

EPP0008

Is perfectionism associated to dental anxiety?

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Introduction: Personality traits like neuroticism and trait-anxiety, as well as the predisposition to a greater sensitivity to pain, are risk factors for dental anxiety. Although perfectionism has been associated with both anxiety and pain, particularly when mediated by repetitive negative thinking/RNT (Macedo et al. 2015; Albuquerque et al. 2013), its role in dental anxiety has not yet been studied.

Objectives: To analyze the role of perfectionism and RNT in dental anxiety.

Methods: A community sample of 552 adults (68.2% women; mean age=35.15±15.79 years) completed the Portuguese versions of: Hewit and Flett Multidimensional Perfectionism Scale–13, State-Trait Anxiety Inventory, Sensitivity to Pain Traumatization/SPT Scale, Fear of Dental Pain/FDP Questionnaire, Perseverative Thinking Questionnaire and Dental Fear Survey/DFS.

Results: Trait-anxiety ($r=.225$), socially prescribed perfectionism/SPP ($r=.177$), SPT ($r=.286$), FDP ($r=.509$) and RNT ($r=.274$) were significantly ($p<.01$) correlated with dental anxiety (DFS total score). Serial mediation analysis using the PROCESS-macro 3.5 for SPSS (Hayes, 2020; Model 6) showed that even controlling for trait-anxiety and gender (as SPT, FDP and RNT mean scores were significantly higher in women, $p<.01$) SPP plays a significant indirect effect through SDT, FDP and RNT on dental anxiety, which are (isolated or sequentially) full mediators of this relationship (Total effect: .553, $p<.001$).

Conclusions: This study shows for the first time that negative perfectionism is a predictor of dental anxiety; its influence operates through the increase in levels of sensitivity to pain, DPA and RNT. We suggest that when intervening in this health problem it is important to evaluate perfectionism and try to mitigate its negative impact, namely diminishing RNT and the focus on pain and fear.

Keywords: Dental Anxiety; Perfectionism

EPP0009

From trauma to pain - a pathway to dental anxiety

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Introduction: The main risk factor for dental anxiety is previous traumatic experiences of pain in the dental office. Other consistent etiologic factors are trait-anxiety and preparedness (genetic predisposition to increased sensitivity to pain and aversive stimuli). However, there is a wide inter-individual diversity in the anxiety experience – not all individuals with traumatic experiences at the dentist will develop dental anxiety anxiety

Objectives: To explore potential paths by which a traumatic experience at the dentist (TRAUMA) can lead to dental anxiety.

Methods: A community sample of 552 adults (68.2% women; mean age= 35.15±15.790) completed the Portuguese validated versions of: Dental Fear Survey/DFS, State-Trait Anxiety Inventory, Sensitivity to Pain Traumatization/SPT Scale, Fear of Dental Pain/FDP Questionnaire and Perseverative Thinking Questionnaire–15.

Results: 140 participants (25.2%) had TRAUMA; it was significantly ($p<.01$) correlated with trait-anxiety (Spearman $r=.190$), SPT ($r=.192$), FDP ($r=.333$), RNT ($r=.274$) and dental anxiety (DFA total score; $r=.418$). In the mediation analysis (PROCESS macro 3.5 for SPSS; Model 81; Hays, 2020), trait-anxiety and gender were controlled (as RNT, SPT, FDP mean scores were higher in women, $p>.01$). Our model was significant ($R^2=17.15\%$; $p<.001$) and showed that TRAUMA predicted dental anxiety directly [direct effect: 10.25 (95% CI - 7.10-13.40)] and also through SPT, FDP and RNT (5 significant indirect effects).

Conclusions: This study underlines the importance of avoiding traumatic experiences in the dental office and of good clinical communication in pain management. If trauma still occurs, dentist should learn how to reduce its impact on the sensitivity and fear of pain and on the RNT.

Keywords: Dental Anxiety; trauma

EPP0010

Relationship of cyberchondria to hypochondriac beliefs and internet use

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Introduction: Although cyberchondria was suggested as a separate phenomenon (Starcevic, Berle, 2013, Starcevic, 2017), it is by definition related to both health anxiety, general hypochondriac beliefs and behavior and Internet use (Baumgartner and Hartmann, 2011, Eastin and Guinsler, 2006, Singh and Brown 2014).

Objectives: The aim was to reveal relationship between cyberchondria in adult Internet users, Internet use and hypochondriac beliefs and behavior.

Methods: 126 adults (18-70 years old) filled The Cyberchondria Severity Scale (CSS, McElroy, Shevlin, 2014), checklist of activities about health online, Scale for Assessing Illness Behavior (Rief et al., 2001), Cognitions About Body and Health Questionnaire (Rief et al., 1998).

Results: Compulsion, Distress, Excessiveness, Reassurance Seeking scales are related to various health-related activities online including both specialized (medical web-sites) and non-specialized (Wikipedia) ones ($r=.25-.48$, $p<.01$). Compulsion is closely related to surfing in social networks ($r=.41$, $p<.01$), excessiveness – to viewing of illnesses-related pictures ($r=.48$, $p<.01$) and reassurance seeking – to reading of online reports ($r=.47$, $p<.01$). Cyberchondria is related both to health anxiety ($r=.37$), hypochondriac behavior ($r=.19-.41$), beliefs about autonomic sensations, bodily weakness, intolerance to sensations and somatosensory amplification ($r=.25-.31$).

Conclusions: In general population, different aspects of cyberchondria seem to reflect health anxiety and hypochondriac beliefs but are differently related to different forms of online behavior including use