

Perspective

Importance of Early Diagnosis of Mental Disorders, Anxiety and Dental Fear, to Improve Management in The Dental Office

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Mental disorders, such as anxiety disorder, adaptive disorder and mixed anxiety-depression disorder, are a conditioning factor to be taken into account. Even more so if the patient wants to go to the dental office, since it would not be surprising that this type of patient suffers from dental anxiety and fear. This could be a trigger for their worsening during the dental visit and therefore, in their oral health and quality of life. This clinical situation can worsen depending on the type of dental therapy needed. It can evolve into more chronic forms such as dental phobia [1].

Therefore, dental anxiety and dental fear can in themselves be a psychological disorder, there being, according to many authors, a relationship between dental anxiety and dental fear and general anxiety as well as in the general psychological state [2].

We should also take into account those patients who are free of mental disorder and suffer from dental anxiety and/or fear, obtaining a lighter prognosis before dental procedures, but with special consideration for patients who do not suffer from these symptoms [3].

Given that the patient's dental anxiety can manifest itself both physiologically and psychosomatically, where the psychosomatic symptoms can deteriorate both their psychological and social status and work status [4,5], together with frequent negative thoughts about themselves, very resistant to being suppressed from their ego structure [6], threatening thoughts about their dental treatment [7] and negative experiences from the past that are related to a high degree of fear or anxiety associated with dentistry [3,8]. In conjunction with a series of socio-demographic factors (age, gender, race, marital status, level of education, socio-economic level, place of residence and type of employment, among others) that can negatively influence their level of response to dental treatment.

For this reason, we should emphasize the early diagnosis of these pathologies [9,10] and, hence:

1. Recognition of the absence or presence of associated mental disorders through clinical evaluation and completion of scales by the patient that will help to control his or her syndrome.

2. The identification of the absence or presence of dental anxiety and/or dental fear through clinical diagnosis and completion of scales by the patient.

By recognizing and classifying the patient with the absence or presence of a mental disorder and/or dental anxiety or dental fear, a series of guidelines can be proposed for its correct management in the dental clinic so that treatment is not avoided or deferred, and the individual would enjoy a better quality of life and good oral health [11,12].

Therefore, and because the human mind is still the great unknown, I call for prevention and adequate oral health education programs to promote not only among children, but also among adults and more, in these types of situations mentioned, with clinicians specialized in the subject. Observing whether these pathologies are present or absent, socio-demographic factors and the patient's behavior in the dental clinic. In addition to control appointments where the response to the treatment is evaluated, as well as their improvement in the management of the dental cabinet.

For me, it is extremely important to diagnose patients with some type of mental disorder and therefore, patients who have dental anxiety and/or dental fear. Because diagnosing in time, we will give patients better weapons to combat their mental disorder, dental anxiety and / or dental fear, regardless of their social environment and / or associated socio-demographic factors. Thus contributing to promote better oral health and therefore improve the quality of life.

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