Parents’ attitude toward behavior management techniques during dental treatment

Yendodu Varshitha¹*, Mahesh Ramakrishnan²

ABSTRACT

Aim: The objective of this study was to evaluate the parental attitude toward different management techniques used while dental treatment among their children. Materials and Methods: A prepiloted questionnaire was prepared and distributed to 100 parents in an urban area of South Indian population. The questionnaire included opinions and attitude of a parent toward the use of behavior management techniques to their child during dental treatment. The participating parent was requested to complete a questionnaire that had information of the parent and the parents’ response to each of the basic military training (BMT) based on an explanation given, and pictures and videotapes segment viewed in advance for each technique before answering each question. Background: To accomplish treatment successfully, dentists use a variety of techniques to manage and modify the shape of undesirable to more appropriate behavior to achieve high-quality comprehensive care, managing uncooperative children is an important part of the pediatric dentistry, and the dentist must occasionally rely on the other BMTs as alternative adjucnts for communicative management.

KEY WORDS: Restraints, behaviour, anaesthesia, treatment, management

INTRODUCTION

The most common problems faced in pediatric dental practice are behavior modulation. Without the child’s cooperation, dental treatment becomes difficult if not impossible.¹ Most of the children can be managed effectively using the techniques outlined in basic behavior guidance. These basic behavior guidance techniques should form the foundation for all of the management activities provided by the dentist. Children, however, occasionally present with behavioral considerations that require more advanced techniques² due to lack of psychological or emotional maturity and/or mental, physical or medical disability, and advanced techniques include stabilization with restraints, sedation, and using general anesthesia. Appropriate use of management techniques can improve the child’s behavior in subsequent visits.³-⁵ The objective of this research is to reduce anxiety and fear in children, gain an understanding of parental attitude and establish better dentist parent communication, parent education, and child care and to accomplish treatment successfully.

RESULTS

Total respondents were 100 parents. Among 100 parents, there were 52% mothers and 48% were fathers as shown in Graph 1.

Regarding parent visiting a pedodontist for their child, only 28% of the population did not visit even once and rest 72% of parent population have taken their child for dental treatment. Demographic picture is given in Graph 2. In terms of experience about 21% population had a bad experience with pedodontist [Graph 3].

Regarding TELL-SHOW-DO technique, 96% of parent population have accepted as top beneficial behavior management technique during dental treatment, and only 4% have unaccepted this technique [Graph 4].

Nearly 55% of parent population have accepted for mild nitrous oxide sedation where the child is conscious and rest 45% of unaccepted this sedation technique [Graph 5]. 32% of population accepted
for general anesthesia and remaining 68% of them disagreed this technique [Graph 6]. 51% of population agreed for parental separation technique to gain the cooperation [Graph 7].

Majority of the population have not accepted for any type of active restraints(63%), 23% of population shown their acceptability toward head holds, 9% toward hand guarding technique, and 5% toward therapeutic holding and out of contrast no one opted for hand over mouth technique [Graph 8].

Regarding passive restraints, 69% of population unaccepted the usage of general anesthesia
of population accepted papoose boards usage, 4% accepted for Pedi-wraps and straps usage, and 12% opted for mouth props [Graph 9].

DISCUSSION

In this study, nearly three-fourth of the population living in the urban area was taken their child to a dentist while remaining one-fourth requires awareness toward the importance of the oral hygiene among their children are needed. This study also confirmed previous findings by the studies done by Murphy et al., Lawrence et al., and Eaton et al. tell-show-do as the most accepted basic military training (BMT) by the parents.[6-11] Parents remarked that tell-show-do would enable the dentist to explain the procedure to the child using a simple language that the child could understand.

In examining the results, oral premedication (sedation) and general anesthesia were ranked toward the lowest in 1984 and 1991. However, acceptability for both pharmacologic methods increased to midrange in 2003. In the present study, nitrous oxide sedation was ranked higher than both active restraint and passive restraint. Some previous studies had regarded sedation as a highly acceptable technique.[9,11]

General anesthesia was disapproved by more than half of the population (68%) which was statistically similar to the disapproval of active (63%) and passive restraints (69%) population. Other study by Muhammad et al. also reported that general anesthesia at least approved technique.[12] More than half of the population accepted for parental separation technique to gain control of the child. A recent study reported parents are more overprotective and less likely to set limits on children’s behavior.[13] As a result, there may be a shift toward more pharmacologic management of behavior.[14] In addition, due to Associated Medical Cost Laws, there is increased coverage of general anesthesia for dental procedures by third-party payers.

The most approved active restraints with 23% population approval are head holds to control the voluntary and involuntary movements of the head, and least approved passive restraints are hand guarding (9%) and therapeutic holds (5%); surprisingly, no one has opted for hand over mouth technique and more than half of the population 63% of parents gave disapproval toward the use of active restraints. In contrast to this study, a study by Marshall et al., active restraints are rated as most acceptable by their respondents.[15]

Nearly three-fourth of the population (69%) were disapproved the use of passive restraints. Out of passive restraints given mouth props, papoose boards
were accepted more compared to mouth props and straps. In other studies, it is reported that of parental acceptance for the use of passive restraint have varied.\[16-18\] Parental acceptance of the stabilization device used with conscious sedation depended on the way it was presented by the dentist; positive explanations. In another study by Patel et al. reported that passive restraints are least acceptable.\[19\]

**CONCLUSION**

A wide range of behavioral management techniques are available in pediatric dentistry which must be used as appropriate for the benefit of each child patient. The physical intervention should always be of minimum usage to accomplish the treatment, which will likely to cause minimal or no psychological distress and never for the convenience of the professional. Any such intervention must follow an important parental policy that is inform before we perform. A debriefing should take place with child and family after the procedure. Finally, no one should undertake any form of intervention without appropriate training. It is important to continuously reevaluate parental acceptance of BMTs to maintain optimal dentist-parent communication.

**REFERENCES**


Source of support: Nil; Conflict of interest: None Declared