

The Psychological Effects Of Prosthetics And Orthotics

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Prosthetics, Orthotics, and the Psychology of Dental Treatment

In recent years, attention has been paid to the issue of psychotherapy in dentistry, although there is little literature on this matter. Orthopedic dentistry is the art of restoring the dentoalveolar system. Prosthetics with cermets: reliable, durable, aesthetic. Orthopedic dentistry is aimed at diagnosis, treatment, and preventive measures of violations associated with breaches of the integrity and all the original functions of the dentoalveolar system by installing all kinds of prosthetic elements and apparatus. It is known that, due to fear of dental manipulation, 5 to 14% of the population refuses to visit the dentist. Many patients turn to the doctor late, with the appearance of severe pain, which indicates the presence of irreversible phenomena in the pulp or periodontium. Motives for avoiding a visit to a dentist can be conditionally divided into social and psychological effects.

Psychological effects of the untimely treatment of patients by the dentist, in particular by the orthopedist, are more diverse and complex, which are anxiety, fear of pain, the opinion of the surrounding sick people, contradictory views of doctors, the prospect of admission by students, worsening of well-being before going to the dentist and failure of treatment (Russell, 2007).

The need for psychological preparation of patients before dental interventions is visible. In the field of psychotherapy, all the words and actions of the doctor have a positive psychological impact on patients. In the opposite case, there is an iatrogenic effect – the result of an adverse effect of the doctor on the patient's psyche. The level of culture of medical reception is primarily determined by the extent to which psychotherapy is widely represented in it. The use of psychotherapy by a doctor is in full accordance with the classical principle of "treating not the disease, but the patient." The mood of the patient for orthopedic procedures, the desire to cooperate with a doctor during the treatment period, the atmosphere of trust and partnership, and positive emotions are the keys to the success of orthopedic procedures.

Doctor-Patient Communication and the Neglect of Psychotherapeutic Care

Unfortunately, often, the treatment is carried out hastily, the contact of the doctor with the patient is formal, and the psychotherapeutic work is minimized. This is due to the lack of the necessary

orthotics for some orthopedic doctors, the unwillingness to develop psychotherapeutic activity, as well as the limited time of outpatient admission, and the lack of basic conditions for the psychotherapeutic treatment of patients. The specific prerequisites of the need for psychotherapy are, first of all, painful or unpleasant orthopedic manipulations (tooth preparation, injections, removal of impressions, etc.) that cause fears and anxiety in patients with pain expectations. Negative influence on the patient's psyche is also exerted by aesthetic defects, speech disturbance, inability to eat adequately, and the complexity of psychophysiological adjustment during the habituation to prostheses (Andrysek, Christensen, & Dupuis, 2011).

The goals of the psychotherapeutic work of the dentist are the relief of anxiety, the patient's tension, and correction of poor attitude to dental treatment, prevention of neurotic reactions, iatrogenic conditions. Even at the first meeting with the patient, in a conversation with him, the doctor determines and identifies the most significant irritants that caused the patient's emotional stress and his attitude towards the disease. The patient waiting to receive or sitting in the chair can identify and analyze the external vegetative and behavioral manifestations of emotions (compression and biting of the lips, lowering the corners of the mouth, twitching of the eyelids, frequent blinking, wrinkling of the forehead, tightening of the chewing muscles, the color of the skin varies from pale Hyperemic or hyposalivation, sweating, characterized by hand movements – tremor, tension, stiffness, inadequate activity, fussiness or, conversely, depression. To build their psychotherapeutic tactics, the orthopedic doctor must rely on the external manifestations of the patient's emotional state (Russell, 2007).

The forms of psychotherapeutic treatment are diverse. The most common of them is a protective, sparing regime. This is a cozy environment in the registry and offices, and police first conversation (it is necessary to allow the patient to speak, if need be, to switch his attention to another subject. Sometimes, a directive approach is appropriate). There is a need to try to dispel the patient's doubts and to carefully consider all his statements. At the initial stage of treatment, it is very useful to demonstrate models of the jaws of patients with similar pathology, plaster casts, photographs, and dentures analogous to the planned designs. Be sure to discuss the issue of the materials from which the prosthesis is made; they should be given a detailed description.

Immediate Prosthetics, Appearance, and the Restoration of Social Confidence

A noticeable psychotherapeutic effect has immediate prosthetics, excluding even short-term incapacity for work and impairment of patients who have lost one or more of their front teeth. Such patients are warned about possible discomfort after treatment, with an emphasis on the short-term nature of such phenomena. It is also worth mentioning the most common errors of orthopedists, leading to the creation of a negative emotional background at the reception. This is a violation of the principle of completeness of treatment, ignoring anesthetic protection (premedication, anesthesia).

Analysis of current data on the calming effect of psychopharmacological drugs suggests that for the

relief of psychoemotional stress in patients at a dental appointment, it is advisable to use tranquilizers widely. The danger of their admission to the dental practice is apparently exaggerated. A single intake of drugs, which is most appropriate for an outpatient dental practice, does not give serious side effects and does not cause addiction to psychopharmacological agents. Given the specifics of outpatient dental care, which determines the need for rapid reduction of psychoemotional stress, preference should be given to the most potent drugs from the group of benzodiazepine tranquilizers, in particular, temazepam (0.0005-0.001 g) and diazepam (0.005-0.01 g), which has a pronounced anti-anxiety effect. If it is necessary to enhance the anti-anxiety effect of drugs, it is advisable to combine tranquilizers with small doses of haloperidol (0.00075-0.0015 g) or amitriptyline (0.006-0.0125 g); as side effects correctors tranquilizers (effects of muscle relaxant, drowsiness), their joint use of psychostimulants (Syd NOK carb 0.00125 g) or nootropic agents (piracetam 0.1-0.2 g) may be recommended.

Psychopharmacological drugs are recommended for use in outpatient dental reception in combination with active psychotherapeutic work of the dentist, use of the application, and local injection anesthesia. Thus, psychotherapy should become an integral part of the patient's individual preparation for prosthetics, accompany the core orthopedic procedures, and be carried out during periods of adaptation, using distracting, soothing, and activating psychological effects. With intense fear and anxiety, psychotherapy is combined with drug treatment, which is preceded by mandatory consultations with a neurologist or psychiatrist.

References

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