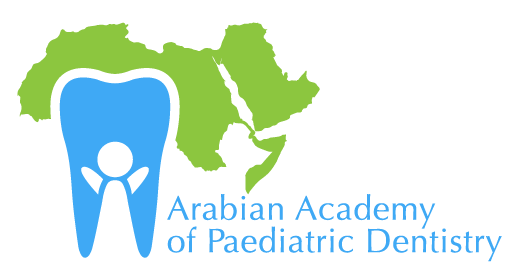
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Position Statement on the use of Hand-over-Mouth Exercise.

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## August 2020

This position statement has been developed by the Arabian Academy of Paediatric Dentistry’s Clinical affairs committee in order to guide paediatric dentists and dental professionals, working in the Arabian region, on the appropriate use of Hand-Over-Mouth Exercise (HOME) as a behaviour management technique in Paediatric Dentistry. This position statement should be used in conjunction with other Arabian Academy of Paediatric Dentistry’s guidance documents.

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***Introduction****:*

The Arabian Academy of Paediatric Dentistry (ArAPD) has developed a position statement and clinical practice recommendations regarding the use of Hand-over-Mouth Exercise (HOME) behaviour management technique used in the management of uncooperative children in order to guide clinicians working with children in the Arabian region. A summary of recommendations is produced based on the best available evidence and is intended to act alongside other ArAPDs’ guidance documents.  
  
The ArAPD recognizes that one of the main objectives of paediatric dentists is to alleviate child’s fear and anxiety while providing a good experience in the dental clinic. McElroy puts it best, in the early part of the 21st century, when describing the importance of giving children a good dental experience. She writes, “Although the operative dentistry may be perfect, the appointment is a failure if the child departs in tears”. Most children (and parents) appreciate the success of a dental appointment not by the quality of the dental work itself, but rather by the child’s emotional state after the appointment is over (McElroy 1895). Performing a dental procedure (invasive or non-invasive) on a stressed child is a difficult task for the dentist, the child, as well as the parent. Accordingly, behaviour management guidelines were established to enable dentists to perform safe, effective, and efficient dental procedures, in order to better the child’s and parents’ experience and attitudes toward dentists and dentistry (AAPD 2015).

The aim of this statement is to provide a recommendation regarding the use of HOME behavioural management technique among Arabian dentists and paediatric dentists.

***Literature review***

The use of a certain behavioural management techniques should be appropriately selected after careful assessment of the child, the family, and the living environment before dental procedure delivery (Rud and Kisling 1973; Arnrup et al. 2002). Dentists must recognize that different societies have different values and principles which are rapidly changing among the younger generations (Arnrup et al. 2003; AAPD 2018). In a recent attempt to obtain information regarding the social validity of various interventions to reduce challenging behaviour, positive reinforcement techniques had the highest average acceptability score among parents (Eid et al. 2019). Furthermore, parents had an increase preference for the dentist to focus on behavior modification during the first visit to reduce the child’s fear and anxiety (Al-Shalan et al. 2002; AlDawood et al. 2019).

Among different behaviour management techniques, HOME was reported among the least preferred technique by parents (Abushal and Adenubi 2003; Al Daghamin et al. 2017; AlDawood et al. 2019). In addition, dental students viewed HOME as the least acceptable form of behaviour management techniques. However, an educational course, including didactic and clinical components, improved their level of acceptance and had a considerable influence on their perceptions of behaviour guidance techniques in paediatric dentistry (Al-Jobair and Al-Mutairi 2015).

On the contrary, HOME technique was one of the accepted methods used to regain a child’s attention in the dental clinic and was frequently used in the past by dentists and paediatric dentists as recognized previously by the American Academy of Paediatric Dentistry (AAPD).

Though since many claimed that HOME technique causes a long-term psychological trauma to the child, as it increases and perpetuates the fear of dentists and applies a risk on the child’s life, especially if the hand of the dentist completely obstructs the airway of the child, this technique was eliminated from the AAPD guidelines (MacGregor 1952; Davies and King 1961; Allen et al. 1990; AAPD 2015). Parents also showed rejection to the use of this technique, considering it as an aggressive way to communicate with the child (Eaton et al. 2005). Furthermore, many dentists who were using HOME technique were accused of child abuse and were charged with criminal assault after the dental treatment (Schuman 1987). Some have reported that this technique will raise legal concerns against dentists (Casamassimo 1993).

Despite these concerns, Adair et al. (2004) noted that many US paediatric dentistry programs stopped teaching this technique; with only 28% of the graduate programs teaching this technique as an acceptable method (Adair et al. 2004). In addition, 60% of surveyed paediatric dentists indicated that HOME technique should never be used mainly because of the possible psychological effects such technique could have on children which consequently may increase fear and anxiety towards dental treatment and dentists (Newton et al. 2004).

Interestingly, the practical use of HOME is still one of the behaviour management techniques taught by 16% (5 out of 31) of undergraduate dental programs in the Arabian region as reported by a recent ArAPD survey (Arab Acad Paed Dent 2019). Furthermore, 24% (27/113) of paediatric dentists, working in the Arabian region, reported using this technique. A lack of training and confidence in using this technique by 15% (4/113), and 33% (9/113), respectively is extremely worrying. This survey has also highlighted lack of obtaining informed consent for such an intense and highly debated technique by 55% (15/27) of respondent, reported using this technique (Arab Acad Paed Dent 2019).

***Position statement***

The ArAPD recommends against the use of HOME as a paediatric dental behaviour management technique. Uncooperative children requiring dental management should be treated by registered paediatric dentists and dental practitioners with approved paediatric dental training (obtained as part of approved residency programs, graduate programs, and/or an extensive hands-on continuing education courses) using alternative behaviour management techniques.

If all communicative techniques fail or if the child becomes uncontrollable, the dentist may then consider deferring the appointment or using a pharmacological approach to complete the dental treatment. The lack of availability or access to pharmacological management technique, such as sedation and general anaesthesia, should not be seen as a justification for use of HOME.

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