NON-PHARMACOLOGICAL BEHAVIOUR MANAGEMENT

a narrative review

Soares AD, Pereira JL, Rosa SM, Xavier MT, Costa AL
Faculty of Medicine, University of Coimbra

Introduction

Behaviour management is essential in paediatric dentistry, basing itself on a set of techniques that improve communication, reduce anxiety and/or eliminate unwanted behaviour. If the child’s behaviour is unstable, it may compromise the effectiveness of the treatments provided and the safety of all stakeholders. Establishing a line of communication - a cornerstone of the dentist-patient relationship - underpins specific behavioural management techniques, such as tell-show-do, voice control, positive reinforcement, distraction and desensitization. Selecting the specific technique(s) must then reflect the individual child’s profile. A child’s behaviour during paediatric dentistry is strongly influenced by age, personality, cognitive and motor development, bad life experiences, attitude and expectations of responsibility involved and the complexity of the treatment to be performed.

Aims

Performing a critical literature review of the different non-pharmacological behaviour management approaches used in pediatric dentistry.

Methods

A search was performed using PubMed/Medline with the keywords “behaviour”, “child”, “basic communication techniques” and “pediatric dentistry” covering the last 10 years of English language publications with an indexed abstract.

Results

The criteria used returned a total of 119 articles, 20 of which were selected following a process of content analysis on the available abstract. Most articles were narrative reviews or clinical studies. An additional 5 articles were added following a process of cross-referencing.

Based on the literature, paediatric patients can be classified according to their behaviour:

- Cooperative:
  - Potentially cooperative
    - Uncontrolled (visible from uncontrolled crying without apparent reason)
    - Tense-cooperative (children who are anxious but normally accept the treatment proposed)
    - Timid (intervened, do not communicate)
    - Challenging or defiant (refuse treatment, want to “take control!”)
    - Passive resistance (avoid visual contact and refuse the treatment)

- Lacking in cooperative ability:
  - Emotionally immature
  - Unlikely to understand the information they receive
  - Children with special needs in the surgery

Verbal and non-verbal communication: Consists of communicating using voice, facial expressions, body language and physical and visual contact.

Tell-show-do: A technique which consists of verbally explaining what will happen, using language appropriate for the level of understanding of the patient (tell), showing the visual, audible, olfactory and tactile aspects of the procedure to be performed (show), followed by performing the procedure (do).

Control: Hands some degree of control over the dentist’s behaviour to the child, making the dentist stop when a signal is given which must be respected immediately.

Positive reinforcement: Uses rewards (social and non-social) for desired behaviours to encourage that they are repeated.

Uncontrolled

- Imitation: The child attends an appointment of another child or the parents (which they can identify with) who show acceptable behaviour.
- Distraction
- Voice control: A controlled change in the volume, tone or rhythm of the voice, designed to influence, direct or change the behaviour of the child.

Tense-cooperative

- Verbal and non-verbal communication
- Tell-show-do
- Distraction: Designed to distract the attention of the child from procedures which are likely to be unpleasant.

Timid

- Distraction
- Positive reinforcement
- Voice control

Challenging or defiant

- Parent presence/absence: The presence or absence of the parent can sometimes be used to gain cooperation in the treatment. This decision is made after evaluating the expectations/wishes of the parents and the needs of the child, focusing on providing the best treatment possible.
- Tell-show-do
- Voice control

Conclusions and clinical implications

Although behaviour management represents a key aspect of pediatric dentistry, there is a need to develop additional studies providing further evidence regarding the level of effectiveness of most clinically recommended techniques. Mastering these techniques leads to effective communication and helps alleviate the fear and anxiety experienced in the surgery. The majority of children can be treated using basic techniques of non-pharmacological behaviour management, while the benefits of using more complex techniques must be weighed against the potential risks.

References