Poster Presentation (Paper #217)

The experience of the anxious patient in a student dental clinic

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Dental anxiety and fear have been found to play a central role in the avoidance of dental treatment. The prevalence of high dental fear in Australian adults is approximately 16%, which has implications for appointment cancellations, impaired health outcomes and heightened perceptions of oral pain. The current study examined the self-reported responses of new patients seeking treatment at a student dental clinic. The Modified Dental Anxiety Scale (MDAS) was used to measure anxiety levels prior to and post appointment. Data was also collected on the type of procedure undergone, and on clinical factors which influence the levels of apprehension experienced by patients. Clinical factors included time length of appointment, clinical environment, interpersonal skill and clinical ability of the student, supervisor presence, client participation in the procedure (holding suction). Participants totalled 102, 56 male, 43 female. The majority of patients visited the clinic for non-invasive procedures such as first check-up and intra-oral x-rays, scale and clean, and diagnostic pulp testing. Complex treatments were primarily defined as those that required a local anaesthesia injection. The mean MDAS score from the pre-treatment questionnaire was 1.92 (SD=1.15), in comparison to the post-treatment mean score of 1.23 (SD=0.64). Using repeated measures ANOVA, there was a significant effect for time (pre/post treatment), calculated using Wilks' Lambda=.25, $F(1,100) = 39.28.17$, $p < .0005$, multivariate partial eta squared = .282. Post survey results showed that the "Interpersonal Skills of the Student" and "Clinical ability of the student" were most often cited as making patients less anxious (50% and 40.2% respectively); with the time length of the appointment being cited by 11.8% of patients as making them more anxious. Females had a higher mean score for MDAS than males and reported significantly higher levels of anxiety for the specific treatment of "Scale and Polish". Bivariate regressions indicated that type of treatment received did not predict post MDAS anxiety. The complexity of treatments received by the participants is a limitation to this study, as third year undergraduate students, who are unable to practise the full scope of dental procedures, primarily treated the participants.

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Effect of maternal smoking in pregnancy and childhood on child and adolescent sleep outcomes to 21 years: A birth cohort study

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Introduction: Sleep is related to various aspects of mental, cognitive and physical wellbeing in children and adults (World Health Organization, 2004). There is abundant evidence of the adverse consequences of sleep problems on individuals including attention problems (O'Callaghan et al., 2010), neuropsychological problems (Gregory, 2009), emotional and behavioural problems (Wong et al., 2009), daytime functioning and quality of life (Stepanski, 2002). The effects of maternal smoking during pregnancy have also been studied extensively, with exposed children being at greater risk of a range of adverse outcomes (Ernst et al., 2007), some evident even in adulthood, for example nicotine dependence (O'Callaghan et al., 2009). More recently studies have suggested an association between maternal smoking in pregnancy and sleep problems in children (Beebe et al., 2012). If confirmed and the relationship persisted, this could potentially be an important mechanism contributing to adolescent and young adult sleep problems and their associated morbidity. We examined the effects of maternal smoking in and after pregnancy from birth to 14 years, on later child sleep from 5 to 21 years.
Methods: This was a prospective, community-based birth cohort study involving 7223 women who delivered a live, singleton child in Brisbane, Australia between 1981 and 1983. Women were recruited at the first antenatal visit. There were 2765 participants with complete data seen at 5, 14 and 21 years of age. Offspring sleep problems were reported by mothers at 6 months, 5 and 14 years and by youth at 14 and 21 years. Youth snoring was reported by mothers at 14 years and by youth at 21 years.
Results: After adjustment for confounding, three sleep measures were independently associated with maternal smoking. Maternal smoking was associated with walking/talking in sleep and nightmares at