Health Promotion and Disease Prevention: Patient Education and Behavior Change

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Health Promotion and Disease Prevention

- Foundation of patient education
  - Help patient understand oral conditions
  - Help patient prevent development of oral diseases (caries, periodontal diseases, oral cancers, etc.)
  - Promote healthy lifestyle, habits
    - Nutrition
    - Tobacco cessation
    - Routine dental care

Sequencing

- Initiation of PREVENTIVE measures comes before clinical services (unless emergency)
- Patient must learn AND practice daily self-care if health is to be attained and maintained

Steps in a Preventive Program

- Assess patient needs (data collection)
- Plan for intervention
- Implementation
- Perform clinical services
- Evaluate changes
- Plan short and long term maintenance

Personalize Patient Counseling

- Identify what patient knows and does not know....
  - Attitudes and practices of patient
  - Learning styles
  - Needs
- Educate
  - Decay, periodontal disease and tooth loss can be prevented or controlled
- Motivate
  - Instructions can be effective if the patient considers oral health important

Principles of Learning

- Physiologically and psychologically ready
- Individual differences
- Motivation
- Understanding
- Individuals learn what is used
- Effective learning takes place when feelings of satisfaction is obtained
Learning Ladder

1. Unawareness
2. Awareness
3. Self-interest
4. Involvement
5. Action
6. Habit

• Theory: learning takes place in a series of steps from unawareness through interest and involvement to habit formation.
• Determine patient’s entry level on ladder, then plan for moving up steps in sequence
• Page 365-366-Wilkins 11th Ed.

Behavior Change

• Values, needs, motivations
  – Maslow’s Hierarchy of Needs
  – Health Belief Model
• Steps for behavior change (transtheoretical model)
  – Precontemplation
  – Contemplation
  – Preparation
  – Action
  – Maintenance
  – Termination of old behavior
  – Relapse

Motivational Interviewing

• Patient-centered
• Guiding style
• Components of MI
  – collaboration, elicit patients perspective, respect patients autonomy
• Principles of MI
  – Express empathy, develop discrepancies, roll with resistance, support self-efficacy
• Open-ended questions
• Reflective listening
• Affirm
• Summarize
• Elicit change talk
• Provide Information and Advice

Individual Patient Planning

• Start at assessment
• Meet Individual Needs
• Show oral condition
• Emphasize systemic-oral link
• Develop a regimen based on patients needs

When and Where to Teach

• Initial instruction given FIRST
  – after assessment, before clinical treatment
  – places emphasis on plaque biofilm control
• Disclosing is important – seeing is believing
• Provide chairside; patient should be seated upright
• Use evidence-based care for meeting needs

Oral Hygiene Instruction

• Identify your target
  – Adult vs. child
  – decay, gingivitis, periodontitis
  – not everything at one time
• Keep it brief
  – focus on the patient’s needs
• Patient uses hand mirror
  – show probing depths, plaque, red tissue, broken fillings, etc.
Presentation, Demo, Practice
Lesson 1 (based on quad)
• Objective: Initial orientation of biofilm removal (baseline)
• General description & composition of biofilm
• Evaluate with the patient
• Demonstrate
• Use disclosing agent/record index
• Instructions
• End of appointment

Lesson 2
• Objective is to evaluate patients success and understanding since last visit
• Evaluation
  – Ask pts for comments or questions
  – Examine gingival changes
  – Disclose/demo/watch
• Review and extension of knowledge
  – Always commend pt and encourage

In-Office Teaching Aides
• Toothbrushes
• Floss or other interdental aids
• Patient Models or typodonts
• Informational Pamphlets
• Flip charts
• Intraoral Camera

Value of Reading Materials
• Written materials
  – supplemental to individualized instruction
• Brochures and pamphlets
  – available from ADHA, ADA, product specific companies
• Custom-made instructions sheets

Involve the Patient

Disclosing Agents and Application
• Disclosing Agents
• Purpose
• Application
• Interpretation/Plaque Index
• Technical Hints for Disclo
Oral Hygiene Instruction

Biofilm Removal

• Explain biofilm and disclosing agent
  • plaque index
• Show stain and let patient demonstrate removal
• Find something to complement patient on
• Inadequate biofilm removal
  • RDH demonstrate suggested technique
  • Patient demo revised technique

Patient Education Plan

(initial appointment)

• Explanation of biofilm and effects on oral cavity
• Identify oral conditions
  — Caries
  — Periodontal diseases
• Education based on patient needs
  — Keep it simple
• Document OH recommendations

Patient Education Plan

(subsequent appointments)

• Positive reinforcement
• Evaluate compliance
• Review OH and adjust as needed

Xerostomia

• Dryness of mouth
• Xerostomia is a symptom
• Significance to oral cavity health
• Functions of saliva
• Causes of xerostomia
• Effects of xerostomia
• Management of xerostomia

Halitosis

• Oral Causes (90%)
• Systemic and Non-Oral Factors (10%)
• Intervention

Product Recommendations

• Easy product to find and use
  — must understand how to use
• Practical, evidence based, meaningful items
• Applicable to patient’s age and needs
• Durable, easily cleaned and maintained
• Reasonable cost
Education for Children

- First dental visit
  - within 6 months after eruption of first primary tooth
  - no later than 12 months of age
- Instructions given to parent if child too young to understand
- Adults should brush the child’s teeth until they can accept the responsibility, then adults should supervise and/or spot check

Case Study

A new patient presents with the following:
- Plaque index of 65% (heavy plaque)
- Three broken fillings
- A question about her constant bad breath
- She wants her teeth whitened

What are your procedures and recommendations?

Additional Considerations for Patient Education

- Restorations
  - Prostheses
  - Full mouth reconstruction
- Orthodontics
- Patient Dexterity
- Tobacco use
- Nutrition

Remember.....

- Instruct only what is necessary, too much information will confuse patient
- Present a recommended sequence so as not to miss areas
- Number of lessons given depends on patient as evidenced by healthy tissues
  - One learning/teaching experience is RARELY enough
  - Continual with each visit
- Personalize instruction
- Learning means that a change in behavior has occurred

Case Study

- A patient brings her 3 year old daughter to you for her first dental visit. The child presents with a visible amount of plaque after disclosing. She has 2 occlusal decay areas one on E and one on J.
- What are your procedures and recommendations?