

Handling apprehensive Patients-A novel approach

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Abstract

Fear is one of the most commonly encountered problems in dentistry. This article discusses about a non pharmacological method of treating fear. Many patients were found to be benefitted by this method. Patients unlearn the sense of fear and relearn a sense of safety. Non threatening words are used and preparatory communication is practiced. Handling Apprehensive patients- a novel approach

Keywords: Fear, Iatrosedation, Physical attending skills, Euphemism

Introduction

Fear of dentistry is a widespread problem that represents one of the major barriers to dental care. Fear can be treated by both pharmacological and non pharmacological methods ¹. This article briefly discusses a non pharmacological method called Iatrosedative Interview. Iatro pertains to Doctor and sedation is the act of making calm. This concept was developed by Dr.Nathan Friedman of University of Southern California which is based on the principle that fear is soluble in trust. This concept of Iatrosedation has been practiced knowingly or unknowingly by conscientious practitioners. The process involves a series of interaction initiated by the dentist to help the patient unlearn the fear and relearn a sense of safety.

Iatrosedative interview -This is in two stages.

1. Iatrosedative interview

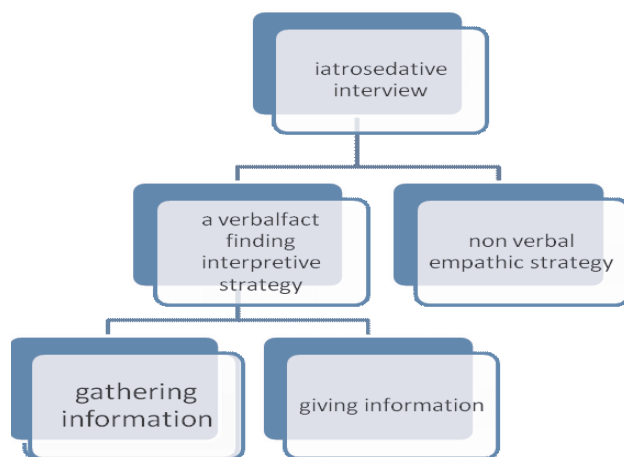
2. Clinical encounter

Iatrosedative interview

The Iatrosedative interview is a traditional open-ended interview². It begins with a question such as, "Are you having any difficulties?" Such question provides the patient maximum opportunity to prioritize his difficulties." If the patient makes a straightforward complaint about a painful tooth, carious teeth or bleeding

gums or a need for examination because he suspects caries, the doctor responds accordingly by examination, diagnosis and treatment planning. But if the patient says, "I am a coward about teeth" or "I'm the worst patient you'll ever have", the interview should be put on an iatrosedative course immediately.

Model of Iatrosedative interview



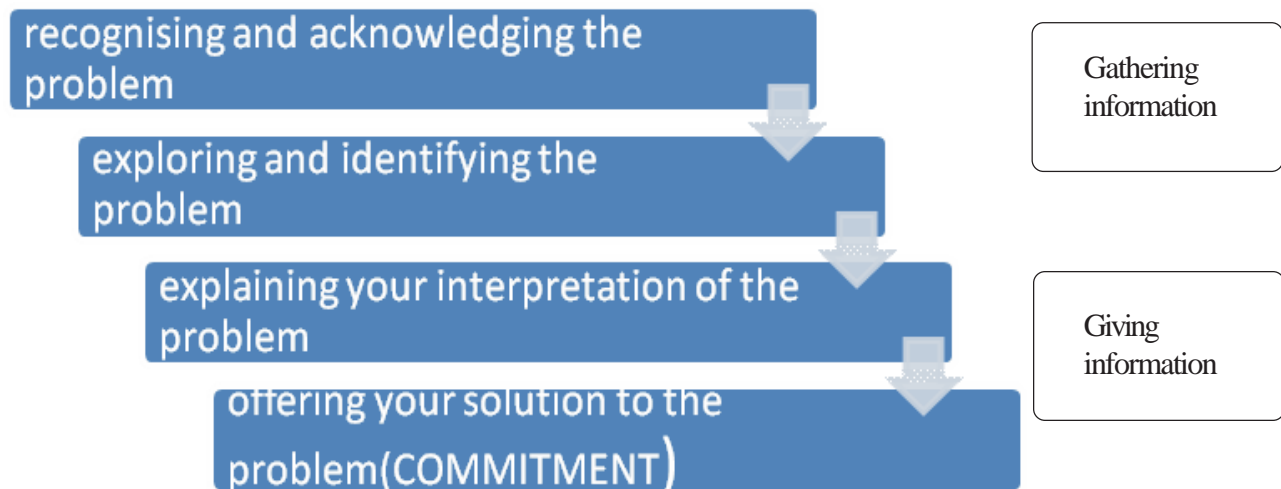
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Verbal Fact finding strategy



Along with the verbal fact finding strategy the non verbal strategy plays an important role. The dentist can gather cues from patient's mannerism while conveying his empathy. Appropriate physical attending skills enhance this process. Always remember "**It is how something is said, along with what is said that builds or destroys relationships**".

Application of Physical attending skills- Body language³

Eye contact & Facial expression: Proper eye contact shows that you are paying attention. Begin as soon as you engage any patient in the interview & continue it till you bade good bye to the patient on that particular day (without overt staring). Permit your eyes to drift to an object not too far away and then return to the patient.

Vocal Characteristics: Speak at an even tempo with moderate volume, at as low a pitch and with as much resonance is consistent with your voice with appropriate modulation whenever required. Avoid mixed messages wherein the voice and the face are saying something different than the words. One of the most common examples of a mixed message is that conveyed by the doctor who, hoping to assure the patient, wags with disinterest in his voice and washing his hands, "Don't worry, everything will be all right!"

Body Distance or Proximity: A distance between 3+1/2 to 6 feet is appropriate while consultation.

Body Orientation & Trunk Lean: A forward lean is a powerful message of interest. If a patient is speaking and pauses, merely leaning forward slightly will act as a request to "tell me more." Facing patients squarely tells them that you intend to pay attention. Leaning backwards and folding one's arms send a wrong message of disinterest. If you sit with your body rotated away from the patient, you are "turning away", thus creating an atmosphere of inattentiveness. If the interview is taking place during dental treatment you should be in a position between 7 and 8 o'clock. Two armchairs can be used in approximately the same position while consultation.

Example and Analysis of an Iatrosedative Interview

Doctor: Are you having any difficulties? (An open ended question)

Patient: "Yes, I have pain in back tooth and I feel that it needs to be removed. But ... I hate injections (**Specific fear**)

Doctor: Why do you hate injections?

Patient: My Doctor told me I am allergic to injections.

Doctor: What made him decide that you are allergic?

Patient: I had to have upper wisdom tooth removed. The dentist gave me several injections and then left while it took effect. All of a sudden I felt like something terribly heavy on me and I couldn't breathe. I felt choking. The dentist came back, he didn't work on me. I went to see the doctor he suggested. There was nothing wrong with my heart. But he said I can't take local anesthetics. I dread it.

Doctor: Did you have difficulty in breathing in life

Patient: Now I remember. Once when I was a child I had swallowed a bottle cap. I was choking and running short of breath.

Interpretation and Explanation

The doctor gave a test dose of local anesthesia and found that he was not allergic. He then proceeded to explain him.

Doctor: A sense of heaviness develops if palatal anesthesia is administered. Due to this you developed a sensation of choking though you were not choking. You correlated it with your childhood experience. (Interpretation and explanation of why the patient is still fearful years after the original events) But this can be changed.

Patient: "Yes Doctor."

Doctor: We have to deal with your fear first, and then your teeth. Your mind has the capacity to relearn. You are no more a child and you are not under water (Suggestion that the patient can learn not to be afraid) I will keep you informed in advance at all times what I plan to do and what you may expect in the way of discomfort or lack of it. (Commitment and preparatory communication)

Patient: Things look less frightening now Doctor.

It is very important not to jump to conclusions in the interview because each person's experience is unique. For highly apprehensive patients the following exercise can be helpful.

Alternate nostril breathing method: Instruct the patient to block off one nostril and breathe

in deeply to the count of 5. Then, block off the other nostril and breathe out to the count of 5. Repeat 10 times then switch nostrils. According to Harvey and Marilyn Diamond this will balance the right and left sides of the brain and lead to a greater sense of tranquility and harmony⁴.

The Iatrosedative Clinical Encounter

During the second phase-the Iatrosedative Clinical Encounter, it's time for the Dentist to show that they are more than just empty promises. The Dentist must be aware of how they touch the patient, how they look at them, and how they use instruments in the patient's mouth. Tactile behavior must convey concern and competence so it must be gentle yet purposeful.

Preparatory communications are brief communications made to the patient prior to using an instrument or performing an action which could be perceived as scary by the patient. {Noise, pain etc} Keep an eye on breathing of patient. They can use hand signal technique to indicate discomfort. Thus the relearning process begins during the treatment phase.

Use non threatening words (**Euphemism**) to explain the procedure.¹ A permissive approach and indirect commands lessen resistance and enhance compliance. For Example, "If you stay open widely I can do my work faster." Communications of this kind should be used consistently with all operative procedures.

Like a small, frightened child, your patient may try to hold onto your hand or even lean against you. But once the treatment session is ended, and your patient recovers their "adult self", they may feel very embarrassed by their behavior. It can therefore be very helpful if you can be as matter-of-fact and reassuring as possible. For example "**there is nothing odd or unusual about you; you just happen to be scared of dentist. Am scared of fish and I don't think that is odd.**"

Praise your patient frequently - for a dental phobic, even seemingly 'simple' things like having an x-ray taken or letting you have a look take a lot of courage. Suggest a check-up after 3 months, instead of 6 months so that the fears won't come back.

Patients respond well to this technique. Studies show that most of patients are able to cope with the dental treatment, and only few required additional chemical sedation or emotional assistance⁵. The office staff that is willing to take the extra time and effort to see all patients more mentally and emotionally relaxed will benefit by having more patients and referrals, sense of satisfaction, and reduction of stress levels in office.

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