Overcome the Fear of Patient Rejection

PERIODONTAL THERAPY

By Casey Hein, RDH, MBA

When general dentists are asked why they have not implemented comprehensive periodontal therapeutics into their practices, the most frequent answer goes something like, "I'm afraid patients will be angry and leave the practice if I tell them they have periodontal disease. After all this time, it makes us look like we don't know what we're doing or we've become too aggressive."

Those dentists who succumb to their fear of patient rejection not only are ignoring current standards of care, but they also incur the significant opportunity cost related to the underdiagnosis of periodontal disease. In a general practice of 1000 patients, this opportunity cost could range between $150,000 and $300,000 per year. Recognition of loss of that level of revenue might well be an incentive to overcome the fear of patient rejection.

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PERIODONTAL ISSUES

There will always be those patients who ask, "How could I have developed periodontal disease so quickly? I was just here 6 months ago." For those dentists who are ready to address this challenge, you can formulate a number of very valid responses that will ensure that your credibility is not questioned. In fact, the opposite is true. If clinicians take the time to explain new research findings, current disease etiology, and the recent changes in parameters of periodontal care, the increase in credibility will be dramatic. It is important to validate that the patient has asked a good question—"That's a great question and one that other patients have asked." Then discuss the following information in a way that is congruent with your presentation style:

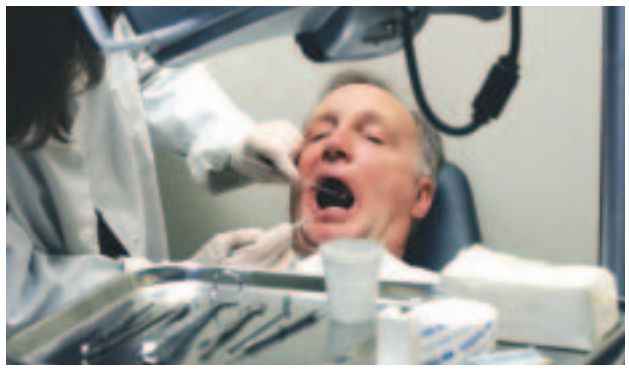
1) **Periodontal disease is episodic in nature.** For many years, periodontal disease activity was described as a continuously progressing chronic disease which assumed that increasing attachment loss was a function of age. However, the more recent research shows that attachment loss (the gold standard of diagnosis of periodontal disease) very seldom proceeds linearly at an even progression throughout the entire dentition. Current etiologic theory is that the loss of periodontal support actually occurs on individual teeth or even at individual sites of a tooth.

Although studies of untreated populations that were examined and documented over long periods of time indicate that periodontal disease progresses at a mean rate that ranges from 0.05 to 0.3 mm of attachment loss per year, we now know this is not a continuous progression. Research tells us that individual diseased sites demonstrate short phases of attachment destruction that are interrupted by periods of quiescence (no disease activity). What also seems apparent is that some sites show progressive loss of attachment over time, while others show no destruction. In addition, the time of onset and the extent of destruction vary among sites; an individual site may have bursts of activity followed by prolonged periods of quiescence.

Although disease progression is significantly correlated with high percentages of anaerobic (90%) and gram-negative (75%) bacterial species, it is widely recognized that the host response to the bacterial challenge is the greatest variable to disease activity and inflammatory progression. Risk factors—such as smoking, poor metabolic control of diabetes, and genetic predisposition to periodontal diseases—and risk indicators—such as poor stress-coping ability, osteoporosis, immunocompromised conditions, hormonal influences, translocation of *Helicobacter pylori* from gastric conditions, lower dietary levels of vitamin C and calcium, drugs that produce or enhance xerostomia, and intrafamily translocation of periodontal pathogen—are implicated in the degradation of the periodontium and have an effect on the rate of destruction. More recent studies also document an association with viral microorganisms, most notably the Epstein-Barr virus and human cytomegalovirus.

2) **Recommendation to intervene in the disease at an earlier stage.** The American Academy of Periodontology (AAP) published a reclassification of periodontal diseases in the 1999 *Annals of Periodontology*. Stemming from this new classification are parameters of diagnosis that promote earlier interception of slight-to-moderate loss of periodontal support. The parameters of care were updated to reflect a more progressive threshold in what is considered early-to-moderate cases of chronic periodontitis (case types II and III), which are "generally characterized by periodontal probing depths up to 6 mm with clinical attachment loss of up to 4 mm." The AAP now characterizes advanced loss of periodontal support (case type IV) by probing depths greater than 6 mm with clinical attachment loss greater than 4 mm. The net effect of the 1999 reclassification of periodontal diseases is similar to what happened with the reclassification of the various thresholds related to hypertension several years ago. The threshold that was previously considered early periodontal disease (case type II) is now considered moderate-stage disease, with an associated domino effect in classifying advanced disease. *The bottom line*: The AAP has recommended we intervene in the disease earlier.

3) **Making the case for a possible association between periodontal disease and systemic conditions and diseases.** Research that continues to pour through the pipeline at an exponential pace is reporting trends in obesity, diabetes, and hyperlipidemia that may be impacting periodontal health, the suspicion of a correlation of C-reactive protein levels and chronic periodontitis, and the bidirectional relationship of periodontal disease and diabetes. These findings are signaling a new reason to identify and treat the earliest stages of



the disease. The good news is that patients are increasingly aware of this research. According to a 2000 public opinion survey conducted by the American Dental Association, 81% of respondents strongly agreed that prevention of gum disease is an important step in maintaining overall health, while 91% identified that there is a link between gum disease and other health problems. The threat periodontal disease may pose to preterm birth of low-birth-weight babies and cardiovascular disease is no longer a foreign concept to the public.

4) **Redefinition (or recommitment) of practice philosophy that adheres to the wellness model.** The wellness model is characterized by a belief that health is a relative state and disease is a process with multiple causes; that there is no compromise on trying to achieve ideal health; and the recognition that earlier intervention slows progression of disease, prevents complications, and allows for more conservative treatment. To this end, it is important to explain to patients that it becomes a matter of professional judgment when to intervene. Accordingly, you might want to discuss that another dentist might put that decision off and just watch their periodontal condition, but in your professional opinion you have a legal and ethical responsibility to share the findings of the periodontal evaluation so that the patient has the information necessary to make an informed decision about their oral health. Besides presenting the optimal treatment plan, always offer optional treatment plans:

- You can scale and polish your patient's teeth that day and reappoint them for about 6 to 8 weeks to reevaluate their periodontal health.
- You can also refer your patient to a periodontist and give them their full-mouth x-rays and examination records to take with them.

PATIENT DECISIONS

Most importantly, be careful not to judge the patient's treatment decision. Violation of this basic tenet disregards the need today's consumer-patients have to be in control of their decisions and makes it impossible to offer patient-centered care.

So, if you're a dentist who suffers from fear of patient rejection, feel the fear and do it anyway. Enroll in quality continuing education courses that discuss periodontal research and evidence-based treatment modalities. Review periodontal-related literature of peer-reviewed scientific journals. After swimming around in this kind of information, your message will become internalized, your confidence will increase, and your fear of rejection will become a thing of the past.