



**ORIGINAL RESEARCH PAPER**

**Dental Science**

**TECHNIQUES TO SEEK THE MIND OF PROSTHETIC PATIENT \_ A REVIEW**

**KEY WORDS:** Patient satisfaction, Communication skills, Technical quality, Patient anxiety.

**Chippalapally Arun Kumar\***

MDS, Senior lecturer, Department of Prosthodontics And Crown & Bridge, Mamata Dental College, Khammam, Telangana, India. \*Corresponding Author

**Goverdhan Gugloth**

MDS, Senior Consultant, Department of Prosthodontics And Crown & Bridge, Hanamkonda Telangana, India.

**ABSTRACT**

One of the most important factors in the diagnosis of prosthodontic patients is their mental attitude. This is not a mechanical or biological problem. It requires understanding of people and the ways in which they may react to situations. Dentists can use their training in psychology to detect patients' attitudes and reactions during diagnostic appointments. They can then modify their own attitudes and reactions so that mutual confidence can be established. This article reviews the importance of personality in dentist-patient communication and of the psychosomatic component in prosthodontic treatment<sup>1</sup>.

**INTRODUCTION**

Diagnosis and treatment planning for the completely edentulous patient must include considerations of the biological, physiological, social and economical status of the patient in addition to the dental problem.

Authorities in dental medicine have long recognized a relationship between psychology and dentistry and have attempted to describe the factors that require consideration in dental therapy. Psychoanalytic theories were the first formal concepts used to understand the behavior of dental patients .

As behavioral scientist become more formally involved in dental education, the theoretical approaches were replaced by a practical problem oriented approach that concentrated on patient management and the dentist-patient relationship .

The doctor is concerned with the emotional and psychological state of the patient for it is an essential component of the treatment and the success or failure of the treatment often depends on the emotional state of the patient. Studies have shown that patient's mental attitude and level of expectation can influence the treatment outcome. The dentist should be able to identify negative and positive responses which can influence treatment outcome. The international prosthodontic workshop identified the following factors which produce an adaptive or maladaptive response. Winkler described traits that characterize the ideal completely edentulous response<sup>2</sup> .

**Factors which produce an adaptive response to edentulous treatment**

- The acceptance of the doctor and confidence in the doctor, which could be described as trust.
- Previous favourable experiences with authority figures.
- The capacity to cope favourably with change. Positive attitude increases this capacity
- Favourable physical conditions: youth and general health were factors which produces an adaptive response to complete denture
- Realistic expectation of the patient.
- Good learning capacity.
- The desire of the patient to please the doctor. Recognition by both doctor and the patient that there are varying degrees of success and acceptance of a less than ideal result by the patient and the doctor.
- Recognition by the patient of the limitation and facts of success of complete denture treatment
- Good physical coordination on the part of the patient.
- The patient should be aware of the active role he must play in the cooperative treatment effort

**Factors which produce a maladaptive response to edentulous treatment**

- Lack of trust in the dentist.
- Poor communication between the dentist and his patient
- Negative previous experience, such as unfavourable experience with other dentist.
- Unrealistic expectation of the denture patient.
- Resistance to change arising from severe anxiety or depression or hopelessness.
- Low tolerance for anxiety or pain.
- A high level of anxiety on the part of the patient
- Inadequate tissue tolerance.
- Muscle in coordination
- Chronic dissatisfaction

**Devan** stated that

"Meet the mind of the patient before meeting the mouth of the patient".

hence it is clear that patients attitude and opinions influence the treatment outcome.

- In 1950, **Dr M. M. House**, devised a classification system on the basis of patients psychological responses to becoming edentulous and adapting to dentures.
- House classified patients into 4 types
- Philosophical mind
- Exacting mind
- Hysterical mind
- Indifferent mind

**Philosophical mind**

These patients anticipate the need for treatment with complete dentures and are willing to rely on the dentist's advice for diagnosis and treatment. Philosophical patients will follow the dentist's advice when advised to replace their dentures.

**Exacting mind**

Exacting-mind patients are usually in poor health and need a great deal treatment, but they are unwilling to accommodate suggestions from the dentist or physician to extract hopeless teeth and become denture wearers. Exacting-mind patients also doubt the dentist's ability to make dentures that would satisfy their esthetic and functional needs. Often, the exacting-mind patient demand extraordinary efforts and guarantees of treatment outcome at no additional cost.

**Hysterical mind**

These patients are neglectful of their oral health, dentophobic, and unwilling to try to adapt to wearing dentures. Although these patients may try to wear dentures, they often fail to use the prosthesis because they expect it to look and function like natural teeth.

**Indifferent mind**

Indifferent patients tend not to care about their self image and are not motivated to enjoy eating. They have managed to survive without wearing dentures.

Table 1. Behavioral profile of patients

Patient type	Engagement	Willingness to submit (trust)
Ideal	+++ : "I see you as a professional who is in a position to help me, and willingly, I accept you in that capacity."	+++ : "What you say makes sense, but there are some questions I'd appreciate being answered."
Submitter	++++ : "You are the best dentist I've ever had. No, you are the best dentist around. I admire you, idealize you, and think of you in the most glowing terms."	++++ : "You know everything and will never make an error. Therefore I will submit to whatever you suggest without question."
Reluctant	++ : "Please don't take this personally, but I just don't think you, or any other dentist, is going to be able to help me."	++ : "It isn't you I distrust, but my destiny. Nothing ever works out in my life. Therefore I will reluctantly follow your instructions, but I doubt this will work."
Indifferent	+ : "I wouldn't even give you a second thought."	+ : "You are a dentist like any dentist, what does it matter whom I see, I will listen and follow instructions, I guess, for now."
Resistant	++++ : "You authority-types are all the same. You expect us patients to just accept what you say. If you think I'm one of those types of patients, you are sadly mistaken. Prepare to be challenged!"	++ : "You've got to be crazy if you think I'm going to do just what you say. I need to grill you to determine that you are not a charlatan!"

Blum suggests a scheme for classifying patients as reasonable or unreasonable, realistic or unrealistic. He tested medical patients with psychological quiz which showed that the unreasonable patient has:

- Unreasonable expectation towards the doctor and towards medical science with regard to the quickness and certainty of the treatment.
- Unreasonable expectation about the fee and a basic unwillingness to pay unless completely satisfactory results are obtained.
- Unreasonable beliefs about the general incompetence or unpleasant and untrustworthy nature of the physician in general

Following in House's path, O'Shea et al. and Winkler described ideal dental patients.

O'Shea et al. characterized the ideal dental patient as:

Compliant  
Sophisticated

Responsive

**Winkler described four traits that characterize the ideal patient's response:**

- Realizes the need for the prosthetic treatment.
- Wants the prosthesis.
- Accepts the prosthesis.
- Attempts to use the prosthesis.

This patient corresponds to House's philosophical mind patient.

**Sharry's classification**

TOLBUDS: Patients who could tolerate prosthesis backwards, upside down or sideways.

TOLAD: Patients who could tolerate prosthesis with some degree of adjustment.

TOLN: Patients who could tolerate nothing<sup>3</sup>

**FACTORS AFFECTING THE DENTIST/PATIENT RELATIONSHIP**

The authors propose that the relationship between the behavior and reactions of the patient and those of the dentist are determined by the following factors:

- (1) the patient's ability to adapt to patienthood (the role of the patient),
- (2) the dentist's response to the patient's adaptation to patienthood,
- (3) the patient's tendency to unconsciously react to the dentist as if the dentist were someone from the patient's earlier life (transference),
- (4) the dentist's tendency to unconsciously react to the patient as if the patient were someone from the dentist's earlier life (counter transference), and
- (5) other nonspecific factors.

**Dentists can play one of several roles in the dentist/patient relationship:**

- (1) a parent who demands unquestioning, even submissive, obedience;

- (2) a parent who wishes to be pleased, and when pleased will reward the child with praise, approval, and love;
- (3) a parent who is covertly defied, even frustrated; and
- (4) a parent with whom one anticipates having a cooperative partnership in which each player satisfies the requirements of their particular role<sup>4</sup>.

**Behavioural Modification Adherence**

Most dentists know to treat patients but not all dentists are successful in ensuring patient cooperation. Adherence and the patient's trust of satisfaction are intimately related. The style of the dentist-friendly rather than business like, collaborative rather than authoritative, non blaming, non criticizing, empathy and recognition of the potential difficulties that patients experience with the advice given have a major impact on the adherence and subsequent treatment outcome—'Biobehavioural' clinician role.

Trust Factors related to patient satisfaction such as experiences, sense of shared values, mutual understanding, caring attitude and good communication skills are strongly related to patient trust. Misleading patients or unrealistically raising their expectations through exaggerated promises, abusing their trust in anyway compromises ethical value of care.

**Attitude**

They are only one determinant of behaviour and are not always predictive. An attitude is made up of three parts: cognitive, emotional, behavioural.

**Reassurance**

The most common verbal technique used by persons attempting to deal with the problems of others is the type of reassurance in which problems are simply brushed aside as if they did not exist, and patients are told "just forget it".

Reassurance, to be effective, must be an internal process. If patients have enough facts and knowledge at their disposal, they feel assured. They will derive reassurance by the well planned educational process that their dentists use with them.

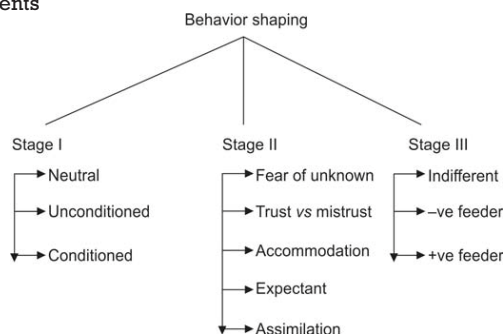
**Transference**

Every dentist will encounter patients who appear to have more problems than he is willing or able to handle as a part of his dental practice. If dentists encourage ventilation of such problems and probe too deeply with a problem solving approach, they may find themselves confronted with serious emotional problems relating to transference.

**BEHAVIOR SHAPING:**

It is an aspect of behavior analysis that gradually teaches new behavior through the use of reinforcement until the target behavior is achieved. Behavior shaping completely edentulous patients can be divided into three stages, which are further divided into several sub stages as shown in Flow Chart

**Flow Chart: Stages in behavior shaping of complete denture patients**



**Stage I**

Pretreatment stage: In this stage the patient has not yet approached the dentist for treatment.

**Stage II**

Treatment stage: This stage of behavior shaping deals with patient after enters the clinical setting.

**Stage III**

Posttreatment stage: This stage involves dealing with patient after treatment is completed

Each of the above stages can be divided into sub stages depending on the level of awareness ,education, clinical step involved, post treatment follow-up, post treatment complications and the patient's social setting.

**STAGE I**

The process involved in complete denture fabrication starts well before a patient enters the dental clinic without the awareness of the dentist. There is no way a dentist can predict the locality from which a patient aspiring for a complete denture may come from. Hence, it is also equally unpredictable for a dentist as to the awareness of the patient about the treatment he is about to get ,the level of exposure of the patient to electronic and print media based dental facts ,and finally the amount of gossip to which the patient could be exposed in social environment he lives, about the advantages and disadvantages of undergoing dental treatment. Thus the patients could be divided into three types based on the above speculations as follows

**Neutral:** These patients come from an uneducated background with no history of previous exposure to dental treatment as far as complete denture is concerned. They do not know that such treatment exists. They approach the dentist with the hope that dentist can somehow help them 'grow their teeth '.Such patients are usually referred to dentist from a medical practitioner. They have not been exposed to any sort of dentistry related information other than what they heard from the person who referred them to dentist. They take denture treatment option at face value and need a bit of motivation from dentist to understand the fact that artificial teeth differ from their previous natural dentition and some compromise can be needed on their part.

**Behavior shaping in neutral patients:** Dental educational material ,motivation, photographs, visual aids. Economic factor plays a minor role.

**Unconditioned:** These patients form the maximum number among all those who require complete denture. They are usually from an educated background, with wide exposure to electronic media but little exposure to society. Such people take facts from news and other magazines or television. They have theoretical knowledge about the treatment involved but have not come into contact with anyone who actually got the complete denture fabricated. Hence, they will have a positive outlook.

**Behavior shaping in unconditioned patients:** Easy to motivate ,telling them difference between fact and fiction of the information they have already gathered. Economic factor plays a minor role.

**Behavior management of trust vs mistrust:** Informing the patient about the duration of treatment, temperature changes in the material being used for border molding, honestly accepting any lapse in the procedure are the best ways to deal with this stage.

**Accommodation:** The next clinical step being jaw relation

involving face bow transfer, extraoral tracing, protrusion records ,centric records ,etc .it needs a lot of effort on the part of patient to exactly follow the instructions of the dentist. It is a tiring procedure for the patient. Hence the patient, Conditioned: This group constitutes people who are more exposed socially to actual people than to electronic media regarding dental matters. Instead of trying to gather facts related to treatment options, they rely more on gossip and personal experiences by their friends and relatives. Their behavior in dental clinic depends on the experiences illustrated to them by their peer group than on the actual skill of dentist. Also they are forced to under go treatment by people near them but do not have the interest to get the treatment on their own. They have a rigid mind and may remain uncooperative forever if not motivated well. Economic factor plays a major role.

- Behavior management in conditioned patients: Difficult to convince and time-consuming. Modeling is the best way to treat such patients. This is done by showing video of another patient being treated so that the rigid mindset changes to a more cooperative one. It is the duty of dental health professionals to demystify the myths prevailing among the general population by taking dental education and motivation to their door steps in order to ensure proper oral health to people<sup>5</sup>.

**STAGE II**

The actual behavior shaping begins from this stage. This is the stage where patient enters clinic for the first time. After the clinician explains the procedure to the patient he has to make sure that he keeps his commitments and promises at each clinical appointment. Since the complete denture treatment procedure can be divided into a minimum of five clinical appointments ,care needs to be taken by clinician to know the innermost thoughts of the patient in each appointment. it can be explained as follows:

**Fear of unknown:** Primary impression is the first clinical step in any patient provided there is no need for a pre- prosthetic surgery. Even though procedure is a simple one ,the patient is new to the procedure and hence dentist should be careful while informing the exact time to be taken for the procedure and the steps involved. Sharp objects used to trim the excess impression elicit fear in the patient. If the dentist exceeds the time within which he is supposed to finish the procedure or if he hurts the patient during careless manipulation intraorally, patients fears will be increased and future appointments will become difficult to handle.

**Behavior management of fear of unknown:** Proper education of patient prior to start of procedure, exactly confining to the said timing for the procedure, smooth and easy manipulation of material will go a long way in the successful first appointment and removing the fear of unknown.

**Trust vs mistrust:** The second clinical appointment involves border molding depending on his previous experiences with the dentist will accommodate to the Present condition. It could be a positive accommodation or negative accommodation depending on his experience.

**-Behavior shaping during accommodation:** Properly guiding the patient during jaw relations is a test for the dentist to measure trust and cooperation developed between patient and dentist. If patient with good neuromuscular coordination follows the instructions given by dentist to the word, the final treatment outcome can be predicted with certainty as a success. If not, patient should not be troubled much and teeth setting should be done according to arbitrary settings to achieve moderate balancing. Dentist should be satisfied with a correct centric record. Stress on a patient to give exact tracing records will only alienate the dentist.

**Expectant:** Try-in appointment is a time for rejoicing for any complete denture patient. It gives the patient an opportunity to the patient to glimpse his future denture. Trial denture elicits a mood of expectancy in the patient and it is the duty of the dentist to allow the patient to critically examine it in his own mouth.

- **Behavior management of the expectations of patient:** It is natural for the patients to comment on the various aspects of trial denture. Dentist should keep the pre extraction records of the patient ready in order to give a comparative analysis. Failure to motivate and educate the patient during this stage will inevitably fail the entire treatment.

**Assimilation:** Appointment for denture insertion will transpire to be a day where all the feelings of patient assimilate together. Patient will judge the denture him self. The words of the dentist are compared with the deeds. Negative experiences in the previous appointments will continue as negative attitude toward the denture, while positive experiences will make the patient accept the denture.

- **Behavior management during the process of assimilation:** It so transpires that sometimes ,a patient who was well satisfied till try-in appointment will suddenly start doubting the final denture's efficiency. Such cases need to be handled carefully by explaining the various changes that the denture undergoes during curing cycles and how the materials used in trial denture and the final denture are different. Dentist will reap the rewards of his smooth handling of behavior of the patient ,or suffer the ignominy of failure to shape the patient's behavior at this stage.

### STAGE III

After the insertion of denture, starts the process of recall checkup and denture adjustments. Depending on patient's behavior during this stage, they can be classified into three substages:

#### Indifferent:

These patients will remain indifferent to the woes of their dentures and rarely visit the dentist for recall check ups. Infact it will be a miracle if they wear the denture after they step out of the clinic. Reason for this behavior is because, it was not the patient who initiated the process, but rather it was at the behest of someone else that he was forced to seek treatment.

- **Behavior shaping in indifferent patients:** There is probably very less that any dentist can do in such patients. In spite of various motivational and educational aids that are available for us, it is a challenge to make such patient accept the denture. Deep seated insecure feeling or feeling of guilt and lack of purpose need to be removed by appropriate counseling by a psychologist prior to start of treatment and a sense of confidence need to be instilled during treatment by the dentist. Such patients neither criticize the dentist nor admire his efforts.

**Negative feeder:** Inability to recognize any underlying medical or psychological problem could lead to failure of denture service. In such cases it will be inevitable for the dentist to take blame in the end in spite of his best efforts. This could be mainly because of the wrong start in the relation between the dentist and patient or the failure of dentist to remove doubts regarding denture service in patient's mind. Such patients do a double damage of not only wasting dentist's time, but also destroy the image of dentist in society.

Behavior management of negative feeders: It is always advisable to take the opinion of psychologist prior to start of treatment to such patients as they can be recognized easily during the stage of case history recording. Such patients can

be best handled by modeling, by showing examples of people who are using dentures successfully.

**Positive feeders:** These are considered as easiest patients to treat. They seldom question the dentist regarding the treatment procedure and trust their dentist. This confidence if retained by dentist with firm backing of theoretical and practical knowledge will do justice to the profession. Positive feeders will boost the confidence of dentist and help him to attain perfection through experience. They also help to boost his image in the society<sup>7</sup>

### CONCLUSION

Dentists must have a sense of real concern for the health, comfort and welfare of the patients to establish necessary mutual confidence. A "tender loving care" approach towards dental patients should be taken before treatment is started and continued throughout the treatment planning and the treatment itself. We can help patients with psychological problems by acquiring respect for the individual concern and understanding.

### REFERENCES

1. M. M. House mental classification revisited: Intersection of particular patient types and particular dentist's needs .Simon Gamer, DDS,aRichard Tuch, MD,band Lily T. Garcia, DDS, MS
2. Mental Attitude and Psychological Adaptive Response in Complete Edentulous Patients. Chandrashekar S1, Nandakishore KJ2, Vinaychandra2 and Krishna Kumar U1\*
3. Comparison of Graphoanalysis with Blum's Method in Prediction of Complete Denture Patient's Mental Attitude - A Prospective Comparative Study J. Varsha Murthy, \*Shyam Singh
4. Patient Satisfaction in Prosthodontic Treatment: Multidimensional Paradigm Sunila Bukanakere Sangappa.
5. Relative importance of psychologic factors in denture satisfaction Vervoort J.M, Duinkerke ASH, Luteijn F, Poel ACM van de
6. Psychological considerations for complete denture patients Kranti Ashoknath Bandodkar, Meena Aras