



One- vs. five-session treatment of dental phobia: A randomized controlled study

Kristin Haukebo^{a,b,*}, Erik Skaret^b, Lars-Göran Öst^{b,c},
Magne Raadal^b, Einar Berg^b, Håkan Sundberg^d, Gerd Kvale^{a,b}

^aDepartment of Clinical Psychology, Faculty of Psychology, University of Bergen, Bergen, Norway

^bCenter for Odontophobia, Faculty of Odontology, University of Bergen, Bergen, Norway

^cDepartment of Psychology, Stockholm University, Stockholm, Sweden

^dDepartment of Biological and Medical Psychology, Faculty of Psychology, University of Bergen, Bergen, Norway

Received 16 November 2006; received in revised form 31 August 2007; accepted 26 September 2007

Abstract

Forty participants fulfilling the DSM-IV criteria for dental phobia were randomly assigned to a waitlist group, one-session or five-session exposure treatment. Assessment occurred pre-, post-waitlist/treatment, and after 1 year. Mean avoidance of dental care before treatment was 11.4 years. A total of 77% sought dental care in the follow-up year. Both treatments were equally effective at reducing avoidance behavior and changing cognitions during the feared situation. Post-treatment, the five-session group scored lower on the dental anxiety scales, but at follow-up, both groups reported the same level of dental anxiety. *Conclusion:* Both treatment conditions enable a return to ordinary dental treatment.

© 2007 Elsevier Ltd. All rights reserved.

Keywords: One-session treatment; Exposure in vivo; Dental phobia

1. Introduction

Dental phobia (DP) refers to extreme fear of dental treatment and stimuli associated with this procedure. It is classified as a specific phobia of the situational type (DSM-IV;

*Corresponding author. Department of Clinical Psychology, Faculty of Psychology, University of Bergen, Bergen, Norway.

E-mail address: Kristin.Haukebo@psykp.uib.no (K. Haukebo).

APA, 1994; ICD-10; WHO, 1992, 1993) with a prevalence of 3–5% of the general adult population (Kent, 1997). It leads to avoidance of dental treatment (Berggren & Meynert, 1984) with severe consequences for dental health, and is associated with interference in occupational and social functioning (Berggren, 1993).

It is documented that CBT-interventions are effective for DP (Kvale, Berggren, & Milgrom, 2004), but the recommended treatment, consisting of 8–11 sessions is resource-demanding (Kvale et al., 2004). In a series of randomized, clinical studies, Öst has documented that specific phobias like blood (Hellström, Fellenius, & Öst, 1996), injection (Öst, Hellström, & Kåver, 1992), spider (Hellström & Öst, 1995; Öst, Salkovskis, & Hellström, 1991), flying (Öst, Brandberg, & Alm, 1997), and claustrophobia (Öst, Alm, Brandberg, & Breitholtz, 2001) can be treated efficiently in one *continuous* session of 3 hours or less. The treatment effect is maintained at follow-up.

Previously published papers on rapid treatment of DP (e.g. De Jongh et al., 1995; Moses & Hollandsworth, 1985) lack adequate diagnostic-, randomization-, and control procedures, which restrict the possibility of firm conclusions regarding the treatment effect. When comparing the effect of one-session treatment of DP with that of benzodiazepines, Thom, Sartory, and Jöhren (2000) showed that patients in the one-session treatment condition improved significantly more than the benzodiazepine group. The improvement increased by 2-month follow-up.

So far, no studies have been published on one-session treatment of DP as delineated by Öst (1989, 1997). Despite the short duration, it includes all elements of treatment that have been identified in previous research. In contrast to other phobias, dental phobics report painful dental experiences as a main etiological factor (Lundgren, Berggren, & Carlsson, 2004). Thus, to actually perform dental treatment during one session of therapy on a diagnosed sample can be assumed particularly challenging. The aim of the present study was to assess the effect of the one-session treatment as delineated by Öst (1989, 1997) on DP whilst comparing it to a five-session treatment.

2. Method

2.1. Participants

Seventy-one subjects went through an initial telephone screening interview. Most of the patients were self-referred, but some were referred from physicians, dentists, or psychologists. Forty-two patients were scheduled for a 1–1.5 h diagnostic interview with a clinical psychologist. The reasons for not being called into an interview were: avoidance of dental treatment less than 3 years (6), preferred referral to general anesthesia (3), referral to extramural dentist (17), and declined participation for unknown reasons (3).

Inclusion criteria: (1) between 18 and 65 years of age, (2) fulfilled the criteria for specific phobia according to DSM-IV (APA, 1994), (3) had avoided regular dental treatment for a minimum of 3 years, (4) did not present 'gagging' as the primary problem related to dental treatment, (5) did not have any organic diseases such as dementia, amnesic or other cognitive disorders, and (6) did not have any heart or lung diseases, or substance abuse.

Forty patients, 14 males and 26 females, fulfilled the criteria. The mean age was 34.9 (SD = 10.5; range 19–60 years). Years of avoidance of dental treatment ranged from 3 to 30 years, with an average of 11.4 (SD = 6.8) years.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات