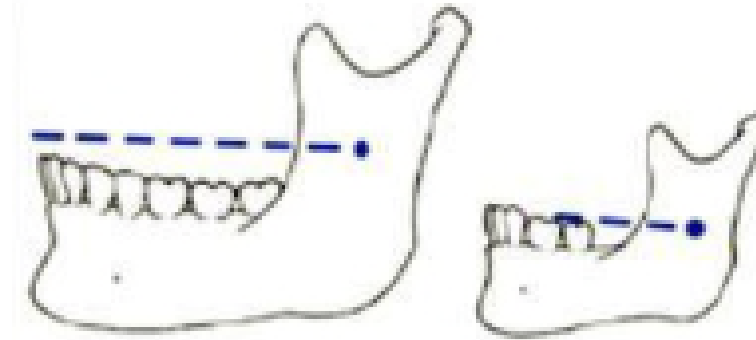
Computer controlled local anaesthetic devices 'CCLAD'

- 'The Wand'
- Constant pressure
- Slow speed 0.25ml min^{-1}



Giving Local Anaesthetic – in children

Think ‘anatomy’



With kind permission, Dr C Currie

Giving Local Anaesthetic – in children

Think ‘anatomy’



With kind permission, Prof. RR Welbury

How do we cause pain?

Physical pain:

e.g. giving local anaesthetic

Emotional pain:

Not explaining procedures may induce emotional pain

Negative experiences

Preparing the child

Friendly reception area – toys, books, welcoming faces.

Tell-show-do.

Pre-visit preparation with parents.

Communicating with children

Use simple, positive language.

Avoid scary words: e.g., say “sleepy juice” instead of “injection.”

Use metaphors or stories (e.g., “tooth fairies are checking your teeth!”)



Communicating with children

Acknowledge and validate concerns

Let patients describe their fears before starting treatment — this builds trust.

Simple phrases like “It’s completely normal to feel nervous; a lot of people do” can immediately reduce defensiveness.

How do we 'manage' dental anxiety

Avoidance

Behaviour management

CBT & NLP

Hypnosis

Sedation

General anaesthetic

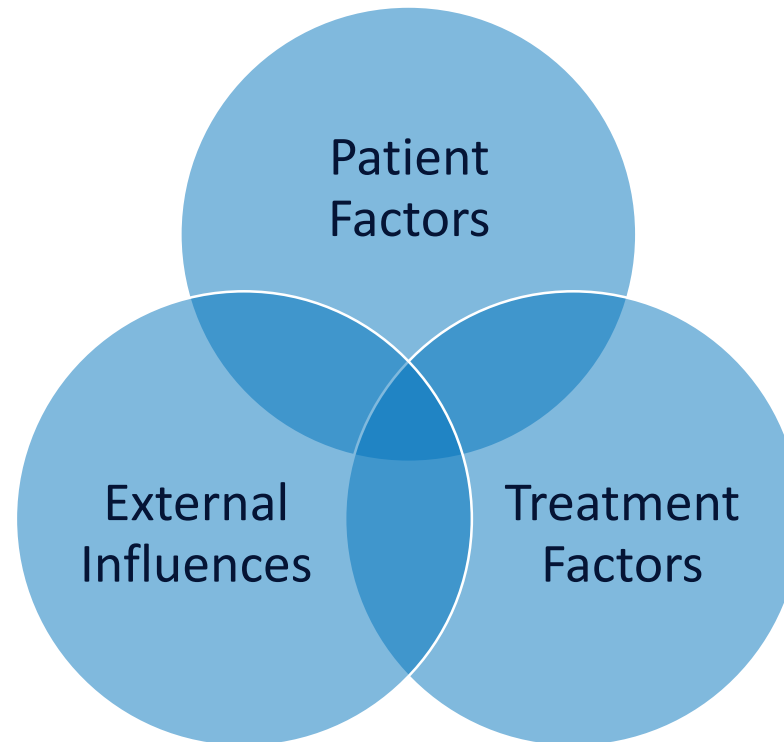
Psychology input



How do we 'manage' dental anxiety



How do we 'manage' dental anxiety



How do we 'manage' dental anxiety

Competence

Maturity

Personality

Intellectual capacity

Temperament and emotions

Past experience

Oral health

Culture

Symptoms?

Medical History



Patient
Factors

How do we 'manage' dental anxiety

Type of treatment

Co-morbidities that make treatment challenging e.g. haematological cover

Length of procedures

Time taken to complete treatment plan



Treatment
Factors

How do we 'manage' dental anxiety

Parental and peer influences

Family background

Parenting styles

Culture

Clinical Environment



External
Factors

Does the dentist have the moral right to bar a parent from sitting with their child during treatment?

Should parents join the child in the dental surgery?

Advantages

Parent often repeats orders (i.e. open your mouth)

Parent can intercept orders and therefore becomes a barrier to improving rapport with child

Dentist unable to use tone of voice as effectively in case parent becomes offended

Child divides attention between parent and dentist

Dentist divides attention between child and parent

Should parents join the child in the dental surgery?

Disadvantages

Child can get very upset at parent being out of the room (especially if <4 years old)

Can, in some cases, make compliance worse

In cases where child has additional needs e.g. Autism, will often know what works best to calm their child down

Parents get stressed at “Not Knowing” what is going on

Should parents join the child in the dental surgery?

Assess each patient as a **unique** individual

If I believe the parent is being a nuisance:

- I will ask them to have a seat in the waiting room, or
- I will have a word with them out of sight of the child and give them the option

Parent has the overall **RIGHT** to stay in the surgery, but...

Should parents join the child in the dental surgery?



....my get out clause

How do we 'manage' dental anxiety

Avoidance

Behaviour management

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Psychology input



Behaviour management techniques

- To instil a **positive dental attitude** and create a **long-term interest** on the patient's part to facilitate ongoing prevention and improved dental health in the future
- Establish a **relationship** based on trust with the child and accompanying adult to ensure **active involvement** with preventive regimes and treatment
- **No one method will be applicable** in all situations, with the chosen technique based on the individual child's requirements and the individual dentist's experience and expertise

Behaviour management techniques

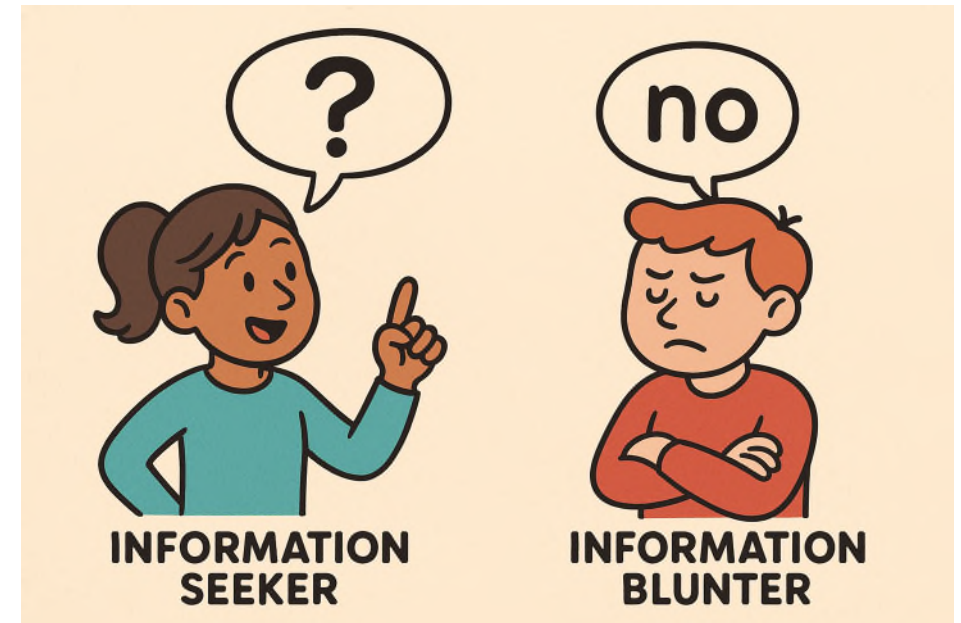
Key Concepts

Information Seeker (Monitor)

“ A patient who seek information when under threat...”

Information Blunter

“ A patient who use distractive techniques when under threat...”



Behaviour management techniques

Preparatory information

Non-verbal communication

Voice control

Tell-show-do

Enhancing control

Behaviour shaping and positive reinforcement

Modelling

Distraction

Systematic desensitisation

Negative reinforcement



Behaviour management techniques

Non-verbal communication

Smile

I don't wear a mask* - visor only

I only wear scrubs

Open posture

*Try to refrain from use in neurodivergent children



Behaviour management techniques

Voice Control

Particularly if patient becoming challenging, or situation become dangerous

Considerations in neurodivergent patients



Behaviour management techniques

Voice Control

Neurodivergence

Use their name at the beginning so that they know you are talking to them and speak in third person e.g., Laura open wide

Avoid irony/jokes/sarcasm – be literal

Behaviour management techniques

Voice Control

Neurodivergence

Make sure they are paying attention before you ask a question or give an instruction.

Use their special interest to engage them

E.g. Mickey mouse brush Liam's teeth?

Behaviour management techniques

Tell-show-do

Excellent for information seekers

- Use for F/S all the time
- Will do it on my thumb or my own front tooth
- Sometimes do it on patient's front teeth with mirror
- Useful for Hall Technique crowns



Behaviour management techniques

Enhancing control

Introduce a stop signal



Behaviour management techniques

Distraction

Cover eyes during injection

Pinch lip when giving injection

Singing (even if you are good or bad!)

Funky Socks

Balloon animals

TV screen on (Let kids pick their channel)

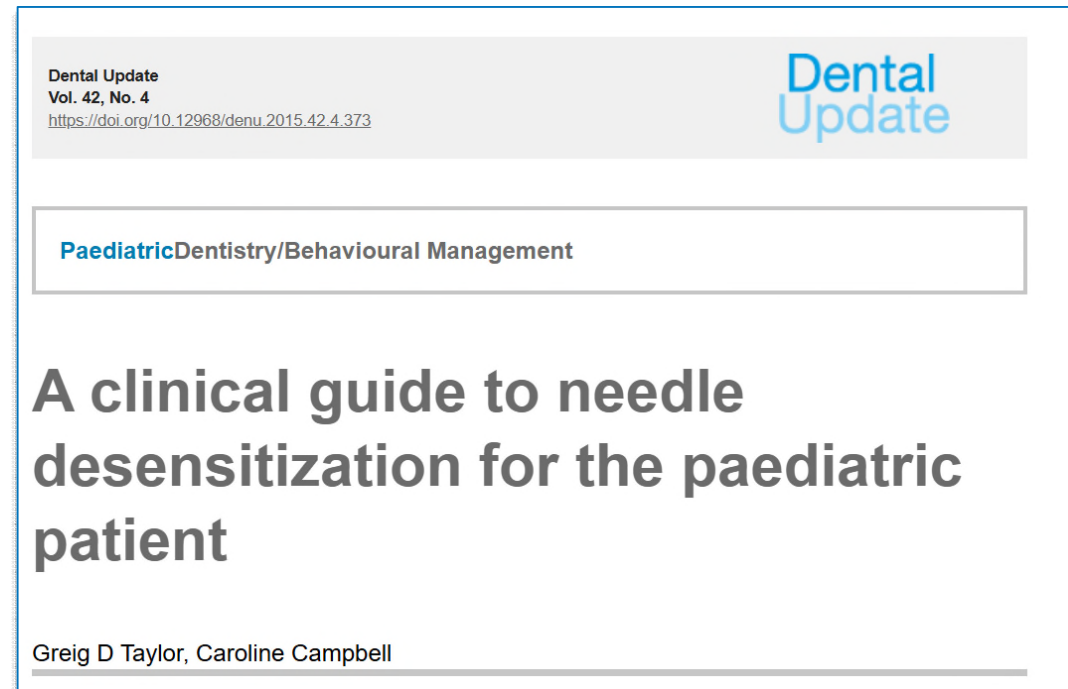


Behaviour management techniques

Systematic Desensitisation

Needle phobic patient!!!

Takes time and investment...



Behaviour management techniques

Systematic Desensitisation

Case Example

12 yr old boy

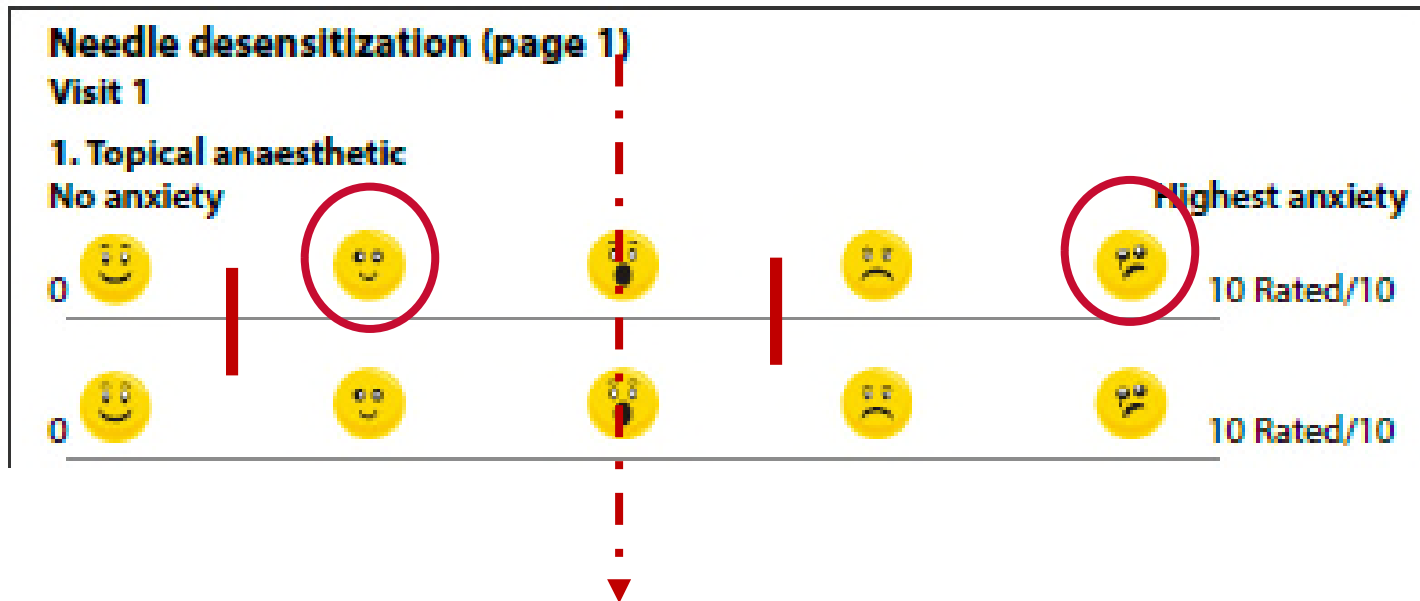
Required dental extraction of all four FPM teeth (poor long term prognosis) for orthodontic purposes

Needle phobic

Behaviour management techniques

Systematic Desensitisation

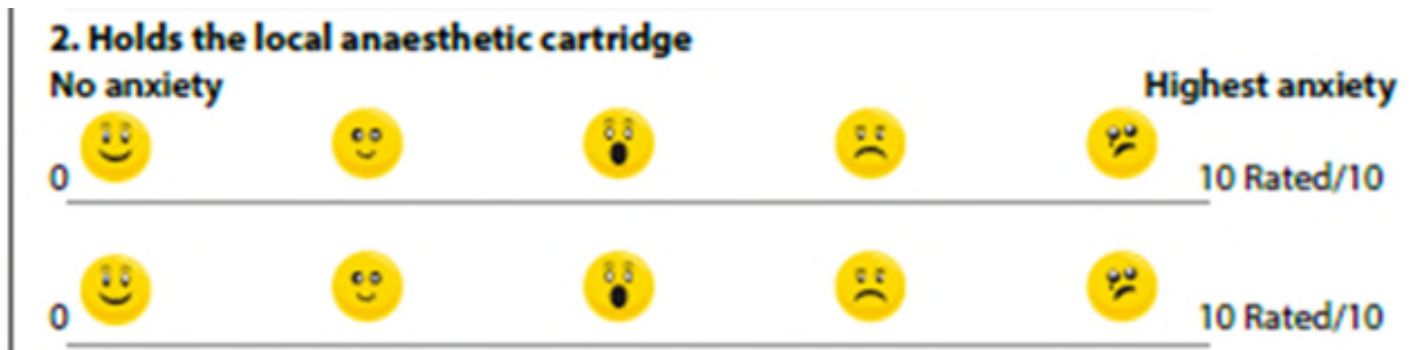
Stage 1



Behaviour management techniques

Systematic Desensitisation

Stage 2



Behaviour management techniques

Systematic Desensitisation


Stage 3

3. Shown and holds the syringe

No anxiety

Highest anxiety

0      10 Rated/10

0      10 Rated/10



Behaviour management techniques

Systematic Desensitisation

Stage 4

4. Seeing the assembled LA components and needle (page 2)

Demonstrate the needle effectiveness (by passing it through a taught dental glove)

No anxiety

Highest anxiety

0      10 Rated/10

0      10 Rated/10



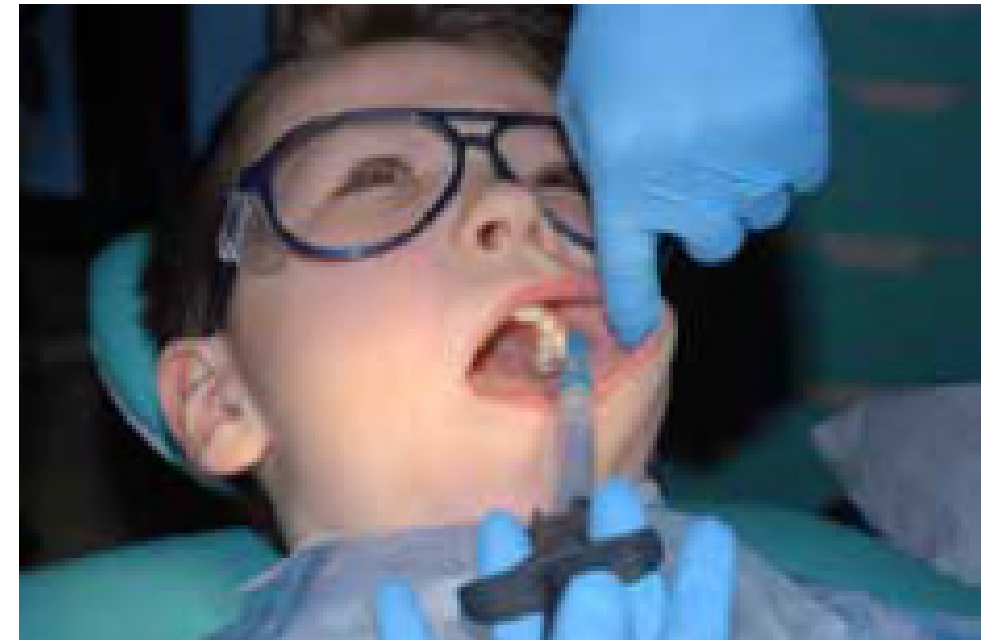
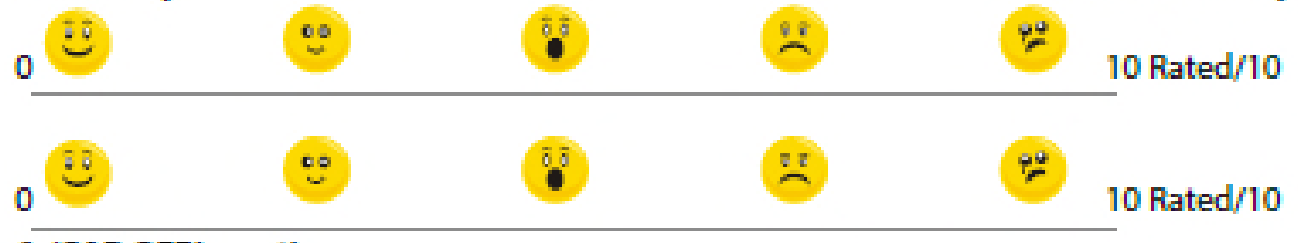
Behaviour management techniques

Systematic Desensitisation

Stage 5

5. 'CAP ON' practise (page 3)

No anxiety



Behaviour management techniques

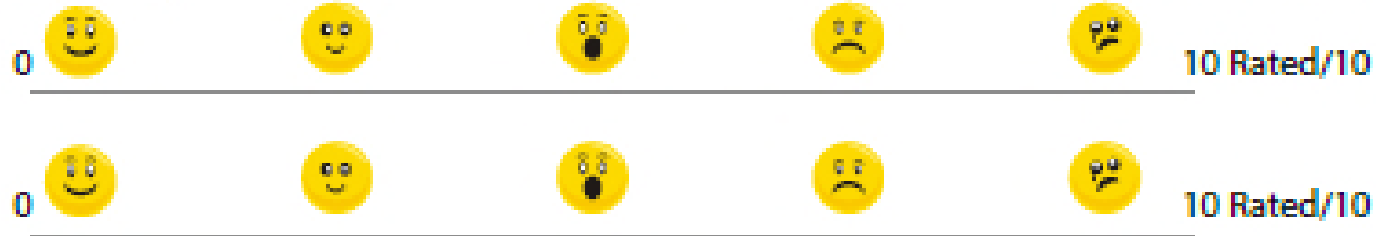
Systematic Desensitisation

Stage 6

6. 'CAP OFF' practise

No anxiety

Highest anxiety



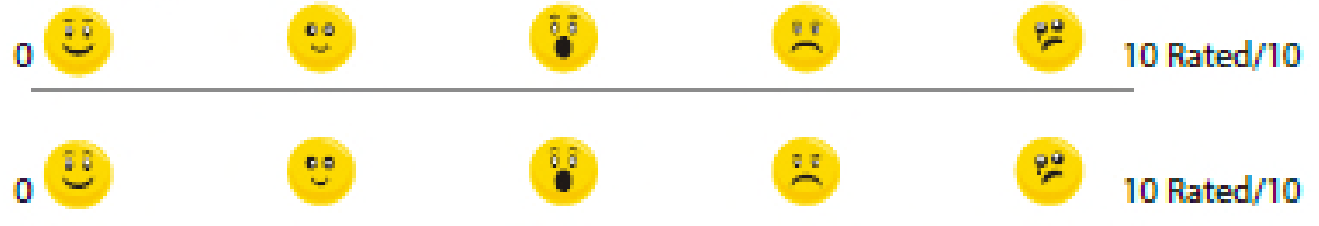
Behaviour management techniques

Systematic Desensitisation

Stage 7

7. Local anaesthetic delivered

No anxiety



Highest anxiety



Behaviour management techniques

Systematic Desensitisation

Start with maxillary tooth for this technique

Time!! (previous patient took 14x 15 min visits)

Get the child to circle the VAS scale, NOT the parents!

Aim to complete in 2-3 visits

Get to Stage 4 (visit 1)

Get to Stage 6 (visit 2)

Deliver LA and provide treatment (visit 3)

Final top 10 tips

1. *Build rapport early.*
2. *Use age-appropriate*
3. *Create a child-friendly environment.*
4. *Use “tell-show-do.”*
5. *Reinforce positive behaviour.*
6. *Recognise individual anxiety triggers.*
7. *Avoid rushing.*
8. *Use distraction.*
9. *Don’t underestimate the parent’s role.*
10. *Be patient – progress over perfection*

Resources

Anthonappa RP, Ashley PF, Bonetti DL, Lombardo G, Riley P.

Non-pharmacological interventions for managing dental anxiety in children.
Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD012676.
DOI: 10.1002/14651858.CD012676.

C Campbell , F Soldani , A Busuttil-Naudi and B Chadwick. Update of Non-pharmacological behaviour management guideline. BSPD Policy Statement. (2011)

<https://www.bspd.co.uk/Portals/0/Public/Files/Guidelines/Non-pharmacological%20behaviour%20management%20.pdf>

Thanks for listening

greig.taylor@newcastle.ac.uk



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