I work in a deprived area in the London borough of Ealing. Accessing oral health care and treating periodontal disease may not be a priority for my patients because they are seeking to satisfy more basic needs in life. Consequently, getting the oral health message across to these patients at the first appointment is crucial. The patient has a role to play in managing the disease and this should not be minimised. The patient’s commitment to following oral hygiene advice, and to completing the treatment, is necessary for success. Nevertheless, the evidence suggests that patients often do not comply with the oral hygiene advice that positively influences the outcome of the treatment provided.

It can be argued that the patient has a social obligation to value their oral health and co-operate with the advice given by dental professionals. It can be frustrating to a dental professional when the patient has been given appropriate advice, and clear instructions, but fails to follow them and consequently their oral health deteriorates. If good oral hygiene is not maintained a dental professional would be well within their rights and consequently their oral health deteriorates. If good oral hygiene is not maintained a dental professional would be well within their rights to refuse treatment until the patient achieves adequate oral hygiene. However, it would be the dental professional’s responsibility to ensure that the patient understands this and that it is properly documented.

Non-compliance

Over the years patients have offered me several reasons as to why they could/would not follow my advice. They include:

1. I will have problems with my teeth, no matter what I do
2. I find using floss or interdental brushes difficult
3. I don’t have the time to clean my teeth
4. Dental hygiene is not a priority for me
5. I find cleaning my teeth boring
6. I am too tired to spend time cleaning my teeth
7. It is costly to buy dental cleaning aids

Despite these familiar reasons there is research to suggest that compliance is also influenced by the lack of understanding of the instructions given.

Improving the patient’s understanding

In my experience what we demonstrate to the patient does not necessarily equate with what they will practise. For example, in the past I have demonstrated toothbrushing on a model and asked the patient to purchase the brush. However, despite being shown a tailored toothbrushing technique, when asked to demonstrate at the next appointment, it is obvious that something has been lost in translation and what they show me is often very different to the advice I had given them. Over the years I have become less reliant on models and I prefer to observe the patient using their own oral hygiene aids.

At the first appointment I usually record indices and explain periodontal disease to the patient. I then demonstrate oral hygiene aids and when I make a recommendation for a toothbrush I ask the patient to bring it to the next appointment. The dentist also gives the patients the same message by asking them to bring their OH aids to their hygiene appointments. At the second appointment, without demonstrating, I ask the patient to show me how they have been cleaning.

It is interesting to observe patients using an electric toothbrush for the first time and some common issues include brushing as they would with a manual toothbrush, moving the brush too fast, not positioning it at 45 degrees towards the gingival margins, missing the palatal or lingual margins. An oral examination may very well have given me similar information but observation provides a better understanding of where the patient is going wrong. After observing the patient I have the opportunity to demonstrate the correct technique in the mouth and ensure that they can repeat this. This is not a discrete occurrence and I will ask the patient to bring the toothbrush to each appointment until OH improves. My patients see me for multiple appointments and are good at remembering their brushes.

My aim is to ensure that the patient understands that improving their oral hygiene is more important than having the treatment completed. The patient needs to understand that having good OH is valued and they are responsible for maintaining their OH. This is particularly challenging when dealing with patients from a low economic status.

References