



Don't be Afraid of me, I'm Just a Dentist!!

Hamed Mortazavi and Samaneh Khanehmasjedi*

Department of Oral Medicine, School of Dentistry, Shahid Beheshti University of Medical Sciences, Tehran, Iran

* Corresponding author

Samaneh Khanehmasjedi, DDS

Department of Oral Medicine, School of Dentistry, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Tel: +98 9169225100

Email: masjedi.samaneh@yahoo.com

Received: 27 Jul 2025

Accepted: 27 Sept 2025

Citation to this article

Mortazavi H, Khanehmasjedi S. Don't be Afraid of me, I'm Just a Dentist!! *J Iran Med Council.* 2026;9(4):1024-26.

Dear editor

Fear, while evolutionarily beneficial, becomes detrimental when disproportionate to actual threats. Dental phobia, recognized by WHO as a disease, affects global oral health with dental fear prevalence at 36% and extreme cases at 12%. Dental anxiety is more common among youth and females, with childhood prevalence reaching 25%. Contributing factors include past negative experiences, family modeling, loss of control, pain, and specific dental stimuli. This leads to treatment avoidance in 39% of moderate-to-high fear patients, potentially causing broader health consequences including obesity and cardiovascular disease. Treatment approaches include cognitive behavioral therapy, relaxation techniques, hypnotherapy, desensitization, and in severe cases, sedation or general anesthesia.

Fear is an adaptive and evolutionarily beneficial emotion that has historically enabled human survival in the face of threats. However, when fear becomes disproportionate to the actual threat or significantly impairs daily functioning, it can transition from being protective to pathological (1). Dental Phobia (DP), formally recognized by the World Health Organization (WHO) as a diagnosable disorder (2), exemplifies this shift and presents a widespread public health challenge due to its detrimental effects on oral health (3,4).

Global studies estimate that approximately 36% of individuals experience Dental Fear (DF), with 12% reporting extreme levels (5). Dental Anxiety (DA), a related but distinct condition, is more prevalent among younger individuals and females (6). A recent systematic review found that nearly one-quarter of children and adolescents suffer from DA, with prevalence estimates in Iranian youth ranging from 13 to 30% (7). Among adults, significant DA affects roughly 15% of the population, while approximately 1% meet the criteria for DP (8). Elevated DF in adults has been linked to lower quality of life, poorer oral health, reduced socioeconomic status, and avoidance of dental care (3,4,6). Alarming, it is estimated that one in ten adults delay or entirely avoid dental visits due to severe DA or phobia (7). The consequences of DA can extend beyond oral health, impacting daily functioning, sleep, and occupational or academic performance (6,8).

The etiology of DP is multifactorial. Common contributors include negative past dental experiences (classical conditioning), as well as indirect learning through the modeling of fearful behaviors by family members or peers (7). For some, fear is directed at the dentist or staff; for others, it stems from anxiety about specific procedures, sensations (e.g., pain), or the dental environment itself. Evidence indicates that

children with prior painful dental experiences are nearly five times less likely to return to a dental office (9). Furthermore, approximately 40% of parents contribute to the development of their children's dental fear by communicating their own negative experiences (10). Children's DF, especially under the age of nine, has been shown to closely mirror that of their parents (3). One study found that 56% of individuals with childhood-onset DA had a family history of similar anxiety (5).

Both direct and indirect experiences can provoke DF, with major triggers including perceived loss of control and pain during dental treatment. Patients who report experiencing both are nearly 16 times less likely to return to the same dentist and over 13 times more likely to develop extreme fear of dental care. Additional anxiety-inducing stimuli include the appearance and sound of dental instruments (e.g., anesthesia syringes, drills), the sight of blood, and the distinctive smells or tastes associated with dental materials (2,6,9).

Avoidance is a prominent behavioral consequence of DF, with 39% of individuals reporting moderate to high fear levels postponing or evading treatment, often resorting to pharmacological interventions as an alternative (2,5). Beyond oral health, studies have identified associations between DA and broader health conditions, including obesity and cardiovascular disease (8). Given these implications, addressing DP is of critical importance.

A variety of interventions have been proposed to mitigate DA. These include cognitive-behavioral therapy, relaxation techniques, hypnotherapy, systematic desensitization, and observational modeling (3). Routine dental visits particularly when exceeding three appointments have also been associated with reductions in anxiety levels (6). For individuals with treatment-resistant DA or severe phobia, deep sedation or general anesthesia may be considered as a last resort (2).

References

1. Klingberg G, Broberg AG. Dental fear/anxiety and dental behaviour management problems in children and adolescents: a review of prevalence and concomitant psychological factors. *Int J Paediatr Dent* 2007 Nov;17(6):391–406.
2. De Stefano R. Psychological Factors in Dental Patient Care: Odontophobia. *Med Kaunas Lith* 2019 Oct 8;55(10):678.

3. Carter AE, Carter G, Boschen M, AlShwaimi E, George R. Pathways of fear and anxiety in dentistry: A review. *World J Clin Cases* 2014 Nov 16;2(11):642–53.
4. Lin CS, Wu SY, Yi CA. Association between Anxiety and Pain in Dental Treatment: A Systematic Review and Meta-analysis. *J Dent Res* 2017 Feb;96(2):153–62.
5. Beaton L, Freeman R, Humphris G. Why Are People Afraid of the Dentist? Observations and Explanations. *Med Princ Pract* 2014 Jul;23(4):295–301.
6. Jeddy N, Nithya S, Radhika T, Jeddy N. Dental anxiety and influencing factors: A cross-sectional questionnaire-based survey. *Indian J Dent Res* 2018;29(1):10–5.
7. Gozin F, Tabe Bordbar F, Esmaeili M. Audio–visual storytelling for reducing dental anxiety in Iranian children: a randomized controlled trial. *Eur Arch Paediatr Dent* 2022;23(6):953–60.
8. Seligman LD, Hovey JD, Chacon K, Ollendick TH. Dental anxiety: An understudied problem in youth. *Clin Psychol Rev* 2017 Jul;55:25–40.
9. Shindova MP, Belcheva AB. Dental fear and anxiety in children: a review of the environmental factors. *Folia Med (Plovdiv)* 2021 Apr 30;63(2):177–82.
10. Wu L, Gao X. Children's dental fear and anxiety: exploring family related factors. *BMC Oral Health* 2018 Jun 4;18(1):100.