A variety of techniques are available to dental and medical professionals to aid their management of a patient's fears and anxieties regarding dental care and surgery. To some this statement may be self-evident; however, to others the availability of a variety of techniques may come as something of a surprise. The aim of this chapter is to introduce the concept of the spectrum of pain and anxiety control. This spectrum, which is presented graphically in Fig. 3.1, illustrates that there are indeed quite a number of techniques available to manage patients' fears and anxieties. This chapter introduces the various techniques included in this spectrum, and subsequent chapters and sections describe them in depth.

The vertical bar about three-quarters of the way across the spectrum in Fig. 3.1 denotes a very significant barrier: the point at which consciousness is lost. Techniques to the right of the bar fall under the heading of general anesthesia, whereas techniques to its left may be termed psychosedation, sedation, conscious sedation, or as recently redefined: minimum, moderate, or deep sedation.1–3

Techniques of sedation may further be divided into those requiring the administration of drugs to achieve a desirable clinical effect and those that do not. The former are termed pharmacosedation techniques, the latter iatrosedation techniques. These terms are further defined elsewhere in this text.

The bar representing the point at which unconsciousness occurs is significant in that it identifies a level of training that must be achieved by the dentist before various techniques can even be considered for use. Without elaborating at this point (educational requirements for specific techniques are discussed in the appropriate sections of this book), it may be stated that the absolute minimum of training recommended for the use of general anesthesia is 3 years in an accredited residency program. These guidelines for general anesthesia and those for techniques of sedation have been accepted by the American Dental Association, the American Dental Society of Anesthesiology, and the American Dental Education Association.2,3

The duration of time required to adequately prepare the dentist to use the various techniques of sedation safely and effectively will vary from technique to technique and from dentist to dentist. Many dentists and dental hygienists are fully prepared upon graduating from dental school to enter into private practice, knowledgeable in the safe and effective use of some of these techniques (e.g., inhalation sedation with N₂O-O₂). Many others, however, will not have obtained this ability, and for these health care professionals, continuing education courses are available. In the United States, for inhalation sedation with nitrous oxide (N₂O) and oxygen (O₂), a minimum course of 14 hours, including patient management, is recommended; for intravenous (IV) moderate sedation, a minimum of 60 hours, including patient management, is required.3

In recent years, outpatient surgery in the practice of medicine has increased in popularity. Minor surgical procedures on the limbs, trunk, and face are easily completed with the administration of local anesthetics by general surgeons, dermatologists, cosmetic, and plastic and reconstructive surgeons.4–7 Until
recently, however, little consideration was given to the degree of patient anxiety toward this type of surgical procedure. The patient faces these nondental surgical procedures with the same dread as may be seen in dental patients. The techniques and concepts discussed in this book are as appropriate for nondental surgery as they are in dentistry.

Many techniques of pain and anxiety control are available to the health care professional. Which ones, if any, are used is a very personal choice. Some dentists are comfortable using a technique that others might be uncomfortable using. Having several techniques available at his or her disposal enables the dentist to tailor the appropriate sedation technique to a given patient. There is no panacea, nor is any one technique always indicated or always effective. To rely solely on one technique for moderate sedation is to invite the occasional failure.

**NO ANESTHESIA**

The extreme left-hand portion of the spectrum of pain and anxiety control (see Fig. 3.1) comprises a small group of patients who require absolutely no sedation or local anesthesia during their dental treatment. Although quite rare, it is probable that a dentist or hygienist will be called upon to treat one or more of these persons at some time. For whatever reason—anatomic, physiologic, psychological, cultural, or religious—these patients either do not feel pain or do not react to it, and they are able to tolerate any form of dental treatment without the need for any sort of drug intervention.

Although such patients may not feel any pain in the course of their treatment, such may not be the case with the dentist or hygienist asked to treat them. The following incident actually took place: The patient, a pleasant 26-year-old woman requiring periodontal surgery (soft tissue), requested that the dentist not use any drugs at all during her treatment because she did not require them. After a futile attempt to dissuade the patient from what was assumed to be a foolhardy course, the dentist agreed to begin the surgical procedure without local anesthesia only if the patient would consent to receive it if at any time during the surgery pain was present. The surgical procedure required approximately 45 minutes to complete during which time the patient displayed absolutely no evidence of discomfort to the complete amazement of the (numerous) dental personnel who had gathered around to watch. Vital signs (blood pressure, heart rate, and rhythm) monitored during the procedure demonstrated essentially no deviation from baseline values. Not so with the dentist and assistant. Following the procedure, which proceeded uneventfully, they were bathed in perspiration. The dentist commented that he felt quite uncomfortable throughout the procedure because he knew that the patient should be in pain. Indeed, he stopped many times to ask the patient how she was feeling. He also said that he could almost feel the pain for the patient. “I was uncomfortable for the patient,” he said. At the next surgical appointment, the dentist and assistant were quite pleased when the patient consented to their request to give her local anesthesia for the surgery. When asked why she had changed her mind, the patient stated that she did it for the sake of the dentist and the assistant. She had noticed their discomfort at the prior visit and, although she still did not require the pain-controlling drug, thought it prudent to receive it to allow the dentist to be more relaxed during her treatment.

It is important to separate this small group of patients who truly do not require anesthetics from those patients who similarly request that they not receive local anesthesia because they are quite fearful of injections. It is somewhat easier to recognize such a patient before starting the planned procedure. However, if the dentist is unable to recognize the patient’s anxiety and proceeds to dental treatment, it usually becomes painfully obvious, to both the dentist and the patient, to which group the patient truly belongs.

**IATROSEDATION**

Iatrosedation, defined as the relief of anxiety through the dentist’s behavior, is the building block for all other forms of psychosedation. The term and the technique of *iatrosedation* were created...