Editorial

It's all in the sequence: Maintenance of health

Following the suggested treatment sequence from our past few editorials, at this stage our hypothetical patient has had the benefit of a thoughtful, ethical, well-informed dental team that has completed a total diagnosis of all existing conditions. The patient has been adequately informed of those conditions, and all contributing factors to oral disharmony have been managed accordingly. In short, this means that all pain, infection, and detrimental conditions have been identified, controlled, and stabilized. Provisional restorations will have been placed, a stable occlusal plane will have been established through those restorations, periodontal health will have been attained, and the patient is now ready to enter that phase only he or she can control: maintenance of oral health by compliance to a faithful regimen of home and professional care and a life-long commitment to do those things that help insure that the mouth and its structures remain healthy, attractive, and functional.

Given all the wonderful new discoveries we have made in the past 20 years, the absolute bedrock strategy for maintenance of oral health is the faithful daily control of bacterial plaque. Caries and periodontal diseases are the predominant dangers to oral health after all other factors have been managed. Both of these diseases are essentially a result of bacteria and their by-products. Therefore, the maintenance of health over time is dependent upon bacterial plaque control and early recognition of the diseases, by both the dental team and the patient. The attending dentist is ultimately responsible for recognizing, diagnosing, and treating oral disease, but the patient is our constant daily surrogate. Therefore, our patients must be educated to be constantly alert for oral signs of danger, particularly those signs of periodontal disease that anyone can recognize: pain, swelling, or bleeding.

Every attending dentist and hygienist should be knowledgeable about the nonsurgical management of periodontal disease. The usual result of such control of periodontal disease is the concurrent control of dental caries. Nonsurgical soft tissue management strategies consist primarily of: *(1)* mechanical debridement interventions through brush, floss, manual curettes and scalers, sonic and ultrasonic instrumentation; and *(2)* pharmacotherapeutic interventions such as irrigation with various solutions, topical placement of antibacterial agents, and systemic administration of antimicrobials.

General soft tissue management programs in general dental offices are appropriate and effective for management of patients with gingival disease (case type 1) and selected cases of early periodontitis (case type 2). More complex cases may require either advanced education or collaboration with a periodontist.

Additionally, however, one would hope that besides preventive dental counseling, attending dentists would offer general wellness counseling. Dentistry is noted for and based upon preventive strategies that promote health. No other health professionals are in the enviable position of having such extended personal contact with their patients, so it makes sense to counsel our patients about general wellness. Physical, emotional, and spiritual wellness must be balanced with temporal, personal, and professional issues. When this balance is maintained, personal happiness and satisfaction are more likely to follow. It is both appropriate and desirable for us to offer such broad counsel and support to our patients.

Ultimately, however, it is the patient who must finally choose and implement the best strategies for themselves and their particular circumstances. Educated, informed patients are fully capable of making their own best choices. Where oral health is concerned, there are basically two critical decision categories: healthy diets/sound immune systems and daily elimination of bacterial plaque.

Both categories require the patient to possess a full understanding of and philosophical agreement with an individualized strategy for wellness. Without that commitment and continued motivation, the attending dentist is powerless to provide the ongoing level of health that a high-quality lifestyle sought by our patients requires.

So in the end, it is a task of education and motivation from the dental team that underlies the predictably successful outcomes that patients desire. It is the responsibility of the patient to carry out the daily execution of these strategies. The faithfulness with which those strategies are carried out determines the compliance level of the patient, and until that level of cooperation is established adequately to assure future oral health maintenance, attending dentists are well advised to postpone definitive treatment. It simply isn't right to provide expensive definitive treatment to patients who will not or cannot maintain the necessary healthy oral environment that assures the ongoing success of that treatment.

Patient-centered care: the best interests of the patient are also the best interests of the dental team.

Bill Wathen, DMD

William F. Wathen, DMD
Editor-in-Chief