

Dental anxiety and dental phobia in children – Information for parents



There is very limited information on the numbers of children that have a specific anxiety or phobia of the dentist. It is generally thought that dental anxiety and dental phobia start in childhood and persist throughout life, although this is not always the case.

Does my child have a dental phobia or dental anxiety?

It is important to remember that fear is a perfectly healthy emotion. It is a human survival instinct. If the fear is out of proportion to the danger posed then your child may have dental anxiety or phobia. This needs to be addressed to enable successful dental treatment. Understanding the nature and cause of your child's dental phobia is the first vital part of the puzzle.

Causes of dental anxiety in children:

Hearing unpleasant stories or negative explanation of dental treatment

Copying people with dental anxiety

Family history of dental anxiety

Direct personal experience of dentistry (a negative experience, particularly repeated attempts of treatment that fails due to pain or dentist inexperience)

Moving to a different dentist after an unpleasant experience

Personality traits/ individual susceptibility to anxiety

Beliefs regarding health professionals

Parent's perception of child experiencing pain (asking "is that hurting" – when it may not be)

Previous General anaesthetic for dental treatment (this is treatment carried out at hospital)

A specific phobia to treatment commonly carried out at a dentist (needle phobia, gagging, invasion of personal space)

Signs and Symptoms of dental anxiety/phobia - What you may see in your child's behaviour and how they might feel:

- Shortness of breath
- Headaches
- Stomach pain
- Frequent toileting
- Sweating
- Avoidance/ refusal to attend a dentist
- Increased heart rate
- Sleep disturbance
- Inability or refusal to open their mouth
- Feeling on edge
- Gagging
- Feeling sick
- Dry mouth
- Trembling/tremor
- Fainting

How can I help my child?

Support your child by trying to put yourself in their shoes and try not to question or doubt their feelings.

Try **talking** to your child and asking how they think you might be able to help. They may be able to help **pinpoint the cause** or causes of the phobia/anxiety.

Explain to them that the **dentist is here to help** them.

Take your child to the dentist. **Do not avoid treatment** as this will only increase their anxiety and possibly make treatment more complicated in the future.

Encourage your child to accept dental treatment.

Talk about dentistry in a **positive light** and do not focus on any previous negative experience.



Try not to talk or discuss your own personal negative experiences or fears of the dentist.

Whilst at the dentist encourage your child to take **long slow consistent breathes**.

Be aware of language you are using in the dental surgery do not use the terms pain, hurt, injection.

Try not to say things like “if you don’t have the injection then they will have to take your teeth out at the hospital”. This will not only reinforce a fear but may also create a new one of a procedure they may have to undergo in the future.

Show your child that you feel safe and happy at the dentist. Parents or a sibling could **model behaviour** by having an examination in the dental chair.

Distract your child. Whilst at the dentist you can help take your child’s mind off the procedure by talking to them about something else. You could bring headphones with music or tech which can display videos.

If your child is over 12 years of age you can **refer your child to [Young Devon](#)**. Young Devon is a charity that works with young people to help them thrive. They can offer counselling and they give “straight forward support for problems that young people might be facing”

Speak to your child’s school nurse or GP – they may be able to offer support

Prevention is better than cure – Even if your child has tooth decay you can stop any more holes from forming and slow down the decay in other teeth by following preventative advice. Please see our [oral health](#) page on our website.

If you are still unsure of how to help or feel you are unable to help your child then **ask your dentist** they will direct you.



What might your dentist do to help?

Acclimatisation – if your child seems to be anxious about dentistry as a whole then your dentist may recommend short frequent visits. The aim is to make each visit positive and build on the experience by exposing your child to different aspects of treatment at each appointment. The end result is to complete treatment in the dental chair. This is normally a long process but well worth the effort.



Desensitisation – If your child has a specific fear or phobia then frequent appointments might be arranged to gradually expose your child to the specific phobia in a relaxed environment (i.e. exposure to a needle)

Positive reinforcement – The use of stickers or encouragement like “well done” “excellent” can go a long way to achieving treatment especially in younger children.

Show, tell, and do – As the title suggests the dentist can show/demonstrate to your child the instrument or procedure that needs to be carried out. They will also tell them how it works, where they will be using it, why they need to use it and how it might feel. Once your child has had enough time to process the information they will be given the opportunity to “do” what they have been shown. This may happen at the same appointment or at another appointment.

Distraction – Your dentist may try and distract your child by talking to them, counting or even sometimes singing. For some children the use of music or videos may help. The dentist might suggest you bring some with you.

Stop signals – During treatment your dentist may ask your child to raise their hand if they want to stop treatment. This way they feel in control.

Watchful waiting – If your child needs dental treatment but at present can only accept simple examination, as long as your child is having no pain, the dentist may choose to see your child for regular dental examination only and monitor the disease.

Fluoride - If appropriate, your dentist may choose to apply a fluoride varnish to the teeth whilst your child is in the dental chair. They might also prescribe high fluoride toothpaste for your child to use at home. Fluoride treatment can help to prevent tooth decay and possibly stop active decay from getting any worse.

Trying treatment with a different clinician – Sometimes your dentist may just simply suggest trying a different dentist within the same practice. Your child may respond more positively to a different dentist.

Referral to [CAMHS](#) – your dentist may choose to refer your child to CAHMS (child and adolescent mental health service). However they will not accept a referral for children who “have a normal reaction to life events” and there is an expectation that some level of support has also been tried such as counselling or support from school etc.

[Sedation](#) – If after trying different techniques your child is still not able to accept treatment then [sedation](#) may be an option. Please see our [sedation](#) section on our website for more information.

[General anaesthetic](#) – For some children and for certain dental procedures a trip to the hospital may be required. The dental treatment can then be carried out under [general anaesthetic](#) whilst your child is asleep. Please see our [general anaesthetics](#) section for more information.

Useful links

[Kooth](#) – your online mental wellbeing community

[Samaritans](#) – here to listen