



Effectiveness of Kaleidoscope Distraction Therapy in Reducing Dental Anxiety among Pediatric Patients: A Clinical Study

(A Spectrum of Smiles: Kaleidoscope Therapy for Childhood Dental Anxiety)

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KEYWORDS

Dental anxiety;
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Distraction
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distraction; Non-
pharmacological
behaviour
management.

ABSTRACT:

Background: Dental anxiety is a common behavioural challenge encountered in pediatric dentistry and often results in poor cooperation and compromised oral health. Non-pharmacological behaviour management techniques play a vital role in alleviating anxiety. Visual distraction methods have been shown to effectively reduce stress in children during dental procedures¹⁻⁴.

Aim and Objectives: To evaluate anxiety levels in pediatric patients visiting the dental outpatient department of a dental college and hospital, Chennai, and to assess the effectiveness of a novel non-pharmacological intervention—Kaleidoscope Distraction Therapy—in reducing dental anxiety.

Results: Children exposed to Kaleidoscope Distraction Therapy demonstrated a statistically significant reduction in anxiety levels as assessed by Modified Corah's Dental Anxiety Scale (MCDAS), RMS pictorial scale, and heart rate measurements.

Conclusion: Kaleidoscope Distraction Therapy appears to be a simple, cost-effective, and promising behaviour management technique for reducing dental anxiety in pediatric patients.

INTRODUCTION

Children exhibit immature emotional responses that influence their behaviour during dental visits. Dental anxiety refers to fear associated with dental treatment and is a major obstacle in achieving successful pediatric dental care. Anxiety often manifests as crying, withdrawal, or refusal of treatment, leading to delayed management of dental caries and subsequent complications.

Behaviour guidance techniques such as Tell-Show-Do, modelling, and communication are commonly used. When these methods fail, pharmacological management may be required.

However, parental concerns regarding sedation and general anaesthesia frequently delay treatment¹⁻⁶.

Creating a child-friendly dental environment using visual and auditory distractions has been shown to alleviate anxiety. Distraction techniques divert the child's attention away from unpleasant stimuli and toward engaging sensory experiences.

A kaleidoscope is a visual device producing colourful symmetrical patterns that continuously change with movement. These dynamic visuals capture attention, stimulate curiosity, and provide cognitive distraction. Visual distraction using kaleidoscopes has been reported to reduce anxiety and improve cooperation in pediatric medical settings⁷⁻¹⁰.



This study introduces **Kaleidoscope Distraction Therapy** as a novel visual distraction technique to assess its effectiveness in reducing dental anxiety in children.

AIM AND OBJECTIVES

To evaluate the effectiveness of Kaleidoscope Distraction Therapy in reducing dental anxiety among children aged 5–10 years during dental visits using subjective (MCDAS, RMS pictorial scale) and objective (heart rate) measures.

MATERIALS AND METHODS

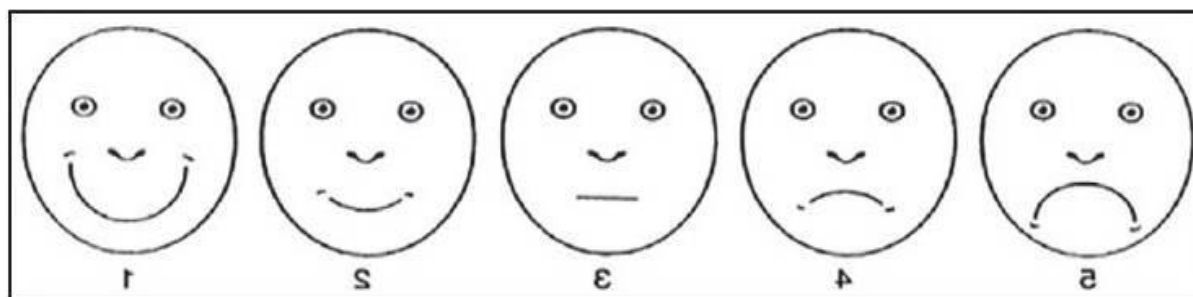
Fifty healthy children aged 5–10 years attending the Department of Pedodontics for preventive and restorative procedures such as fluoride application, pit and fissure sealants, oral prophylaxis, and fillings were included. All children were first-time dental visitors.

The sample consisted of 25 males and 25 females. Children who were anxious or fearful during dental visits were included. Children with visual impairment, special healthcare needs, or medical compromise were excluded. Written informed consent was obtained from parents or guardians. Ethical clearance was secured prior to study initiation.

KALEIDOSCOPE DISTRACTION THERAPY

Each child was provided with a handheld kaleidoscope displaying multicoloured symmetrical patterns. The kaleidoscope was introduced before seating the child, during the dental procedure, and until completion of treatment. Children were encouraged to observe the changing patterns throughout the procedure.

Scores ranged from 1 (very happy) to 5 (very unhappy).



ANXIETY ASSESSMENT TOOLS

MODIFIED CORAH'S DENTAL ANXIETY SCALE (MCDAS)

MCDAS was recorded before and after the dental procedure. Scores above 19 indicated anxiety. Scores higher than 31, indicates severe phobic disorder. MCDAS scores were obtained before starting the dental procedure and after the completion of the dental procedure. During the dental procedure it is not possible to evaluate the MCDAS score by putting forth questions to the child.

The MCDAS_(f) Scale

How do you feel about:	1	2	3	4	5
Q1: Going to the dentist generally	😊	😊	😊	😐	😞
Q2: Having your teeth looked at	😊	😊	😊	😐	😞
Q3: Having your teeth scraped or polished	😊	😊	😊	😐	😞
Q4: Having an injection in gums	😊	😊	😊	😐	😞
Q5: Having a filling	😊	😊	😊	😐	😞
Q6: Having teeth taken out	😊	😊	😊	😐	😞

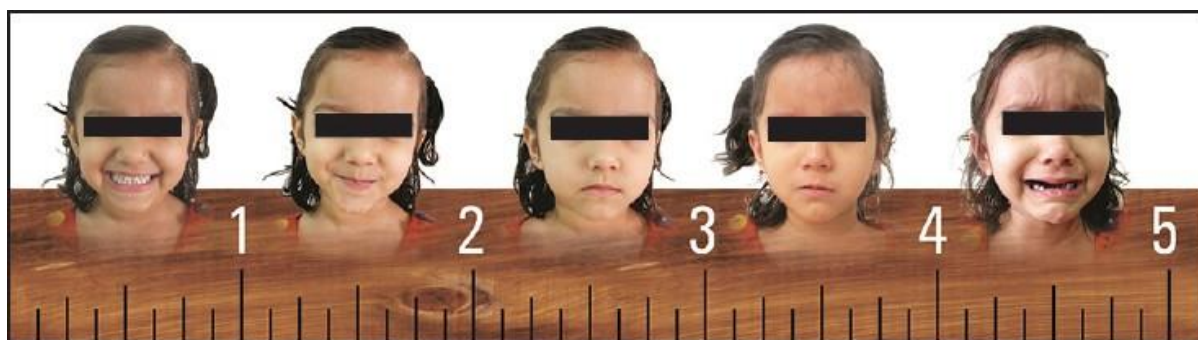
Likert scale:

1. would mean: relaxed/not worried
2. would mean: very slightly worried
3. would mean: fairly worried
4. would mean: worried a lot
5. would mean: very worried

RMS PICTORIAL SCALE

RMS scale was recorded at three time points:

- On entering the operatory
- During the procedure with kaleidoscope distraction
- After completion



HEART RATE MEASUREMENT

Heart rate was measured using a pulse oximeter before, during, and after the procedure.

RESULTS

TABLE 1: DISTRIBUTION OF SAMPLES ACCORDING TO SEX (Frequency Tables)

Sex	N	%
Male	25	50.0%
Female	25	50.0%
Total	50	100.0%

TABLE 2: DISTRIBUTION OF SAMPLES ACCORDING TO AGE

Age group	N	%
5.0 - 7.0 yrs	15	30.0%
7.1 - 9.0 yrs	22	44.0%
9.1 - 10.0 yrs	13	26.0%
Total	50	100.0%

TABLE 3: DISTRIBUTION OF SAMPLES ACCORDING TO AGE & SEX

Age group	Sex					
	Male		Female		Total	
	N	%	N	%	N	%
5.0 - 7.0 yrs	9	36.0%	6	24.0%	15	30.0%
7.1 - 9.0 yrs	9	36.0%	13	52.0%	22	44.0%
9.1 - 10.0 yrs	7	28.0%	6	24.0%	13	26.0%
Total	25	100.0%	25	100.0%	50	100.0%

GRAPH 1: GRAPH DEPICTING GENDER WISE AGE GROUP DISTRIBUTION

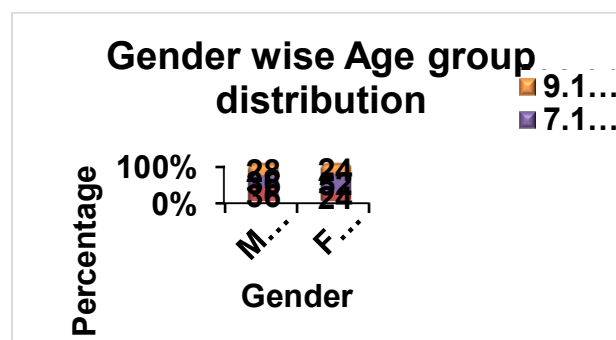




TABLE 4: COMPARISON OF TOTAL MCDAS SCALE

Total MCDAS Scale		Before	After	p-value*
Overall	N	50	50	<0.001
	Median	22.0	12.0	
	1st Quartile	15.0	9.0	
	3rd Quartile	33.0	17.0	
	Mean	22.7	12.9	
	Std Dev	9.9	5.2	

* Related-Samples Wilcoxon Signed Rank Test

TABLE 5: GENDER WISE COMPARISON OF TOTAL MCDAS SCALE

Total MCDAS Scale		Before	After	p-value*
Male	N	25	25	<0.001
	Median	22.0	13.0	
	1st Quartile	15.0	9.0	
	3rd Quartile	34.0	17.0	
	Mean	23.1	13.4	
	Std Dev	10.0	5.7	
	Female	N	25	
Median		22.0	11.0	
1st Quartile		13.0	9.0	
3rd Quartile		29.0	14.0	
Mean		22.4	12.4	
Std Dev		10.1	4.8	
p-value@		0.838	0.559	

* Related-Samples Wilcoxon Signed Rank Test

@Independent-Samples Mann-Whitney U Test

TABLE 6: AGE GROUP WISE COMPARISON OF TOTAL MCDAS SCALE

Total MCDAS Scale		Before	After	p-value*
5.0 - 7.0 yrs	N	15	15	<0.001
	Median	33.0	17.0	
	1st Quartile	21.0	12.0	
	3rd Quartile	39.0	20.0	
	Mean	29.5	16.4	
	Std Dev	9.9	4.7	
	7.1 - 9.0 yrs	N	22	
Median		23.0	12.0	
1st Quartile		20.0	11.0	
3rd Quartile		29.0	15.0	
Mean		24.0	13.5	
Std Dev		7.8	4.8	
9.1 - 10.0 yrs		N	13	13
	Median	12.0	7.0	
	1st Quartile	11.0	6.0	
	3rd Quartile	15.0	9.0	
	Mean	12.8	7.9	
	Std Dev	4.0	2.0	
	p-value#		<0.001	<0.001

*Related-Samples Wilcoxon Signed Rank Test

#Independent-Samples Kruskal-Wallis Test

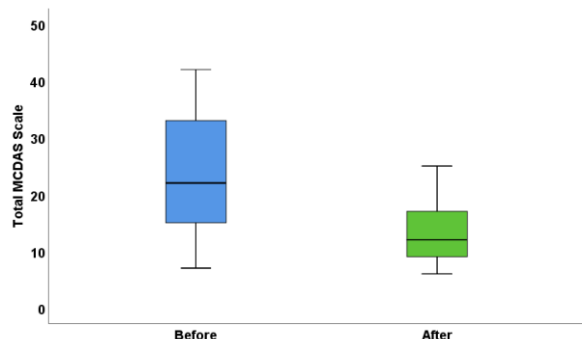
TABLE 7: BONFERRONI CORRECTED PAIRWISE COMPARISONS OF TOTAL MCDAS SCALE

Pairs (Age group)	Before	After
9.1 - 10.0 yrs vs 7.1 - 9.0 yrs	0.001	0.001
9.1 - 10.0 yrs vs 5.0 - 7.0 yrs	<0.001	<0.001

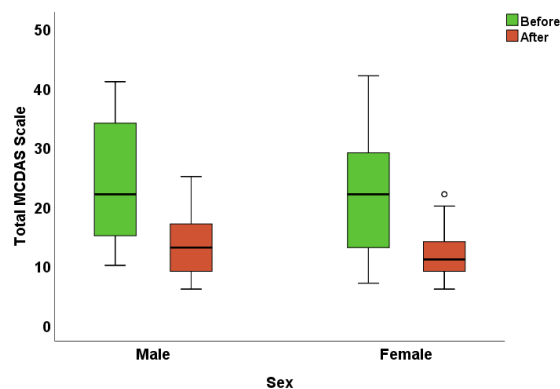


7.1 - 9.0 yrs vs 5.0 - 7.0 yrs	0.511	0.382
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GRAPH 2: COMPARISON OF TOTAL MCDAS SCALE



GRAPH 3: GENDER WISE COMPARISON OF TOTAL MCDAS SCALE



GRAPH 4: AGE GROUP WISE COMPARISON OF TOTAL MCDAS SCALE

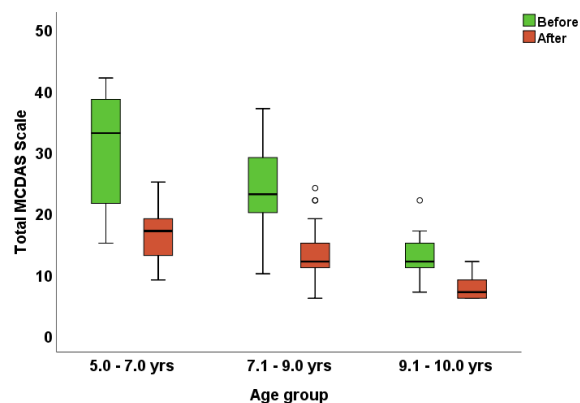


TABLE 8: COMPARISON OF TOTAL RMS SCALE

RMS Scale		Before	During	After	p-value [§]
Overall	N	50	50	50	<0.001
	Median	1.0	1.0	1.0	
	1st Quartile	1.0	1.0	1.0	
	3rd Quartile	2.0	1.0	1.0	
	Mean	1.8	1.2	1.0	
	Std Dev	.9	.5	.0	

[§]Related-Samples Friedman's Two-Way Analysis of Variance

TABLE 9: BONFERRONI CORRECTED PAIRWISE COMPARISONS OF RMS SCALE

Pairs (Time points)	p-value
After vs During	0.750
After vs Before	<0.001
During vs Before	0.024

TABLE 10: GENDER WISE COMPARISON OF TOTAL RMS SCALE

RMS Scale		Before	During	After	p-value [§]
Male	N	25	25	25	<0.001
	Median	2.0	1.0	1.0	
	1st Quartile	1.0	1.0	1.0	
	3rd Quartile	2.0	1.0	1.0	
	Mean	1.8	1.2	1.0	
	Std Dev	.9	.4	.0	
Female	N	25	25	25	<0.001
	Median	1.0	1.0	1.0	
	1st Quartile	1.0	1.0	1.0	



	3rd Quartile	2.0	1.0	1.0	
	Mean	1.7	1.2	1.0	
	Std Dev	.9	.5	.0	
p-value@		0.687	0.771	1.000	

§Related-Samples Friedman's Two-Way Analysis of Variance

@Independent-Samples Mann-Whitney U Test

TABLE 11: BONFERRONI CORRECTED PAIRWISE COMPARISONS OF RMS SCALE

Pairs (Time points)	p-value	
	Male	Female
After vs During	1.000	1.000
After vs Before	0.011	0.040
During vs Before	0.143	0.231

TABLE 12: AGE GROUP WISE COMPARISON OF TOTAL RMS SCALE

RMS Scale		Before	During	After	p-value [§]
5.0 - 7.0 yrs	N	15	15	15	<0.001
	Median	3.0	1.0	1.0	
	1st Quartile	3.0	1.0	1.0	
	3rd Quartile	3.0	2.0	1.0	
	Mean	2.9	1.4	1.0	
	Std Dev	.6	.6	.0	
7.1 - 9.0 yrs	N	22	22	22	0.051
	Median	1.0	1.0	1.0	
	1st Quartile	1.0	1.0	1.0	
	3rd Quartile	2.0	1.0	1.0	
	Mean	1.4	1.2	1.0	
	Std Dev	.5	.4	.0	
9.1 - 10.0	N	13	13	13	1.000

yrs	Median	1.0	1.0	1.0	
	1st Quartile	1.0	1.0	1.0	
	3rd Quartile	1.0	1.0	1.0	
	Mean	1.0	1.0	1.0	
	Std Dev	.0	.0	.0	
	p-value [#]		<0.001	0.071	1.000

§Related-Samples Friedman's Two-Way Analysis of Variance

#Independent-Samples Kruskal-Wallis Test

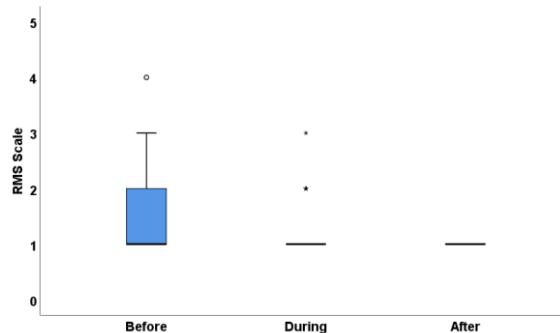
TABLE 13: BONFERRONI CORRECTED PAIRWISE COMPARISONS OF AGE GROUP

Pairs (Age group)	Before
9.1 - 10.0 yrs vs 7.1 - 9.0 yrs	0.288
9.1 - 10.0 yrs vs 5.0 - 7.0 yrs	<0.001
7.1 - 9.0 yrs vs 5.0 - 7.0 yrs	<0.001

TABLE 14: BONFERRONI CORRECTED PAIRWISE COMPARISONS OF RMS SCALE

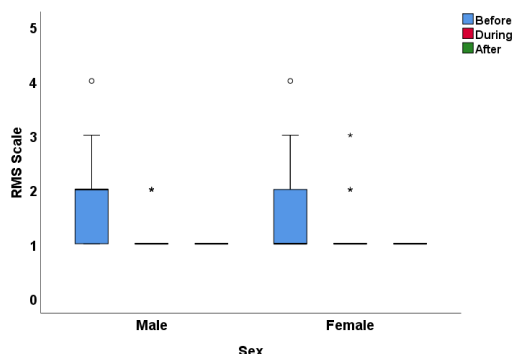
Pairs (Time points)	p-value
	5.0 - 7.0 yrs
After vs During	0.946
After vs Before	<0.001
During vs Before	0.002

GRAPH 5: COMPARISON OF RMS SCALE





GRAPH 6: GENDER GROUP WISE COMPARISON OF TOTAL RMS SCALE



GRAPH 7: AGE GROUP WISE COMPARISON OF TOTAL RMS SCALE

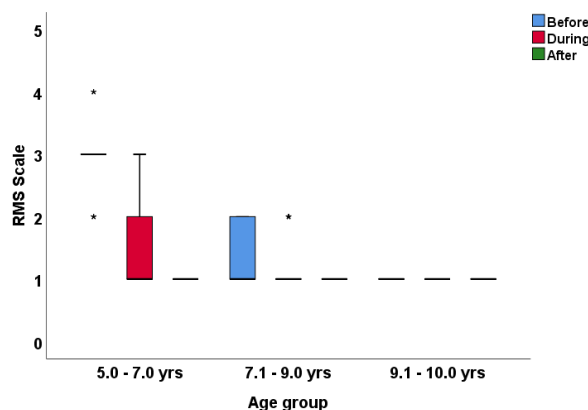


TABLE 15: CHI-SQUARE TEST TO COMPARE PROPORTIONS OF HEART RATE BETWEEN GENDERS

Heart Rate		Sex						p-value
		Male		Female		Total		
		N	%	N	%	N	%	
Before	Normal	11	44.0%	12	48.0%	23	46.0%	0.777
	High	14	56.0%	13	52.0%	27	54.0%	
	Total	25	100.0%	25	100.0%	50	100.0%	
During	Normal	22	88.0%	20	80.0%	42	84.0%	0.702*
	High	3	12.0%	5	20.0%	8	16.0%	
	Total	25	100.0%	25	100.0%	50	100.0%	
After	Normal	23	92.0%	24	96.0%	47	94.0%	1.000*
	High	2	8.0%	1	4.0%	3	6.0%	
	Total	25	100.0%	25	100.0%	50	100.0%	

* Fisher's exact test p-value

TABLE 16: CHI-SQUARE TEST TO COMPARE PROPORTIONS OF HEART RATE BETWEEN AGE GROUPS

Heart Rate		Age group								p-value
		5.0 - 7.0 yrs		7.1 - 9.0 yrs		9.1 - 10.0 yrs		Total		
		N	%	N	%	N	%	N	%	
Before	Normal	3	20.0	10	45.5	10	76.9	23	46.0	0.011
	High	12	80.0	12	54.5	3	23.1	27	54.0	
	Total	15	100.0	22	100.0	13	100.0	50	100.0	
During	Normal	11	73.3	18	81.8	13	100.0	42	84.0	0.172*
	High	4	26.7	4	18.2	0	0.0	8	16.0	



	Total	15	100.0	22	100.0	13	100.0	50	100.0	
After	Normal	14	93.3	20	90.9	13	100.0	47	94.0	0.781*
	High	1	6.7	2	9.1	0	0.0	3	6.0	
	Total	15	100.0	22	100.0	13	100.0	50	100.0	

* Fisher's exact test p-value

TABLE 17: MCNEMAR'S CHI-SQUARE TEST TO COMPARE HEART RATE BETWEEN TIME POINTS

Heart Rate		Heart Rate: Before						p-value
		Normal		High		Total		
		N	%	N	%	N	%	
During	Normal	22	95.7%	20	74.1%	42	84.0%	<0.001
	High	1	4.3%	7	25.9%	8	16.0%	
	Total	23	100.0%	27	100.0%	50	100.0%	
After	Normal	23	100.0%	24	88.9%	47	94.0%	<0.001
	High	0	0.0%	3	11.1%	3	6.0%	
	Total	23	100.0%	27	100.0%	50	100.0%	
Heart Rate		Heart Rate: After						p-value
		Normal		High		Total		
		N	%	N	%	N	%	
During	Normal	42	89.4%	0	0.0%	42	84.0%	0.063
	High	5	10.6%	3	100.0%	8	16.0%	
	Total	47	100.0%	3	100.0%	50	100.0%	

TABLE 18: MCNEMAR'S CHI-SQUARE TEST TO COMPARE HEART RATE BETWEEN TIME POINTS: GENDER WISE

Sex	Heart Rate	Heart Rate: Before						p-value	
		Normal		High		Total			
		N	%	N	%	N	%		
Male	During	Normal	11	100.0%	11	78.6%	22	88.0%	0.001
		High	0	0.0%	3	21.4%	3	12.0%	
		Total	11	100.0%	14	100.0%	25	100.0%	
	After	Normal	11	100.0%	12	85.7%	23	92.0%	<0.001
		High	0	0.0%	2	14.3%	2	8.0%	
		Total	11	100.0%	14	100.0%	25	100.0%	
Female	During	Normal	11	91.7%	9	69.2%	20	80.0%	0.021
		High	1	8.3%	4	30.8%	5	20.0%	



		Total	12	100.0%	13	100.0%	25	100.0%	
		After	Normal	12	100.0%	12	92.3%	24	
	High	0	0.0%	1	7.7%	1	4.0%		
	Total	12	100.0%	13	100.0%	25	100.0%		
Sex	Heart Rate	Heart Rate: After						p-value	
		Normal		High		Total			
		N	%	N	%	N	%		
Male	During	Normal	22	95.7%	0	0.0%	22	88.0%	0.999
		High	1	4.3%	2	100.0%	3	12.0%	
		Total	23	100.0%	2	100.0%	25	100.0%	
Female	During	Normal	20	83.3%	0	0.0%	20	80.0%	0.125
		High	4	16.7%	1	100.0%	5	20.0%	
		Total	24	100.0%	1	100.0%	25	100.0%	

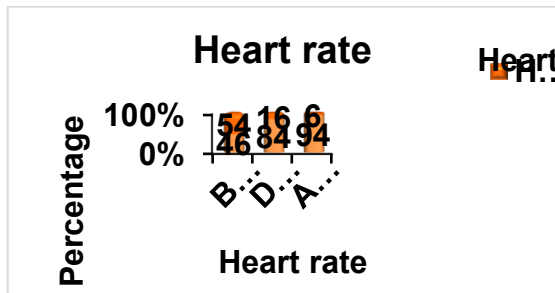
TABLE 19: MCNEMAR’S CHI-SQUARE TEST TO COMPARE HEART RATE BETWEEN TIME POINTS: AGE GROUP WISE

Age group	Heart Rate	Heart Rate: Before						p-value	
		Normal		High		Total			
		N	%	N	%	N	%		
5.0 - 7.0 yrs	During	Normal	2	66.7%	9	75.0%	11	73.3%	0.021
		High	1	33.3%	3	25.0%	4	26.7%	
		Total	3	100.0%	12	100.0%	15	100.0%	
	After	Normal	3	100.0%	11	91.7%	14	93.3%	0.001
		High	0	0.0%	1	8.3%	1	6.7%	
		Total	3	100.0%	12	100.0%	15	100.0%	
7.1 - 9.0 yrs	During	Normal	10	100.0%	8	66.7%	18	81.8%	0.008
		High	0	0.0%	4	33.3%	4	18.2%	
		Total	10	100.0%	12	100.0%	22	100.0%	
	After	Normal	10	100.0%	10	83.3%	20	90.9%	0.002
		High	0	0.0%	2	16.7%	2	9.1%	
		Total	10	100.0%	12	100.0%	22	100.0%	
9.1 - 10.0 yrs	During	Normal	10	100.0%	3	100.0%	13	100.0%	-
		High	0	0.0%	0	0.0%	0	0.0%	
		Total	10	100.0%	3	100.0%	13	100.0%	
	After	Normal	10	100.0%	3	100.0%	13	100.0%	-
		High	0	0.0%	0	0.0%	0	0.0%	
		Total	10	100.0%	3	100.0%	13	100.0%	

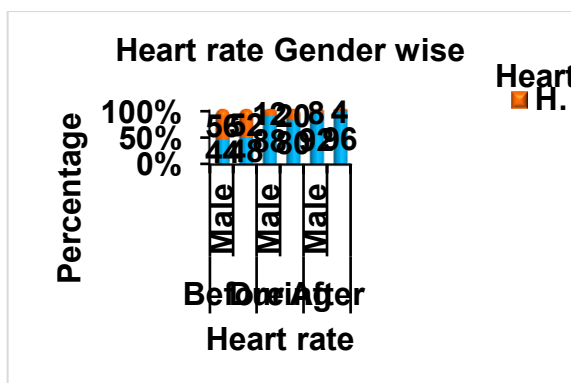


Age group	Heart Rate	Heart Rate: After	Normal		High		Total		p-value
			N	%	N	%	N	%	
			High	0	0.0%	0	0.0%	0	
	Total	10	100.0%	3	100.0%	13	100.0%		
5.0 - 7.0 yrs	During	Normal	11	78.6%	0	0.0%	11	73.3%	0.250
	High	3	21.4%	1	100.0%	4	26.7%		
	Total	14	100.0%	1	100.0%	15	100.0%		
7.1 - 9.0 yrs	During	Normal	18	90.0%	0	0.0%	18	81.8%	0.500
	High	2	10.0%	2	100.0%	4	18.2%		
	Total	20	100.0%	2	100.0%	22	100.0%		
9.1 - 10.0 yrs	During	Normal	13	100.0%	0	0.0%	13	100.0%	-
	High	0	0.0%	0	0.0%	0	0.0%		
	Total	13	100.0%	0	0.0%	13	100.0%		

GRAPH 8: COMPARISON OF HEART RATE



GRAPH 9: GENDER GROUP WISE COMPARISON OF HEART RATE



GRAPH 10: AGE GROUP WISE COMPARISON OF HEART RATE



Statistical analysis revealed significant reductions in MCDAS scores following Kaleidoscope Distraction Therapy ($p < 0.001$). RMS pictorial scores demonstrated improvement from anxious facial expressions to happier expressions during and after intervention. Heart rate values showed significant normalization during and after treatment.

Greater anxiety reduction was observed in younger children (5–7 years). No significant gender differences were noted.



DISCUSSION

Dental anxiety remains a significant challenge in pediatric dentistry. Barlow has delineated anxiety as a unique and coherent cognitive-affective structure embedded within the defensive and motivational systems.³ Despite significant advancements in dental care, managing anxiety in pediatric patients continues to pose a major challenge for pediatric dentists. Anxious or fearful children may exhibit behaviors such as crying, screaming, trembling, or panic, and may even attempt to leave the dental chair, resulting in uncooperative behavior during treatment.⁴ It has also been demonstrated that children tend to cry more upon seeing the dentist holding a needle¹¹⁻¹⁵.

A wide range of psychological approaches are available to manage dental anxiety and fear in clinical settings, in addition to basic behavior management techniques such as communication, voice control, Tell-Show-Do, and modeling. These approaches vary in complexity, ranging from relatively simple methods to those that require specialized training.⁵

Visual distraction techniques function by redirecting the child's attention from threatening stimuli to engaging visual inputs. The kaleidoscope provides continuous colourful motion patterns that stimulate visual curiosity and cognitive engagement, thereby reducing perception of pain and anxiety^{16, 17}.

In this study, significant reductions were observed across psychological (MCDAS, RMS) and physiological (heart rate) parameters, demonstrating the effectiveness of Kaleidoscope Distraction Therapy. Previous studies have shown that visual distraction reduces stress hormones and improves cooperation^{18- 20}. The present findings support the role of simple visual tools in pediatric behaviour management.

CONCLUSION

Kaleidoscope Distraction Therapy significantly reduced dental anxiety in children aged 5–10 years. It is an inexpensive, non-invasive, and easily implementable behaviour management technique that can be incorporated into routine pediatric dental practice to improve cooperation and treatment outcomes.

REFERENCES

1. Eden E., Sevinç N., Akay A., Kiliç G., Ellidokuz H. Evaluation of children's dental anxiety levels at a kindergarten and at a dental clinic. *Braz. Oral Res.* 2016;30:1–8. [PubMed] [Google Scholar].
2. Serpell JA. Animal Assisted Therapy-Conceptual model and guidelines for quality assurance. In: Fine AH, editor. *Handbook on Animal-Assisted Therapy: Theoretical Foundations and Guidelines for Practice*. Second ed. United States of America: Elsevier Publications; 2011. p.119-64.
3. Steimer T. The biology of fear- and anxiety-related behaviors. *Dialogues Clin Neurosci* 2002;4:231-49.
4. Gao X, Hamzah SH, Yiu CK, McGrath C, King NM. Dental fear and anxiety in children and adolescents: Qualitative study using YouTube. *J Med Internet Res* 2013;15:e29.
5. Armfield JM, Heaton LJ. Management of fear and anxiety in the dental clinic: A review. *Aust Dent J* 2013;58:390-407.
6. Marcus DA. The science behind animal-assisted therapy. *Curr Pain Headache Rep* 2013;17:322.
7. Marcus DA, Bernstein CD, Constantin JM, Kunkel FA, Breuer P, Hanlon RB, et al. Impact of animal-assisted therapy for outpatients with fibromyalgia. *Pain Med* 2013;14:43-51.
8. Shiloh S, Sorek G, Terkel J. Reduction of state-anxiety by petting animals in a controlled laboratory experiment. *Anxiety Stress Coping* 2003;16:387-95.
9. Lang UE, Jansen JB, Wertenauer F, Gallinat J, Rapp MA. Reduced anxiety during dog assisted interviews in acute schizophrenic patients. *Eur J Integr Med* 2010;2:123-7.
10. Berget B, Ekeberg O, Braastad BO. Animal-assisted therapy with farm animals for persons with psychiatric disorders: Effects on self-efficacy, coping ability and quality of life, a randomized controlled trial. *Clin Pract Epidemiol Ment Health* 2008;4:9.
11. Vagnoli L, Caprilli S, Vernucci C, Zagni S, Mugnai F, Messeri A, et al. Can presence of a



- dog reduce pain and distress in children during venipuncture? Pain Manag Nurs 2015;16:89-95.
12. Odendaal JS, Meintjes RA. Neurophysiological correlates of affiliative behaviour between humans and dogs. *Vet J* 2003;165:296-301.
 13. Mease PJ. Further strategies for treating fibromyalgia: The role of serotonin and norepinephrine reuptake inhibitors. *Am J Med* 2009;122:S44-55.
 14. Beetz A, Uvnas-Moberg K, Julius H, Kotrschal K. Psychosocial and psycho physiological effects of human-animal interactions: The possible role of oxytocin. *Front Psychol* 2012;3:234.
 15. Prabhakar AR, Marwah N, Raju OS. A comparison between audio and audiovisual distraction techniques in managing anxious pediatric dental patients. *J Indian Soc Pedod Prev Dent.* 2007;25:177-82.
 16. Aitken JC, Wilson S, Coury D, Moursi AM. The effect of music distraction on pain, anxiety and behavior in pediatric dental patients. *Pediatr Dent.* 2002;24:114-8.
 17. Ram D, Shapira J, Holan G. Audiovisual distraction and behavior management in pediatric dentistry. *J Clin Pediatr Dent.* 2010;34:321-4.
 18. Fakhruddin KS, El Batawi H, Gorduysus MO. Effectiveness of audiovisual distraction during dental treatment in children. *Eur J Dent.* 2015;9:470-5.
 19. Navit S, Johri N, Khan SA, Singh RK, Chadha D, Navit P, et al. Effectiveness and comparison of various audio distraction aids in management of anxious dental pediatric patients. *J Clin Diagn Res.* 2015;9:ZC05-9.
 20. Kaur R, Jindal R, Dua R, Mahajan S, Sethi K, Garg S. Comparative evaluation of the effectiveness of audio and audiovisual distraction aids in the management of anxious pediatric dental patients. *J Indian Soc Pedod Prev Dent.* 2015;33:192-203.