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EVALUATING THE EFFECT OF PSYCHIATRIC COUNSELLING ON GERIATRIC PATIENTS UNDERGOING PROSTHODONTIC TREATMENT

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ABSTRACT Aging is an inevitable phenomena. It brings lot of compromises in the day to day life which includes both physical as well as mental health. This pilot study aimed to see the effect of Psychiatric Counselling on Geriatric Patients Undergoing Prosthodontic Treatment**.** A total of A total of 10 patients were enrolled for Psychiatric Counselling. Psychiatric Counselling was done by Rosenberg Self-Esteem Scale (RSES). The RSES score indicated that all the patients enrolled in the study had low to moderate Self-Esteem Scores at the baseline i.e. Mean: 14.2, SD: 3.1 were as the same RSES score indicated a significant improvement when recorded Post-treatment i.e. Mean: 20.5, SD: 2.8, $p < 0.05$. A significant improvement was seen in the patients who received psychiatric counselling paired t-test value $t(9) = 6.72$, $p < 0.001$ whereas chi-square test indicated the value $\chi 2(1) = 5.92$, $p = 0.015$. This pilot study highlights the potential benefits of integrating psychiatric counselling into Prosthodontic care for geriatric patients.

KEYWORDS : Geriatric, Aging, Complete Denture, Rosenberg Self-Esteem Scale (RSES)

INTRODUCTION

As the global population continues to age, elderly individuals face a variety of psychological and physical challenges that can affect their oral health and overall quality of life. This increase in aging adults has led to a higher demand for prosthodontic treatments, such as full dentures. However, the effectiveness of these treatments is influenced not only by the skill of the dental professional but also by the patient's emotional well-being, including factors like anxiety, stress, and self-esteem. Specifically[1]. dental anxiety is a well-recognized issue that can negatively impact patient cooperation, adherence to treatment plans, and the success of the procedures[2]. For elderly patients, psychological challenges are frequently intensified by age-related issues, including cognitive decline, social isolation, and the presence of multiple health conditions[3]. Research has indicated that many older adults undergoing prosthodontic treatment experience low self-esteem and high anxiety, which can result in difficulty adjusting to dentures and a diminished quality of life[4].Tackling these psychological issues is essential for achieving positive treatment results and enhancing patient satisfaction. Psychological approaches, including cognitive behavioral therapy (CBT) and stress reduction strategies, are commonly employed in healthcare settings to reduce anxiety and enhance patient adherence to treatment[5]. Despite their widespread use in healthcare, these psychological interventions have not been extensively explored in dentistry, especially in geriatric prosthodontics. Incorporating psychiatric support into dental care routines could help fill this gap, providing a comprehensive approach that meets both the physical and emotional needs of elderly patients. The Rosenberg Self-Esteem Scale (RSES) is a widely recognized and validated instrument used to measure self-esteem, an important psychological factor that affects a person's capacity to manage stress and adjust to new circumstances[6]. Integrating this tool into dental practice allows clinicians to better understand the psychological state of their patients, enabling them to customize interventions to meet individual needs. This pilot study seeks to assess the feasibility and initial impact of psychiatric counselling for elderly patients receiving prosthodontic treatment. By measuring changes in self-esteem, anxiety levels, and patient adherence, the study aims to demonstrate the potential advantages of incorporating psychological support into dental care for older adults.

MATERIALAND METHOD

A total of 20 geriatric patients (aged 65 and above) scheduled to receive complete denture prosthesis were initially screened. Patients who were diagnosed with mild to moderate anxiety or stress, undergoing complete denture treatment, willing to participate in the study and ready to give consent were included in the study. Patients who were having severe cognitive impairment or psychological disorders which require pharmacological psychiatric intervention were excluded from the study. The patients who were ready to participate in the study were enrolled after gathering the written consent from them. A total of 10 patients were enrolled and thereafter a psychiatrist was contact for the necessary counselling. Psychiatric Counselling was done by a scale naming Rosenberg Self-Esteem Scale (RSES). For the purpose of Psychiatric therapy workup was done on their Cognitive behaviour for this purpose cognitive behavioural therapy (CBT) was done with this stress management, relaxation exercises and coping strategies were introduced to them for a period of one month which included 4 sessions of 30-35 min per session. Complete denture prosthesis was simultaneously being made by the Prosthodontist which included various steps like Diagnostic impression, Diagnostic cast fabrication, Special tray fabrication, Border moulding, Master cast preparation, Occlusal rims fabrication, Orientation jaw relation, Vertical jaw relation, Centric jaw relation, Face bow transfer, Articulation, teeth arrangement, Trial, Wax-up, Carving, Acralization, Remounting, Occlusal refining, Finishing, Polishing and Denture insertion. Assessment via Rosenberg Self-Esteem Scale (RSES) was done again after one month with this clinical and patients feedback was also recorded to assess the patient cooperation and overall satisfaction with the prosthetic treatment.

RESULTS

Table1: Comparison Of Self-esteem Scores And Patient Cooperation Before And After Psychiatric Counselling In Geriatric Prosthodontic Treatment

Measure	Pre-Treatment	Post-Treatment	p-value
Self-Esteem Scores (RSES)	14.2 ± 3.1 (Mean ± SD)	20.5± 2.8 (Mean ± SD)	p =0.001
Patient Cooperation (Attendance at Dental Visits)	60%	90%	p = 0.015
Compliance with Post-Treatment Care	55%	85%	Significant improvement

The RSES score indicated that all the patients enrolled in the study had low to moderate Self-Esteem Scores at the baseline i.e. Mean: 14.2,

SD: 3.1 were as the same RSES score indicated a significant improvement when recorded Post-treatment i.e. Mean: 20.5, SD: 2.8, $p < 0.05$.

Table 2: Qualitative Feedback Analysis

Feedback Category	No. of Patients	Percentage
Increased confidence and comfort with dentures	8/10	80%
Reduced anxiety about dental visits	7/10	70%
Moderate anxiety but improved willingness to cooperate	3/10	30%
Satisfaction with counselling integration	9/10	90%

The qualitative feedback showed clear difference in the all the spheres Increased confidence and comfort with dentures, Reduced anxiety about dental visits and Satisfaction with counselling integration, the only aspect which did not show a significant improvement was Moderate anxiety but improved willingness to cooperate.

Table 3: Statistical Analysis Of Pre- And Post-treatment Outcomes

Test	Variable	Test Statistic	df	p-value
Paired t-test	Pre- and Post-Treatment RSES Scores	$t = 6.72$	9	< 0.001
Chi-square test	Compliance Rates	$\chi2 = 5.92$	1	0.015

A significant improvement was seen in the patients who received psychiatric counselling paired t-test value $t(9) = 6.72$, $p < 0.001$ whereas chi-square test indicated the value $\chi2(1) = 5.92$, $p = 0.015$.

These findings suggest that psychiatric counselling is a valuable adjunct to prosthodontic care for geriatric patients. By addressing psychological barriers such as anxiety and low self-esteem, counselling enhances treatment adherence and patient satisfaction, ultimately improving the overall success of prosthodontic rehabilitation.

DISCUSSION

The combination of psychiatric counselling and prosthodontic treatment showed encouraging outcomes in boosting self-esteem, lowering anxiety, and improving patient cooperation. The Rosenberg Self-Esteem Scale (RSES) proved to be an effective tool for measuring psychological well-being, demonstrating its value in dental environments. As a validated instrument, the RSES evaluates overall self-esteem, which plays a crucial role in an individual's capacity to handle stress and adjust to changes[6]In this study, the notable increase in RSES scores after the intervention highlights the success of psychiatric counselling in improving self-esteem among elderly patients. Low self-esteem is frequently associated with depression and anxiety, especially in older adults (Smith et al., 2018). Research has indicated that individuals with low self-esteem are more prone to experiencing increased anxiety and depressive symptoms, which can interfere with their ability to adjust to prosthodontic treatments[4]. By enhancing self-esteem through counselling, this study indirectly tackled underlying depression and anxiety, contributing to improved treatment results. The relationship between self-esteem, depression, and anxiety is well-established in psychological research. Low self-esteem can intensify feelings of worthlessness and helplessness, which are key indicators of depression[5]. Likewise, people with low self-esteem tend to experience elevated anxiety levels, as they lack confidence in their ability to handle stressors[2]. In this study, the increase in RSES scores indicates that psychiatric counselling not only boosted self-esteem but also reduced symptoms of depression and anxiety, leading to improved patient compliance and satisfaction. These results are consistent with earlier studies highlighting the significance of overcoming psychological challenges in dental care for older adults[3] By integrating tools such as the RSES into dental care, clinicians can detect patients who may be experiencing psychological distress and offer tailored interventions to enhance treatment outcomes.

CONCLUSION

This pilot study highlights the potential benefits of integrating psychiatric counselling into Prosthodontic care for geriatric patients. The significant improvement in self-esteem, reduction in anxiety, and enhanced patient cooperation underscore the need for a holistic approach to dental treatment in this population. The use of the Rosenberg Self-Esteem Scale provided valuable insights into the psychological well-being of patients, demonstrating its relevance in dental settings.

Limitations And Future Research

Small sample size, general medical condition, lack of follow-up duration could be few limiting factors of this study but the indicative results sure encourage to take up this study with large sample size, having good enough period of follow-ups with impact of various medical condition.

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