

Psychology of Geriatric Dental Patients – All We Need To Know.

Dr. Aruna J. Bhandari^{*}· Dr. Ronak M Khokhani^{***}· Dr. Gangadhar S.A^{***}· Dr. Akshay Joshi^{****}
Dr. Dr. Preetam Mahagaonkar^{*****}· Dr. Sampada Thakur Dadwal^{*****}

Abstract

Life expectancy has increased worldwide, with India having almost 8% citizens above the age of 60 years. Aging leads to an increase in chronic diseases and disabilities. In this scenario, chronic diseases play a significant role and dental diseases are the most prevalent chronic conditions. By breaking down the patient psychology to its component parts, it is easier to obtain a clear picture of this special cohort of patients. Considering the increase in number of geriatric edentulous patients, knowledge will help the dentist serve the geriatric population better. The aging population constitutes a high-risk oral health group, vis-à-vis impaired manual dexterity, cognitive deterioration and unmet treatment needs, which could be compounded by psychiatric morbidity. Theoretical approaches are now replaced by practical approach of patient management. The aim of this article is to provide a review of the psychological and emotional factors involved in the dental treatment and the methods to develop a right dental attitude.

Keywords : Dental treatment, geriatric, psychology, prosthodontist

Introduction

The world's population is ageing rapidly and leading to an increase in age-related diseases and disabilities.¹ As the population attains an increasing life span, chronic diseases play a significant role and dental diseases are the most prevalent chronic condition. The prosthodontist, therefore, can play a pivotal role in maintaining and improving oral health as part of total health care services available to the patients falling in the geriatric group.² Authorities on oral medicine have long recognized a relationship between psychology and dentistry. They have attempted to describe psychological factors that require consideration in complete edentulism.³

Psychological problems confronting the dentist during complete denture fabrication have paralleled the burgeoning of psychological theories throughout the last several decades. Psychoanalytic theories were the first formal concepts used to understand the behavior of dental patients.⁴ Prosthodontist is best able to appreciate the importance of improved function and esthetics to both, the physical and mental health of the patient. Extensive training and experience is necessary to integrate the physical, social and psychological changes that accompany the aging process along with good patient care.⁵

Review of literature

Many authors have considered the influence of psychological factors on the patient's satisfaction and ability to adapt the denture. One of the common problems often associated with aging is depression.⁶ Klerman describes increased attention on depression by researchers and clinicians, which he referred to as the "age of melancholy."⁷

^{*}Professor and HOD ^{**}PG Student ^{***}Principal & Professor ^{****}PG Student Department of Prosthodontics, RDC Loni ^{*****}Senior Lecturer Department of Prosthodontics, SMBT Dental College, ^{*****}Sangamner PG Student, Department of Prosthodontics, BRS Dental College, Panchkula

Corresponding Author:

Dr. Aruna J. Bhandari,
Professor and Head, Department of Prosthodontics,
Rural Dental College, Loni. Email: drarunajb@gmail.com

Psychological disorders generally seen by prosthodontist are⁹:-

Anxiety: It is a response to the perception of danger, actual or anticipated. Its purpose is to alert individuals to danger, so as to prepare them to cope with it. A major source of anxiety is alteration of body integrity and the way the body functions. Extensive changes in oral cavity (loss of teeth and replacement with denture) represent such a threat and therefore can trigger anxiety.

Depression: It is a response to loss, actual or threatened, real or fantasized. Sadness and hopelessness are the common feelings when significant loss is experienced, such as loss of loved one or loss of a body part. The impact is particularly serious when it is involved emotionally on the invested parts of the body such as face (teeth) or genitals. For some patients, the teeth have become so invested with meaning that their loss is experienced as catastrophic.

Conversion Hysteria: This means, people convert the anxiety from emotional conflicts into somatic symptoms such as pain, muscle weakness, or sensory disturbance, or they reproduce a symptom which they had at some time in the past.

Body image disturbance: The mouth is the most emotionally charged area of the body and therefore, frequently involved in body image disturbance. Any alteration to the patient's mouth is a body change to which they must adapt; until they do anxiety will be present.

Factors that influence the patient's response are¹⁰ :-

1. **Parental influences:** The parental attitude toward body values is assumed by the children and this is obviously true regarding the value and appearance of the mouth. Patients who, as children, observe their parents undergoing dental treatment may become traumatically, conditioned by such observations.
2. **Sibling's influence:** The behavior of siblings also has a strong influence on the dental attitude developed by patients.
3. **Peer group:** A person is influenced to some extent by his peer group.

4. **Symbolic significance:** The more common symbolic significance of tooth loss is aging, loss of femininity, loss of virility, loss of attractiveness and vitality and body degeneration.

5. **Current life circumstances:** Where one's life is already seriously disrupted, additional traumas such as tooth loss may impair the ability to cope and increase the probability of a maladaptive response.

Seven basic personality traits considered in the light of their influence on success in dentistry are¹¹:-

1. **Be Agreeable** - A group of postgraduate students were asked by Cranes to select the dentist they considered best of those they had visited and write down the reasons for their choice. First on the list, when their answers had been tabulated was. "He was cheerful, friendly, and congenial." Courtesy, politeness, and accommodation cost not a rupee, yet they may be sold. Some of the most successful dentists keep a card index system under which is listed personal information about each patient and his family. By the dentist's being conversant with affairs that are of personal interest, each patient is made to feel that he occupies a position of special importance in the practice. The dentist who can make patients "feel at home" in his office will never be worried about future dental practice.
2. **Be a good listener** - Cultivate the habit of listening, not merely remaining silent while another speaks, but giving others their undivided attention. Too many people are so concerned about what they are going to say as soon as an opening presents itself that they do not really listen. Listening is an art. Some individuals, without uttering a word, can be more flattering than most people. If patients are encouraged to "think out loud" it gives the dentist an opportunity to size up each individual, to learn something of his likes, dislikes, prejudices and to plan a presentation accordingly. If the dentist is to enjoy maximum success he must, of course, be a good conversationalist and an enthusiastic educator, but, first of all, he should be a good listener.
3. **Avoid arguments** - It must be remembered that force has never won a permanent victory on the battlefield, and verbal force, which is just another

way of describing arguing; there are times when one must fight for principles. One can convince few men and certainly no woman by arguing.

4. **Criticize tactfully** - In general, it can be said that criticism is futile because it aims a death blow at one's self-respect by undermining the feeling of personal worth. Criticism places people on the defense; it makes them appear foolish and silly. Yet it is possible to criticize and accomplish the proper results without offending. It merely requires a little tact. Hence, an excellent policy to follow: compliment first, and then tactfully offer constructive criticism.
5. **Don't be egotistic** - Individuals simply cannot wait for others to discover their good qualities; they extol their own virtues at every opportunity and in so doing, arouse a feeling of antagonism among those with whom they come in contact..
6. **Remember name and faces** - We can give people nourishment for their self-esteem by making it a point to remember their name. Anyone, who wishes, can improve his memory simply by listening attentively and concentrating on the name at the time of the introduction. Safer method is to place names of patients and their children on a card together with any other information deemed worthwhile.
7. **Be interested in others** - Dentists in general become more interested in things than in people. Henry Ford once said: "I am convinced by my own experience, and by that of others, that if there is one secret of success, it lies in the ability to get the other person's point of view and see things from his angle as well as your own." These emotional elements make prosthodontia fascinating to those who enjoy the human side of dental practice. It is not merely the clever manipulation of compound, the skillful registering of mandibular movement, or the scientific control of materials. It represents a chance to do something worthwhile for people at a time when things seem darkest. Patients fear the unknown. They fear the extractions, the waiting period, and most of all, they are horror-stricken at what they have seen in the mouths of others. What an opportunity for the man who emotionally can

exchange places with his patients and deal with their problems as he would have his own dealt with.

Treatment plan

Avoidance of technical terminology - All attempts to influence people will meet with failure unless the dentist uses terms the patient can understand. Technical words and phrases are all right for dental meetings but they should be carefully avoided when talking to patients. People hate to admit they do not understand so rather than ask for an explanation they reason it out their own way and often arrive at wrong conclusions. It is far better to use simple words and make certain that people understand. If the dentist's presentation cannot easily be understood by the average eighth grader, he is talking over the heads of most patients. This always must be remembered. "The human mind defuses to accept that which it does not understand."

There is a double rationale for the avoidance of technical terminology and the use of simple, concrete, comprehensible terms. The first reason is that language not comprehended by the patient compounds the "unknowns" within the unfamiliar situation and thus increases his anxiety. The second reason is that the normal anxiety of patients often causes impairment of concentration. Such impairment adversely affects patient comprehension and causes misinterpretations. It is important that misinterpretations be caught and corrected; one technique for accomplishing this is to have the patient repeat or summarize what you told him.¹²

Perhaps in speaking of dentures it would be better to use terms such as "wrinkle removers," "an investment in youthfulness," or "painless face lifting." A re-establishment of normal facial contours could be called a "way to turn the calendar backwards." It would be very enlightening if every dentist would make a recording of his presentations; then listen to a "play back" after the patients leave. This idea, thoroughly understood and thoughtfully applied, will prove to be of great value in helping patients decide. Cases can be planned in two or more ways, but instead of calling them "best," "medium," or "cheapest," the dentist might meet with more success if he called his best plan the "ideal" plan, then offer a "compromise suggestion" and possibly an "alternate

plan.” Then, after explaining the various methods, he can help the patient come to a decision which will be for his own best interest by asking, “Which case do you feel will best suit your needs?”

Conclusion

Psychologic conditioning is far from an exact science. The dentist cannot say, “Do this or do that, and we will build a satisfactory rapport.” A positive or negative rapport depends on how well the dentist’s own personality harmonizes or clashes with those of his patients. Rapport often depends on how well he conceals his own reactions when he thinks the patient is being unfair. It is sometimes difficult not to think a patient is being arbitrary, especially when the dentist has done everything in his power and, from his point of view, has obtained an excellent result.¹³

It is hoped that this paper will help stimulate more interest in the psychologic problems encountered in presenting denture service, a phase too long ignored. It is the responsibility of every dentist to conduct a never-ending search for improvements that will benefit his patients, and it is the function of organized dentistry to furnish such information through its meetings and publications. If the public is to enjoy the benefits of scientific research, if the dentist is to reap a just reward for honest service, organized dentistry must teach its members how to become as modern in dealing with patients’ minds as in the treatment of their mouths.

References

1. Lautenschlager NT, Almeida OP, Flicker L, Janca A. Can physical activity improve the mental health of older adults? *Ann Gen Hosp Psychiatry* 2004; 3: 12-17.
2. Timirias PS. *Developmental Physiology and Aging*. New York: Macmillan publishing Co., 1972.
3. Barbara B. Chamberlain, Kenneth R. Chamberlain. Depression: A psychologic consideration in complete denture prosthodontics. *J Prosthet Dent* 1985;53(50):673-75.
4. Swoope, CC: Human factors as related to complete denture occlusion. In Lang, BR, and Kelsey, CC, editors: international Prosthodontic workshop on complete denture occlusion, ed 1. Ann Arbor, 1973, University of Michigan, School of dentistry, 289-90.
5. Giddon B., Hittelman Eugene. Psychologic aspects of prosthodontic treatment for geriatric patients. *J Prosthet Dent* 1980;43:374-77.
6. Fiske J, Davis DM, Frances C, Gelbier S. The emotional effects of tooth loss in edentulous people. *Br Dent J* 1998;184:90-93.
7. Klerman, GL: Affective disorders. In Nicholi, AM, editor: *Harvard guide of modern psychiatry*, ed 1. Cambridge, Mass., 1978, p 253.
8. Pilling, LF: Emotional aspects of prosthodontic patients. *J Prosthet Dent* 1973;30:514-19
9. Plainfield S. Psychological considerations in tooth removal. *Dent Clin North Am* 1969;Nov:669-81.
10. Friedman, Landsman M, Wexler Murray. The influences of fear, anxiety, and depression on the patient’s adaptive response to complete dentures. *J Prosthet Dent* 1987;58(6):687-89.
11. Bliss CH. Psychological factors involved in presenting denture service. *J Prosthet Dent* 1951;1:49-63.
12. Daniel Sinick. Psychologic factors in dental treatment. *J Prosthet Dent* 1964;14(3):506-13.
13. Henry A. Collett. Background for psychologic conditioning of the denture patients. *J Prosthet Dent* 1961;11:4, 608-17
14. Ingle Gk and Nath A : Geriatric health in India : Concerns and solutions. *Indian Journal of Community Medicine*, Vol.33, Issue 4, October 2008.