

ADAMS SCHOOL OF DENTISTRY

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ABSTRACT

BACKGROUND & OBJECTIVES: Dental anxiety is defined as an emotional state of extreme stress or apprehension when exposed to the environment of a dental setting. This condition manifests in childhood and can cause avoidance behaviors into adulthood if left unresolved. This can increase the risk of oral disease, poor oral health, tooth loss, infection, and in severe cases death. To identify a low-risk, non-pharmacological approach for anxiety and pain management in dentistry, a cross-sectional, prospective pilot clinical trial was conducted. The effects of animal assisted therapy (AAT) on pediatric patients were measured by comparing objective measures of anxiety, along with self-reported measures of anxiety, fear and pain, during an invasive dental procedure.

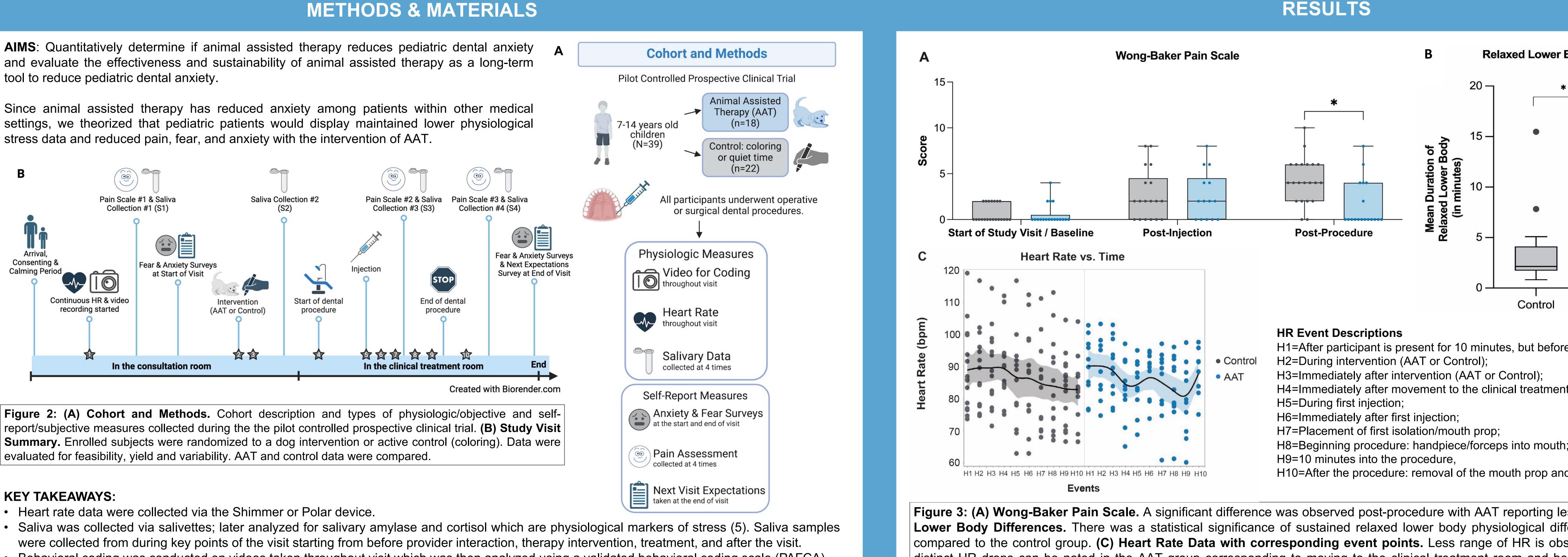
METHODS: Children aged 7-14 years were consecutively enrolled into an AAT (n=18) or a control (n=21) group. Salivary samples, heart rate, and self-reported measures were collected at key points during the clinical encounter, which involved an invasive dental procedure. Descriptive statistics and bivariate tests with a conventional p<0.05 significance criterion were used to compare objective and subjective measures between groups.

RESULTS: There were significantly reduced levels of heart rate (HR) in the AAT group when compared to the controls. However, salivary cortisol and alpha (α)-amylase levels showed no change between any groups. The AAT group reported significantly reduced post-operative pain compared to the controls. There was a statistically significant difference in relaxed lower body differences, with the AAT group having longer relaxed lower body as compared to the control group.

CONCLUSIONS & IMPLICATIONS: Animal assisted therapy may reduce pediatric dental anxiety and its continued use can result in its permanent implementation as an anxiety management tool within dentistry.

tool to reduce pediatric dental anxiety.

stress data and reduced pain, fear, and anxiety with the intervention of AAT.



evaluated for feasibility, yield and variability. AAT and control data were compared.

KEY TAKEAWAYS:

- Heart rate data were collected via the Shimmer or Polar device.
- Behavioral coding was conducted on videos taken throughout visit which was then analyzed using a validated behavioral coding scale (PAFCA).
- The pain, fear, anxiety data was collected through self-reported surveys and assessments.

CONCLUSIONS

- There was a significant reduction in post-operative pain in pediatric patients who were exposed to animal assisted therapy.
- Significant trends in sustained relaxed lower body differences as supported through consistent behavioral video data by PAFCA.
- These measures show promise with animal assisted therapy as a continued tool to reduce pediatric dental anxiety.



The Role of Animal Assisted Therapy in Mediating Pediatric **Dental Anxiety** Noor Dar¹, Nare Ghaltakhchyan^{2,3}, Kasey Linton^{2,3}, Laura Anne Jacox^{2,3}

FUTURE DIRECTIONS & CLINICAL RELEVAL

• A team approach is needed to manage pediatric dental anxiety with the assistance of a therap provider, and animal handler.

 AAT may be an effective adjunctive non-pharmacological anxiety and behavioral managemer patients to reduce avoidance behavior for improved lifelong dental health.

FUTURE DIRECTIONS:

 Continuation of prospective studies on developing animal assisted therapy for a clinical anxiet needed

 Animal assisted therapy can be applied beyond the scope of dentistry into medical settings to and anxiety behaviors

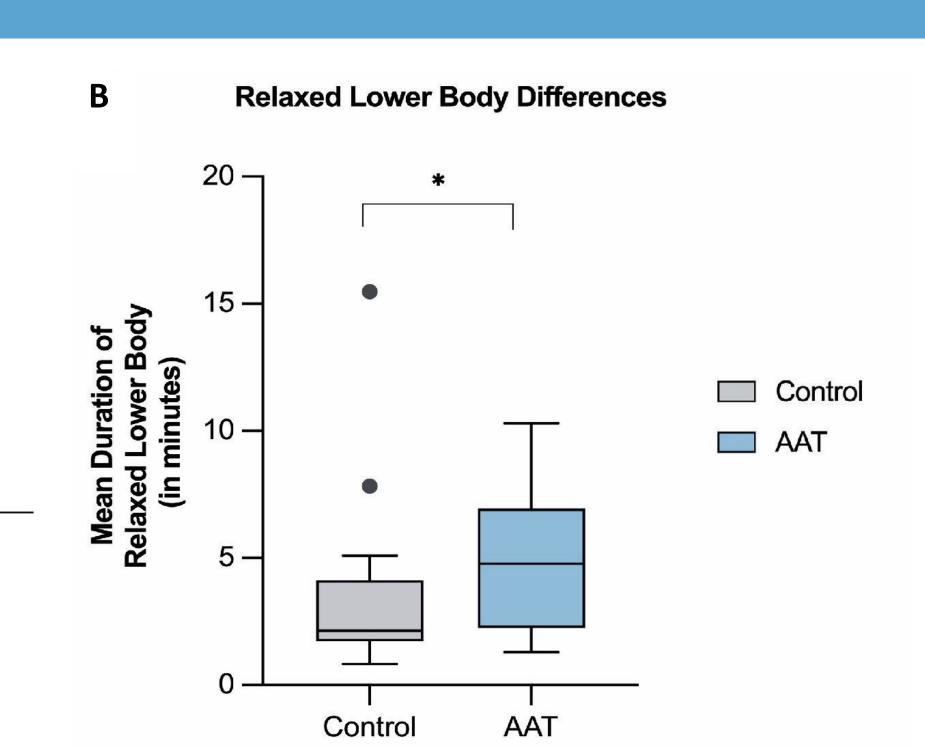
INTRODUCTION

- Dental anxiety is prevalent within 23.9% of the pediatric population of 3-18 years old (1).
- Around 50.9% of adults who displayed avoidant behaviors towards routine oral care and maintenance reported early anxiety onset in childhood due to traumatic dental experiences (2).
- Animal-Assisted Therapy (AAT) is an intervention that utilizes a well-trained therapy animal to achieve treatment goals, such as reducing anxiety (3).
- AAT has been used successfully in a myriad of medical settings, with limited but encouraging data from dentistry. AAT holds promise for anxiety and behavior management, without the risks and costs of sedation.
- A prospective pilot study on AAT was conducted to identify optimal methods for measuring dental anxiety using objective, physiologic measures along with subjective, self-reported scales.

Figure 3: (A) Wong-Baker Pain Scale. A significant difference was observed post-procedure with AAT reporting less pain (p<0.05). (B) Relaxed Lower Body Differences. There was a statistical significance of sustained relaxed lower body physiological differences in the AAT group as compared to the control group. (C) Heart Rate Data with corresponding event points. Less range of HR is observed in the AAT group. Two distinct HR drops can be noted in the AAT group corresponding to moving to the clinical treatment room and beginning the dental procedure, when anticipatory anxiety is often high.

NCE	ACKNOWLEDGEMENTS	REFERENCES
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to aid adults with avoidant	 National Institutes of Dental and Craniofacial Research (NIDCR) NIH through a K08 Award #1K08DE030235 	





H1=After participant is present for 10 minutes, but before intervention;

H3=Immediately after intervention (AAT or Control);

H4=Immediately after movement to the clinical treatment room;

H10=After the procedure: removal of the mouth prop and patient is seated at end of visit.