

DISCUSSION PAPER – ANXIOLYSIS

Definition: A reduction in anxiety. Although this may be achieved by non-pharmacological means, for the purpose of this paper it is assumed to be achieved via pharmacological means, usually via oral or gaseous drug administration. Anxiolysis may also be termed “minimal sedation.” In the anxiolytic state, although cognitive function and coordination may be slightly impaired, patients will respond normally to verbal commands, and ventilatory and cardiovascular functions are unaffected.¹

The member societies of the International Federation of Dental Anesthesiology Societies (IFDAS)² regards minimal sedation (anxiolysis) as the use of a single low dose oral sedative drug, or the use of carefully titrated doses of nitrous oxide with oxygen administered via a dedicated dental machine that meets the ANZCA/RACDS professional standards document PS9.³ IFDAS considers that "minimal sedation" includes the term "anxiolysis" to describe the technique of the reduction of anxiety.

Techniques: Techniques used for minimal sedation should utilize drugs with a wide margin of safety ensuring that unintended loss of consciousness is unlikely. Drugs used should have a short duration of action (minimal half-life) thereby reducing recovery time and potential post - operative sequelae.

Equipment for nitrous oxide mediated sedation should be regularly checked and maintained.⁴

Precautions: Dental practitioners intending to use minimal sedation must ensure that patients are healthy (ASA 1 & 2)⁵, have a responsible adult to escort them home and understand the post-operative effects of sedation. Dentists offering minimal sedation must ensure that they and their staff are trained in advanced life support to the standards required by the Australian Resuscitation Council⁶ and have medical emergency equipment, protocols and procedures set out in practice manuals which are readily accessible. Anesthesia Crisis Resource Management (ACRM)⁷ guidelines should be observed and incorporated in to staff training.

Recovery: Patients must not be discharged from the dental office following minimal sedation until they have recovered sufficiently to have regained their normal cognitive functions and coordination. Patients should be discharged into the care of a responsible adult who is available to escort them to, and look after them, in a private setting.

REFERENCES:

1. Watts J. Safe Sedation for all Practitioners, Radcliffe Pub, 2008.
2. IFDAS: <http://www.ifdas.org/>
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4. Clark M, Brunick A. Nitrous Oxide and Oxygen Sedation, Mosby, 1999.
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6. ARC: Australian Resuscitation Guidelines: <http://resus.org.au/>
7. ACRM: <http://med.stanford.edu/VAsimulator/acrm/>

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