Encouraging change is essential

Encouraging patients to change their behaviour and improve their oral hygiene is challenging but essential. ‘To understand how to motivate change in patients, the oral healthcare practitioner needs to be aware of the distinction between compliance and adherence,’ according to the American education experts Joyce Turcotte and Rebecca Lang.

In an article in the journal Contemporary Oral Hygiene, they explain that the word ‘compliance’ suggests patients obey the clinician’s instructions. In contrast, the term ‘adherence’ characterises patients as autonomous, independent and intelligent, taking more active and voluntary roles in their dental treatment.

‘The distinction is who is directing the change. Compliance is authority-driven and adherence is patient-driven. When a patient behaves in a compliant manner, he or she is following the hygienist’s rules. This may not be valued, understood or committed to by the patients. However, adherence is a commitment made to particular behaviours congruent with a selected lifestyle,’ say Turcotte and Lang. That lifestyle will probably include achieving the freshest possible breath.

Since most people have a bad breath problem at some time and in nine out of 10 cases the cause originates from within the mouth presenting fresh breath as a desirable, and even necessary, element of a successful oral hygiene programme can greatly influence the demand to see the hygienist.

The Facts

• The BDA estimates that approximately 50 per cent of the population suffer from chronic bad breath at any one time.
• A survey conducted by Periprod- ucts Ltd indicated that nearly 70 per cent of those questioned had experienced bad breath on someone else.
• Approximately 90 per cent of physiological malodour originating from sites within the oral cavity can be attributed to Volatile Sulphur Compounds (VSC).
• The gingival tissue is a principal location of VSC.
• 80 per cent of bad breath emanates from the back of the tongue.
• VSC present themselves as odour-causing molecules made up of small sulphur atoms.
• The aim of bad breath prevention is to eliminate the VSC as much as possible.
• A healthy mouth constantly produces VSC at very low levels therefore it is important to maintain a good standard of oral hygiene.
• Recommend oral care products specifically designed to eliminate odour-causing Volatile Sulphur Compounds (VSC) associated with oral malodour, such as the RetardDEX™ Alcohol Free oral health care range with fluoride and the OOLITT™ excel tongue cleanser.

Co-discovering with the patient the areas in the mouth that have the potential to harbour bacteria associated with tooth decay, gum disease and bad breath will help patients to accept that they need regular visits to the dentist and hygienist.

Explaining this to patients before starting their examinations places you in a position of impartial observer and allows the patient to participate in the self-discovery process that is necessary for them to become an active contributor in their own care. An equally successful way of encouraging co-operation is to ask a simple question; ‘Are you ever concerned about the freshness of your breath?’ The answer to this question can create an excellent dialogue opener and allows for further investigation and a committed patient. Who wouldn’t want Fresh Breath?