

Communicative and Psychologic Management Protocol for Aggressive Periodontitis

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ABSTRACT

Introduction: Wakefulness about periodontal disease as of today is more than ever before. In spite of advancements in periodontal therapy, limitations do occur. Aggressive periodontitis being the most intricate as the etiopathogenesis is not clearly understood. Effective management of the disease is challenging during the advanced stages of the disease, and with the current therapeutic choices, it seems to be rather incomplete. Coping the patient to the situation is perhaps the least acknowledged and the most undervalued aspect in generalized aggressive periodontitis. As depression/stress influences the immune system and also alters the behavioral habits, it is extremely important to psychologically prepare the patient. Referral to appropriate professional for assistance and counselling should be included in the protocol for periodontal management. Adjustment, adaptation, and confrontation strategies need to be overlooked when preparing the patient. The quality of dentist–patient communication is a key determining factor in patient satisfaction, participation, and compliance with therapeutic planning. This paper aims to think through ways in which communication and incorporation of counselling as part of treatment protocol could improve the experience for the patient and allow better treatment by the team. Henceforth, psychotherapy promotes active participation of the patient rather than a passive receiver of the therapy.

Keywords: Aggressive periodontitis, Coping, Depression, Psychotherapy, Stress, Tooth loss.

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INTRODUCTION

Among the risk factors for periodontal disease, psychosocial factors are of paramount importance. They include stress, anxiety, depression, and inadequate coping mechanisms, with direct or indirect influence on etiopathogenesis of periodontal disease. Aggressive periodontitis is a

specific entity among periodontal disease where rapid destruction of the periodontium and early tooth loss are seen in young individuals. A wide range of treatment options is described in the literature with varying success rates. Studies have shown that patients with generalized aggressive periodontitis presented higher self-reported depression and loneliness compared with chronic periodontitis,¹ mainly because the affected individuals present multiple tooth loss or advanced periodontal destruction requiring extraction of multiple teeth at an early age. Devastating emotional effects are noticed as a result of tooth loss, which have negative impact on their life and adjusting to the situation takes a longer time.² Most of the time clinicians fail to recognize the disease at initial stages as gingival status and the oral hygiene level appears to be visually normal. It has been reported that 60% loss of alveolar bone and teeth would have occurred if diagnosed at an advanced stage.³ Emotional quotient of the patient should be anticipated when the information is delivered to patient. Periodontal tissue condition can get further worsened by psychosocial stress directly through biological mechanism and indirectly through changes in lifestyle.⁴

The oral tissues develop by week 7 *in utero* as evidenced by fetus doing thumbsucking relating to the psychological significance back to embryological development.⁵ Deeper psychological problems can be anticipated since the dentistry is carried out in a higher sensual area of the body. In the field of dentistry, the clinician both diagnoses the problem and undertakes the treatment, so the dentist–patient relationships are of greater value. Informing a bad news to a patient is one of the most difficult tasks many dental practitioners will face. Former holds true in case of generalized aggressive periodontitis where instances of explaining the need for multiple extraction and/or losing more teeth, requiring surgical management and prosthodontic rehabilitation are often encountered. Dietary inadequacies, negligence in oral hygiene, insomnia, usage of tobacco, alcohol intake are usual consequences due to stress increasing the severity of periodontal disease. Para-functional habits, such as bruxism and clenching can lead to loss of periodontal attachment apparatus as a result of inability to contain stress.

Loosing of teeth inflicts a handicapping condition for the patient affecting their physical health not only from the nutritional level of focus but also from the point of

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their overall mental well-being. Esthetics and personality are not only affected by edentulous state but also by the social performance and the social relations of the individuals. Multiple appointments are needed to give ample time for patient to accept, and extent of the impact is dependent on the way in which the information is conveyed.⁶ Valuation of a patient’s periodontal status and risk profile before therapy should be used as a foundation for subsequent patient management. This paper aims in providing a hypothetical treatment strategy in terms of psychological support which can serve as a palliative measure in the management of aggressive periodontitis.

HYPOTHETICAL PALLIATIVE PSYCHOTHERAPY

The foremost step in understanding responses and reactions of patient is to glean information regarding their psychosocial background. Dentists must be competent at least in two areas – primarily, well-versed regarding the decision-making process, and require practical skills and secondarily, communication skills to deal with patients, their family members, and colleagues. This paper gives emphasis on communication. Communication between a dentist and patient looks poles apart from a point of view of either participant. The dentist is in the setting with which he/she is familiar where the array of diagnoses is not too wide, examinations and treatments (with the exception of some people with specific complications) are routine, whereas the patient who comes to the clinical setting which is foreign to him, sometimes he feels being threatened. Dentists must be gifted in their communication skills, e.g., the background for the interview with patients must be compassionate.⁷ Effective communication strategy entitled CLASS enables the clinician to become proficient in their information retrieval. The CLASS communication strategy is summarized in Table 1.⁸

Table 1: The class communication strategy

<i>The C-L-A-S-S Communication Strategy⁸</i>		
<i>Acronym</i>	<i>Meaning</i>	<i>Skills needed</i>
C	The context of the interview	Providing an empathetic setting, maintaining eye contact, knowledge of body language
L	Listening skills	Helping people to talk, using open questions, active listening
A	Acknowledging feelings	Acknowledging feelings, empathy, clarifying, reflecting, paraphrasing using people’s own words
S	Strategy	Assessing patient’s treatment expectations, developing, proposing and negotiating treatment, and preventive plans
S	Summary	Providing a summary of treatment and preventive option, obtaining feedback

MANAGEMENT OF STRESS

Emphasis on stress reduction should be made mandatory in management protocol. Every effort should be made to try coping against stress. It necessitates adjustment, adaptation, and confrontation strategies. In generalized stressful situations, these coping strategies may be employed. Ability to face stress and to control the given situation dictates successful coping whereas when the subject is submerged by stressor agents and is in the reaction of stress denotes that coping was unsuccessful.⁹

Stress reduction protocol in dental office includes:

- Recognition of medical risk and anxiety
- Physician opinion and advice
- Premedication including anxiety reducing drugs or sedative-hypnotic medicaments
- Scheduling the timing of appointment
- Minimized waiting time to reduce anxiety
- Vital signs observing: BP, heart rate, rhythm, and respiratory rate
- Psychosedation.

Stress reduction by the patient includes:

There are numerous means of coping with stress. Some methods of time management may help a person to control stress. The Canadian Medical Association journal have recently labeled “Destressitizers” as any practice by which an individual can get rid of stress.

- Regular exercise helps to wear off and use up the stress hormones and neurochemicals
- Decrease the effect of stress by involving in regular meditation and various relaxation skills for 20- to 30-minute sessions a day
- Minimize intake of alcohol and avoid drug usage, smoking
- Strong social life and maintenance of healthy family relationship
- Acquire better ways to manage time
- Discover healthier ways to cope
- Adequate rest, food, and exercise are essential
- Attempt in finding out new ways of thinking
- Positive communication helps to express ones feeling
- Request for assistance and guidance manage stress.

PSYCHOTHERAPY VARIANTS

The psychotherapy can be carried out at three different stages/levels by a psychotherapist: Individual, group, and conjoint-family psychotherapy.¹⁰ Individual psychotherapy is the initial level in the counselling phase where the patient meets the dentist unaided or unaccompanied. This meeting is of utmost importance where the patient’s faith on dentist and confidence level on treatment suggested starts to build up which helps in the long run. On



the contrary, for the dentist it is a crucial meet up where he/she receives firsthand information regarding the issues patient is dealing with, which can help to identify if the root cause is not restricted within oral cavity, assess the emotional state and stress associated with subject. Patient is made to involve in the treatment process is another hidden objective. Moreover, this initial meet up can help the patient understand and start accepting about the effect of the disease and its prognosis.

In the group psychotherapy the patients with similar disease were made to meet each other and share their problems. The aim is to overthrow the feeling of loneliness among patients and make them realize that there are other individuals facing the same and how they live a normal lifestyle. It helps them to open up the issues more freely and accept the condition. Group psychotherapy inflicts a positive influence in behavior and personality where changes attained are longlasting.

The conjoint-family psychotherapy is the one where support from the patient's family and well-wishers are looked upon. Acceptance and support from the family is pivotal in the management of aggressive periodontitis. It removes the isolated feeling in patients mind and helps them to tackle the situation as its mandates a long-term follow-up. Dentist along with psychotherapist should have prior appointment with family members before this and a detailed open talk should be done.

All the above forms of psychotherapy should be performed under the assistance/guidance of the psychotherapist.

DISCUSSION

Fully or partially edentulous situations have been regarded as handicapped for aged elderly people. Many studies were conducted in the past to understand and cater problems of tooth loss and reported that the subjects underwent emotional trauma losing their confidence, restricting the social activities and interpersonal relationships.^{2,11} Patients diagnosed with aggressive type of periodontal disease are of younger age, where tooth loss occurs at a rapid rate if not diagnosed and treated early. Previously the line of focus was mostly mechanical and the chemical way of debridement thereby reduces or eliminates the microbial population responsible for the disease. As further studies suggested that aggressive pattern of periodontal disease do have a genetic predilection, treatment outcome further became unpredictable.

In a rush for betterment of condition, we often forget to consider the mental status of the patient. Starting from the day, the patient who visited the clinic for routine checkup and diagnosed as aggressive periodontitis, the multitude of stress that generates when breaking the bad news is

unquantifiable. Stress can be regarded as a process where psychological and physiological components are present.¹² Biological and behavioral mechanism are the two proposed links associated with psychosocial stress that can affect the periodontium either directly or indirectly.¹³ So a general dentist or periodontist should be well prepared when dealing with such patients. Dentist should anticipate that breaking such a bad news would evoke psychological distress, must be approached with caution, and given the opportunity to explore whether the underlying problem is dental anxiety or dental phobia, symptomatic of a psychological disturbance.¹⁴ A good chair-side manner and professional team approach makes the first appointment less fearsome for the individuals helps in building confidence over the dental team.¹⁵ The patients should be given ample time, with careful explanation of each stage of treatment, allowing it to happen on their footings rather than ensuing the dentist's agenda. Paying attention to what patients have to say, understanding their viewpoint as if from their own perspective, and an ability to review the feeling of other individual so that they can emotionally involve with their standpoint are crucial.¹⁶

Perhaps the least recognized and the most underestimated aspect in the management protocol of generalized aggressive periodontitis is the need for psychological counselling and psychotherapy when advanced periodontal destruction necessitates multiple tooth extraction. Progression of disease is so rapid that it gives relatively less time for the subjects to cope up with the situation, and the emotional effects are so devastating which takes longer time to come back to normalcy.² The dental team should be trained in handling the situation which will help the patient to realize that they are in safe hands. It starts with good communication strategy; the way the bad news is delivered decides the impact that the patient usually feels. A positive body language, active listening, and maintaining eye throughout are few of the elements in good communication.⁶ If dental team finds out that depression, anxiety, and social withdrawal seen in patients are beyond the reach, they should definitely take assistance or guidance from a qualified psychotherapist. Following the diagnosis of patients under chronic stress, formulating a specific multidisciplinary approach will be effective in coping against factors which induce stress, promoting the treatment outcome.¹⁷ Stress impairs the equilibrium between proinflammatory and anti-inflammatory responses affecting negatively on disease prognosis.¹⁸ Psychotherapy and counselling should be started as early as possible and continued throughout the entire treatment and if needed in maintenance visits too. Studies have reported that positive psychological effects are noticed on patients when subjected to various levels of psychotherapy.¹⁹

This article could be considered as a pioneer attempt where psychological well-being of the patient with aggressive periodontitis is considered. Hypothetical model presented can be applied in the real scenario which may prove to be effective in the tough scenarios in dentistry. Effective communication strategy like CLASS, stress reduction protocols, and implementation of various levels psychotherapy can impart positive approach in patients.

CONCLUSION

Rehabilitation of the patients with generalized aggressive periodontitis is a multidisciplinary approach that may require periodontal therapy, prosthodontic rehabilitation, and psychotherapy. Knowing the mental status of the patients should be given equal weightage that will help dental health professionals to provide holistic health care and promote the self-reliance. Dental Council directive toward specifically including behavioral sciences in the undergraduate curriculum can be a positive step which enables dentists use the core concepts of counselling with their patients. Patients for whom this approach would be beneficial includes those under depression preventing them from being compliant with treatment or whose ailment is not yet being treated. This initiative would make out that the main visible manifestation of a disease is not only a bodily dimension but also should focus on nonphysical, social, psychological, and spiritual elements of the disease process.

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