The successful practice of orthodontics is significantly dependent on the interaction between the orthodontist and the patient. Doctor-patient relationships in orthodontics can positively influence treatment outcomes by encouraging the patient to cooperate in following prescribed instructions related to appliance wear and maintenance of oral hygiene. Successful orthodontic treatment requires active cooperation from the patient throughout the necessary lengthy orthodontic procedures.

**The Orthodontist-Patient Relationship**

Orthodontist-patient relationships have significant effects on the success of orthodontic treatment. In the practice of orthodontics today, time is invested in creating and maintaining the important patient-doctor bond.

“Patients must be treated as people who have malocclusions, not malocclusions attached to people.”

Orthodontist behaviors such as listening, empathy, explanation and understanding patient’s psychology are important in achieving that goal.

**Understanding Psychology and Behavior**

*Psycho* – meaning mind, soul, self; *Logas* – meaning study.

Thus psychology is the study of self, as it manifests itself in action and behaviour. It is the science dealing with human nature, function, and phenomenon of his soul in the main. Behavior is an observable act. It is defined as any change observed in the functioning of an organism. Learning as related to behavior is a process in which past experience or practice results in relatively permanent changes in an individual’s behavior.

Behavior modification in turn is an attempt to alter human behavior and emotion in a beneficial manner according to the laws of modern learning theory.

**The Need for Orthodontic Treatment**

1. Discrimination because of facial appearance.
2. Problems with oral function, (difficulty in jaw movements, TMJ dysfunction, swallowing or speech).
3. Greater susceptibility to trauma, periodontal disease, or tooth decay.

**Creating a Compliant Patient**

1. Patient Education
II. Patient Education

They need to know the costs and benefits of treatment, time, money, and effort. Patient education booklets which are used to reinforce instructions throughout treatment are written in positive tone to encourage and motivate patients.

III. Office Environment

Every office reflects the personality of the orthodontist. The goal is to maintain a friendly, warm, caring, professional atmosphere in which patients know that they will receive the highest-quality treatment.

IV. Communication Techniques

An effective communication technique is to look in their eyes before you look in their mouths.

V. Monitoring Progress

Each patient’s progress must be monitored constantly to maintain motivation and compliance throughout treatment. When improvement is seen, praise the patient and share the achievement with the parent. If slow progress is due to non-compliance, it is crucial that the patient and parents be informed as early as possible in a “mini-consultation”.

Practical Psychology to the Clinical Practice of Orthodontics

A. Social psychology in Orthodontics
B. Orthodontic motivational PSYCHOLOGY
C. Educational Psychology

A. Social Psychology

Why patients seek orthodontic treatment?

- Adolescents: “My mom thinks I need braces, to look better”
• Adults: “Own initiative; to improve facial appearance”

Clearly a person’s dento-facial appearance can have a significant effect on their overall quality of life.

“WHY DO PEOPLE WANT TO LOOK BETTER”
Adams suggested
1. Physical attractiveness stimulates differential expectations toward another.
2. An individual’s attractiveness appears to elicit differential social exchanges from others.
3. An important developmental outcome results from this social exchange.
4. Attractive people are more likely to manifest confident interpersonal behavior patterns than lesser attractive individual.

Patient Compliance
The success of orthodontic therapy frequently depends on patient compliance. EGOLF and others described a compliant patient as one who practices good oral hygiene, wears appliances as instructed without abusing them, follows an appropriate diet, and keeps appointments.

Understanding the Adolescent Patient
Peterson and Kuipers described adolescence as a period in life between childhood and adulthood when considerable change is occurring. Understanding adolescent development can allow the orthodontist to help overcome obstacles in treating patients in this age group.

Orthodontic Motivational Psychology
Features of adolescent behavior used to ascertain a particular behavior.
1. Adolescents are concerned with self-image and identity, which can be useful in motivating them.
2. Independence and autonomy are important to an adolescent therefore achieving an adult like status could motivate the adolescent.
3. Peer relationships are important, so this feature motivate behaviors that meet social needs.

They suggested that more successful motivation can be accomplished by individualizing the patient and recognizing adolescent values and issues. The orthodontist should understand that adolescents are not influenced strongly by health specific goals.

Personality Testing and Compliance
Major orthodontic treatment decisions are based on an anticipated level of patient compliance. “The Millon Adolescent personality inventory” (MAPI) is done to predict the behavior of adolescent patients in an orthodontic practice.

Orthodontist and Patient Communication
Klages and Sergi found strong relationships between clinician’s encouraging behavior and patient communication cooperation, and concluded that the orthodontist’s behavior may be relevant for patient verbal cooperation.

The doctor-patient interaction is the best predictor of how well a patient could be expected to comply with the doctor’s instructions.

Educational Psychology
One of the most promising areas of current research in patient cooperation is the area of educational psychology.

The 4 learning styles inventory developed by KOLB
1. Accomodator
2. Diverger
3. Assimilator

Achieving Patient Compliance
Rosen provided a practical patient-oriented approach to creating a compliant patient.
Health care providers should develop a compliance model that is patient-centered rather than clinician-centered. White suggested:

1. Use of soft-bristle tooth brush and, if necessary, chlorhexidine rinses.
2. Use the simplest appliance necessary to achieve treatment objectives with forces that are continuous and of low magnitude.
3. Prescribe analgesics when needed.
4. Expedite treatment time.
5. Let the fees reflect the challenges of a difficult patient.

Methods of Improving Patient Compliance\(^6\)

a) Verbally praising the patient
b) Educating the patient about the consequences of poor compliance
c) Discussing treatment goals with the patient
d) Educating the patient about the proper use of elastics
e) Educating the parent about the consequence of poor compliance
f) Discussing poor patient cooperation with the patient
g) Educating the patient about the proper use of headgear
h) Discussing poor patient cooperation with the parent
i) Discussing treatment goals with the parent
j) Educate the parent about the use of orthodontic appliances.

Results of Non Compliant Patient

- It is necessary to compromise treatment methods and treatment objectives.
- Increase of expenses involved in orthodontic treatment.

Achievements Through Adherence By Patient : (compliant patient)

- Achieve the treatment objectives in minimum treatment time.
- Reduction of expenses involved in orthodontic treatment.
- Improved oral hygiene can minimize damage to the periodontal tissues limit the deleterious effects of decalcification, and even frank caries.

Conclusion

- One golden thread that runs throughout the literature of orthodontic psychology is the importance of the doctor-patient relationship.
- Once the orthodontist has earned the trust and respect of the patient by establishing a good rapport, the task of achieving a good treatment result is made remarkably easier.

“Straight Teeth make for more attractive smiles. More attractive smiles make for more positive self-image”

References