

ASSESSMENT OF THE MENTAL ATTITUDE OF THE ELDERLY FOR PROSTHODONTIC TREATMENT - A REVIEW OF THE VARIOUS CLASSIFICATIONS

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ABSTRACT

Ageing is considered to be a natural process which brings about change in physical, mental and social wellbeing of the individual. But the progressive disturbance in the overall health of the elderly is of concern to the entire population and needs to be dealt with utmost care. As age advances their ability to adapt to new things and assimilate new ideas are greatly compromised. They require more time to remember and concentrate.

KEYWORDS: Geriatric, Mental Attitude, Psychology, Management, Elderly

INTRODUCTION

In geriatric patients a lot of physical and psychological problems are seen. One of the most common problems of the geriatric patients is the teeth related problem. Aged patients usually have compromised nutrition due to inability to chew food properly. The facial features too would be compromised. This as a whole leads to behavioral changes which could be influenced by the social and psychological factors associated with ageing.

The physical changes associated with aging like hair loss, change in facial height, wrinkling, loss/ wear of teeth greatly influences the person's appearance. Hence when the dentist replaces the lost natural teeth with the artificial ones, special attention needs to be given to the mental attitude and expectations of the patients. In general these factors are more dramatic in females compared to males.

Most often the aged patients suffer from depression and isolation. Managing such patients takes a lot of experience and patience. Hence the concept, meet the mind of the patient before you meet the mouth of the patient needs to be applied for the long term success of the dentures^{2,3}.

CHANGING PSYCHOLOGY

The psychological problems influencing the behavior of aged individuals can be due to physiological changes or reaction to social changes. The social changes like isolation and retirement (loss of income) leads to anxiety in these individuals. This could lead to lack of desire to lead normal lives in such individuals.

The common physiological changes like loss of hair, loss of teeth and reduction in facial height leading to wrinkling has a huge impact on the behavior of the patient and ability to accept any medical or dental treatment. In general,

women who were beautiful during their young age, find it very difficult to accept their new appearance from the artificial teeth². In addition decline in vision, taste perception and hearing may lead to changes in overall personality of the individual thereby resulting in mental and physical disorders.

Various investigators have spoken about the need for classification of mental attitude of the patients seeking dental treatment thereby helping the clinician to provide better and satisfactory dental treatment.

WINKLER'S CLASSIFICATION OF THE ELDERLY²

The Hardly Elderly

They are group that are most often seen in recent times. Majority of the aged individuals now are mentally balanced and physically strong not requiring any assistance. They adapt very well to their surroundings and understand their limitations due to slow but continuous age related changes. Another important feature of the individuals belonging to the hardly elderly group is that they are very active both socially as well as professionally. They anticipate the changes and accept them as challenges.

The Senile Aged Syndrome

These are the elderly individuals who have very poor resistance to diseases and get stressed very easily. Due to their physical and emotional disadvantage, they are usually described as handicapped, chronically ill and disabled. They are usually not mentally prepared or physically able to adjust to the changes around them. They are depressed, dependent and often insecure.

The Between Group

The third group comprises of the individuals who are in between the previous two extremes. Their illnesses are predictable but they maintain a good degree of stability and balance.

THE M.M. HOUSE CLASSIFICATION³

Philosophical Patient

According to M.M. House these are the patients who are considered to have the best mental attitude. They are rational, sensible and calm. They understand the limitations of the dentist as well as the dental procedure. Most importantly they adjust well and accept that replacement of the teeth is required for the maintenance of health and appearance. They show interest in the treatment and ask valid questions. Overall these are the patients who are considered to have a favorable prognosis.

Exacting Patient

According to M.M. House the exacting patients have a favorable to questionable prognosis. Such patients have all the good attributes of a philosophical patient but require extreme care and patience from the dentist. They expect each step to be explained to them in detail. They tend to question the abilities of the clinician and have unrealistic expectations from the dental treatment. These patients lack intelligence and extra time will have to be spent prior to treatment to explain the entire procedure to them. However with careful assessment and treatment, they can cooperate to the treatment.

Indifferent Patient

The indifferent patients are uninterested and lack the motivation. They pay no attention to instructions and will

not cooperate. They are prone to blame the dentist for their poor oral health. An educational program is usually recommended before starting any treatment. It is believed that if the interests cannot be stimulated, it is better to refuse the treatment with the hope that the interests can be stimulated by some other clinician.

Hysterical Patient

The emotionally unstable, easily excitable and excessively apprehensive patients are considered the hysterical patients. Based on their overall mental attitude, their prognosis is usually considered unfavorable hence additional professional help is usually required prior to the treatment for behavior modification. Post denture delivery, the patient must be made aware that his problems are systemic and are not the result of dentures.

IDEAL DENTAL PATIENT⁶

According to O’ Shea, an ideal dental patient is Compliant, Sophisticated and Responsive.

Winkler has described four traits that determine the ideal patient’s response

- Realizes the need for the prosthetic treatment
- Wants the prosthesis
- Accepts the prosthesis
- Attempts to use the prosthesis

[This corresponds to the Philosophical Mind of the House classification.]

RE-EVALUATION OF THE M.M.HOUSE CLASSIFICATION⁷

It was believed that certain terms used by house classification like ‘hysterical patient’ is regarded as derogatory and judgemental. Also the classification pertained to patient isolation and did consider the behaviour of the dentist as an influence over the patient’s reaction.

Gamer et.al in his study has spoken about classification of patients based on two factors

- The level or quality of engagement or involvement of the patient towards the dentist.
- The level of willingness to submit (trust) to the dentist.

He believes that the ideal patient stance, which would lead to good treatment outcome, is a reasonable amount (versus an excessive amount) of engagement and willingness to submit (trust).

Table 1

Patient Type	Engagement	Willingness to Submit
Ideal Philosophical Mind Mature with healthy life balance	+++ “I see you as a professional who is in a position to help me, and willingly I accept you in that capacity”	“What you say makes sense, but there are some questions I would appreciate being answered”.
Submitter	++++ “You are the best dentist I have ever had. No you are the best dentist around. I admire you, idealize you, and think of you in most glowing terms.	“You know everything and will never make any error. Therefore I submit to whatever you suggest without question”.

Reluctant	++ “Please don’t take this personally but I don’t think you, or any other dentist is going to be able to help me”.	“It isn’t you I distrust, but my destiny. Nothing ever works out in my life. Therefore I will reluctantly follow your instructions, But I doubt this will work.
Indifferent	+ “I wouldn’t even give you a second thought”.	“You are a dentist just like any dentist, how does it matter whom I see. I will listen and follow instructions, I guess for now.
Resistant – Exacting Mind	---- “You authority types are all the same. You expect us patients to just accept what you say. If you think I am one of those types of patients, you are sadly mistaken.	“You have got to be crazy if you think I am going to do just what you say”.

CLASSIFICATION OF MENTAL ATTITUDE – HARTWELL^{1,9}

Heartwell has classified ageing as

The Realists

- They are of Philosophical and Exacting type.
- Co-operative and age gracefully, take pride in their appearance.
- They follow instructions, practice good oral hygiene and accept proper diet.

The Resenters

- They are the indifferent and hysterical types
- They resent and resist ageing and often become psychologically involved.
- Do not follow instructions, negligent oral care and do not seek dental treatment.

The Resigned

- They vary in emotional and systemic status.
- They show passive submission, which often does not result in good prosthodontic results and is often frustrating to all involved.

CLASSIFICATION OF MENTAL ATTITUDE BY DR. SUZANNE RIECHARD

The Mature Group

Well integrated, Satisfied, Realistic, Flexible and Open minded.

The Rocking Chair Group

Passive defenders who lean on others for emotional support, unambitious and find little satisfaction in work, they are usually considered to be impulsive and extravagant. They also seem to show tendency to eat and drink excessively. They accept their age and look back upon their life with contentment.

The Armored Group

They are rigid and independent. They work hard and make it a point to keep them occupied with the activity. It is believed that they counteract their fear of growing old by remaining active. They will not accept any new modality of treatment unless proven.

The Angry Men

They are generally hostile, frustrated and blame others for failure. They do not accept reason and look upon old age as a time for economic deprivation and virtual starvation.

The Self Haters

These people are dejected and blame themselves for failures and frustrations. They tend to turn their aggression inwards and become self-accusatory.

SHARRY'S CLASSIFICATION⁴

- **Tolbuds** – 60% of the patients fall into this category. These patients can tolerate their dentures to a great extent. (Philosophical mind).
- **Tolads** – These patients tolerate the prosthesis with some degree of adjustment. They comprise 35% of the patients. (Indifferent / Hysterical)
- **Toln** – These patients can tolerate nothing. They comprise 5% of the denture patients (Exacting).

IMPORTANCE OF ASSESSING THE MENTAL HEALTH

The statistical analysis of elderly patients has revealed that the prevalence of dementia is over 40% in age group of 85yrs. Non reversible dementia is seen in Alzheimer's disease and vascular dementia is seen in Parkinson's disease. Neurosis is associated with chronic anxiety and affects the tasks requiring neuromuscular co-ordination.

According to Winkler, in daily practice a prosthodontist may come across a variety of edentulous patients who may or may not have complete dentures. Based on the diagnosis he has further classified the denture patients.

The Satisfied Wearer of Old Dentures

These patients may have old dentures which may be floating in their mouth and barely approximating the oral anatomy. There might be severe resorption of the alveolar ridges and loss of vertical dimension but these patients have learnt to live their dentures. They are very happy with their existing faulty dentures and will not give them up for anything.

It is believed that the prognosis of new dentures in such patients might be very poor and they will object to the increased vertical dimension. The improved fit of the new denture might even start irritating their tissues.

The Geriatric Patients who do not want Dentures

These patients have been without teeth for many years and have no desire to get their missing teeth replaced. It is only when some family members insist on getting the teeth replaced for esthetic reasons that they would visit the dentist. These patients consider dentures as huge foreign bodies.

The Geriatric Prosthetic Patient

These are the patients who understand the need for timely replacement of their old dentures and are motivated to get their new dentures made.

DENTAL MANAGEMENT OF ANXIOUS PATIENTS⁹

Table 2

	Status	Management
Preoperative	Behavioral	Effective communication
		Explanation of the procedures
		Make the patient relax
	Pharmacological	Oral sedation
Operative	Behavioral	Answering patient's question
		Reassurance
	Pharmacological	Effective local anesthesia
		Oral sedation
Post-operative	Behavioral	Instruction to patient
		Description of complications
	Pharmacological	Analgesics, adjunctive medications

Schizophrenic patients should always be accompanied by an attendant or family member. If required tranquilizers and sedation may be used. Patients with Alzheimer's or other dementias often wear their dentures incorrectly or lose them. The dentist needs to be very calm with them.

ESSENTIAL TIPS DURING TREATMENT

- Plan the dental appointments for the elderly to be short with maximum work completion within the stipulated time.
- Working too rapidly will give the patient a feeling that the dentist is trying to get rid of him.
- The waiting period between the appointments should be as short as possible to maintain the patient's interest.
- Old patients tend to be comparatively more demanding and irritable. A patient hearing can do wonders.
- Morning appointments are more advantageous for the elderly.
- The main motto to be followed would be to under promise and over deliver.

ROLE OF THE DENTIST

Adopt basic personality traits that will go long way in making the dentist more approachable by his patients.

- Be agreeable.
- Be a good listener and never interrupt. When interrupted, the patient feels that what he is saying was not of importance to the dentist.
- Avoid arguments.
- Criticize tactfully.

- Never be egoistic.
- Remember names and faces.
- Be interested in others.
- Body language like maintain eye contact, posture, arm position and facial expressions play a huge role in gaining patient's confidence.

CONCLUSIONS

The success in geriatric dentistry is dependent on multiple factors and most often some of the essential factors like general health and patient's existing mental attitude are not under the control of the dentist. However the dentist needs to make conscious efforts in understanding the psychological makeup of the patient before starting the treatment. Irrespective of quality of the final prosthesis, the complete denture patient needs to be motivated to undergo the dental treatment and maintain hygiene of his prosthesis. As quoted by Jamieson "Fitting the personality of the aged patient is often more difficult than fitting the denture to the mouth". For long term success of the final prosthesis, the dentist needs to be tactful in dealing with elderly patients.

REFERENCES

1. Syllabus of Complete Dentures. Charles M. Heartwell, 4th Edition
2. Essentials of Complete Denture Prosthodontics. Sheldon Winkler, 2nd Edition
3. Prosthodontic Treatment for Edentulous Patients. Zarb, Bolender. 12th Edition
4. Complete Denture Proathodontics, John. J. Sharry, 3rd Edition
5. Yarlagadda SKB, Srinath HP, Prasad KS, Reddy AV. Difficult Denture Birds: An Easy Psychological Assessment. J Orofac Res 2013;3(2):102-105
6. Difficult denture birds- New sightings. Alex Koper. J Prosthet Dent 1967; 17:532-9
7. Polsani et al. Geriatric Psychology and Prosthodontic Patient. IJOPRD April-June 2011; 1(1):1-5.
8. M. M. House mental classification revisited: Intersection of particular patient types and particular dentist's needs. Gamer S, Tuch R, Garcia L. J Prosthet Dent 2003; 89:297-302.
9. Prosthodontic considerations for older patient. Zwetchkenbaum S, Shay K, Berg R et.al. The Dental Clinics of North America 1997; 41:817-46.
10. Behaviour shaping of the Complete Denture patient: a theoretical approach. Sudheer A, Reddy V, Reddy G. the Journal of Contemporary Dental Practice, March-April 2012; 13(2):246-250
11. Beyond classification of behaviour types. Kotwal K. J Prosthet Dent. Dec 1984;52(6):874-6
12. The psychosomatic component in prosthodontics. Newton A. J Prosthet Dent Dec 1984; 52(6):871-4
13. Patient satisfaction in prosthodontic treatment: a multidimensional paradigm. Sangappa S. J Indian Prosthodont Soc. Jan-Mar 2012; 12(1):21-6.

