

Dental fear in children may be related to previous pain experience during dental treatment

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Original Article

Versloot J, Veerkamp JS, Hoogstraten J, Martens LC. Children's coping with pain during dental care. *Community Dent Oral Epidemiol* 2004;32(6):456-61.

Level of Evidence

2b

Purpose

The purposes of the study were 3-fold:

1.
To investigate the coping strategies that 11-year-old children use when they are in pain at the dentist and how they judge their effectiveness.
2.
To study the extent to which the level of children's dental fear and their experience with pain at the dentist relates to their ability to cope and their choice of coping strategies.
3.
To analyze the possible differences between subsamples of children with different levels of dental caries, expressed by decayed, missing because of caries, filled, surface (DMFS) index.

CONCLUSIONS

The use and choice of coping strategies seems to be at least partly determined by the level of dental fear and the child's experience with pain.

ABSTRACT ORIGINAL ARTICLE

[Community Dent Oral Epidemiol](#). 2004 Dec;32(6):456-61.

Children's coping with pain during dental care.

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OBJECTIVES:

The purpose of this study was

- (i) to assess the coping strategies of 11-year-old children when dealing with pain at the dentist,
- (ii) to determine the extent to which the level of the children's dental fear and their experience with pain at the dentist are related to their ability to cope and their choice of strategies, and
- (iii) to analyse the possible differences between subsamples concerning dental caries.

METHODS: The coping strategies were investigated using the Dental Cope Questionnaire (n = 597); the level of dental fear was assessed using the Children's Fear Survey Schedule (CFSS-DS); a question is asked whether a child had experienced pain at the dentist in the past and dental caries was assessed using the DMFS index. **RESULTS:** The results show that 11-year olds use a variety of coping strategies. Internal strategies are used most frequently, external coping strategies are used less frequently, and destructive strategies are hardly used. The subjects rate internal and external strategies as effective. Children with pain experience and fearful children use more coping strategies, with fearful children using more internal strategies. Reported pain and anxiety were related to the dental status.

CONCLUSIONS: The use and choice of coping strategies seems to be at least partly determined by the level of dental fear and the child's experience with pain.

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