Common Periodontal Disease Risk Factors

- Genetics
- Hormones
- Tobacco
- Alcohol
- Medications
- Stress
- Chronic diseases
- Occlusal disease
- Inadequate oral hygiene
- Diet/vitamin C/calcium
- Xerostomia
- Neglect
- Decay
- Faulty restoration
- Missing teeth

Periodontal Treatment Gap

Approximately 75% of US adults are affected by periodontal diseases

- In a market research study conducted by OraPharma, 84% of patients surveyed stated they wanted to be educated by you, their dental healthcare provider¹
- In the same study, 87% said it was important that you take appropriate action to fight the infection¹

Periodontal disease is the #1 cause of adult tooth loss²

¹ Data on file. OraPharma, Inc. Horsham, PA.
² Williams RC. NEJM. 1990;322:373-382.
Perceived Barriers to Treatment

**Why?**
Because patients *don’t understand* the importance of treatment

**Why?**
We *don’t always* do an effective job of communicating the importance of treatment

**Why?**
We often individually treat the patient, not together as a team

Focus on Effective Communication

**Best practices in patient communications:**
- About periodontal health
- About oral health in general
- About the importance of treatment
- About the team concept

Clinical Roadblocks to Treatment

**Common clinical roadblocks to treatment recommendations:**
- It may be difficult to know when to treat/when to refer
- Team members in the office may be inconsistent when presenting treatment options
- Patient may refuse treatment
- Patient may leave the practice
- It may be difficult to discuss treatment costs

Clinical Concerns

Despite concerns, dental health care professionals have a responsibility to diagnose comprehensively and educate the patient

Five Principles of Effective Communication

- Empathize with the patient
- Use visual aids
- Educate on the disease, using medical analogies
- Standardize terminology
- Address patient objections

Empathize

- **Empathetic listening is:**
  - Truly listening
  - Respectful
  - Non-judgmental
  - Open-minded
- Uses emotional intelligence to understand root cause of patient’s concerns
- Creates mutual understanding and trust
- Increases receptivity to recommendations
**Start the Education Process**

Gather all information needed during your assessment phase
- Assess your patient's risk of disease
- Address your patient's concerns

Don't just tell your patient, educate your patient

**Use Visual Aids**

Periodontal disease is often asymptomatic (silent disease)

Overcome patient doubt with visual evidence:
- Patient education materials
- Intraoral camera
- X-rays
- Charted pocket depths
- Bleeding pockets
- Hand mirror
- Show them their probing depths
- Calculus and exudate

**Educate on the Disease**

Explain the chronic, bacterial nature of periodontal disease

“Periodontal disease is a chronic, bacterial gum infection that destroys the attachment fibers and supporting bone that hold your teeth in your mouth.”

**Educate on the Disease**

Avoid euphemisms or minimizing language

Don't say:
- “You have a little bleeding.”

Do Say:
- “Healthy gums should never bleed. Your gums are bleeding in these spots (show areas). This may be a sign of a bacterial infection that can cause tissue damage and bone loss.”

**Educate on the Disease**

Avoid euphemisms or minimizing language

Don't say:
- “I found some pockets.”

Do Say:
- “You have a bacterial infection. This infection has caused the gum to pull away from your teeth resulting in pockets.”

**Good Communication Requires Confidence**

“I think that we may want to do some treatment.”

or

“We need to begin gum therapy treatment as soon as possible.”

“A little bleeding” or “A little infection”

or

“You have 2 areas that are bleeding and have an active bacterial infection.”

Our patients need a “Call to Action”
Educate on the Disease

“With x-rays we can see if there is bone loss, and by measuring your pockets, we can discover if there is any active infection, bleeding, or tissue destruction.”

Use clinical language patients can understand,

“We need to begin a Periodontal Therapy Program. This is a series of appointments that will help us get your bacterial infection under control through the use of non-surgical procedures, antibiotics and your home care.”

Standardize Communication

A common scenario:
- Hygienist refers to “infection” and “therapy”
- Doctor refers to “inflammation” and “root planing”
- Office manager refers to “deep cleaning”

The patient goes home to “think about it” because they don’t know what procedure is needed or WHY?

Standardize Your Terminology

Standardize your terminology with:
- Everyone in the office
- Every patient
- Every time

Standardize

Teamwork
- It takes a whole team to help a patient get proper treatment
- Consistent communication throughout the office
- Proper “hand off” to your teammate

Standardize

TEAMWORK

Receptionist:
- What does s/he call the appointment?
- Medical form update
- Hand off to back office

Hygienist:
- Terminology
- Use of visual aids/analogy
- Hand off to hygienist or to front office

Dentist:
- Terminology
- Use of visual aids/analogy
- Diagnosis/treatment
- Hand off back to hygienist or to front office

Treatment Coordinator:
- Basic terminology
- Use of visual aids/analogy
- Presentation of treatment plan
- Hand off to check out

Patient

Assistant

Hygienist

Dentist

Treatment Coordinator

Checkout
Addressing Patient Objections

Apply the first five healthy communication principles when seeking to address common patient objections:

- Practice empathetic listening
- Take advantage of visual aids
- Incorporate additional clinical information
- Be sure to use standardized terminology
- Work as a team

Addressing Patient Objections

<table>
<thead>
<tr>
<th>Objection</th>
<th>“Why has no one told me I have periodontal disease before?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm</td>
<td>So basically your question is, why now?</td>
</tr>
<tr>
<td>Acknowledge</td>
<td>It’s a good question! Allow me to explain.</td>
</tr>
<tr>
<td>Problem-solve</td>
<td>No one is born with periodontal disease; it’s a chronic disease that can occur at anytime. Periodontal disease is caused by bacteria and occurs over a period of time. This may lead to an infection in your gums and bones, which may cause tooth loss. By evaluating both your teeth and gums at each visit, we can inform you at the first sign of infection and offer treatment that can prevent disease progression.</td>
</tr>
</tbody>
</table>

Addressing Patient Objections

<table>
<thead>
<tr>
<th>Objection</th>
<th>“If I have an infection, why don’t you just give me a prescription for an antibiotic?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm</td>
<td>You want to know why we don’t simply prescribe a pill?</td>
</tr>
<tr>
<td>Acknowledge</td>
<td>While taking a pill may be easy, there are disadvantages.</td>
</tr>
<tr>
<td>Problem-solve</td>
<td>A pill is systemic and travels through the bloodstream so your entire body is exposed to the medication, and you may need to take multiple doses for several days. By applying a time-released antibiotic directly to the site of infection, we can ensure that only the area of the infection is treated.</td>
</tr>
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Addressing Patient Objections

<table>
<thead>
<tr>
<th>Objection</th>
<th>“Will my insurance cover it?”</th>
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<tbody>
<tr>
<td>Confirm</td>
<td>You want to know what kind of insurance benefit you may be eligible for?</td>
</tr>
<tr>
<td>Acknowledge</td>
<td>I understand your concerns, but keep in mind that dental insurance is not intended to cover all costs, but rather it is supplemental coverage.</td>
</tr>
<tr>
<td>Problem-solve</td>
<td>Whether or not your particular plan assists with therapy depends on your insurance plan. Our experience has been that most plans do assist with this treatment, but the percentages vary greatly. I suggest you investigate your own plan more specifically.</td>
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Addressing Patient Objections

<table>
<thead>
<tr>
<th>Objection</th>
<th>“Why is this treatment so expensive?”</th>
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<tr>
<td>Confirm</td>
<td>You are concerned about the cost of this treatment?</td>
</tr>
<tr>
<td>Acknowledge</td>
<td>We understand this and work very hard to respect everyone’s financial concerns.</td>
</tr>
<tr>
<td>Problem-solve</td>
<td>However, treating periodontal disease in its earlier stages is considerably less expensive than treating advanced disease. Studies show that treating periodontal disease with a surgical procedure and a time-released antibiotic creates a healthier environment allowing healing to begin. Using antibiotics for the treatment of periodontal disease has been a practice in medicine for decades. An infection in your mouth requires a similar approach.</td>
</tr>
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Addressing Patient Objections

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<th>Objection</th>
<th>Problem-solve</th>
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<td>“Can I get this procedure done later?”</td>
<td>You would like to delay treating your infection. However, you have an active infection in your mouth that will not get better on its own.</td>
</tr>
<tr>
<td>Confirm</td>
<td>I understand the temptation to delay your treatment. However, you have an active infection in your mouth that will not get better on its own.</td>
</tr>
<tr>
<td>Acknowledge</td>
<td>Delaying your treatment may cause this infection to become more difficult to treat. Our goal is to treat your infection as soon as possible, which includes correcting any issues with your dental health that may contribute to further disease progression, which includes possible loss of teeth and bones.</td>
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Importance of Patient Communication

When perceived barriers to appropriate care are removed, your patients benefit!

- Ethical responsibility to deliver highest level of care
- Rewarding experience to restore patient to improved oral health
- Patients want to be educated by you. When patients understand their disease, they are more likely to accept your recommended treatment plan and recognize your commitment to their well being.

Addressing Patient Objections

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<td>“What is a periodontal maintenance procedure? How is this different from my regular cleaning?”</td>
<td>The procedure known as periodontal maintenance is done 3 to 4 times a year. During these visits, we will assess the health of your gums and perform, when indicated, the proper procedures that can help maintain periodontal health. By placing a local antibiotic, we can help prevent disease progression and the need for costly surgical interventions.</td>
</tr>
<tr>
<td>Confirm</td>
<td>You want to know what’s involved in the ongoing care of your periodontal disease?</td>
</tr>
<tr>
<td>Acknowledge</td>
<td>That is a good question. After all, this is a commitment you are making to your continued good health.</td>
</tr>
<tr>
<td>Problem-solve</td>
<td>The procedure known as periodontal maintenance is done 3 to 4 times a year. During these visits, we will assess the health of your gums and perform, when indicated, the proper procedures that can help maintain periodontal health. By placing a local antibiotic, we can help prevent disease progression and the need for costly surgical interventions.</td>
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