

institutions, etc., uses common lexical units and other variants of economic language, but is less accessible to the uninitiated, by the presence great of the specific terms (concepts). English loan-words like: *factoring, clearing, low / high price, cash flow etc.* fill the denomination void in the financial-accounting language.

The commercial language, laconic, clear, heterogeneous, includes specific lexical and phraseological units. The statements are stereotyped, and the messages are depersonalized, with a concrete, objective character. Commercial correspondence with external partners uses a series of expressions, formulas and abbreviations established in international trade. The accuracy of the information approaches the legal, but also the administrative style. Advertising is dependent on this functional variety.

Among the technical-scientific languages, the "youngest" language is that of **the Internet** (which does not subordinate itself to economic language, but which inevitably interferes), where there is a strong (predictable) tendency to overuse the English words, without looking for the Romanian equivalent. Today's society is highly computerized not only through the computer technology, but also through the Internet. Electronic computers and the internet (as a means of communication and information) have become indispensable tools for the foundation, development and development of efficient economic activities.

The functional styles/ special languages emerged from the interaction of some extra-linguistic elements, but the involved linguistic factors and their relations make the difference. The specialized vocabulary is transitional, dynamic and versatile, as it has to continuously keep up with the wide range of activities and rapid progress.

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DENTOPHOBIA AS AN OBSTACLE TO THE TIMELINESS OF DENTAL CARE

Dentophobia is still remaining as one of pressing issues in dental practice nowadays and has overt and covert manifestations, which affect on-time beginning of treatment. The findings for analysis were obtained by anonymous questionnaire of 170 respondents aged 18 – 79 from 7 countries (Ukraine, Russian Federation, France, Turkey, the USA, UAE, Bangladesh). The questionnaire form includes 11 questions (3 questions were taken from Modified Dental Anxiety Scale, the others were set forth by the authors). The results have demonstrated 29.4% of the respondents experience dental fear, 66% of the study subjects feel anxious while waiting for a dentist, 77% of the respondents are apprehensive about tooth drilling, and 69% of the respondent report their fear about injections. Nevertheless, in cases of urgent dental intervention, 98% of the respondents would agree to get necessary treatment. The study has shown the main cause of dental fear is own traumatic experience once got when receiving dental treatment. Considering covert dentophobia manifestations it would be advisable to

conduct questionnaire before starting dental treatment to find out the most dentophobic patients and to offer them psychological support.

Key words: *dentophobia, anxiety, dentistry, psychotherapy.*

Дентофобія досі залишається однією з нагальних проблем у стоматологічній практиці і має явні та приховані прояви, що впливають на своєчасність початку лікування. Результати для аналізу були отримані за допомогою анонімної анкети 170 респондентів віком від 18 до 79 років із 7 країн (України, Російської Федерації, Франції, Туреччини, США, ОАЕ, Бангладешу). Форма опитування включає 11 запитань (3 запитання взяті з модифікованої шкали стоматологічної тривоги, інші складені авторами). Результати продемонстрували, що 29,4% респондентів відчувають стоматологічний страх, 66% досліджуваних відчувають занепокоєння в очікуванні стоматолога, 77% респондентів стурбовані свердлінням зубів, а 69% респондентів повідомляють про свій страх щодо ін'єкцій. Тим не менш, у випадках термінового стоматологічного втручання 98% респондентів погодилися б отримати необхідне лікування. Дослідження показало, що основною причиною стоматологічного страху є власний травматичний досвід, отриманий під час лікування зубів. Враховуючи приховані прояви дентофобії, було б доцільно проводити опитувальники перед початком лікування зубів, щоб виявити пацієнтів з найбільшою схильністю до дентофобії та запропонувати їм психологічну підтримку.

Ключові слова: *дентофобія, тривожність, стоматологія, психотерапія.*

Introduction. Despite the advances in dentistry, state-of-the-art treatment options, access to the advanced information about dental services and growing educational level of population, the dental phobia is still remaining one of challenging issues required special attention. Patients with high dental fear and anxiety often avoid contact with doctors [1] that leads to serious complications requiring more complicated, traumatic and expensive orofacial treatment and psychological assistance [6]. As a result, such people become even more scared [2]. Thus, one of dentists' missions is to provide psychological support for phobic patients to help them overcome negative thoughts and reassure them in professional competence of dentists, the effectiveness and painlessness of dental procedures [4].

The objective of the study is to determine the prevalence of dentophobia and its characteristics, to elucidate main strategies in order to improve psychological comfort of dental patients.

Materials and methods: The data for analysis was obtained by a survey method enabled to collect information from 170 anonymous respondents aged 18 – 70 from 7 countries (Ukraine, Russian Federation, France, Turkey, The USA, UAE, Bangladesh). The questionnaire form included 11 questions (3 questions were taken from Modified Dental Anxiety Scale [3,7], the others were set forth by the authors). The findings obtained were processed statistically by STATISTICA software for Windows 13 (StatSoft Inc., No. JPZ804I382120ARCN10-J); the assessment of the significance of mean differences for independent samples was calculated by Student's t-test; the significance of differences in quality indicators was calculated based on Pearson's Chi-square test (χ^2), including the Yates correction, Fisher's exact test.

Limitations. Sex difference, income level, educational level was not considered in the study.

Results and discussion. Dentophobia can be identified as a source of significant

health problems globally. Fear is known as a reaction to a known or perceived threat or danger that leads to a fight-or-flight situation. Dental fear is a reaction to threatening stimuli in dental situations.

The distribution of the respondents by the countries is as follows: Ukraine – 94%, Russia – 2.4%, France – 0.6%, the USA – 0.6%, the UAE – 0.6%, Turkey – 0.6%, and Bangladesh – 0.6%. The distribution of dentophobia by the age of the respondents demonstrates the following data: the subjects up to 20 years make up 11%; 20-30 year subjects constitute 44%, 31-40 year participants make up 14%, 41- 60 year participants constitute 28%, and those older than 60 years make up 4%.

More than a half of the respondents reported of no dental fear, 8.8% of the respondents were not sure of experiencing dental fear, and a third, 29.4% of the respondents, recognized themselves as dentophobic. Our data obtained demonstrate the largest shares of the respondents experiencing dentophobia are represented by the aged individuals older than 60 years (67%), while the youngest subjects, up to 20 years, report the lowest level of dentophobia (21%).

The representatives of the young adults (from 20 to 30 years), middle age group (40-60 years) demonstrate quite comparable values of the level of dental fear and anxiety, 25% and 30 % respectively.

There are many causes of dentophobia. For example, anxiety while waiting for a dentist is experienced as 'extremely high' by 4% of the respondents, as 'very high' by 9%, 'quite high' by 13%, 'low' by 40%; 34% of the subject do not feel fear awaiting the dental treatment. Anxiety in the case of future tooth drilling is assessed 'extremely high' by 11% of the respondents, 'very high' by 12% of the subjects, 'quite high' by 21%, 'low' by 33%; no fear of drilling is reported by 23% of the respondents. Anxiety of anaesthesia injection is 'extremely high' in only 6% of the subjects, 'very high' in 8%, 'quite high' in 18%, 'low' in 36%, while 31% of the respondents have no fear of injections.

In cases of dental emergency, when urgent dental care is necessary, 98% of the respondents would agree to give consent to get proper treatment, and only 2% of the respondents would refuse it. Based on the findings of our questionnaire, among the causes of dental fear, traumatic experience, constituting 44%, has been found out as the most common. Less common are the following: peers' stories (8%), the influence of parents and media (4% for each), fear of childhood and others.

Based on the findings of the questionnaire, some methods to alleviate dental fear and anxiety can be suggested, as far as the respondents were given the opportunity to formulate their own answer to some open-end questions. Most often the respondents chose the following answers: tell-show-do technique, i.e. during the consultation the doctor is explaining methods of procedures and specific features of treatment; moral support of the dentist; manner of speech; atmosphere in the dental office, clinic; dentist's appearance (56%, 53%, 39%, 35%, 25%, respectively). Other answers also included the importance of eye contact, deep breathing, conversation with a friend; soothing music, confidence in the sterility of materials. To the question 'Which doctor would you trust more?', we got the following answers: for 63% of the respondents this question has no relevance as they are always ready to trust healthcare professionals; 18% of the subjects prefer to deal with middle-aged dentists, 8% of the subjects prefer to be treated by young dental doctors, the doctor's gender plays no significant role (10% of the subjects prefer male dentists, and the same share prefers to deal with female dentists).

The purpose of conducting the questionnaire of the psychological condition of

dental patients before treatment was to identify a group of patients with moderate and higher dental fear and anxiety levels that could then be appear as a negative attitude to the very fact of receiving dental care now and in the future. Evidence of deep psychological fixation on pain during dental treatment is the presence of traumatic experience in 44% of dental patients. Important and positive moments in reducing dentophobia found out by the study is clear and effective communication during the dental appointment, explanation of the important stages during the treatment (56%), empathy from the dentist (53%). It should be pointed out that the expectations and hopes for effective treatment and satisfactory outcomes in out respondent did not depend on the age and gender characteristics of the doctor.

Conclusion: Dental phobia and anxiety have overt and covert manifestations that may impact oral health. Dentophobia develops mostly due to traumatic experience, connected with previous dental treatment. Considering covert dentophobia manifestations it would be advisable to conduct questionnaire before dental treatment in order to determine the most susceptible to dentophobia patients and to offer them psychological support.

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HISTORICAL AND BIOGRAPHICAL COMMENTARY AS A TECHNIQUE FOR RAISING INTEREST TO THE LANGUAGE OF A SPECIALTY

In international communicative processes, no language has played such a prominent role as Latin, remaining for many centuries the main literary language of all European nations.

The unique status of the Latin language is arguably explained by Y. Tronskyi, who noted that the possession of the Latin language, active and passive, has been preserved since ancient times as a continuous tradition. While many ancient languages were forgotten, and texts written in these languages became a collection of incomprehensible