The effects of virtual reality exposure therapy (VRET) to treat dental anxiety

Submission date	Recruitment status	[X] Prospectively registered		
17/10/2015	No longer recruiting	[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
26/10/2015	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
27/10/2022	Mental and Behavioural Disorders			

Plain English summary of protocol

Background and study aims

Dental anxiety is a recognised phobia, which involves a fear of going to the dentist and receiving dental treatment. It is very common and can affect people of any age, ranging from a slight fear to a crippling phobia which means that people avoid going to the dentist at all costs. Virtual reality exposure therapy (VRET) is a type of therapy which is commonly used to treat patients with anxiety disorders, such as phobias. The therapy involves using computers to immerse patients in a virtual world, in which they are exposed to sounds and images which trigger their phobia (fear-inducing stimuli). Over time, patients are exposed to stronger stimuli under the supervision of a therapist. This allows the patient to become "used to" the fear-inducing stimuli, so that eventually they stop triggering anxiety. This type of therapy has shown promising results in treating other phobias as it is safer and less expensive than by directly exposing patients to the things that they are scared of (direct confrontation therapy). The aim of this study is to find out whether VRET is an effective way of helping patients who suffer from dental anxiety.

Who can participate?

Adults who have a dental phobia and are in need of dental treatment which will last for less than 30 minutes.

What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group (intervention group) take part in the VRET. Participants are exposed to five different scenarios, during which their levels of distress are measured every 35 seconds. Each scenario is repeated until it stops causing the participant distress. Those in the second group (control group) are given an information pamphlet, which includes information about dental anxiety and what to expect from a visit to the dentist for a dental procedure. At the start of the study and then again after 1 week, 3 and 6 months, participants take a number of questionnaires in order to find out whether their anxiety levels have changed. Those in the VRET group are also given a questionnaire about their experiences with the virtual reality therapy.

What are the possible benefits and risks of participating?

A benefit of taking part is that participants will be able to learn more about what causes their anxiety which could help to reduce their level of anxiety and stop them from avoiding dental

visits in the future. There are very few risks of taking part however the virtual reality therapy may cause simulator sickness (a type of motion sickness) in some participants. Precautions against this will be taken by giving patients regular breaks from the therapy.

Where is the study run from?
Oral Health Centre, SEGi University (Malaysia)

When is the study starting and how long is it expected to run for? March 2014 to June 2016

Who is funding the study? ACTA Amsterdam (Netherlands)

Who is the main contact? Dr Kumar Raghav Gujjar

Contact information

Type(s)

Public

Contact name

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Contact details

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Additional identifiers

Protocol serial number

N/A

Study information

Scientific Title

Evaluation and comparison of the effectiveness of Virtual Reality Exposure Therapy (VRET) with an information pamphlet in management of Dental Anxiety patients

Acronym

VRETDA

Study objectives

Virtual Reality Exposure Therapy (VRET) would result in a significantly reduced level of dental anxiety (trait and state anxiety) at 1 week, 3 months and 6 months follow-up compared to the informational pamphlet control group.

Ethics approval required

Old ethics approval format

Ethics approval(s)

SEGi University, Research and Innovation Management Centre Ethics Committee, 22/05/2014, ref: EC01/14-01

Study design

Interventional randomised controlled trial with two study arms and single-centre

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Dental anxiety

Interventions

Thirty participants undergo block randomization so that we have equal distribution of participants in both the groups. In order to preserve the allocation concealment, sealed, opaque, sequentially numbered envelopes (SNOSE) are used. Envelopes will be opened serially (next highest number) only after the participant details (patient unique number, date and patient signature) are entered on the envelope.

VRET group: The participants in this group are exposed to five different VR scenarios sequentially in a pre-determined hierarchy (Idle, Mirror, Syringe, Drill with no sound and Drill with sound). During the exposure session the level of discomfort/distress is assessed using Subjective Units of Distress (SUD) scale every 35 seconds. The exposure with each VR scenario is repeated until a SUD score of ≤ 2 is obtained before proceeding to the next scenario. Also, the heart rate is monitored continuously during the exposure to determine the physiological response during VRET. Further, the VR experience is evaluated during and following VRET.

Informational Pamphlet control group: Participants in this group will receive a pamphlet of three pages containing information about dental anxiety. The pamphlet will contain details about the standards of care such as patient comfort, description of dental procedures and postoperative pain management. Also, an opportunity is given to the participants to ask the researcher information about dental anxiety.

Intervention Type

Behavioural

Primary outcome(s)

Dental anxiety measured using Visual Analogue Scale-Anxiety (VAS-A), Modified Dental Anxiety Scale (MDAS) and Dental Fear Survey (DFS) questionnaires at baseline, after the intervention, 1 week, 3 months and 6 months follow-up.

Key secondary outcome(s))

- 1. Avoidance measured using a behavioral test, consisting of observations and an interview asking participants to rate their level of anxiety from 0-10, before and after intervention
- 2. Physiological arousal measured by recording the heart rate continuously during the VRET session
- 3. VR-experience measured with questionnaires (presence, sensation of vomiting, intention to use VR googles in the future and about their intention to revisit dental surgery) immediately after the VRET session

Completion date

30/09/2016

Eligibility

Key inclusion criteria

- 1. Aged between 18 and 60 years
- 2. Patients meeting the DSM-4 diagnostic criteria of dental phobia
- 3. In need of a dental treatment with a planned maximum treatment length of 30 minutes

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Αll

Total final enrolment

30

Key exclusion criteria

- 1. Stereoblindness
- 2. Known other mental disorders such as psychosis, post-traumatic stress disorder, developmental or intellectual disability and cognitive impairment
- 3. Hearing impairment
- 4. Visual impairment
- 5. Nystagmus
- 6. Known balance disorders such as vertigo and cybersickness

- 7. Patients with previous history of epileptic seizures
- 8. Any history of cardiac problems
- 9. Patients who are undergoing/have undergone any cognitive behavioural therapy (CBT)-based intervention
- 10. Language impediment (cannot understand English)
- 11. Patients wearing glasses of greater than plus 3.5 power

Date of first enrolment

28/10/2015

Date of final enrolment

17/03/2016

Locations

Countries of recruitment

Malaysia

Study participating centre Oral Health Centre, Faculty of Dentistry, SEGi University

No. 9, Jalan Teknologi Taman Sains Selangor Kota Damansara Petaling Jaya Malaysia 47810

Sponsor information

Organisation

ACTA Amsterdam

ROR

https://ror.org/04x5wnb75

Funder(s)

Funder type

University/education

Funder Name

ACTA Amsterdam

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/03/2019	27/10/2022	Yes	No
Protocol article	protocol	27/02/2016		Yes	No