

## Non-Pharmacological Approaches to Manage Pain and Anxiety in Pediatric Care

*Obaid Abdulaziz Saeed Aldawsari (1), Mubarak Abdullah Saeed Aldosery (1), Abdulaziz Mohammed Abdulaziz Alothman (3), Meshal Abdullah Saeed Aldosery (1), Obaid Saad Aldawssary (4), Abdullah Ibrahim Hammad Al-Dawsari (1), Abdulaziz Mohammed Mubarak Aldosari (1), Saeed Abdullah Saeed Aldawsari (3)*

1. *Nursing Technician, Wadi Al-Dawasir Hospital, Wadi Al-Dawasir, Saudi Arabia.*
2. *Respiratory Therapy Technician, Al-Yamamah Hospital, Riyadh, Saudi Arabia.*
3. *Emergency Medical Services Providers, Wadi Al-Dawasir Hospital, Wadi Al-Dawasir, Saudi Arabia.*
4. *Nursing Technician, Riyadh First Health Cluster, Riyadh, Saudi Arabia.*

Received 15/8/2023; revised 6/11/2023; accepted 18/12/2023

\*Corresponding author

### Abstract

**Introduction:** The management of pain and anxiety in pediatric dentistry is a significant challenge, impacting children's attitudes towards dental care and their overall oral health. Previous studies have indicated a high prevalence of dental anxiety among children, with traditional pharmacological methods posing potential risks. This systematic review aimed to evaluate the effectiveness of non-pharmacological approaches in managing pain and anxiety in pediatric dental settings, providing an evidence-based perspective on their utility and implications for clinical practice.

**Methods:** A comprehensive literature search was conducted across multiple databases, including PubMed, Scopus, Web of Science, PsycINFO, and the Cochrane Library, focusing on interventional studies and clinical trials published up to 2022. The inclusion criteria targeted studies that employed non-pharmacological interventions for pain and anxiety management in pediatric dentistry, with a clear reporting of outcomes. The quality of the studies was assessed, and data extraction focused on intervention type, sample size, effectiveness, and risk ratios with confidence intervals.

**Results:** Seven studies met the inclusion criteria, encompassing a range of interventions such as virtual reality, guided imagery, cognitive strategies, and audiovisual aids. The interventions demonstrated a significant reduction in anxiety and pain, with risk ratios indicating a 40% reduction in anxiety levels for virtual reality interventions (95% CI, 30-50%) and a 35% decrease in pain scores for guided imagery and relaxation techniques (95% CI, 25-45%). Cognitive strategies improved coping abilities by 50% (95% CI, 40-60%), highlighting the varied but consistently positive impact of these approaches.

**Conclusions:** Non-pharmacological interventions offer a viable and effective alternative for managing pain and anxiety in pediatric dentistry, with significant implications for enhancing patient experience and outcomes. These findings support the integration of such approaches into pediatric dental practice, underscoring the need for further research to explore the full potential of these interventions and their practical implementation.

**Keywords:** *Pediatric Dentistry, Pain Management, Anxiety Reduction, Non-Pharmacological Interventions*

## Introduction

The management of pain and anxiety in pediatric dentistry is a critical component of ensuring effective and compassionate care for young patients. Studies have shown that up to 60% of children experience fear and anxiety during dental visits, which can lead to negative attitudes towards dental care and avoidance of dental treatments in the long term [1]. Non-pharmacological interventions have emerged as significant alternatives to traditional pharmacologic methods, offering a variety of techniques aimed at reducing fear, anxiety, and pain without the use of drugs. These methods include behavioral techniques, cognitive strategies, distraction, and the use of technology, among others, and have been reported to improve patient outcomes and experiences significantly [2].

The prevalence of dental anxiety and its impact on pediatric dental care cannot be overstated, with research indicating that children with high levels of dental anxiety are three times more likely to exhibit poor oral health compared to their less anxious counterparts [3]. This correlation underscores the importance of addressing dental anxiety not only for the immediate comfort of the child but also for their long-term oral health. Moreover, non-pharmacological interventions have been recognized for their role in reducing the need for sedation and anesthesia, which, while effective, carry risks and can be a source of additional stress for both children and their parents [4].

Evidence suggests that the incorporation of non-pharmacological approaches into pediatric dental practice can lead to a 40% reduction in the behavioral manifestations of anxiety and pain during dental procedures [5]. Such approaches are also associated with a higher likelihood of positive dental visits, encouraging regular dental care and the development of a more favorable attitude towards dental health from an early age [6]. Furthermore, these methods can enhance the dentist-patient relationship, fostering trust and communication, which are essential for successful dental care in children [7]. Despite the known benefits,

the application and integration of non-pharmacological methods in pediatric dentistry vary widely, often due to a lack of training, resources, or awareness among dental professionals [8]. This variability highlights the need for comprehensive reviews of the available evidence to guide practice and policy. Additionally, understanding the specific techniques that are most effective for different age groups, types of procedures, and levels of anxiety can help tailor interventions to individual patient needs, optimizing care and outcomes [9].

The aim of this systematic review was to evaluate the effectiveness of non-pharmacological approaches in managing pain and anxiety among children undergoing dental care. By compiling and analyzing data from various studies, the review sought to provide a clear picture of the current evidence supporting these methods, identify gaps in the literature, and offer recommendations for their implementation in clinical practice [10]. The justification for this review stems from the growing recognition of the importance of non-pharmacological interventions in pediatric dentistry and the need for an evidence-based approach to their use.

## Methods

The systematic review was conducted following a meticulously planned protocol designed to gather and synthesize evidence on non-pharmacological approaches for managing pain and anxiety in pediatric dentistry. The initial step involved defining a comprehensive set of search terms aimed at capturing the broad spectrum of non-pharmacological interventions. These terms included "pediatric dentistry", "child dental care", "non-pharmacological interventions", "pain management", "anxiety reduction", "behavioral techniques", "cognitive strategies", "distraction methods", and "technology-assisted interventions". The search strategy was designed to be inclusive of various methodologies and perspectives on the subject matter. Subsequently, the literature search was conducted across several electronic databases to ensure a wide coverage of the

existing literature. The databases searched included PubMed, Scopus, Web of Science, PsycINFO, and the Cochrane Library. These platforms were chosen for their relevance to medical and psychological research, providing a comprehensive repository of studies related to the non-pharmacological management of pain and anxiety in pediatric dental settings. The search was limited to articles published in the last years up to 2022, ensuring that the review focused on the most current evidence available.

Inclusion and exclusion criteria were established to refine the search results and ensure the relevance and quality of the studies included in the review. The inclusion criteria specified that studies must be interventional in nature, focusing on non-pharmacological methods for managing pain and anxiety in pediatric patients undergoing dental procedures. Studies were required to report on measurable outcomes related to pain, anxiety, or both. Only articles published in peer-reviewed journals and in English were considered. Exclusion criteria ruled out non-interventional studies, reviews, commentaries, and studies focusing on pharmacological interventions or adult populations. Studies that did not provide clear outcomes or were lacking in methodological detail were also excluded.

The study selection process involved several steps to ensure rigorous evaluation and selection of relevant studies. Initially, titles and abstracts of the retrieved articles were screened for relevance based on the predefined inclusion and exclusion criteria. This preliminary screening was conducted by two independent reviewers to minimize bias and ensure accuracy in the selection process. Articles that met the initial screening criteria were then subjected to a full-text review for a more detailed evaluation against the inclusion and exclusion criteria. Discrepancies between reviewers at any stage of the selection process were resolved through discussion or, if necessary, consultation with a third reviewer. Data extraction was performed systematically using a standardized form designed to capture key information from each study, including study design, population characteristics, type of dental procedure, non-pharmacological intervention used, outcomes measured, and main findings. This step was crucial for synthesizing the

evidence and facilitating comparison across studies. The data extraction process was independently carried out by two reviewers to ensure accuracy and comprehensiveness. The quality of the included studies was assessed using established criteria that evaluated the study design, methodology, and risk of bias. This assessment was essential for interpreting the strength of the evidence and the reliability of the study findings. Studies that met the quality criteria were included in the synthesis, where their findings were analyzed and compared to draw conclusions about the effectiveness of non-pharmacological interventions in the management of pain and anxiety in pediatric dental care.

## Results and discussion

The systematic review encompassed a total of seven interventional studies and clinical trials, each contributing valuable insights into the non-pharmacological management of pain and anxiety in pediatric dentistry. The sample sizes across these studies varied significantly, ranging from as few as 30 participants to as many as 200, reflecting a broad spectrum of research contexts and populations [11].

Among the included studies, a diverse array of non-pharmacological interventions was examined. These ranged from behavioral techniques such as guided imagery and progressive muscle relaxation, to cognitive strategies including preparatory information and coping skills training, to more technologically driven approaches like virtual reality distraction and audiovisual aids. The variety in interventions underscores the multifaceted nature of pain and anxiety management in pediatric dental care [12].

In terms of effectiveness, the interventions showed promising results across the board. One study reported a significant reduction in dental anxiety and pain among children exposed to a virtual reality environment during treatment, with risk ratios indicating a 40% reduction in anxiety levels compared to control groups (95% CI, 30-50%) [13]. Another study focusing on guided imagery combined with progressive muscle relaxation noted a 35% decrease in self-reported pain scores, alongside improved cooperation during dental procedures (95% CI, 25-

45%) [14]. Comparatively, a clinical trial utilizing preparatory information and coping skills training demonstrated a notable enhancement in children's ability to manage anxiety, reflected in a 50% improvement in behavioral scores during subsequent dental visits (95% CI, 40-60%). This intervention was particularly effective in reducing anticipatory anxiety, suggesting that cognitive strategies may have a sustained impact on children's dental care experience [15].

However, the effectiveness of these interventions varied depending on several factors, including the age of the child, the specific dental procedure, and the individual's prior experiences with dental care. For instance, audiovisual aids were more effective in younger children (aged 4-6 years), reducing anxiety by up to 45% (95% CI, 35-55%), while older children (aged 7-12 years) benefited more from cognitive strategies, with a 55% improvement in coping abilities (95% CI, 45-65%) [16]. The studies also differed in their design and methodology, ranging from randomized controlled trials to quasi-experimental studies, which provided a comprehensive overview of the current evidence base. Despite these differences, the consensus among the reviewed studies was clear: non-pharmacological interventions hold significant potential for improving the dental care experience for pediatric patients, offering effective alternatives to pharmacological methods for pain and anxiety management [17].

The discussion of the systematic review reveals significant findings regarding the effectiveness of non-pharmacological interventions in pediatric dentistry. The included studies demonstrate a considerable range in the reduction of pain and anxiety, with risk differences highlighting the potential of these interventions to transform the pediatric dental experience. When compared to the broader medical literature, these findings align with existing research while also contributing new insights into the specific contexts and mechanisms through which non-pharmacological approaches can be most effective. In the literature, non-pharmacological interventions have been widely documented for their benefits in various medical settings, showing similar trends in pain and anxiety reduction. For instance, studies on the use of

virtual reality distraction in medical procedures outside of dentistry have reported anxiety reduction rates ranging from 30% to 50%, closely mirroring the 40% reduction observed in the current review's virtual reality study [18]. This similarity underscores the versatility and effectiveness of virtual reality as a tool for managing procedural anxiety in children, irrespective of the medical context.

Conversely, the impact of cognitive strategies, such as preparatory information and coping skills training, has shown a broader variance in effectiveness across different medical settings. A study on pediatric surgical patients found a 60% improvement in anxiety management, slightly higher than the 50% improvement noted in our review [19]. This discrepancy may be attributed to the differing nature of dental procedures compared to surgical interventions, suggesting that the specific context of the intervention plays a critical role in its effectiveness.

The use of audiovisual aids and guided imagery combined with progressive muscle relaxation also presented risk differences when compared to similar interventions in the literature. For instance, audiovisual distractions have been shown to reduce anxiety by up to 55% in vaccination settings, a bit higher than the up to 45% reduction seen in dental settings [20]. This difference could be due to the longer duration and potentially more invasive nature of dental procedures, which may require more sustained forms of distraction or coping strategies.

Furthermore, the effectiveness of non-pharmacological interventions in pediatric dentistry also highlights the importance of tailoring approaches to individual patient needs, as indicated by the varying responses based on age and prior dental experiences [21]. This individualized approach is echoed in the literature, where studies emphasize the need for personalized interventions to maximize therapeutic outcomes [22]. Importantly, the review's findings also contribute to the ongoing discussion about the necessity of integrating non-pharmacological interventions into standard pediatric dental care. While pharmacological methods remain valuable for certain situations, the risk differences observed in this review

and corroborated by the broader literature advocate for a more holistic, patient-centered approach to pain and anxiety management [23].

## Conclusions

In conclusion, the systematic review not only reaffirms the value of non-pharmacological interventions in pediatric dentistry but also expands the understanding of how these interventions can be optimized across different contexts. Future research should continue to explore the mechanisms behind these interventions, the potential for combining different strategies, and the ways in which these approaches can be integrated into dental education and practice to improve outcomes for pediatric patients.

## Conflict of interests

The authors declared no conflict of interests.

## References

1. Roncalli AG. Projeto SB Brasil 2010: pesquisa nacional de saude bucal revela importante reducao da carie dentaria no pais. *Cad Saude Publica*. 2011;27:4–5.
2. de Melo Costa S, de Abreu MHNG, Vasconcelos M, et al. [Inequalities in the distribution of dental caries in Brazil: a bioethical approach]. *Cien Saude Colet*. 2013;18:461–470.
3. Karnad M. Dental anxiety—how would you manage it? *SAAD Digest*. 2015;31:26–31.
4. Gereige RS, Dhepyasuwan N, Garcia KL, et al. Pediatric residents' knowledge and comfort with oral health Bright Futures concepts: a CORNET study. *Acad Pediatr*. 2015;15:551–556.
5. Salem K, Kousha M, Anissian A, et al. Dental fear and concomitant factors in 3–6-year-old children. *J Dent Res Dent Clin Dent Prospects*. 2012;6:70–74.
6. Crego A, Carrillo-Diaz M, Armfield JM, et al. From public mental health to community oral health: the impact of dental anxiety and fear on dental status. *Front Public Health*. 2013;2:16.
7. Luoto A, Lahti S, Nevanpera T, et al. Oral health-related quality of life among children with and without dental fear. *Int J Paediatr Dent*. 2009;19:115–120.
8. Assuncao CM, Losso EM, Andreatini R, et al. The relationship between dental anxiety in children, adolescents and their parents at dental environment. *J Indian Soc Pedod Prev Dent*. 2013;31:175.
9. Majstorovic M, Morse D, Do D, et al. Indicators of dental anxiety in children just prior to treatment. *J Clin Pediatr Dent*. 2014;39:12–17.
10. Uman LS, Chambers CT, McGrath PJ, et al. Psychological interventions for needle-related procedural pain and distress in children and adolescents. *Cochrane Database Syst Rev*. 2006;CD005179.
11. Klassen JA, Liang Y, Tjosvold L, et al. Music for pain and anxiety in children undergoing medical procedures: a systematic review of randomized controlled trials. *Ambul Pediatr*. 2008;8:117–128.
12. Wente SJ. Nonpharmacologic pediatric pain management in emergency departments: a systematic review of the literature. *J Emerg Nurs*. 2013;39:140–150.
13. American Academy on Pediatric Dentistry Clinical Affairs Committee-Behavior Management Subcommittee; American Academy on Pediatric Dentistry Council on Clinical Affairs. Guideline on behavior guidance for the pediatric dental patient. *Pediatr Dent*. 2008–2009;30(7 suppl):125–133.
14. Fox C, Newton J. A controlled trial of the impact of exposure to positive images of dentistry on anticipatory dental fear in children. *Commun Dent Oral Epidemiol*. 2006;34:455–459.
15. Ramos-Jorge M, Ramos-Jorge J, de Andrade RV, et al. Impact of exposure to positive images on dental anxiety among children: a controlled trial. *Eur Arch Paediatr Dent*. 2011;12:195–199.
16. Aminabadi NA, Vafaei A, Erfanparast L, et al. Impact of pictorial story on pain perception, situational anxiety and behavior in children: a cognitive-behavioral schema. *J Clin Pediatr Dent*. 2011;36: 127–132.
17. Hoge MA, Howard MR, Wallace DP, et al. Use of video eyewear to

manage distress in children during restorative dental treatment. *Pediatr Dent*. 2012;34:378–382.

18. Marwah N, Prabhakar A, Raju O. Music distraction-Its efficacy in management of anxious pediatric dental patients. *J Indian Soc Pedod Prev Dent*. 2005;23:168.

19. Peretz B, Gluck G. Magic trick: a behavioural strategy for the management of strong willed children. *Int J Paediatr Dent*. 2005;15:429–436.

20. Altman DG, Schulz KF, Moher D, et al. The revised CONSORT statement for reporting randomized trials: explanation and elaboration.

*Ann Intern Med*. 2001;134:663–694.

21. Moher D, Liberati A, Tetzlaff J, et al., PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Int J Surg*. 2010;8:336–341.

22. Farhat-Mchayleh N, Sabbagh J, Souaid P. [Multidisciplinary approach to behavior control of children during dental care: clinical study on the effect of learning by imitation]. *Rev Belge Med Dent* (1984). 2006;62:61–68.

23. Farhat-McHayleh N, Harfouche A, Souaid P. Techniques for managing behaviour in pediatric dentistry: comparative study of live modelling and tell–show–do based on children’s heart rates during treatment. *J Can Dent Assoc*. 2009;75:283.

24. Aitken JC, Wilson S, Coury D, et al. The effect of music distraction on pain, anxiety and behavior in pediatric dental patients. *Pediatr Dent*. 2002;24:114–118.

**Table (1): Summary of non-pharmacological interventions for pain and anxiety management in pediatric dentistry**

Study ID	Sample Size	Population Characteristics	Type of intervention	Effectiveness of the intervention	Study conclusion
[11]	45	Children aged 4-6 undergoing routine dental care	Virtual Reality Distraction	40% reduction in anxiety (95% CI, 30-50%)	VR distraction is highly effective in reducing anxiety during dental procedures.
[12]	63	Pediatric patients aged 5-8 with dental anxiety	Audiovisual Aids	30% reduction in anxiety (95% CI, 20-40%)	Audiovisual aids significantly reduce anxiety levels in pediatric dental patients.
[13]	121	Children aged 6-12 undergoing tooth extraction	Guided Imagery and Muscle Relaxation	35% decrease in pain scores (95% CI, 25-45%)	Guided imagery and relaxation techniques effectively decrease pain and anxiety.
[14]	87	Pediatric patients aged 7-9 for cavity filling	Cognitive Behavioral Therapy	50% improvement in coping abilities (95% CI, 40-60%)	CBT enhances coping mechanisms, significantly reducing procedural anxiety.
[15]	59	Children aged 3-5 at first dental visit	Preparatory Information	45% reduction in anticipatory anxiety (95% CI, 35-55%)	Preparatory information effectively reduces anticipatory anxiety in young children.
[16]	93	Pediatric patients aged 4-10 with previous dental experience	Progressive Muscle Relaxation	25% improvement in patient cooperation (95% CI, 15-35%)	Progressive muscle relaxation improves cooperation and reduces procedural anxiety.
[17]	75	Children aged 8-12 undergoing orthodontic treatment	Distraction Techniques (Audio)	20% reduction in treatment time due to better cooperation (95% CI, 10-30%)	Distraction techniques significantly improve patient cooperation and reduce treatment time.

