PATIENT COMMUNICATION AND GUM HEALTH

HOW CAN WE IMPROVE COMMUNICATION TO ENCOURAGE PATIENTS TO COMMIT TO IMPROVING THEIR GUM HEALTH?

As clinicians, we strive to: 1) restore the health of a patient's mouth by eradicating any infection or present pathology, 2) obtain an exceptional outcome that re-establishes the dentition's function, the patient's oral cavity. The first two goals are somewhat more predictable and obtainable due to the fact that our skills, knowledge and experience guide us in doing the best work possible. The third goal, however, is the most challenging to accomplish because the patient's role in care and maintenance at home sometimes serves as a roadblock; keeping us from reaching our desired outcome of oral health stability. This article will discuss a few factors than can possibly improve how we communicate with our patients in order to improve their at-home maintenance programs.

We will look at the psychological aspects related to patient perception and periodontal disease, the relationship between the clinician and patient, and the patient's willingness to take ownership of their home-care responsibilities.

THE PSYCHOLOGICAL ASPECTS OF PERIODONTAL DISEASE

Past studies based on interviews with patients seen in a periodontal office found that communication and the relationship between the patient and the dental team are of utmost importance in the treatment and control of periodontal disease. It was also found that after the diagnosis of periodontal disease, patients had a reaction of shock (for not knowing they had an issue prior to the diagnosis), as well as anger and disappointment (towards previous caregivers for lack of information given to them).[1-3]

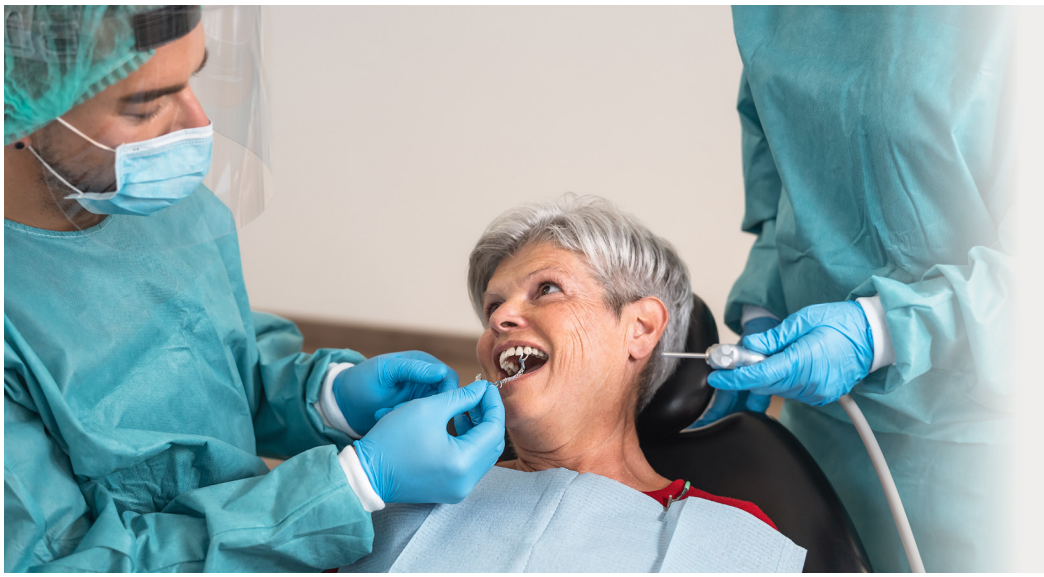
These studies also revealed a feeling of vulnerability and the patient's need for being treated with respect and understanding due to self-perceived shame. As defined by Prochaska, the "stages of change model" is divided into five different stages of behavioral change; pre-contemplation, contemplation, action, maintenance and relapse. The stages are based upon measures of readiness to change which include the degree of ambivalence, the resolution of conflict, as well as the establishment and maintenance of the health behaviors. The progress through the stages is slow and tortuous with many false starts and relapses.[4]

Reasons for non-compliance include fear, economics and lack of compassion from the dental professional.

Various studies have been completed to understand the factors which influence patients' compliance. In a review in the Journal of Periodontology, T Wilson[5] identified that 'patients with chronic illnesses' (such as periodontal disease) 'tend to comply poorly, especially if the disease is not perceived as life-threatening'. The reasons for non-compliance include 'fear, economics, and lack of compassion from the dental therapist'. Patients were found to be more likely to comply if they felt informed, if their actions were positively reinforced and when the barriers to treatment were reduced.

A number of the studies based on compliance with periodontal therapy were completed using retrospective data based on actual behavior. A review of three years of records from a specialist periodontal practice completed by Mendoza et al[6] found that there was no significant difference in attendance compliance on the basis of their sex, age, or disease severity. However, there seemed to be a link between compliance and private dental insurance suggesting a financial motivator, and patients who had more periodontal surgery or who attended at least one year of supportive treatment were more likely to be compliant. Additionally, a follow up survey indicated the main reasons for non-compliance included a sense that treatment was covered by their general practitioner, the expense of supportive periodontal therapy and/or a belief that they no longer required treatment.

Another examined factor is the association between stress and periodontal disease and how this may impact treatment.[7-9] In general, mechanisms have been grouped into two broad categories: (a) 'health-impairing behaviors' associated with stress, such as increases in tobacco and alcohol consumption, poor oral hygiene, and poor nutritional intake and (b) 'pathophysiological factors' that lead to increases in stress hormones which can indirectly influence inflammatory and immunological profiles and increase the susceptibility to periodontal disease. A study by Robert Genco in the Annals of Periodontology[7] looked at the association between stress and coping behaviors with periodontal disease amongst 1426 people. The research found that measures of stress related to financial strain is a significant risk factor for periodontal disease in adults. Financial stress has the potential to influence both compliance and periodontal health outcomes in patients.



We should also treat the patients with respect and empathy, stressing the importance of the patient's periodontal health role in systemic health and evaluating the stress level of the patient.

Therefore, with these identified factors, we need to take particular care during the initial patient interview by using patient-centered interviewing techniques. In order to gain as much knowledge about the patient as possible, open-ended questions should be used. As clinicians, we need to be respectful and empathetic with patients in order to minimize any impacts of stress. When discussing their role in daily oral hygiene it is important that patients understand the impact of their actions and feel empowered, and that we deliver positive feedback to maintain motivation and compliance.

THE ROLE OF THE CLINICIAN/PATIENT RELATIONSHIP

The relationship between the clinician and the patient is key for a successful outcome. Jane Stenman & colleagues[10] completed a study based on interviews with dental hygienists to explore their views on communication related to prevention of periodontal disease. The paper identified a core concept required to be successful in information and oral health education and managing desirable behavioral changes. This core concept outlined the need: 1) to establish trusting relationship with the patient, 2) to present information about the oral health status and to give oral hygiene instruction, 3) to be professional in the role as the clinician and 4) to have a supportive working environment in order to feel satisfaction and to reach desirable treatment results.

A national survey conducted by Rozier et al[11] found that routine use of standardized communication techniques is low among dentists, including some techniques thought to be most effective for patients with low literacy skills. Two-thirds or more of the dentists used techniques designed for patients with low literacy skills and less than a quarter of dentists used any designated “teach-back techniques” or “patient–friendly practice domains”.

These two studies conclude an opportunity to improve communication with patients through professional education for clinicians.

THE PATIENT'S PERCEPTION OF VALUE

A patient's perception of value and their willingness to take ownership of home-care responsibilities is essential to reach a desired oral health outcome. A study completed in Australia sought to understand the patient's experience of dental care.[12] The study found that patients "valued having a caring dentist who respected them and listened to their concerns without 'blaming' them for their oral health status". Being treated "as a person and not a patient" resulted in better compliance.

A study by E Joosten et al.[13] sought to research the impact of the move towards shared decision-making (SDM) in healthcare, where the practitioner and patient work through the decision-making process together and reach an agreement based on their shared preferences. Results showed the positive implications of working alongside patients on treatment decisions even in the long term.

A focus on treating the patient with respect and as an individual, and having them take an active role in the treatment and maintenance program decision-making process, will increase the patient's perception of value and ownership not only in their treatment that the clinician recommends, but also with treatment compliance.

While implementing new approaches to communication may seem challenging during a busy or intense clinical day in practice, it is important to remember that, as practitioners, we have a huge influence on our patients' motivations and actions. This ultimately is a key factor in treatment success, particularly for chronic conditions such as periodontal disease.

ADDITIONAL SUPPORT TO HELP PATIENTS MAINTAIN OPTIMAL GUM HEALTH AND ORAL CARE BETWEEN PROFESSIONAL CLEANINGS FROM PARODONTAX.

To mange our patients' early stage of periodontal disease (gingivitis), the management of plaque relies on a daily brushing routine utilizing a speciality dentifrice like Paradontax toothpaste. The dental professional should recommend twice daily brushing with Parodontax toothpaste, in addition to interdental cleaning aids such and interdental brushes or flossing to help prevent bleeding gums: Paradontax toothpaste has been:

- Clinically proven across two 24 week studies to be 3x more effective than a regular toothpaste* at reducing plaque
- Clinically proven to help reduce plaque, bleeding gums and inflammation**[14,15]

Therefore, by improving our communication strategies and recommending efficacious home care products such as Paradontax toothpaste, the dental healthcare professional can better manage the patient's periodontal disease.

parodontax

*sodium monofluorophosphate toothpaste with twice daily brushing

**change from baseline

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BRUSH UP!
ON ORAL HEALTH