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Removing the fear of the phenomenon of the efforts of the human mind.

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The results of this researches showed that emotional strain of the patients at a time of visit to the dentist could be dealt with via sedation method. sedation is remedy for dealing with dental phobia and also one of subsidiary ways or prevention of dental diseases, as it causes increase of frequency of visits to dental clinics as a result of fear elimination

Key Words. The fear, The human mind,Midazolam,Sedation.

Introdutstion.The fear characteristic of the human race and made in the evolution of the process of adapting to the environment should contribute to its nature and positive phenomenon. In terms of the negative tone to during and prevents people often meet the set target results,set examples of military operations, global catastrophes,critical conditions and other similar routines. The growing sense of fear prevents, and sometimes makes it impossible for the final result in terms of results.often occurs during the growing sense of fear of the problem is a kind of attempt to quench problems. This research was selected as a model of a person's everyday life, the fear growing , which is accompanied by a dentist visits.es seemingly harmless event, the chance of pain, a lot of bad feeling, a sense of fear among the people most of the moves. As for the feeling of fear from the minds of men midazolame this might have been tested for use in adults, which in recent years has often breeds used in critical care medicine practice for sedation, and for other purposes (Z.Kheladze and others, 2012)

Materials and Methods.There were conducted clinical researches.At the outset of the research work we elaborated individual medical map for assessment of sedation needs of the patients, in which, together with the personal data there is indicated frequency of preventive visits to the dentist per year, reasons for the visits and such hindering factors, as fear of dental manipulations, lack of time and others. To identify psycho-emotional status of the patient there was selected the questionnaire developed by English psychologist Eizenk, which includes 57 questions and results of questioning determine psycho-emotional condition of the patients: 1 Extroversion (light, medium, strong)-psychological types of the category, which, at more or less extent express their emotional condition; 2. neurotic(psychological types of the category, who do not express internal excitement and therefore they look tranquil, though there is indicated some mood suppression. 3 Lie

(psychological types of the category, whose internal condition is dramatically different from the behaviour); 4. combined type.

300 patients were questioned. These patients were divided into three groups-two control groups and one-main group. In each group there were 100 patients. First group (questioning was conducted in Georgia)-the patients were treated without pre-medication and sedation, basically with local anesthesia. In the process of questioning there was recorded the frequency of their visits to the dentist, per one year, also there was determined necessity of the visit and hindering factors, causes and complications of fear. Patients of the second group (questioned in Great Britain) have never undergone sedation and most of them had no information about this method. Those patients, who, according to the results Eizenk test, were neurotic, or suffered with heavy or medium extroversion, received thorough information about methods of sedation and offered to conduct dental treatment applying these methods. Patients of the third group (main group) have been treated in the dental clinic under sedation, they had complete information about the method and most of them came to the clinical to receive treatment under sedation. After questioning the data of all patients were compared and there was determined need of sedation on the basis of their psycho-emotional status, for various types of dental treatment.

At the next stage of the research, taking into consideration psycho-emotional condition of the patients and other characteristics dental treatment under sedation was conducted to 650 patients of age from 16 to 75, among whom 270 were male and 380-female.

For sedation there was used Midazolam.

Most of the studied patients were practically healthy. They were informed that sedation eliminates only tension and fear and it is not general anesthesia and therefore, administration of any other medicine could influence the quality of sedation; they also should not have any food for 6 hours prior to sedation, any alcohol beverages and at a time of treatment they should be accompanied with the responsible person. For sedation with Midazolam correct dosage is of great significance. Determination of dosage depends on age, weight, general physiological status, character and duration of intended treatment. In average the doses are as follows:

- Oral way: 10-40mg. 45 minutes before commencement of treatment;
- Sublingual way: no less than 0,3mg/kg, 15-20 minutes before treatment, to achieve adequate sedation;
- Intravenous sedation: for healthy adults: 0,2-0,3 mg/kg, for the aged persons 1-1,5mg/kg.

-Muscular injection for healthy patients under 60:0,3 mg/kg, 30 minutes before commencement of treatment and for the aged and people, suffering with chronic diseases: 1,5 mg/kg 30 minutes before treatment.

Under sedation following dental manipulations were performed: Endodontics, surgical (Extractions, cystectomy, apex resection), orthopedic (crown and bridge separation).

In the process of dental treatment and during 30-45 minutes after completion of treatment the pulse (by means of pulse oximeter), blood breath frequency and other parameters were under permanent control.

Results and Discussion. At the first stage of researches 300 patients of outpatient dental clinics were divided into 3 groups: 2 control groups and one main group (100 patients in each), whose psychological status was assessed by means of Eizenk test and by means of individual medical maps there was recorded frequency of visits to the dentist, need of these visits and hindering factors, causes of fear and frequency of complications. Comparison of the results of psychological testing in the main and control groups showed that the most part of main group (75%) visit dental clinic 3 or more times per year and 58% of the control group do not visit any dental clinics at all for prevention purposes; as for the patients of the second control group, this indicator is 28%. Such differences in data for the main and control groups, in our opinion, is caused by sedation in the process of treatment, as a result of which even the most emotional patients lose feeling of fear and emotional strain towards dental treatment. The obtained results clearly show that among the patients of the group, who has never undergone sedation, the factor of pain dominates among reasons of visit to the dentist, what amounts to 84% in the first control group and 65%-in the second one. As for the patients from the main group, the pain, as a reason of visit to the dentist is only in 36% of cases. There was also revealed significant difference among the hindering factors (namely fear). In the majority of patient fear is caused by painful dental treatment in the past and in some part-by generally accepted view that dental treatment is painful (Graph 1).

It turned out that among 100 patient, who underwent sedation in dental treatment, fear is a hindering factor only for 15 per cent of the respondents, versus 58 respondents-in the first control group, among patients, who has no information about sedation and 41 patients in the second control group. These data show that these differences are linked with the factor of emotional strain, what could be dealt with by means of sedation method(Graph.2.). After several applications of sedations the patients lose feeling of fear and emotional strain, what decreased total number of patients, who have negative attitude to dental treatment.

Based on the published data Midazolam was selected as an optimal preparation for outpatient clinics, as it acts rapidly produces anterograde amnesia. As with the

duration of clinically usefull sedation, the duration of amnesia produced is extremely variable. Any recall if dental procedureds will tend to reduce as time passes. Memories that the patient claims to have in the immediate post operative period will often have been forgotten by the following appointment. It s usual for the amnesia to be at its most intense for the period of around 25 minutes. 650 patients (270-men, 380-women) were treated under sedation. From those above, 108 (with nervous and severe extraversy psychoemotional status) were choosed, by Eizenk test, others made up their mind to be treated under sedation. For various methods of sedation there was strictly intended to use safe doses. Midazilam was administered by different routes: Sublingually, intramuscularly, intravenously. In 30 patients, who need only slight dental treatment, but felt emotionally depressed sublingual method of sedation was used. Intramuscular sedation was used in such group of patients (210) who were more or less psychologically tolerant and did not need more than one hour for dental treatment. In some cases, when patients had needle phobia, combination of sedation methods were used, such as: sublingual sedation plus intamuscular(43 patient) or sublingual plus intravenous (21patient). Sublingual sedation at the first place reduced fear patient felt more relaxed and less worried and afterwards the addition of intamuscular or intravenous sedation produced decreased attention, slowed response, **oslured** ? speech and generalized reduction in the level of consciousness. Intravenous administration of the drug produced 20-30 minutes of intense amnesia.

To 346 patient whose psychological stage also need sedation midazolam was given in doses of 3ml, 5ml, 6ml. Patient”s clinical condition was monitored by the dental team during the dental treatment and afterward. The following was observed: The eyes and facial expression., skin colour, respiration, general body movements. Electromechanical monitoring was available by using pulse oximeter, noninvasive blood pressure measurement by manual or automatic and other.

Conclusion. The results of this researches showed that emotional strain of the patients at a time of visit to the dentist could be dealt with via sedation method. sedation is remedy for dealing with dental phobia and also one of subsidiary ways or prevention of dental diseases, as it causes increase of frequency of visits to dental clinics as a result of fear elimination.

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“შიშის” ფენომენის წაშლის მცდელობანი ადამიანის გონებიდან.

კრიტიკული მედიცინის ინსტიტუტი,თბილისი,საქართველო

შიში ადამიანთა მოდგმის თანდაყოლილი თვისებაა და ევოლუციის პროცესში უნდა ჩამოყალიბებულიყო.ის ხელს უწყობს ადამიანის ადაპტაციას გარემო პირობებთან და ამ თვალსაზრისით დადებით ფენომენად უნდა ჩაითვალოს.თუმცა იმავდროულად ის უარყოფით ელფერსაც ატარებს და ხელს უშლის ადამიანებს დასახული მიზნის მისაღწევად.ასეთ მაგალითებს ხშირად ვხვდებით სამხედრო მოქმედებებისას, გლობალური კატასტროფებისას,კრიტიკული მდგომარეობებისას და სხვა რუტინისას.ამ დროს აღმოცენებული შიშის გრძნობა ხელს უშლის,ზოგჯერ კი შეუძლებელსაც ხდის საბოლოო შედეგის მიღწევას.ასე რომ ამ თვალსაზრისით ხშირად დილემად დგება ამ დროს აღმოცენებული შიშის გრძნობის ჩაქრობის პრობლემა.ეს შრომაც აღნიშნული პრობლემის მოგვარების ერთგვარ მცდელობას წარმოადგენს. კვლევის მოდელად შერჩეული იქნა ადამიანთა ყოველდღიურ ცხოვრებისას აღმოცენებული იმ შიშის გარძნობა,რომელიც თან ახლავს სტომატოლოგთან ვიზიტს.ეს ერთი შეხედვით თითქოსდა უხიფათო ღონისძიება, მოსალოდნელი ტკივილის გამო, მრავალ უსიამოვნო შეგრძნებას,მათ შორის შიშის შეგრძნებასაც აღძრავს ადამიანთა უმეტესობაში. ადამიანთა გონებიდან შიშის შეგრძნების “წაშლა” ნაცადი იქნა მიდაზოლამის მეშვეობით.დადგინდა,რომ მიდაზოლამის ის დოზები,რომლებიც სედაციას იწვევენ,იმავდროულად ახდენენ შიშის შეგრძნების ნიველირებას.