

The Anxious Patient

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NHS England Guidance

<https://www.england.nhs.uk/long-read/clinical-guide-for-dental-anxiety-management/>

Classification: Official

Publication reference: PR1483

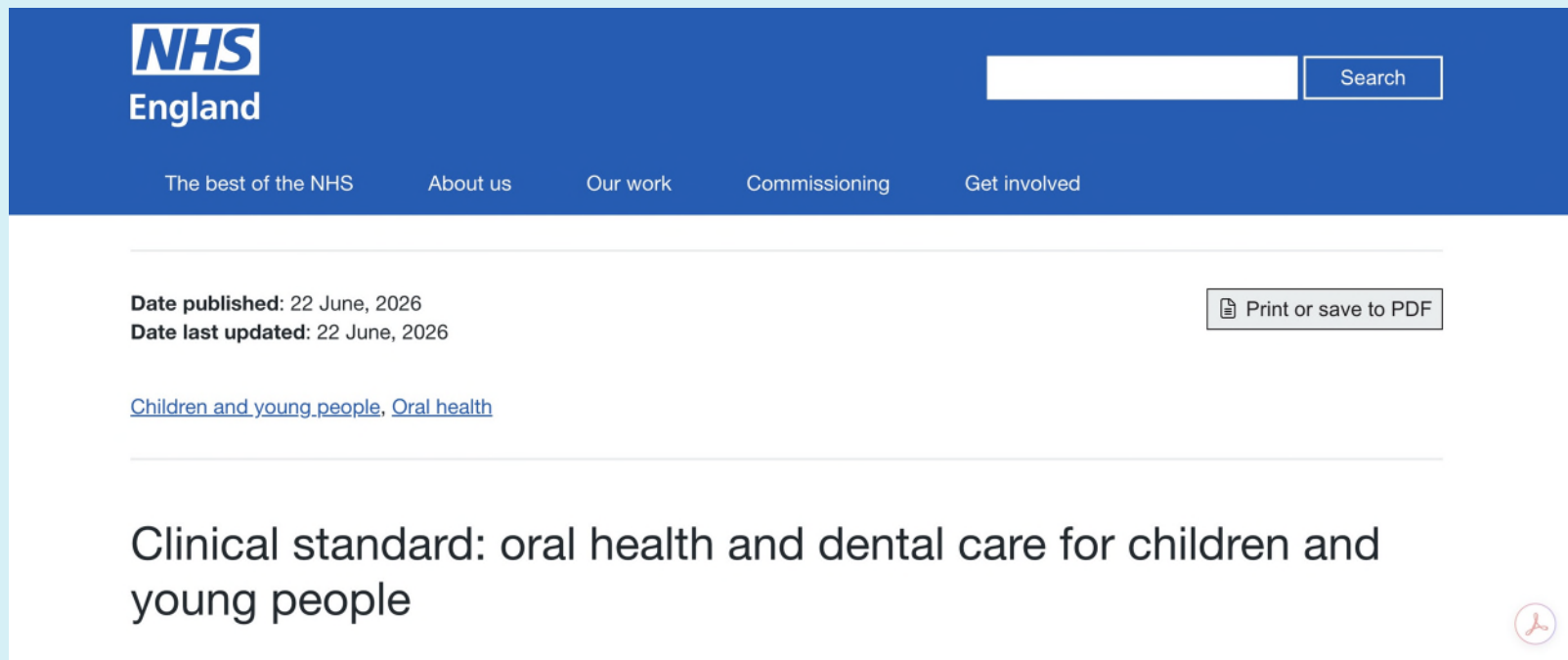


Clinical Guide for Dental Anxiety Management

Version 1, 12 December 2022

NHS England Guidance for Children

<https://www.england.nhs.uk/long-read/clinical-standard-oral-health-dental-care-children-young-people/>



The screenshot shows the NHS England website header with the NHS logo and the text "England". To the right is a search bar with a "Search" button. Below the header is a navigation bar with links: "The best of the NHS", "About us", "Our work", "Commissioning", and "Get involved".

Below the navigation bar, the page content includes:

- Date published:** 22 June, 2026
- Date last updated:** 22 June, 2026
- A button labeled "Print or save to PDF" with a document icon.
- A breadcrumb link: [Children and young people](#), [Oral health](#)
- The main title: "Clinical standard: oral health and dental care for children and young people"
- A small red circular icon with a white document symbol in the bottom right corner.

Overview

Assessment	Assessment of trait anxiety. Assessment of state anxiety triggers. Determination of urgency of dental treatment need Determination of the health status of the patient (ASA status)					
Level of anxiety	LOW	MODERATE	HIGH			Low / Moderate
Dental treatment need	With or without Urgent treatment need	With or without Urgent treatment need	Urgent treatment need	Non-urgent treatment need	Non-urgent/urgent treatment need	Non-urgent / urgent treatment need
Level of invasiveness	Low or Moderate	Low	All levels	All Levels	Co-morbidities*	High
Additional co-morbidities						
PLANNING	Feedback on Assessment Planning of dental care, and anxiety management approaches					
DURING TREATMENT	Low level behavioural management techniques	(as low +) Letter to dentist Treatment staging Longer appointments	Conscious Sedation / General anaesthesia CBT – to support access to above	CBT	CBT <u>and/or</u> input with specialist (i.e. IAPT, CAMHS, CMHT) or in-house psychological professional	Conscious Sedation / General anaesthesia CBT – to support access to above
AFTER TREATMENT (long-term planning)	Retrospective control (memory reconstruction) Feedback positive coping	As 'low'	CBT Planned transfer to primary care	Planned transfer to primary care	Planned transfer to primary care or secondary care specialist	Planned transfer to primary care or secondary care specialist
*co-morbidities refer to physical and/or mental health co-morbidities that are impacting receipt of dental care						
Practitioner Tier						

Assess your patients' anxiety levels

General feelings about dentistry

- Modified Dental Anxiety Scale (Humphris et al 1993)
- Modified Child Dental Anxiety Scale (Wong et al 1998)

Triggers

- Surgery
- Injections
- Drills
- Scaling / polishing

Anxiety at a point in time

Rating from 1 to 10 (higher scores indicate more anxiety)

Anything higher than 5, intervene

Modified Dental Anxiety Scale



Please tell us how anxious you get, if at all, with your dental visit. Each item is about different aspects of visiting a dentist. The scale ranges from Not anxious (1) to Extremely anxious (5). For each item we would like you to circle the number that represents the how anxious you get. The more anxious you feel, then the higher the number you circle.

	Not anxious	Slightly anxious	Fairly anxious	Very anxious	Extremely anxious
1. If you went to your Dentist for treatment tomorrow , how would you feel?	1	2	3	4	5
2. If you were sitting in the waiting room (waiting for treatment), how would you feel?	1	2	3	4	5
3. If you were about to have a tooth drilled , how would you feel?	1	2	3	4	5
4. If you were about to have your teeth scaled and polished , how would you feel?	1	2	3	4	5
5. If you were about to have a local anaesthetic injection in your gum, above an upper back tooth, how would you feel?	1	2	3	4	5



Assessing anxiety reduces anxiety



Contents lists available at ScienceDirect

Patient Education and Counseling

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Advance care planning

The importance of acknowledgement of emotions in routine patient psychological assessment: The example of the dental setting

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ARTICLE INFO

Keywords:
Dental anxiety
Interaction
Self-report measure
Dentist
Patient
Communication

ABSTRACT

Objective: To investigate, by means of a conceptual model, the effect of dental staff engaging with their patients who share their level of dental anxiety in a short screening questionnaire. **Methods:** Three consecutive studies based in the UK primary dental care services were conducted. Each study adopted a randomised group design to focus on the possible influence on patient state anxiety of the dentist becoming aware of their patients' dental anxiety from the self-reports of the Modified Dental Anxiety Scale (MDAS). **Results:** A consistent finding in the first two studies was that the presentation of MDAS score sheet to the dentist was effective in reducing patient state anxiety when leaving the surgery. The third study provided supportive evidence that a more permanent anxiolytic effect of the presentation of the MDAS to the dentist was associated with the dentist responding openly to their patient about the fears expressed. **Conclusion:** The active engagement of dental staff in the formal presentation of dental anxiety screening confers a reliable benefit to dentally anxious patients. **Clinical implications:** Anxiety assessments in clinical service may give patients significant relief when staff acknowledge and engage patients when presented with their self-reported ratings.

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Behavioural Assessment

+ / - / ?

Walking into the dental surgery
Making an appointment
Entering the room
Sitting in the chair
Sitting back in the chair
Light shining on mouth
Tolerating things in your mouth
Examination
X-rays
Local Anaesthesia
Scaling
Polishing
Drilling
Filling
Extraction

Low and moderate level interventions

- Provide feedback from assessment (Hull & Humphris 2012)

Attention shifting

- Enhancing sense of control
 - Stop signal
 - Allowing choices

Preparatory information

- Sensory expectations
- Coping mechanisms

Agreeing a plan with the patient

Distraction/Attention shifting

- Thinking about something else
 - Some (dated) evidence that distraction is effective particularly with children if
 - Sound rather than vision dependent
 - Contingent on behaviour
 - Cognitive distraction (e.g. try and think of X, Y, Z) OK for adults but only if they understand it is likely to reduce anxiety
- Performing task (eg moving feet)
- Listening to music (Hui-Ling Lai *et al* 2008)

Tell Show Do

- Tell: explanation of instruments and procedure
- Show: demo procedure up until use of instrument with inanimate object?
- Do: follows immediately after the show phase

Enhancing patient's sense of control

- Patient control / stop signals reduce anxiety even if person does not end up using the signal
- Offering choices

Modelling

- Based on the idea that we learn appropriate behaviours by observing others
- Used extensively with children
- Best if the model is live (rather than filmed) similar to patient in age, gender, anxiety status (mild) and if they enter and exit without adverse consequences and are rewarded for appropriate behaviour

Retrospective control and coping feedback (Pickrell et al 2007)



Agreeing a plan with the patient

Structured approaches to discussing with the patient a plan for the coping strategies that would be helpful for them. Includes reflection post-treatment on what went well and what could be changed



Part 3: My Emergency Dental Kit

f. Summary: Your dental care agreement

They are your teeth and you have choice and control

The earlier part of the Emergency Kit aims to provide you with key information and responses that improve how you feel and provide a sense of control. This last part of the kit helps you negotiate and agree a written plan with your dentist.

1. **Information:** Ask your dentist to describe what assessment or treatment is needed, what will happen, and why it's needed. Ask any questions you want.

2. **Say:** Clearly and assertively what you need. For example, let them know what strategies in this section you will use.

3. Finally, **write it down.**

Use the structure of the agreement that follows to summarise how you both agree to work together.

Our Agreement



You are anxious about receiving dental treatment. We both commit to working together to help you get the dental treatment you need.

Your Chosen Short-term solutions

If I feel anxious I will ...

If I feel angry - I will ...

If I want to leave I will ...

I would *prefer/not prefer* you to talk me through what is happening during the treatment

My Stop Sign is ...

Please note: the following are things I am scared of/reminded of that makes dental care difficult:

I agree to the following Dental treatment:

Examination to include:

Pain killers/analgesia to include:

If any treatments need to change please explain why and what it entails ☐

We agree there will be no surprises.

We agree that no treatment will be forced on me without my consent

Signed (You)

Signed (Your dentist)

**Next, turn the
page and rate
how you feel**

Living life to the full - dental

<https://littf.com/home/dental-anxiety/>