



Behavior Shaping of Complete Denture Patient: A Theoretical Approach

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ABSTRACT

The psychological status of a geriatric patient undergoing complete denture treatment is one of the key determinants of the success of prosthesis. Hence, the understanding and behavior management of such patients is of paramount importance for any clinician aspiring to be a successful in practice. Even though several attempts have been made to understand the effects of psychology of patients undergoing this particular treatment on the final outcome of treatment, no single theory or classification has been proposed so far as to be able to completely understand the thought process of geriatric patients. The aim of this paper is to propose a theoretical approach, a step by step guide to clinicians to better understand the thoughts, aspirations and expectations of complete denture patients and their effects and consequences in different patients, when not met with.

Keywords: Complete denture psychology, Patient care, Behavior shaping.

How to cite this article: Sudheer A, Reddy GV, Reddy G. Behavior Shaping of Complete Denture Patient: A Theoretical Approach. *J Contemp Dent Pract* 2012;13(2):246-250.

Source of support: Nil

Conflict of interest: None declared

INTRODUCTION

Studies¹ have established that 45% of edentulous people suffer from some form of emotional trauma and they find it hard to come to terms with loss of their teeth. This emotional burden will go on to affect the final treatment outcome in such patients. Studies² prove that psychological factors significantly influence denture satisfaction and profiles may provide useful in predicting potentially difficult denture wearers. It has also been concluded³ that patients with an extremely resorbed mandible and functional complaints regarding their (lower) dentures undergoing dental implant therapy report significant improvement in oral and social functioning when they were explained the procedure beforehand. Understanding the psychology of a completely

edentulous patient⁴ goes a long way in molding the way in which he sees things, thereby paving success for the clinician's efforts. It is a known fact that the technical aspects of the denture are only partly related to the wearer's satisfaction; there are patients who complain although they have a good denture, and there are patients who seem to be perfectly happy with a denture that defies all standards of good dentistry.⁵⁻¹² Though the above facts clearly mention the importance of meeting the patients mind, enough has not been done to see what is actually going on in patients mind during each step of complete denture fabrication. The current paper aims to do just the thing by proposing a theoretical approach for behavior management of complete denture patients. It attempts to reconstruct the thoughts of patient not only in every clinical step but also in a pre-treatment and postinsertion environment. The paper is a sincere attempt to fill the lack of a comprehensive theory that covers all the features of psychology of a complete denture patient to aid in his behavior shaping.

METHODS

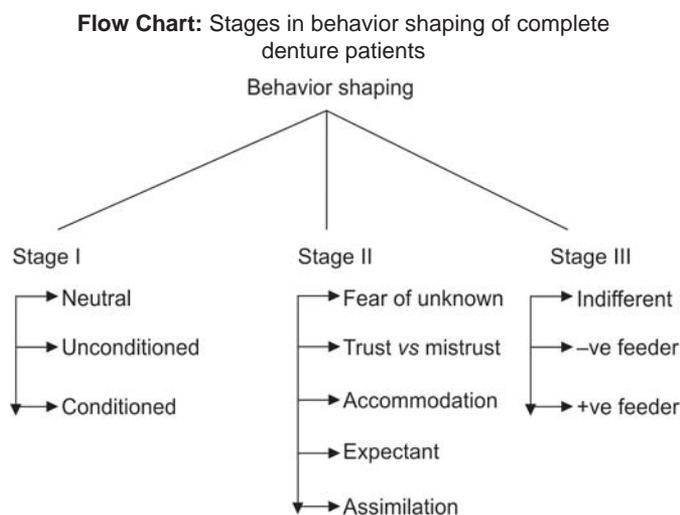
Behavior Management

Is all of the actions and conscious inactions to enhance the probability people, individually and in groups, choose behaviors which are personally fulfilling, productive and socially acceptable?

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 in completely edentulous patients can be divided into three stages, which are further divided into several substages as shown in Flow Chart.



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 he 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 substages depending on the level of awareness, education, clinical step involved, posttreatment follow-up, posttreatment 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.
- *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 undergo 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 mind set 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.

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 the 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 followed by final impression. It is a time taking procedure and hence all the precautions that are followed in 1st appointment need to be followed again with an extraemphasis on the variability of timing. An unsuccessful 1st appointment followed by a similar 2nd appointment will trigger another emotion in the patient, called mistrust. If the first appointment is successful, it develops trust apart from removing fear. If the clinician elicits the feeling of mistrust at this stage, entire treatment will fail irrespective of how well the denture is fabricated.
 - *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 lapses 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, 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 himself. 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 checkups. In fact 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.

DISCUSSION

Several theories were proposed which classified patients into different categories. But they considered patient to be a single entity and classified their psychology without consideration as to the reasons for their behavior. Also the various thought processes in the patients during different clinical steps in complete denture construction were not considered. The posttreatment outcome was only fleetingly discussed by previous authors without any effect such patients psychology will have on the dentist's image. The current theory discussed in this article includes all the above mentioned points as well as elaborately explains the patient's psychology in different clinical steps. It also describes in detail the pretreatment and posttreatment scenarios and reasons for them. It also describes ways to shape the behavior of patient at each stage.

CONCLUSION

Patient psychology forms an important aspect of complete denture treatment. Success and failure are decided by the way the thought process of patient works. This new theoretical proposition has been designed to help the students of dental community as well as general practitioners to aid them in better assessment of psychology of patients. It provides guidance to dentists to judge a patient's behavior and shape it throughout the process of denture fabrication.

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