

## Control of Child Behavior in a Dental Environment

**Mohammad Karimi\***

*Department of Pediatrics Dentistry, Sepideh Dental Clinic, Iran*

**\*Corresponding Author:** Mohammad Karimi, Department of Pediatrics Dentistry, Sepideh Dental Clinic, Iran.

**Received:** June 14, 2019; **Published:** July 11, 2019

There are several ways that can be used to control a child's behavior in a dental environment. Creating communication with caring beliefs is the key to maintaining a healthy relationship with each patient.

The American Dental Association, according to a pediatric dentist, has issued guidelines for the clinical control of children and special patients. This publication contains definitions, backgrounds, context, and descriptions of techniques that are commonly used to control the behavior of these patients. This list of methods is not comprehensive but represents the bulk of the knowledge gained from the science and experience that is used in the patient control. It is very likely that newer methods will make changes to the existing method, with the goal of having a pleasant experience with the positive learning.

The behavioral and physiological findings, as the pediatric dentist points out, indicate that the three most anxious or most fearful tasks in dentistry are: injecting local anesthetic, using a rubber dam and starting to prepare a tooth with a high-speed hand piece. The dentist and the staff should be aware of these findings to anticipate and control the disrupted behaviors when carrying out these actions. For example, the dentist's assistant should put her arm slowly and passively on the patient's arm and body while injecting. In fact, in the event of an attack or any violent movement toward the dentist's hand, the patient's hands movements have been restricted.

Natural fears of intense light, loud sounds, the odor of dental materials, dental instruments, sudden movements, and strange environments are easily formed in children and cause most anxiety-related behaviors in the first three years of the life of the child. These stimulants can be found in any dental work.

Nitrous Oxide can be very effective in children with mild-to-moderate anxiety who are able to act guides and also do not have any medical precautions or contraindications for nitrous oxide administration. At a sedative concentration of 35% to 40%, the patient can benefit from the sedative and some analgesic effects, although local anesthetic is required too.

At last, the results of laboratory studies and continuous and prolonged clinical contact, or unnecessary recreational use have shown significant effects. Therefore, the viewpoints and behavior of the dentist with his patients has the greatest effect on the positive behavior in dentistry in these patients.

**Volume 18 Issue 8 August 2019**

**©All rights reserved by Mohammad Karimi.**