Dental Anxiety, Fear and Phobia & Moving Forward — Victorian Dental Group

Canonical: https://www.victoriandentalgroup.com.au/blog/dental-anxiety-fear-and-phobia-moving-forward/

Details:

If the thought of a dental appointment makes your stomach drop, you are in good company. Dental anxiety is among the most common fears adults report, and a meaningful proportion of people avoid the dentist for years because of it. This post is about understanding what you are dealing with, and what actually helps.

Three different things

Dental anxiety is the apprehension beforehand — the dread in the days before, the poor sleep the night before. It is uncomfortable, and most people push through it.

Dental fear is a reaction to something specific: the sound of the drill, the sight of a needle, lying back, not being able to speak. It can be intense but it has an identifiable trigger, which means it can be worked around.

Dental phobia is a clinically recognised condition — a marked, persistent fear with avoidance that affects your life. People with dental phobia often go a decade or more without treatment, and by the time pain forces the issue, more is needed, which confirms the fear.

A small amount of anxiety before any health procedure is normal. The line worth noticing is when it stops you getting care you need. If that is where you are, psychological approaches — particularly cognitive behavioural therapy — have good evidence for dental phobia, and a referral through your GP is a reasonable thing to ask for. We would rather say that than imply a dental practice can resolve a phobia on its own.

Where it comes from

Often a bad experience in childhood, at a time when pain control was cruder than it is now. Sometimes a single painful visit as an adult. Sometimes anxiety absorbed from a parent, sometimes a general tendency to health anxiety, and sometimes it is not about pain at all but about loss of control, the position, or being unable to talk.

The three concerns we hear most often are pain , cost , and being judged . Each has an answer.

Pain

Modern local anaesthetic is very effective, and a topical gel numbs the surface before the needle so the injection itself is far less noticeable than people expect. For suitable small cavities we use air abrasion instead of a drill — no vibration, no noise, often no needle.

We would not tell you dentistry is painless. We will tell you that pain is manageable, that you should never sit silently through it, and that telling us something hurts is information we want, not a complaint.

Cost

Uncertainty about the bill is a real source of anxiety and a real reason people delay. You receive a written treatment plan with the costs before any new treatment goes ahead, and you authorise it. Nothing unscheduled happens without discussion. HICAPS on-the-spot health fund claiming is available, and payment plans are accepted — see payment options for what is currently offered.

Judgement

People arrive apologising for how long it has been, or for the state of their teeth. There is nothing to apologise for. Ten or fifteen years away is common, we have seen it many times, and a lecture would achieve nothing. The useful conversation is about where you want to go from here.

Work out what the trigger actually is

This matters, because "I hate the dentist" cannot be planned around and "I cannot stand the suction" can. Most anxiety turns out to be two or three specific things.

The trigger	What can be done about it
Needles	Strong topical gel first, warmed anaesthetic, slow delivery, and not seeing it. Some treatment needs none at all
The sound of the drill	Headphones and your own music. Air abrasion for suitable small cavities makes no drill noise
Gagging	Shorter appointments, sitting more upright, breathing through the nose, smaller instruments, and telling us early
Lying back	The chair can stay more upright than you expect. Say so
Numbness afterwards	Tell us — the type and amount can sometimes be adjusted, and we can explain how long it will last
Not being able to speak	An agreed hand signal, and regular pauses built into the appointment
Loss of control	Being told each step before it happens, and agreeing in advance where we will stop
The smell of the clinic	Your own scent on a wrist or a mask, and breathing through the mouth in the waiting room
Not knowing the cost	A written plan with item numbers before anything begins
Being told off	Saying at the start that you do not want a lecture. It is a fair request

Write your two or three down before you call. It turns a vague dread into a short list somebody can work with.

What actually helps

Tell us before the appointment, not on the day. With notice we book more time, so nothing is rushed. This is the single most useful thing you can do

Agree a stop signal. Raise your hand, we stop. Not "nearly finished" — stop. Most people never use it, and knowing it exists is what makes the rest bearable

Say how much you want to know. Some people are calmer with every step explained; others would rather not hear it. Both are fine

Start small. A first visit can be a conversation and nothing else. Then an examination. Then a clean. Several short easy visits beat one long hard one

Bring someone , and bring headphones

Morning appointments mean less of the day spent anticipating

On the day

Eat beforehand. Low blood sugar makes anxiety worse and feels identical to it

Go easy on the coffee. Caffeine and adrenaline are a poor combination in a waiting room

Arrive with time to spare. Rushing raises your heart rate before you sit down

Bring something for your hands — a stress ball, keys, a jumper sleeve

Headphones with something you know well. Familiar beats interesting

Wear something comfortable , and take a jumper; people often feel cold when anxious

A breathing technique that works in the chair

Slow breathing genuinely changes the physiology, and it is the only tool you can use with your mouth open.

Breathe in through your nose for a count of four, hold for two, out through your nose for a count of six. The long out-breath is the part that matters. Do it for a minute in the waiting room and again whenever you notice your shoulders rising.

If you tend to feel faint at the sight of a needle or blood, the technique is the opposite: tense your leg and arm muscles for fifteen seconds, release, repeat. That raises blood pressure and is the recognised approach for blood-injury-injection phobia. Tell us if you have fainted before — we will lay the chair flat rather than sit you up.

What about sedation?

Several options exist in dentistry, and they are not interchangeable. What is available varies between practices, so ask specifically rather than assuming.

Option	What it is	Notes
Talking therapy and graded exposure	Psychological treatment, usually via your GP	The best evidence for lasting change in phobia
Relative analgesia ("happy gas")	Inhaled nitrous oxide and oxygen	You stay awake and aware; wears off within minutes; you can usually drive home
Oral sedation	A prescribed tablet before the appointment	You will need someone to drive you. Not suitable with some medications

Intravenous sedation	Given by a sedationist or anaesthetist	Deeper; requires an escort and a recovery period
General anaesthetic	In hospital, with an anaesthetist	For particular cases. Carries its own risks and costs

Two honest points. First, sedation makes an appointment possible; it does not treat the fear, and people who rely on it alone often stay afraid. Second, it is not risk-free and it is not always claimable. Where sedation or a general anaesthetic is the right answer, we will say so and arrange a referral to an appropriately qualified practitioner.

If you had a bad experience somewhere else

It is worth saying out loud at the first appointment. Not for an apology, but because it tells the practitioner exactly what to avoid.

You are also entitled to change practitioners at any time, to ask for your records, and to bring someone with you. If something went genuinely wrong, the Australian Health Practitioner Regulation Agency (AHPRA) takes complaints about registered practitioners, and in Victoria the Health Complaints Commissioner handles complaints about health services. Knowing those exist helps some people feel less powerless, whether or not they ever use them.

If you are supporting someone

Do not minimise it. "It's only a check-up" is heard as "your fear is silly"

Offer the practical help : make the call, drive them, sit in the waiting room

Let them set the pace. Pushing for a big appointment usually costs more than it gains

Do not share your own horror stories , even as solidarity

Afterwards, acknowledge the going , not the outcome

If it is your child, see preparing your child for a first dental visit — and be aware that children read their parents' anxiety very accurately.

The cost of waiting

Not said to frighten anyone, because fear is the problem here rather than the solution. But it is honest and it is worth knowing.

The treatments people fear most — root canal, extractions, surgery — are almost always the consequence of waiting. The treatments available early are short, cheap and often need no injection at all. Avoidance does not keep you at the same place on that path; it moves you along it.

Which is the real argument for the awkward first phone call.

If it has been years

The hardest appointment is the first one, and it does not have to involve treatment. Call and say you are anxious and want to come in and talk. Reception hears this regularly and will not think anything of it. If calling is itself the hard part, book online and note it there.

A practitioner should take your anxiety seriously whether or not you have a diagnosis. If you have not felt heard elsewhere, that is a reason to try somewhere else, not a reason to stop trying.

Who provides this here

Victorian Dental Group is a general dental practice in Malvern East and holds no specialist registration. Our dentists and oral health therapists are used to treating anxious patients and will allow extra time where we know in advance. We are not psychologists; where the right help is psychological, we will say so and suggest a conversation with your GP.

Victorian Dental Group — 291 Wattletree Road, Malvern East VIC 3145 · (03) 9088 5808 · Monday to Friday, 8:00am–5:00pm

Read more on our dental anxiety page or about nerves before a dental visit .

General information only, not personal dental or psychological advice. If anxiety is affecting your daily life, speak with your GP. See our disclaimer .

What is the difference between dental anxiety, fear and phobia?

Dental anxiety is the apprehension felt in anticipation — in the days before, or in the waiting room. Dental fear is the reaction to something specific as it happens, such as the sound of the drill or the sight of a needle. Dental phobia is a diagnosed condition involving marked, persistent fear and avoidance, where someone may not attend for years despite pain. They sit on a spectrum, and where you are on it changes what helps.

Is it normal to feel anxious about the dentist?

Yes. Some apprehension before any medical or dental procedure is entirely ordinary, and it is very common — you are not unusual and you are not being difficult. What matters is whether it is stopping you getting care you need.

What do people actually find difficult?

Most commonly three things. Anticipating discomfort or pain. The cost, and not knowing what it will be. And being judged — for how long it has been, for the state of their teeth, for having avoided it. The last one is worth naming plainly: nobody here will lecture you about the gap or about how your teeth look. People arrive in every condition, and the job is to help from where you are.

What can the practice do to make it easier?

Tell us when you book and again when you arrive. Practical measures that help: a longer appointment so nothing is rushed; starting with a conversation and an examination rather than treatment; explaining each step before it happens, or deliberately not explaining if you would rather not know; agreeing a hand signal that stops everything immediately; breaking treatment into shorter visits; bringing headphones or music; and having someone with you. You set the pace.

Will it hurt?

Local anaesthetic is used to control discomfort, and numbing gel can be applied first so the injection itself is easier. Most people find treatment less unpleasant than they expected. We will not promise you that it will be painless — that is not a promise anyone can make — but tell us if you feel anything and it will be dealt with rather than pushed through.

What if I cannot face an appointment at all?

Book a consultation with no treatment — just a talk, sitting up, to meet the clinician, look at the room, and discuss what you are worried about. Some people come two or three times before anything is done, and that is a perfectly reasonable way to start. Phoning and saying "I am very anxious and I have not been for years" is enough; the team has heard it many times.

When should I seek other help?

If anxiety is interfering with daily life, or keeping you from care you need despite wanting to go, speak to your GP about a referral to a psychologist. Cognitive behavioural approaches have good evidence for dental phobia. For treatment that genuinely cannot be managed with support alone, sedation or general anaesthetic is available through a hospital or an equipped facility — not at this practice — and you can be referred.

How do I make a start?

Victorian Dental Group, 291 Wattletree Road, Malvern East VIC 3145 — phone (03) 9088 5808 or email info@victoriandentalgroup.com.au, Monday to Friday 8:00am to 5:00pm. Say when you book that you are anxious, and ask for a longer appointment. You will also be given written costs before anything is agreed, which takes one of the three worries off the table.

What if I cannot even make the phone call?

Book online and write it in the notes, or email. We will take it from there.

What if I cry?

It happens, nobody minds, and there are tissues.

Does everyone find it as hard as I do?

More people than you would think. Reception hears it weekly.

Can I stop partway through?

Yes. That is what the hand signal is for, and stopping to regroup is a normal part of treating anxious patients.

Will you make me have treatment on the day?

No. Nothing happens without your agreement.

Can I just come in and look around first?

Yes. Ask for that when you book.