

JOURNAL OF THE BEST AVAILABLE EVIDENCE IN MEDICINE

<https://doi.org/10.63720/v2s1001>

Dental Anxiety Among Future Healthcare Professionals in Benghazi: Beyond Prevalence

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Dental anxiety remains an important concern in oral healthcare. For some patients, anxiety may affect their willingness to attend appointments, seek treatment and, ultimately, their experience of dental care.

International evidence indicates that dental fear and anxiety are common, although prevalence estimates vary considerably between populations and according to the measures and thresholds used.¹

Evidence from Libya remains comparatively limited, making the study by Elhashani and colleagues in this issue of the journal a valuable contribution to our understanding of dental anxiety among medical and dental students in Benghazi.

The authors used the validated Arabic version of the Modified Dental Anxiety Scale (MDAS), the authors assessed 900 students at the University of Benghazi and found that 7.7% met the threshold for high dental anxiety. Although this represents a minority of the sample, it identifies a group whose anxiety warrants attention and complements recent local evidence linking dental anxiety with poorer oral health-related quality of life.²

One of the more notable findings concerns the students' stage of training. High dental anxiety was reported by 10% of pre-clinical students compared with 4.8% of clinical students. However, the pattern across academic years was not one of consistent decline: prevalence increased from 3.6% in the first year to 17.3% in the second year before decreasing in later years.

Recent research among dental students has similarly reported the highest MDAS scores among second year students.³ Whether these differences reflect particular stages of professional education, increasing clinical exposure or other student characteristics remains uncertain.

Age, academic year and clinical status are closely related, and the Benghazi analyses were unadjusted; the findings therefore cannot establish that clinical exposure itself reduces dental anxiety.

The procedure-specific findings are also important, students reported greater anxiety in relation to local anaesthetic injections and drilling than attending the dentist or waiting for treatment. Similar findings have recently been reported among dental students.⁴

These results suggest that assessment of dental anxiety should consider procedure-specific concerns alongside overall anxiety scores. Identifying the procedures associated with greater anxiety could therefore help guide more targeted management.

Overall, this study provides a valuable foundation for further research. Its relatively large sample and use of a validated Arabic version of the MDAS are important strengths. The choice of the MDAS also reflects con-

Invited: 05/09/2026

Accepted: 15/09/2026

Published online: 11/10/2026

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temporary research practice; a recent survey of 772 studies published between 2020 and 2024 identified it as the most frequently used psychometric instrument for measuring dental fear, anxiety and phobia.⁵

Nevertheless, the findings should be interpreted in the context of the study's cross-sectional, single-centre design and convenience sampling. The reliance on unadjusted analyses is also relevant, since age, academic year and clinical status are closely related, making their independent associations with dental anxiety difficult to determine.

Future multicentre and longitudinal studies could build on these findings by incorporating multivariable analyses and examining potentially modifiable factors, including anticipated pain, previous negative dental experience and perceived control.

Such work would move research beyond estimating prevalence towards understanding the determinants of dental anxiety and how it might best be addressed.

Conflict of Interest

The authors have no conflicts of interest to declare.

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