

# Does the course of treatment affect patients' compliance and estimation?



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## Introduction

In orthodontics there is often a gap between objective treatment needs and the aims of the patients and their willingness to undergo the different procedures, especially if the treatment is complex and of longer duration.

## Case example

### Initial situation

- 42 year old woman
- Extreme anterior deep bite and dental attrition
- Mandibular incisors crowding
- Rotations of upper lateral incisors
- Class II
- Discrepancy in the midlines
- Gingival recession
- Retrusive maxillary and mandibular incisors

### Primary concern for the patient

- Improvement of her dental appearance

### Treatment objectives for this patient

- Correct excessive overbite
- Relieve the crowding
- Alignment and levelling of upper and lower dental arch
- Midline correction
- Establish a functional occlusion

### Extensive explanation of treatment possibilities (twice)

### Treatment progress

- Fixed appliance only in the upper arch
- Hypersensitive patient and reject certain orthodontic methods
- Wanted treatment to be stopped several times
- Through motivation, explanation, subdivided treatment stages, concentration on success continuing of the treatment
- Fixed appliance also in the lower arch



## Results

- Correction of deep bite and the midline
- Alignment and levelling of upper and lower dental arch
- Functional occlusion

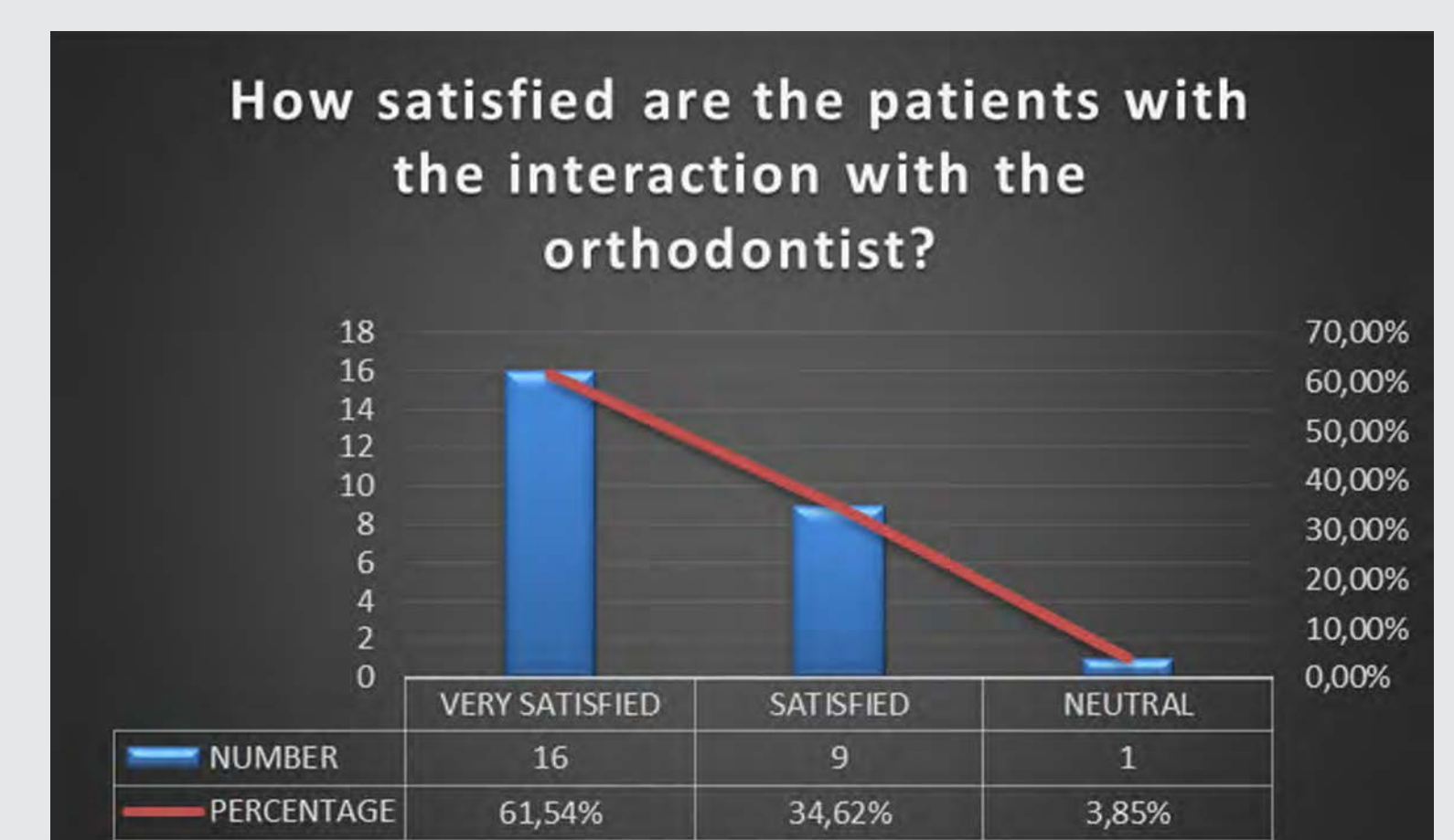
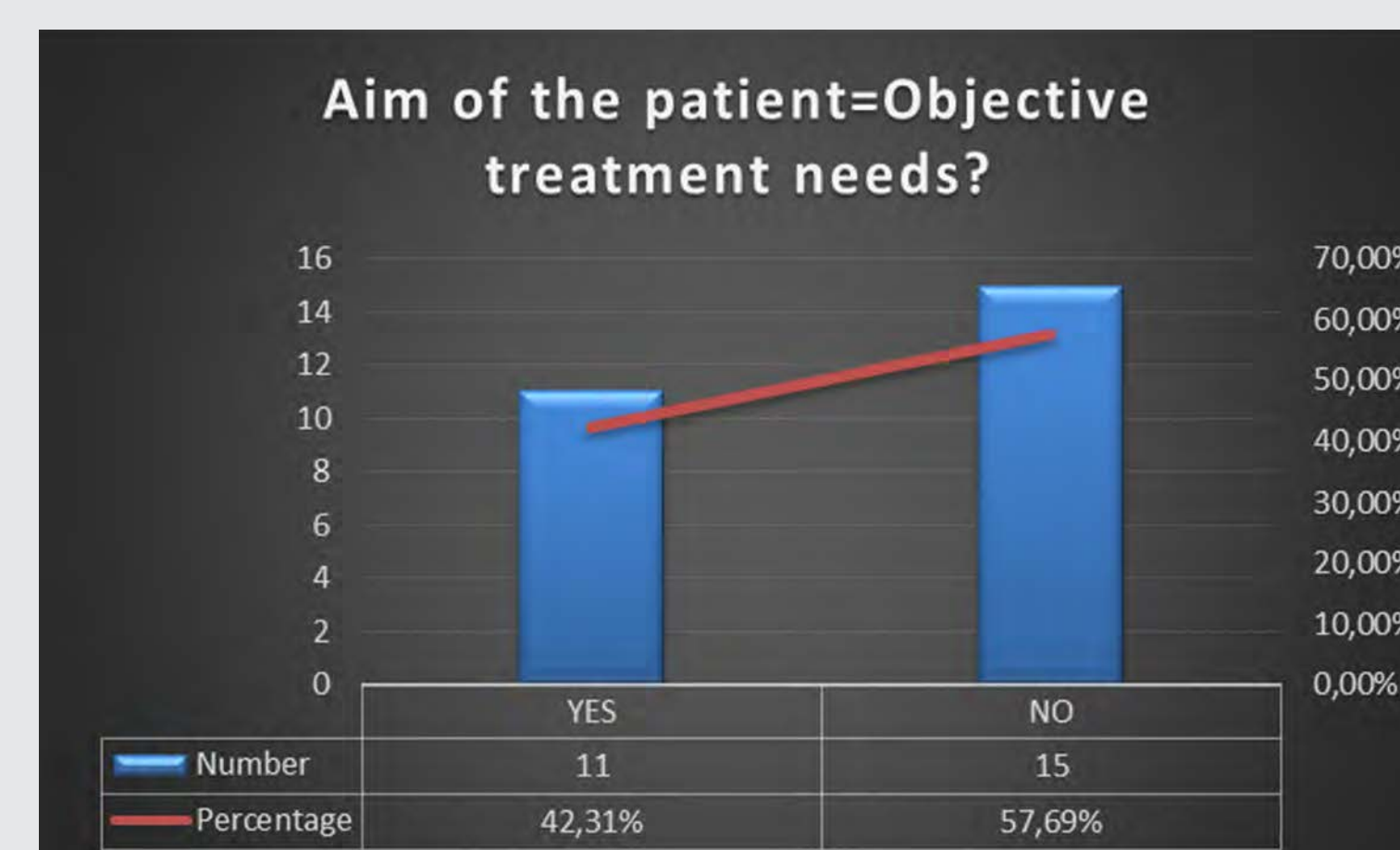
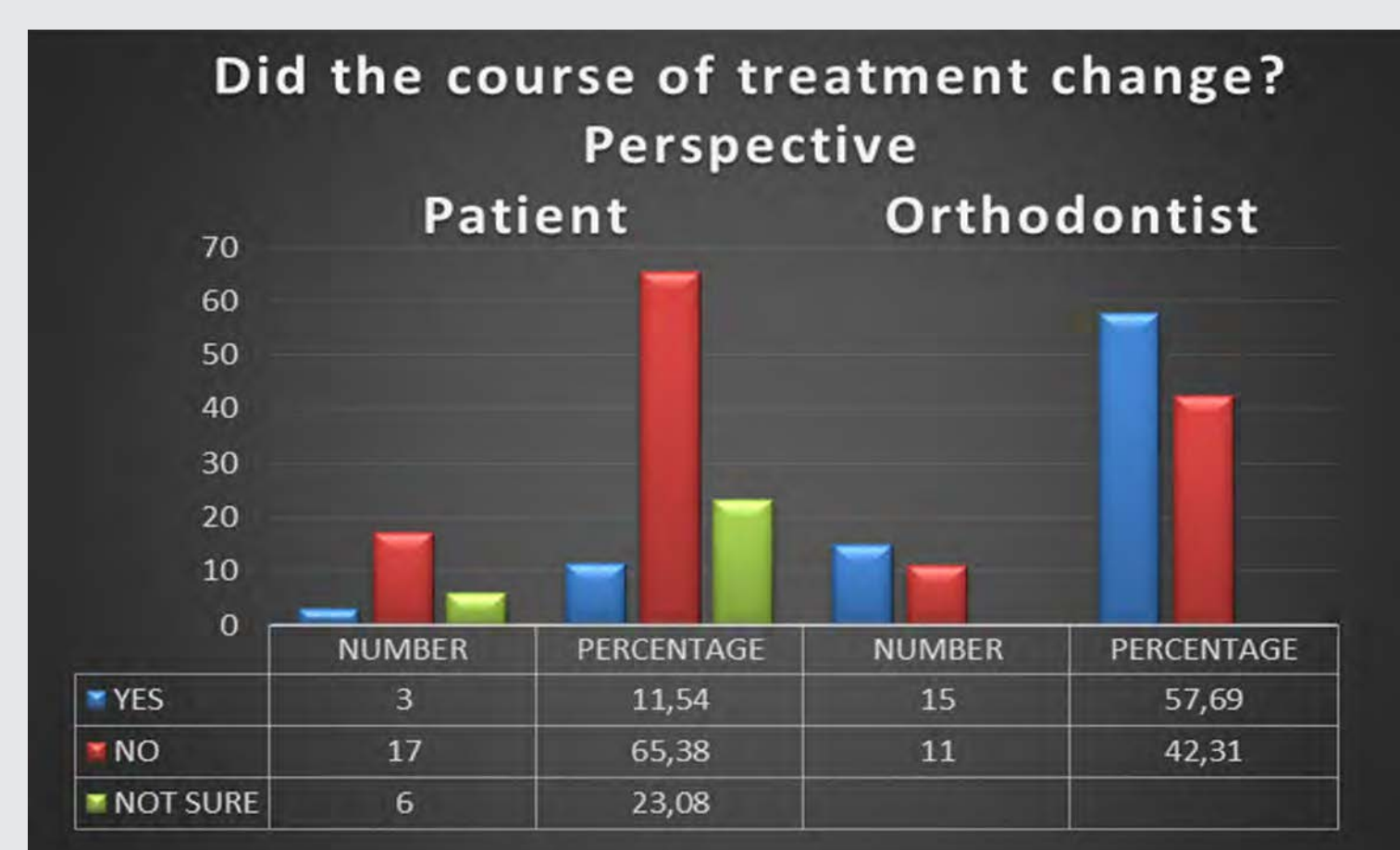
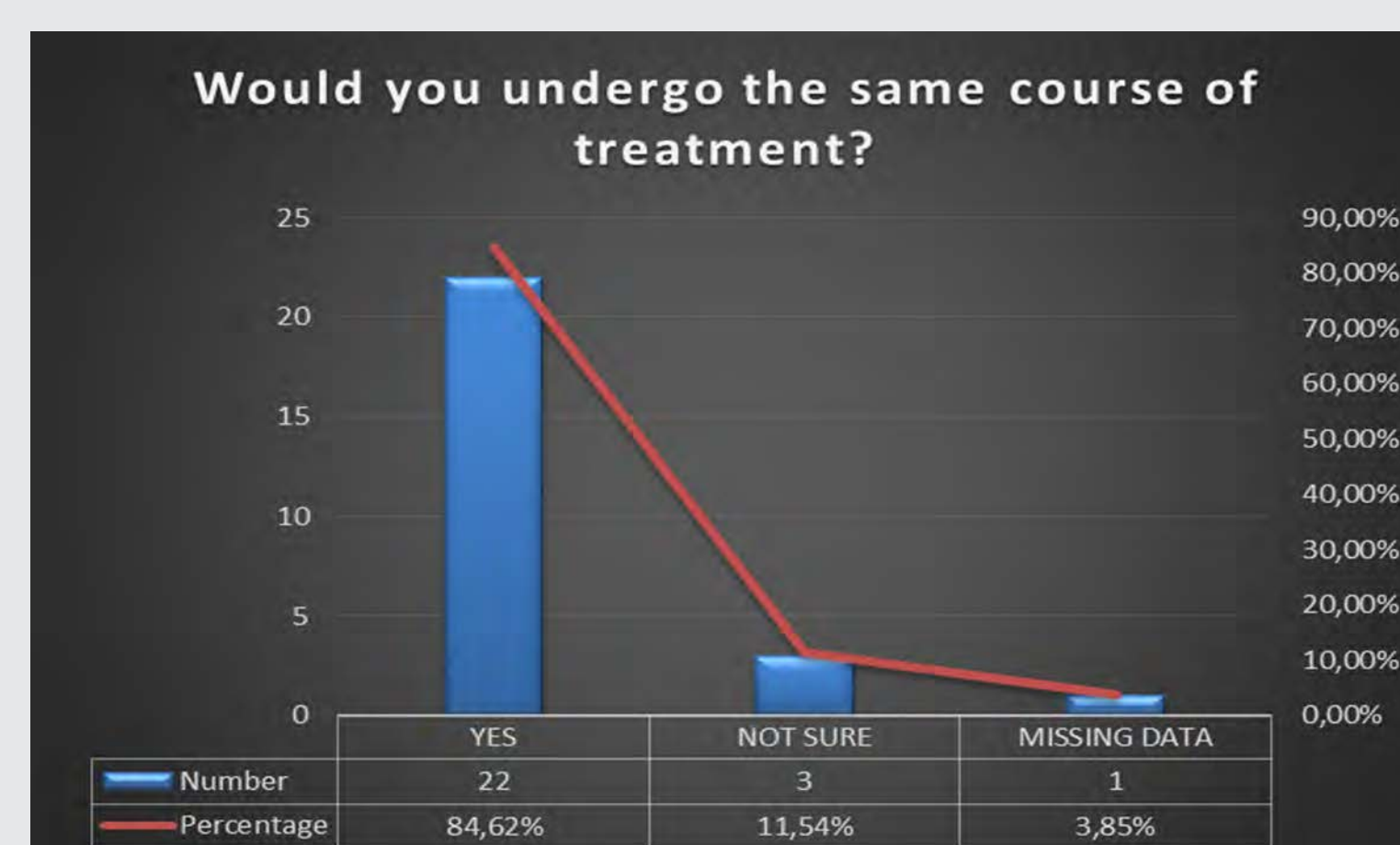
## Aim

Are there methods to offset the discrepancy between objective treatment needs and the aims of the patients and leading those patients to an optimized orthodontic aim?

## Material and Methods

Only patients aged > 18 years who first rejected the full course of orthodontic treatment were surveyed regarding their reason of orthodontic consultation, expectations, communication with the orthodontist, perception of course of treatment and satisfaction (n = 26, 77% female, 23% male, average age 39,7 years). The standardized questionnaire was handed out after those patients were treated with particular care. It involved well-defined interim targets, subdivided treatment stages, focus on achieving partial successes as well as clear explanations and extensive partial demonstrations.

## Results



There is lack of knowledge about orthodontics treatment possibilities. Many of the patients first refused complex orthodontic treatment depending on its duration and methods like fixed appliances. Some of them agreed with a stepwise treatment consent, others didn't want to be confronted with more than their self-defined orthodontic problem. Positive treatment effects and additional explanations concerning functional and aesthetic changes provided by the orthodontist often led to acceptance and realization of before refused complex orthodontic treatment. In roughly 58% of the cases the orthodontist clinically observed changes in the course of treatment to optimize the orthodontic aim. In contrast to it only 12% of the patients self-perceived changes. Very satisfied or satisfied with the interaction with the orthodontist were more than 96% of the patients. The same course of treatment would undergo approximately 85% again and approximately 12% were not sure. Between the aim of the patient and the objective orthodontic treatment needs was a discrepancy in 58% of the cases.

## Conclusion

There is a major opportunity for affection of adult patients' compliance and estimation, especially regarding complex treatment, if the course of treatment, the information about it and the demonstration include only the next step or steps.