The dental profession: promoting psychosocial well-being and not just treatment of oral disease

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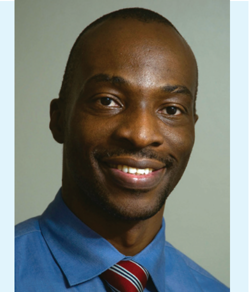
OA Ayo-Yusuf[1], DP Motloba[2], M Rantao[3]



Oral health is part of general health and thus contributes to the overall health of an individual which cannot be limited simply to the absence of visible physical incapacity. The World Health Organization defines health as "complete state of physical, mental, and social wellbeing and not merely the absence of infirmity".[1] Arising from this definition is the understanding that health is a multidimensional concept, and in pursuit of good oral health we ought to address all its dimensions, including: *physical wellbeing*, which is concerned with one's ability to function or perform normal activities optimally; *mental and psychological wellbeing*, indicative that the individual's cognitive capacities are intact, and that there is freedom from anxiety, fear, and negative emotional stressors; *social wellbeing* which includes participation in societal activities, and assuming one's social functioning in a family, at work, and as a citizen.[2]

1. **OA Ayo-Yusuf:** *BDS, DHSM, MSc Odont, MPH, PhD,* Professor and Dean/Director: School of Oral Health Sciences, Sefako Makgatho Health Sciences University, Medunsa.

2. **DP Motloba:** *BDS, MPH(Epid), MDent (Comm.Dent), MBL,* Head, Department of Community Dentistry, School of Oral Health Sciences, Sefako Makgatho Health Sciences University, Medunsa.

3. **M Rantao:** *(Deceased), BDS, MPH,* Registrar, Department of Community Dentistry, School of Oral Health Sciences, Sefako Makgatho Health Sciences University, Medunsa.

Corresponding author

OA Ayo-Yusuf:

E-mail: lekan.ayo-yusuf@smu.ac.za

This understanding has resulted in the development of models aimed at assessing the effects of treatment on health outcomes, such as symptoms, function, quality of life, perceptions of health, among others.[2]

Oral health professionals are inundated with patients presenting with a variety of oral conditions which impact on their ability to eat (chew), speak, taste, smell and swallow. It is not uncommon for dental practitioners to limit clinical care to the management of complications like dry mouth, pain, infections, halitosis to the exclusion of important outcomes for the patient including social wellbeing, self-esteem and self-image. This manner of patient management is part of a long tradition in dental education, which focusses on the treatment of symptoms based on the medical model of care.[3] The approach limits the nature and type of care that we can offer our patients and has a tremendous effect on the general wellbeing of patients.

Oral health professionals need to be cognisant of the impact of oral diseases and of their management on psychological wellbeing of their patients. Missing teeth are related to poor diet, inadequate nutritional density and dietary fibre and subsequent eventual weight loss.[4] Missing teeth compromise facial appearance and aesthetics and could contribute to avoidance of social contact.[4] Craniofacial problems like skeletal malocclusion (Class II and III), cleft lip and palate are deformities with attract negative social responses, discrimination and stigmatization.[5] Sleep apnoea, a debilitating condition, leads to sleep deprivation, exhaustion and cognitive impairment. In addition, these patients suffer clinical depression, anger, irritability, and anxiety and total mood disturbances.[6] Overall oral health quality of life of these patients is affected by poor clinical status, and the provision of inadequate dental care especially where psychosocial issues related to treatment are not given the attention they require.

Given that poor oral health may affect the sense of general health and happiness of an individual, it seems logical to conclude that dental practitioners may well benefit from an expansion of their scope of practice leading to their becoming more active contributors to the general health of the public. Improved general health through dental health may well lead to an improved self-image, and improved social interaction and self-esteem of the individual. Specific Interventions such as the provision of a dental appliance could improve

quality of sleep, or the correction of malocclusion through orthodontic braces could improve self-image.[6] All these interventions demonstrate that oral health professionals have a role to play in improving the psychological wellbeing of their patients and of the population at large.

There is therefore an increasing need for oral health practitioners to adopt a more comprehensive approach in caring for their patients and the wider population than merely focussing on therapeutic and restorative care of teeth and managing other oral pathologies. The emphasis should be more on diligent assessment of determinants, on oral health promotion and on prevention of the consequences of oral diseases. In this way the time spent with the dental practitioner will be more meaningful and holistic for the patient. This approach would take us back to the contentions of Hart[7], that communities need “a new kind of doctor” who has more “social” rather than “technical” skills.[7] This paradigm shift needs to begin with the reorientation of the training of dental professionals with a greater emphasis on providing students with a better understanding of the social context of disease, the context in which patients receive care and the social consequences of care and the lack thereof.[8]

The Impending health care reform in the form of National Health Insurance (NHI)[9] provides practitioners with ample opportunity to recognise and appreciate the social imperatives of disease and care. Furthermore, the re-engineering of primary health care with ward-based community health care outreach teams[10] and district clinical specialist teams[11] creates a platform through which future oral health care practitioners can be trained to work in partnership with other health professionals in the communities for the better patient care. This emphasises the need for inter-professional education and delivery of training in the communities in the form of service learning or community-based education.

In conclusion, the new generation of oral health practitioners must be acquainted with the psychosocial dimensions of disease and care, and engage in the multidisciplinary management of patients to improve the oral health outcomes and the overall quality of life for the clients. Oral health practitioners need to begin to take leadership in the development of strategies to improve quality of life through improved oral health and in influencing lifestyle decisions by advocating policy interventions on the social determinants of poor oral and general health, such as unhealthy diet, tobacco and alcohol use. This calls for an urgent development and implementation competency framework such as the CanMed[12] in the training of the oral health professionals. Those currently in practice need to be empowered to become holistic health care providers. The coming issues of the South African Dental Journal will feature articles within the education theme of the role of oral health practitioners in improving psychological well-being. These articles would also provide the public on the broader scope of the oral health practitioner.

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