

## Iatrosedation- a solution to maladaptive complete denture patients

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### Abstract

Behavioral problems are commonly associated with complete denture therapy. There are easily satisfied patients at one end, while at the other end are patients who become office fixtures, complaining of excessive discomfort, poor function and visit repeatedly for adjustments. Some patients are maladaptive because neurological or neuromuscular deficits preclude successful wearing of dentures. Others are emotionally maladaptive. For these patients, effective verbal and nonverbal communication in the form of an iatrosedative interview is significant in maximizing an effective doctor/patient relationship and minimizing the maladaptive response.

**Keywords:** Maladaptive, Iatrosedation, Doctor patient communication, Doctor's behavior.

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### Introduction

Success or failure in complete denture therapy cannot be exclusively predicated on a patient's residual ridge form, but on patient's attitude towards the prosthesis as well. Although it appears that most patients adapt to the denture –wearing experience, many do not, which comprises a group of people who are more emotionally fragile. The loss of teeth forms an obstacle for these emotionally maladaptive patients which they cannot surmount despite provision of excellent prosthetic replacements. There are many critical elements to be considered in managing such patients. Two most important among these being-doctors's behavior and iatrosedative interview; both of which involve a skillful handling of verbal and nonverbal communication.

### Discussion

**Doctor's behavior:** The sense of loss of teeth and the prospect of a life of discomfort and discontent are powerful feelings for a maladaptive patient that may create a sense of hopelessness. The doctor, on whom the patient is dependent to make a significant change in his/her life, becomes an important figure. There are strong feelings associated with such a doctor. These will be powerfully positive or negative, depending on the doctor's behavior and attitude. Creation of a warm, trusting relationship by the dentist results in a goodwill embedded in the denture, resulting in patient acceptance of it along with acceptance of the doctor. Trust and a warm relationship override the mechanical and psychological factors that ordinarily create a maladaptive response to the prosthesis.

Warm relationship should be generated at the greeting before the initial interview starts, which may be accomplished by nonverbal and verbal

communication. A dentist who is confident, caring sensitive and supportive creates a sense of trust in the patient's mind and is able to fabricate a denture that acceptable to the patient, both physically and emotionally.

**The iatrosedative interview:** Iatrosedation means "making calm by the doctor's behavior". The word is a combination of iatro (doctor) and sedation (the act of making calm). The goal of iatrosedation is to create a relearning experience wherein the feelings originally learned are unlearned and a new set of feelings are generated as a consequence of doctor-patient interaction. It is composed of four parts:

- 1. Recognizing and acknowledging the problem:**  
This may be done by having an open-ended interview with the patient. Instead of asking such questions as "what's the problem with your denture?"  
It may be asked "what kind of difficulties are you having?"  
Such a question permits the patient to tell his/her story in the way he /she wish. It also elicits patient's dominant concern.
- 2. Exploring the problem:** The most common basis for maladaptiveness is the result of depression and anxiety related to edentulous and dentures. The dentist tries to explore the problem by further interviewing the patient.
- 3. Interpreting and explaining the problem:** The iatrosedative model is a vehicle to create mutual involvement by a combination of expressions of feeling of confidence and trust by both the dentist

and the patient; the inclusion of the patient as participating in achieving success.

The dentist may explain it to the patient by saying, “I want you to know your feelings can change, and with that change we can expect you to be able to wear the dentures with comfort. Your gums, although tender are healthy. They are not infected, but the stress of your unhappiness with the dentures can and does affect the way your gums tolerate the pressure of the dentures. With your new dentures and a new set of feelings, it is likely that you will not have the soreness you have now. Let’s talk about what we can do.”

### **Offering a solution to the problem**

The doctor further interacts with the patient offering a solution to his problem by saying, “we will work together in making new dentures, and I am quite confident that, as we workout things together, your feelings about yourself and your dentures will change so that you will be able to live with them comfortably. It will take some time to make good dentures for you”

By doing so patient feels grateful that the dentist is willing to spend the necessary time to make a good set of dentures. The patient gets involved in the fabrication of the new dentures, which adds another increment of relationship building. The patient realizes that the dentist is maintaining an open-door policy and develops an even-more-positive trusting relationship with the dentist.

### **Summary and Conclusions**

Often patients seeking technical advice relative to prosthesis are seeking emotional solutions to their problems. In the case of maladaptive patients it should not be conclude that the patient is “neurotic” and beyond dentist’s capacity to help. A major aspect of the solution is the dentist’s ability to first listen and gather information and then communicate effectively.

The iatrosedative interview is an effective method of communication to help these patients who are unable to adapt to dentures. It creates an indispensable trusting relationship in the process of determining the factors responsible for the problems. Effective techniques of communication remain an indispensable determinant of favorable management of maladaptive patients.

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