

TIPS FOR THE MANAGEMENT OF THE GAGGING PATIENT

ASSESSMENT

While many patients gag in response to tactile stimulation of certain intraoral structures, the careful dentist is usually able to avoid this in the delivery of routine care. However, gagging also can be elicited by a variety of non-tactile sensations including visual, auditory, and olfactory stimuli. The sight of the dentist and his/her instruments, the sound of another individual gagging or the odors of certain foods or environments are often enough to elicit gagging. Patients asked to imagine the sensations that cause them to gag find that this alone can elicit gagging. To determine what stimuli will elicit gagging patient assessment should include both historical and clinical components. The practitioner should ascertain whether gagging is limited to the dental office or also occurs elsewhere. The more situations and stimuli that elicit gagging the greater the anticipated difficulty in patient management.

Questions to ask the patient include the following: Have you always had a problem with gagging or has it developed recently? When did you first realize you had a problem? How have you been able to receive dental treatment in the past? Was the treatment modified? Describe the kind of things that make you feel like gagging? Question for Dental stimuli: Radiographs, dentists or impressions; Non-dental stimuli: Strong unpleasant odors, certain foods, stressful situations, tight neckties, etc. Assessment should also include a clinical exam, with a brief oral exam sufficient for the formulation of an initial treatment plan. Procedures that may cause the patient to gag should be avoided during this initial exam. Diagnostic intra-oral manipulations, similar to those required for execution of the patient's tentative treatment plan should then be performed. This will help determine whether the patient's self-reported tendency to gag will pose any real behavioral problem for the careful delivery of dental care.

TREATMENT

The goal of treatment is to allow the patient to receive dental care. The objectives are the reduction of anxiety, and the 'unlearning' of the thoughts and behaviors which lead to gagging. Systematic desensitization treats both of these components simultaneously. Systematic desensitization involves a gradual exposure of graded fear and/or gag-inducing stimuli to the patient in conjunction with deep breathing and muscle relaxation. The patient is first trained in muscle relaxation, next a graded list of anxiety or gag-provoking situations is developed, and finally the patient is exposed sequentially to items on this list while practicing relaxation. Repeated gradual

exposure to anxiety-provoking situations while relaxed strengthens the patient's habit of not responding with anxiety.

It is important to minimize a patient's gagging during exposure to any of the situations on the list. Patients should be carefully instructed to signal any impending feelings of gagging at which point the dentist immediately removes the provoking stimulus, instructs and waits for the patient to relax. Occasionally, the patient may gag during this procedure. When this occurs the dentist should praise the patient for progress thus far, and proceed more slowly. Praise is essential because in our clinical experience, these patients are easily discouraged. Homework is a valuable component of a systematic desensitization program. Patients practice relaxation exercises at home. The dentist should provide a simple logbook for recording the time, duration, and effectiveness of their relaxation practice. Other homework may involve holding radiograph film packets or fluoride trays intra-orally for increasing amounts of time and will substantially reduce the amount of dentist time required for treatment.

Fortunately, the majority of patients with problematic gagging do not require a complete desensitization procedure. Dentists can build rapport with these patients while performing several small "preliminary" dental procedure rehearsals. For example, impression rehearsals may begin with a partially filled quadrant tray and slowly progress toward the goal of a full arch impression. Patients are given control over these rehearsals which are designed to maximize patient success. Patients soon lose their maladaptive expectations that the dentist won't stop or that they will choke on the dental materials. Additionally, the patients develop a feeling of mastery over themselves and the dental situation which further contributes to their expectation of success.

Distraction is especially of value in managing the mild case of problematic gagging. When used alone it is intended to divert the patients attention away from the stimulation that evokes gagging. If the dentist's assessment is that the patient will be relatively easy to treat, then guiding the patient in paced nasal breathing and delivering a cognitively involving monologue will often be effective.