

# Patient Motivation Term Paper Assignment

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Cavities are regions of a tooth's enamel surface that sustain irreparable damage, resulting in the formation of holes or fissures. This condition is caused by a number of factors, including excess bacteria in the mouth due to poor oral hygiene, consumption of sugary or acidic beverages, snacking, and poor dietary choices, among others. If left untreated, this condition can worsen over time, leading to severe tooth decay, tooth loss, toothache, and infections that can affect other areas of the mouth and your overall health. Like other oral conditions, cavities are put into different groups based on where the decay is and how many parts of a single tooth or multiple teeth are affected. In addition, each has its own severity level, ranging from incipient to severe. The reason I chose to discuss this topic is because most people derive a great deal of confidence from their smile, and if they are experiencing oral conditions such as caries and the state of their teeth is deteriorating, a plan for caries prevention based on patient motivation may be precisely what a patient needs to maintain a healthy smile.

In general, caries result from a combination of poor oral hygiene and dietary decisions. “The dynamic caries process consists of rapidly alternating periods of tooth demineralization and remineralization which, if net demineralization occurs over sufficient time, results in the initiation of specific caries lesions at certain anatomical predilection sites on the teeth. It is important to balance the pathological and protective factors which influence the initiation and progression of dental caries” (Pitts et al, 2017). However, because this is a phasic condition that can be prevented, there are dynamic and advantageous patient-clinician guidelines for preventing or arresting this condition. Understanding patient-specific cases require significant steps such as diagnosis, risk assessment, screening, and prevention (Pitts et al., 2017). In other words, a clinician must take radiographic images, perform an oral examination, provide the patient with a diagnostic statement and risk factors associated with their condition, and formulate a

preventative strategy to halt the progression of the patient's condition in order to promote the patient's health. Following the International Caries Classification and Management System (ICCMS) is an efficient strategy that clinicians can use to treat their patients effectively. This framework is designed for clinicians to classify the type of caries and severity of lesions, as well as to develop a patient-specific care plan that is intended to motivate and benefit the patient. The clinician will now have a detailed and motivational discussion with the patient that will include an overview of their situation, preventative strategies that can be performed in the clinic, such as dental sealants or fluoride treatment, and preventative habits that can be performed at home, such as using fluoride toothpaste and mouthwash, brushing twice a day, investing in an electric toothbrush, flossing twice a day, avoiding the consumption of certain foods and beverages.

Systemic health and oral health are inextricably linked, which can result in an imbalance if one or the other is compromised. Particularly due to the fact that if there is any form of bleeding caused by improper care of teeth and gingiva, lacerations, or instrumentation errors, the bacteria present in that area enter the bloodstream and affect the systemic health of the patient. On the other hand, if a patient has systemic conditions such as Alzheimer's or dementia, chronic kidney disease, diabetes, or other illnesses that can have a direct impact on their oral health due to factors such as memory loss or their body's inability to produce specific hormones, then he or she will require more frequent dental visits. According to the American Dental Association, "The relationship between diabetes and periodontal disease is seen to be bidirectional, meaning that hyperglycemia affects oral health while periodontitis affects glycemic control (e.g., increased HbA1c). Obesity and other systemic inflammatory conditions, often exacerbated by stress or smoking and poor oral health maintenance, may contribute to periodontal breakdown and osteoclastic activity." The majority of patients frequently have an inflammatory condition, which

means that a sizable portion of people have a periodontal complication that, if left untreated, will result in a decline in oral health.

This directly ties into the importance of providing preventative counseling because “behavior is important in dental disease etiology, so behavioral interventions are needed for prevention and treatment” (Mortazavi et al, 2021). Numerous studies have been done on the efficiency of motivational interviewing (MI) and the decrease in risky behaviors like tooth decay. This is due to the fact that it enables patients to express their fears and apprehensions while also assuring them that they will always maintain complete autonomy over decisions made regarding their oral health and educating them on the risks involved with those actions. “This strategy has been successfully applied to various health behaviors such as substance use disorders, smoking, diet and exercise, and medication dependence. Moreover, it has been reported that MI is efficacious in guiding patients to apply changes to the oral health-related behaviors like snacking and tooth brushing habits” (Mortazavi et al, 2021). When the patient is allowed to actively participate in an engaging conversation with a health professional, as opposed to feeling as if they are being lectured, this sparks an inspiration to change behaviors that negatively affect their oral health, rather than associating a dental clinic with anxiety, fear, and pain.

Motivational techniques are quite useful in aiding patients to establish that they do want to benefit themselves. Nevertheless, strategies for motivational interviewing vary depending on whether the patient is an adult or a child. Because adults are of legal age to make their own decisions and have the right to self-governance, they maintain complete autonomy during the entirety of their conversation with the doctor. In contrast, children have the right to participate in discussions concerning MI. When it comes to final conclusions, however, the autonomy for declarative decisions gets somewhat diminished for a number of reasons. Obviously, children

lack the financial resources to back any decision they make, so their guardians must make the choice. In addition, children are extremely young and do not know what is best for themselves or their health, and for some children, a dental clinic is a frightening environment connected with pain, resulting in cloudy judgment. “The MI provider established rapport by showing concern and getting the parent or caregiver to talk about their child’s oral health and their goals for their own and their child’s oral health and oral healthcare (using open-ended questions and affirming positive efforts). Questions were themed around the following topics: Eliciting commitment to change, identifying potential problems, enhancing commitment to change, and recognizing resistance to change” (Naidu et al, 2015). If clinicians adhere to the R.U.L.E. guiding principles of MI, they should be successful in conversations with both adults and children. Resist the righting reflex refers to the notion that although clinicians generally know more about the topic at hand, this does not mean they should always correct and interject a patient when they are incorrect or misinformed on a topic; a patient knows what is best for them. Understanding the patient's motivation enables the clinician to comprehend why the patient wants to change as opposed to why they should change, thereby allowing for more discussion. In addition to helping the clinician understand the patient's agenda, active and reflective listening will keep the patient interested in what is being said. Last but not least, empowering the patient entails reassuring the patient that they will remain autonomous throughout the entire discussion and educating them on how they can make a difference for themselves and how we as clinicians can assist them in doing so. (Wilkins et al, 13th edition)

Ultimately, the connection between patient motivation and caries prevention is that both can be achieved if the clinician demonstrates a number of skills that indicate the patient is in safe hands. The patient is the expert on themselves; the clinician's role is to actively and reflectively

listen to the patient's fears, needs, motivational factors, and other concerns. As clinicians, we are responsible for educating and discussing our patients' conditions in a manner that promotes their success. The presence of caries in a patient indicates decay in that area/region, which, if left untreated, can cause more severe damage to that area and the surrounding tissue, with the potential to affect the patient's overall health if left unchecked. In conclusion, patient motivation is essential for assisting patients in understanding what is best for their health and boosting their confidence. This is accomplished by educating patients on what dental caries are and how they can prevent them by modifying their habits in various areas of their lives.

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