Sandy Roth's
Communique'
Unique and Challenging Concepts from ProSynergy Dental Communications

#112, HONEST

Keywords: Acronym, periodontal, causes, patient, learning, thinking, hygiene

HONEST

Several years ago, we decided to create a workshop to help hygienists (as well as dentists and those who support hygiene) learn how to integrate behavioral dynamics into their approach to helping people clinically. Having witnessed many hygienists struggle with the frustrations of their profession, we wanted to help them find a way to become more effective in helping people in a meaningful and lasting way.

When I first joined Doug in our practice, I asked a simple question about hygiene, "How much impact can your clinical efforts have, really? If you 'clean' someone's teeth only twice or three times a year and the plaque has to be removed every 24 hours or it begins to become a problem, that's 363 days when the patient has to handle it himself or be in trouble. So what is the point of the hygiene appointment and how can they be that important? Is it a matter of starting over with a clean field each time?"

I think it might have been one of those "But mommy, the Emperor is naked!" moments, when a naive person asked an innocent question which started the wheels turning. As a non-clinician, I think more like a patient than you do, so I tend to ask these types of questions....or at least I did before I got so smart hanging around clinical types. As a result of this question, we began to look at the hygiene appointment in a very different way — one that refocused the attention from what the hygienist does to what the patient does.

This is a particularly cogent issue for me now as I work with clients in Australia, many of whom are just introducing hygienists into their practices. As those of you who have been subscribing for some years may remember, dental hygiene has been legal in most states for only a few years now. There are few schools and most dentists cannot find a hygienist to employ. So they do their own hygiene, usually while the anesthetic is taking

effect. Once a practice is able to pinch a hygienist from another dentist (there are hardly any new ones...they simply recycle), they have the formidable task of converting their patients to this new breed of animal. This often means that the patient will have a significantly more formal appointment for which the fee will now be double or triple and the patient will have to get used to a different person and an entirely different concept. Hygienists, as you know, want to treat this hygiene stuff seriously. Probe, chart, scale, floss, preach. (Forgive me, but that is how patients describe it when they have not been exposed to this type of professional approach.) Patients ask, "What does this have to do with me? I thought I was just fine before. The doctor was taking good care of me."

Now, this FaxNet is in part a commercial for our workshop, **Behaviorally Speaking**. I know that many hygienists (perhaps in your practice) are frustrated and that almost every practice I know is having trouble with cancellations and no-shows in hygiene. I think I know why, and I think we can help with this terrible drain on your resources. We'll get you started today and outline a few options for more help in this area.

The acronym HONEST, which prompted the title of this piece was conceived as a way of succinctly listing the possible causes of periodontal disease. Some will apply with any given patient; others won't. Who determines which do and which don't? I believe that the patient will have a reasonable sense of the weight each carries as these notions are introduced. The idea is to convey a sense of periodontal disease's complexity, and to give the patient a sense of which factors he wants to get some control over.

Although there are only six letters in the word, some letters stand for more than one concept. It has been an evolving acronym over the years, as our clients have added additional factors to the mix. Here is the basic skeleton of the idea:

H	Hygiene, Heredity
O	Occlusion
N	Nutrition
E	Exercise
S	Stress, Systemic
T	Tobacco, Transmissibility

Although there is still some controversy over the causes of periodontal disease (and this is certainly not intended to be a scientific writing), we believe that it's widely acknowledged that many factors play a contributory role such as:

Hygiene: Certainly, everyone acknowledges that a significant factor is the cleanliness of a person's mouth. Although a clean mouth is generally thought to be healthier, we've all seen people with near zero plaque scores and active periodontal disease. We also see the contrary — people with large amounts of plaque with virtually no significant involvement other than minor inflammation. So hygiene can't account for everything.

Heredity: There's no question in many minds that a propensity toward periodontal problems is frequently seen in one generation after another. For example, we know people who have such stringy saliva that their mouth is not naturally cleansed as well as it might be. Other genetic factors may effect the strength of the gingival attachment, and many learned professionals believe that the strength or weakness of the immune system is in part determined by heredity.

Occlusion: There can be no doubt that occlusal factors have a strong influence on mobility and thus the stability of the roots. Bruxism, clenching and bite imbalances do tend to loosen teeth. In many circumstances, orthodontic treatment can be of significant benefit. Teeth in premature contact sustain pounding forces which they weren't designed to withstand — and which cause deterioration of periodontal membranes.

Nutrition: Diet plays a part not only locally, directly in the oral cavity, but also comprehensively in relation to the overall health of the host. Just by being present in the mouth, refined sugars and highly processed foods can sustain the growth of bacteria. Other elements arrive indirectly, through the bloodstream or saliva. These factors can play a powerful role in the overall susceptibility of the host.

Exercise: As we become more sedentary, our bodies' ability to distribute oxygen and nutrients becomes compromised. The lymphatic system also functions better when the body is active. Many disease-causing oral bacteria are anaerobic, thus, increased concentrations of oxygen inhibit their growth. In addition, of course, a more fit body contributes to the ability to withstand all disease.

Stress: There is no lack of information in the popular and medical press about the effects of a stressful lifestyle. And every dental practitioner has seen usually healthy patients at times of personal crisis in periodontal distress. Stress constricts our arteries, tenses our jaws, lessens the flow of saliva and causes accumulation of lactic acid and other undesirable chemicals.

Systemic: The diseases which plague our bodies as well as the medicines designed to

fight those diseases all alter the natural balance of body chemistry. Anything which effects arteries, blood, muscles, bone, glands or ligaments can impact a healthy mouth. Even something as normal as a pregnancy has an influence on periodontal health.

Tobacco: Although some 'backer state Senators and tobacco producers argue to the contrary, health professionals are increasingly aware of the impact of tobacco use on the health of the world population. The oral cavity is not exempt. Smoking not only gasses the oral tissues, it pours nicotine and scores of other chemicals into the bloodstream, restricting circulation and affecting the heart and lungs.

Transmissibility: We were not born with periodontopathic pathogens, and the theory of spontaneous generation of disease was disproved generations ago. It is generally accepted that these bacteria were probably transmitted to us, in addition to other means, through normal, healthy affectionate contact with other human beings. And we've probably all experienced patients who were unresponsive to our best efforts until the spouse was also treated.

Is that list comprehensive enough? How do patients react as they consider these factors? How might you learn to have such a discussion with your patients? A discussion that is non-judgmental, non-manipulative, certainly informative, memorable, effective, life-changing; all that good stuff.

That may well depend on your own personal levels of interest, existing skills, motivation, willingness to risk, as well as resources which are available to you, especially time, money, energy and courage. Here are a few options for your continued learning that will help you become more effective in this area:

1. A low-risk, inexpensive, low-involvement learning tool might be the audiotape program, **No Stones Unturned.** Subtitled, *The Essential Skills of Facilitation,* this tape set is an excellent introduction to becoming a helpful questioner, thoughtful listener, facilitator and clarifier who can help patients work through a host of personal barriers to good health. (US$279)

2. A medium risk, more involved method might be attending a workshop, particularly **Behaviorally Speaking**, *Improving Effectiveness In Hygiene,* next held in Seattle, September 14-15. Although the title suggests it is only for hygienists, it's actually for anyone who could have significant patient contact at the recall or hygiene visit. (US$970)

3. A year-long, distance learning course like **Communication Mastery Series** would be helpful for any team member willing to working over a longer time period in a selfpaced program. Here, your practice is your learning laboratory and you have opportunities to access ProSynergy for personalized help. (US$600)

4. Optimal learning is likely achieved by working **one-on-one** with a ProSynergy trainer right in your own practice. Behavioral modalities can be discussed, demonstrated, refined and brought to life. This would not be recommended as a starting point in learning facilitation, but rather as a means of accelerated learning for individuals or groups who are already experienced in behavioral dynamics. (Fee variable)