

# The Interaction of the Professional, Psychological and Sociological Aspect in Planning Dental Rehabilitation

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## Summary

*The priority of each dentist should be the health and care, as well as the welfare of his patient. The dentist should explain the therapeutic process, inform the patient in detail about the chosen therapy and keep him updated. The patients, usually lacking professional knowledge, or insufficiently informed, are unable to choose the type and the course of the therapy. The role of the dentist is to prepare the therapy plan, as well as the rehabilitation of the patient, and to instruct him as to the desired results.*

*Preparing the therapy plan is a very demanding part of the process, which necessarily unites practical knowledge and scientific and socio - psychological approach to the patient, medical ethics included.*

**Key words:** *planning therapy, socio- psychological approach in dentistry, dental rehabilitation.*

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## Introduction

The traditional principles of therapy planning have their values, although new methods and concepts should be adopted, in accordance with the incidence, severity and type of the dental disease of the patient, as well as the application of new materials and techniques. The challenge in such therapy planning is to incorporate the patient's subjectivity (the patient's contribution to the therapeutic process is always subjective), with the professional and modern aspects of clinical praxis.

One of the premises to the successful course of the prescribed dental therapy is the patient's cooperation.

The therapy planning is based on thorough clinical examination, previously studied relevant results of research, as well as the objective evaluation of the patient's needs, requests, and expectations. This process includes methodological and minute detail evaluation, and open communication between the patient and the therapist.

The course of the therapy should be based on medical prevention, fulfilment of the patient's expectations and requests, correct estimation of the ability and skill of the dentist included. The aim is to ensure oral health of the patient by preventing pathological changes. Therefore, the patient's coop-

eration is indispensable to successful therapy. It is equally important to free the patient from pain and discomfort.

### **Why is it necessary to follow the therapy plan?**

Considering the fact that good strategy is the basis of every successful therapy, it should set its aims and readiness to react to the unexpected, all as a result of the knowledge of the conceptual notion and facts of the medical and dental history of the disease, patient's expectations and requests, and especially the estimated results of the chosen therapy. The therapy plan should be realistic and consider the knowledge and the experience of the dentist, the modern principles of the profession and estimation of the biological response to the materials and interventions. If the dentist failed to fulfil all the aforementioned premises, it would be considered to be neglect, and lack of professional responsibility.

The therapy plan should:

- Enable urgent improvement of the patient's medical condition.
- Cure the patient's existing discomfort.
- Incorporate a comprehensible and applicable approach to the therapy.
- Assure the correct sequence and duration of the therapeutical process.
- Encourage the patient and awaken his self-confidence.
- Facilitate the therapeutical process by offering support.
- Include all realisable options.
- Predict the course of therapy by estimating both long-term and short-term results, acceptable to the patient and the therapist.
- Reduce the risk of legal and unfavourable consequences to the minimum.
- Enable the best treatment in obtaining the long-term results.
- Contain an estimation, with all possible consequences and complications considered.

### **The mechanism and planning skills**

The therapy plan is unique for each patient, and it represents the result of a particular diagnosis set and based on history and information after clinical examination of the patient. The elaboration of the plan should be approached with utmost seriousness and objectivity aiming to ease the patient's discomfort. Finding the solution to complex problems is most efficient if the problem is fragmented into smaller parts, and each fragment approached and solution found separately. Urgent conditions and changes, which can damage the patient's health, have the utmost priority. The priorities should also be set in deciding the degree of urgent conditions, which should be solved step by step. The basic priority is to remove the sensations of pain. The urgent entities represent the framework of planning therapies.

It is advisable to divide the plan into three stages for easier clinical evaluation of the therapeutical process and the achieved results. Such plan division is also important in view of the financial and social aspect.

There are usually several options of the therapy implementation. The role of the dentist in choosing the best, individually applicable option is therefore indispensable.

### **The process of therapy plan elaboration**

#### *The interview with the patient*

The ability of communication, interaction and discussion with the patient at the interview, is an indispensable skill in acquiring confidence and establishing a positive relationship with the patient. The patient should be encouraged and led to the conclusion that he himself is an active participant in the process of elaboration of medical treatment, which results in his consent to the chosen procedure, higher motivation and conclusively, satisfaction with the treatment and therapeutical procedures.

Open questions should be asked very carefully and in an understandable manner, during the therapy itself. Using phrases like: "How do you feel about..." or "Can you tell me something about...?" usually leads to getting more information on patient's

attitudes and wishes, and facilitates the doctor-patient contact, then the closed questions like "Do you...?" or "Are you...?". By trying to understand the body language and psychological processes in a patient, as well as using an understandable manner of communication, the dentist can skilfully avoid the demonstration of his dominance. It is, thus, possible to establish a quality doctor-patient relationship and enable an optimum exchange of information. The patient's privacy is guaranteed, and all information is confidential. The initial conversation should be held, whenever possible, outside the doctor's surgery, in a more private, relatively relaxed atmosphere, especially in cases of anxiety. This is especially important in treating new patients. In cases when no other rooms outside the clinic are available, the patient should sit comfortably in the chair, while the dentist and his assistant converse with the patient, keeping an expected, polite distance. If the clinic premises allow it, a friend or a relative should accompany the patient. All types of illustrated material, like demonstrations, photos, books, and prospectuses and videotapes, can substantially facilitate communication. Particular emphasis should be put on getting as detailed information as possible, while various questionnaires should be used only as additional information to those already offered by the patient. The questionnaires are aimed at evaluation of the patient's perception of the importance of function and aesthetics of the stomatological system, as well as his estimation of proper dental and oral health. The questionnaires are furthermore used to evaluate the patient's possible psychological and physical acceptance and response to the medical treatment. The questionnaires also encourage patients to cooperate, and it is the dentist's duty to verify all given information. While conversing with the patient, the dentist must sympathize with the patient's discomfort, and evaluate the factors that could affect further therapeutical procedures. The conversation or history is, therefore, the beginning and basis of every good therapy.

### *Medical status*

A detailed medical history is necessary to plan safe therapy for each patient. The choice of therapist, number of visits and duration of each examination, the duration and place of the therapy could

all be conditioned by medical reasons. The patient should be warned to instruct the dentist of each change in his/her medical condition during the therapy. The doctor-patient confidence, as well as the need to keep all information confidential, should always be present. Its violation could have both legal and medical consequences. For the same reasons it is necessary to keep detailed records of all steps of the therapy.

### *Dental history*

Information on the patient's previous visits and treatments can indicate his attitude to the forthcoming treatment, including the acceptance of preventive measures of protection. Concerning the fact that patients frequently change their lifestyles and attitudes, in patients with poor oral hygiene habits, it is necessary to take into consideration and enable an adaptation period, and watch closely the patient's reaction.

In partially edentulous patients, it is necessary to establish when they lost their teeth, because such information is very useful in evaluating their previous habits and the disease itself. It is advisable to use the technique of previously mentioned open questions, so the patient can describe, in his own words, his sensations and express his perception of the problem.

### *Examination*

The choice of technological equipment and the systemic approach represent the basic premises of the quality examination. Great care in examining the patient and the ability to perceive details are all characteristics of a good dentist.

#### **1. Extraoral examination**

The extra oral examination includes the inspection and palpation of the temporomandibular joint and the surrounding structures, as well as the lymph nodes. It is important to examine possible asymmetrical proportions, changes in the mandibular movements and other non-physiologic characteristics.

#### **2. Interoral examination**

The interoral examination includes:

- The inspection of soft tissues including tongue, lips and the rear of the oral cavity. It is important to note scars and discoloration of the mucous membrane.
- To evaluate the periodontal condition (measure the depth of the teeth sacs, the presence of calcareous layers, gingival bleeding or recession) which includes the inspection of the movableness and migration of teeth and food impaction.
- The detailed examination of all tooth surfaces to inspect caries or loss of hard tooth tissue.
- The inspection of occlusion (centric relation, lateral and protrusive mandibular movements).
- Pay particular attention to the region in which the patient senses discomfort.
- The estimation of the function, retention, comfort and biological compatibility of the existing prosthesis.
- Evaluation of the complete dental status concerning the age of the patient. Examine the phonation and aesthetical aspect (smile).

The examination is concluded upon the analyses of the models, X-rays and clinical photos, as well as the evaluation of the results of specific tests, which serve as confirmation of the objectivity and reliability. In patients with changes in the occlusive vertical relations, it is necessary to perform all due examinations. The nutrition analysis is necessary in patients with high caries index and obvious dental erosion.

### ***Habits and lifestyle***

Certain habits, such as bruxism, are visible at the first clinical examination, while others should be paid particular attention at the initial interview, and need more detailed inspection. The employment status, patient's economical and social status, sport activities and other habits, also influence the planning and therapeutical outcome possibilities. The patient's expectations and attitudes are usually the product of personal experience, partners or relatives' suggestions, scarce knowledge of the contemporary dental methods and techniques in use, but can also be a result of ethnical or socio - economical principles.

A relative contraindication for complex restoration therapy is the constant exposure to trauma, including contact sports. The treatment should necessarily be postponed, until the suspension of active sports practice, or removal of other causes of possible trauma is achieved. The economical status of the patient should not be decisive in determining the course and quality of the therapy; nevertheless, the material, technique and type of the dental service depend on it.

There are patients, for instance, in the entertainment business, or blow players of musical instruments, who require restorative therapy, the course of which is not interrupted by their work.

The ideal therapy plan includes the restoration of oral health with the minimal invasion, fulfilment of patient's needs and economic acceptability. The patients often have no real expectations as to the result of the therapy. It is, therefore, the duty of every dental team, to explain to the patient what to expect from therapy.

### ***The psychological status***

The evaluation of the patient's psychological aspect enables insight into the most acceptable way of necessary therapy planning. Various diagnoses, such as psychosis, neurosis and depressive states, can limit the therapeutical feasibility, and acquires the elaboration of a temporary plan, which can be altered during the therapy itself. In such patients, it is always advisable to get the opinion of medical field experts.

### **The presentation of the plan to the patient**

The therapy plan can be explained to the patient verbally with no further explanations. It is much better, however, to present a written plan to the patient, usually in the form of a letter, which prevents any future misunderstanding and protects the dentist. It is advisable to enclose a copy of the plan in the patient's file with other documents. Such a plan can contain photos, diagrams, brochures /leaflets explaining a particular topic, advice on measures of prevention, planned results and possible risks and

the number and incidence of visits. It is useful to enclose a personal estimation of the duration of such restorative therapy, as well as its financial value. The written exposition of the plan is particularly important in more complex and comprehensive. It is not necessary to have one for smaller interventions. The patient should be granted enough time to study the plan and clear up all possible misunderstandings before signing the consent therapy plan note. The patient should sign the note of his own free will, and only adults can consent to the treatment.

### **Conclusion**

It is highly possible that the desired and successful results will be achieved by following the described strategy of planning the dental restorative therapy, to the satisfaction of both the patient and the therapist. It is also necessary to emphasise that the therapy planning should aim at complete oral health and the long term of the desired results.

Finally, we can only conclude that planning dental procedure does not represent any scientific research, but a skill supported by clinical experience and scientific achievements.