**Adults with a severe dental anxiety/dental phobia**

Many patients struggle to cope with dental treatment within the general dental services due to dental anxiety or phobia.

Although sedation allows patients to accept dental treatment it does not help patients deal with their underlying anxiety/phobia for future dental treatment needs. Therefore, we are starting a new innovative service where all adult phobic patients referred into the Adult Special Care Dentistry Service (SCD) will first be referred for CBT with the NHS Hull Talking Therapies team. Once the patient has successfully completed the CBT therapy, they will either be discharged if they then feel they can be treated in general practice or be added to the SCD dental treatment waiting list. The aim is to reduce the patients dental phobia and allow dental treatment without recourse to sedation techniques, ideally in the general practice setting.

In line with national guidance, less invasive techniques will be attempted before progressing on to more invasive procedures. If sedation is necessary, inhalation sedation will be considered and rejected before intravenous sedation is offered, patients must be made aware of this prior to referral. It is therefore essential that the patient is not given any false hope that they are being referred for IV sedation.

Any referrals which are not made on the correct form, sent to the wrong address, or which do not meet the criteria will be returned to the referrer.

**Notes on completion of referral form**

1. Ask the patient the five questions on the Modified Dental Anxiety Scale Questionnaire (overleaf) and add up their score. **Do not** let the patient see the scoring system.
2. Check that the patient meets the following referral criteria:
* The patient is 16 years or over.
* The patient has expressed severe anxiety/phobia about dental treatment.
* The patient’s anxiety/phobia has prevented them from accepting dental treatment.
* The patient has scored 19 or above on the Modified Dental Anxiety Scale.
* You have attempted to provide dental treatment on at least three occasions.
* You can provide evidence of what you have already tried to do to help the patient with their dental anxiety/phobia.
* You can provide evidence of what dental treatment/prevention you have already provided for the patient.
* The patient has agreed to attend any appointments that are made or cancel them as early as possible.
* The patient is ready to have their dental anxiety/phobia addressed.
* The patient understands that they may be managed using a variety of techniques, which may include psychological therapies e.g. cognitive behavioural therapy.
* The patient is willing to be contacted by telephone.
* The referring dentist is willing to see the patient again following discharge from the specialist service.
1. **Ensure that the patient agrees to be referred and understands that they will initially be referred for cognitive behaviour therapy (CBT) prior to being offered dental treatment**
2. Please note that this is not an emergency dental service. If a patient needs IV sedation for a ‘one off unpleasant dental procedure’ e.g. surgical extraction of wisdom teeth or a biopsy but is not usually anxious/phobic about routine dental treatment, please refer them directly to the Oral Surgery Department.

Anxious/ Phobic Adult Dental Patient Supplementary Form

(**Must be accompanied by the Adult Special Care Referral Form)**

**Patient Name:** …………………………………………………………………………… **Date of Birth**: ……………………………………………………………………

|  |  |
| --- | --- |
| **Criteria** | Please tick to confirm criteria met |
| a. Patient’s anxiety/phobia has prevented them from accepting normal dental treatment |  |
| b.Patient scores 19 or above on Modified Dental Anxiety Scale questionnaire |  |
| c. You have tried to treat the patient unsuccessfully on at least 3 occasions |  |

**Modified Dental Anxiety Scale Questionnaire**

Please complete with patient

1. If you went to the Dentist for TREATMENT TOMORROW, how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

2. If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

3. If you were about to have a TOOTH DRILLED, how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

4.If you were about to have your TEETH SCALED AND POLISHED, how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

5.If you were to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

**Referring Clinician – please complete the scoring sheet Total Score ………………………………**

**Please tick the following boxes to confirm that:**

1. The patient is ready to have their dental anxiety/phobia addressed by referral and treatment with cognitive behavioural therapy at NHS Hull Talking Therapies
2. The failure to attend NHS Hull Talking Therapies CBT screening on 2 occasions will result in discharge back to your care
3. On completion of the NHS Hull Talking Therapies CBT programme, the patient may feel able to deal with their dental anxiety/phobia and will be discharged back to their General Dental Practitioner for future treatment under local anaesthesia
4. If there are still unresolved issues and the patient has completed the NHS Hull Talking Therapies CBT screening, their details will be passed back to the Adult SCD Service and they will be added to the dental waiting list

**Patient’s signature** …………………………………………………………………………………………………………………..Date…………………………

**Dentist’s signature** .……………………………………….(Print Name)………………………………......................Date…………………………

**Address**  ……………………………………………………………………………………………………………………………………………………

**Scoring The Modified Dental Anxiety Scale – DO NOT show this to patient**

**Each item is scored as follows:**

**Not Anxious = 1 , Slightly Anxious = 2, Fairly Anxious = 3, Very Anxious = 4, Extremely Anxious = 5**