

Talking.

The first step to trusting.

It's a tough fact to face but people generally don't like going to their dentist.

Good communication skills and talking about issues at the mild end of the oral health spectrum, like sensitive teeth, can help patients feel more comfortable.



"It should be a given that the patient feels that their dentist provides good oral care", says New York-based dentist Dr. Liz Mitrani. But what makes someone feel they have a great dentist, she believes, comes down to the relationship the dentist cultivates with their patient. "I want them to know that I really do care and I want them to feel comfortable that I care enough to help them," she says. She recognizes, however, that for some patients, the dental practice is a stressful environment. Data shows that around one in five people experience moderate to high dental anxiety.¹ All the more reason to make them feel comfortable. Her advice is to try to create an environment where the patient feels safe enough to talk about anything.

Opening the conversation to talk about perceived minor oral health issues, such as dentin hypersensitivity (DH), could be one way to do this. "The patient may think that sensitivity is a little thing that's not worth mentioning but I want them to know that any concern they have is worth mentioning," says Dr. Mitrani.

Dr. Koula Asimakopoulou, Reader in Health Psychology, King's College London, believes DH allows dentists to demonstrate their empathy for the patient. "Empathy is about being able to put yourself in the shoes of your patient and seeing the world from their perspective and in this case, to the extent that the condition is not causing huge problems to patients' lives, it should be fairly easy to be empathic."

A sensitive subject

Although data shows one in three adults experience DH, Dr. Mitrani's personal experience is around half of her patients are affected.² This high prevalence makes it an issue worth putting on the patient's - and dentist's agenda. "Sensitivity is a real pain, it's a real feeling," she says. "I think the concern the patient has is that they're afraid that it's something serious besides the fact they don't like the feeling."

"I think the concern the patient has is that they're afraid that it's something serious besides the fact they don't like the feeling."



“ Talking about something that they view as mild and they wouldn't maybe necessarily raise, opens the floor to the patient. ”

There may also be concern that it could progress. “For the patient they think: ‘Oh my nerve!’ Then they think the progression is root canals”, she adds. Being able to recommend something as simple as a toothpaste to manage DH can make the dentist-patient interaction reassuring and highly relatable. “They’re using toothpaste anyway, so this is not starting up a new regimen or new routine.”

Addressing the symptoms is only part of the picture, however. DH can be a chronic condition, but patients may not perceive it that way. “I don’t know if they think of it in terms of acute and chronic,” explains Dr. Mitrani. “It just hurts when it hurts. I had this hot or cold drink, and this happened. So, to them, it’s usually episodic.”

Helping patients understand it can be a chronic condition that is underpinned by their existing behaviors and habits is important, she believes. “If we don’t curtail or take care of habits, dietary or mechanical, or reflux or other systemic issues there could be a progression. We have to go back to the source to modify change.”

Encouraging patients to change their behavior has benefits for the dentist too, says Dr. Asimakopoulou: “A dentist who shows they care, and they are empathic about simple behavior change, is probably in a better place to tackle more complex changes further down the line because they will have a better relationship with their patients.”

Let’s talk about patient communication strategies

Communication principles such as open questions, using simple language, mirroring patients’ words, providing reassurance, personalizing and empathizing during the conversation and seeking clarification throughout, can all be utilized when talking about DH.

Raising it as an issue and giving the patient the opportunity to talk about it also helps legitimize it for the patient. “Talking about something that they view as mild and they wouldn’t maybe necessarily raise, opens the floor to the patient,” says Dr. Mitrani.

She recommends starting the consultation with a blank slate that the patient can fill with their concerns. Asking the patient if there is anything they want to talk about or wish to focus on at the start of the consultation, gives the patient permission to talk about what matters to them, before moving onto any action-oriented tasks, such as investigations and procedures. “Don’t ask: ‘is this working?’ as that closes down the conversation.”

Language is important too. Although the definition is dentin hypersensitivity, patients may opt for “sensitivity” or “sensitive teeth”. “Take their lead how they want to describe it. That’s how they’re interpreting it and that’s their truth,” is Dr. Mitrani’s advice.

Clarify as you go along and ask patients if they have any questions or if they need the information written down. Also be aware of body language. She uses visual cues to “look like I really want to hear what they have to say, because I do.”

How to end a conversation is important too. “I want to see a positive outcome, so they’ll trust me more when they can relate to me and they’ll trust me when I make a recommendation for a toothpaste or treatment or procedure.”

Offering a last chance to ask about anything, or even chatting as you walk the patient to the door are common approaches Dr. Mitrani uses in practice.

Conclusion

Taking the time to talk about DH in practice can not only put the patient at ease but can legitimize a problem that can be easily managed with a change of toothpaste.

Patient communication tips ^{3,4}	Pro tips: patient communication Examples from Dr. Mitrani
Use open--not closed--questions where possible to invite conversation	<p>"How can I help you?"</p> <p>"Is there anything you want to focus on today?"</p> <p>"Is there anything that's bothering you?"</p> <p>"Describe any adjustments you may make when eating or drinking hot and/or cold food/drinks (e.g. avoiding certain teeth)."</p>
Practice active listening to demonstrate understanding and personal attention	<p>Listen to what they say: after they've been to the hygienist, do they mention sensitivity?</p> <p>Think body language - look like you want to hear what the patient is telling you</p>
Discuss DH in conversational, patient-friendly language	<p>Use sensitivity, not dentin hypersensitivity</p> <p>Mirror the language the patient uses to describe their sensations (e.g. twinge, shooting pain, ache...).</p>
Clarify information and check that the patient understands	<p>"I just gave out so much information. Is there anything that I could do to clarify?"</p> <p>"Do you have any questions?"</p> <p>"It's OK if you miss something."</p>
Use personal examples and relatable language to connect with your patient	<p>"It's really common, you're not alone."</p> <p>"I've had sensitivity."</p>
Use action-oriented language and avoid passive voice	<p>"Let's try something as simple as changing your toothpaste."</p>
Use intermittent and timely reassurances to keep your patient at ease	<p>"This is quite normal."</p> <p>"I think we can help you."</p>

References

1. White AM, et al. J Dent Hygiene, 2017;91:30-34.
2. Addy M. Int Dent J, 2002;52:367-375.
3. Waylen A. Dental Update, 2017;44(8):774-780.
4. Asimakopoulou K, et al. Pocket Dentistry: Communicating with patients.

HALEON
healthpartner

Brush up 
on oral health.