Dental Anxiety in Adults with Autism Spectrum Disorder (ASD)

Marie Croker*

Department of Oral Pathology and Microbiology, College of Healthcare Sciences, James Cook University, Douglas, Australia

Received: 26-Oct-2022, Manuscript No. OHDM-22-19111; **Editor assigned:** 28-Oct-2022, Pre QC No. OHDM-22-19111 (PQ); **Reviewed:** 11-Nov-2022, QC No. OHDM-22-19111; **Revised:** 18-Nov-2022, Manuscript No. OHDM-22-19111 (R); **Published:** 28-Nov-2022, DOI: 10.35248/2247-2452.22.21.1028.

Description

Dental anxiety is the fear, worry, or tension related to a dental environment. Fear of the dentist might cause people to put off or forego dental care. Dental anxiety can be brought on by things like drills, needles, or the dental office environment in general. Dental phobia is a term used to describe extreme cases of dental anxiety that result in irrational dread and avoidance of visiting the dentist. Dental anxiety may be more likely to develop in people with some mental health problems, such as generalised anxiety disorder, Post-traumatic Stress Disorder (PTSD), or history of head and neck trauma. Anxiety disorders may also be more likely to develop in people who simultaneously have other illnesses, including depression, bipolar disorder, or schizophrenia.

Sweating, palpitations, a racing heartbeat (tachycardia), low blood pressure, the potential to pass out (syncope), visible distress, sobbing or other panic-related symptoms, withdrawal, or the use of humour or aggression to mask anxiety are all possible symptoms of dental anxiety. Some anxious individuals may regularly skip or avoid dental appointments and may find it challenging to receive dental treatment, whether it is straightforward or involved. Dental anxiety can be brought on by a traumatic dental or other healthcare experience, prior head and neck injuries, other traumatic experiences such as abuse, generalised anxiety, depression, or post-traumatic stress disorder, the belief that the mouth is a private space and that accessing the mouth violates one's privacy, the fear of losing control, trust issues, or anxiety linked to other conditions like agoraphobia (fear of situations where one is forced to leave one's home or familiar environment).

20% of adults have dental anxiety, which is defined as a fear that something terrible will happen during dental treatment and is associated with a sense of losing control. The neurological illness known as Autism Spectrum Disorder (ASD) is thought to start in the early years of childhood. Persistent difficulties in social contact and communication, as well as constrained, recurrent patterns of behaviour, interests, or occupations, and atypical sensory preferences or sensitivities, are characteristics of this condition. ASD sufferers frequently describe having strange reactions to sensory inputs. More than half the children with ASD reported having an overactive sense of hearing and an underactive sense of pain. Those with more severe autistic traits were more severely impacted by sensory abnormalities than those with less severe autistic symptoms. Behavior issues in the dental office are similarly correlated with sensory sensitivities in children with ASD. There have been no studies on the behaviour and experiences of adults with ASD with dental care.

The most popular test for assessing dental anxiety is the Dental Anxiety Scale (DAS), which is completed by the patient. The scale's main emphasis is on the likelihood of receiving dental care. The DAS consists of four multiple-choice questions that ask about a person's emotions toward and expectations of visiting and receiving dental care from a dentist (anticipation; waiting in a waiting room; waiting for the drill; waiting for the scraping). The total score for each question ranges between 4 and 20, with the five response options ranging from 1 (no anxiety) to 5 (severe anxiety). There have been reports of average DAS scores of 8 to 9 for regular (nonfearful) patients and 13 for fearful dental patients. In Swedish studies on patients with dental anxiety, the CDAS has demonstrated good validity. Given that both hyper- and hyposensitivity are common in ASD, it is possible that the patients in the ASD group experienced more pain due to abnormal perception or other sensory sensitivities. The pain could have been exacerbated by the apparent increased stress level. Dental worry affects the perception of pain as well since it reinforces it. High pain sensitivity and dental anxiety patients anticipate and feel more discomfort during dental procedures. On the other side, unpleasant dental treatment experiences raise the possibility of future dental anxiety.

Conclusion

To accommodate the demands of nervous patients, dentists employ a range of procedures. Optimizing controllability and predictability for the patient by giving them precise explanations and information about what will happen and what kind of experiences they may anticipate is one of the most effective ways to reduce dental anxiety. This is crucial because ASD involves sensory oversensitivity and communication impairment. In conclusion, people with ASD exhibit greater dental anxiety and stress various aspects of dental anxiety compared to typically developing adults. They also reported more painful dental experiences and frequently felt forced to undergo dental therapy for which they were unprepared. Dental care and communication support strategies for patients with ASD must be developed to reduce negative dental experiences and dental anxiety in people with ASD.

Corresponding author: Marie Croker, Department of Oral Pathology and Microbiology, College of Healthcare Sciences, James Cook University, Douglas, Australia, Email: crokermarie@jcu.edu.au