



‘Dental Hierarchy of Needs’ in the COVID-19 Era – or Why Treat When It Doesn’t Hurt?

In the recent months, reality has changed for most of us due to the sudden outbreak of the COVID-19 pandemic. In these challenging times, access to dental care has been significantly limited. If dental treatment was less accessible for many prior to the pandemic – due to financial constraints – now even more barriers have sprung up, because of required quarantines along with new regulations given by dental associations in many countries to provide emergency dental treatments only.

The resulting situation can be compared to ‘Maslow’s hierarchy of needs’.¹ Only when the basic physical (food, water, warmth, and rest) and well-being (safety and security) needs are fulfilled, can one think about the more advanced hierarchic needs such as psychological necessities, friendships, feelings of accomplishment and finally, atop the pyramid, self-fulfilment needs. Similarly, in today’s new reality, various dental treatments are being pushed to the top of the ‘dental hierarchy of needs’. For example, maintenance or aesthetic treatments are now considered as ‘low priority’, while ‘high priority’ is given to ‘basic’ emergency treatments to relieve pain or treat acute infections.

As clinicians, we are well aware of the dental hierarchy of needs, which is based on long-term success or prognosis. For example, periodontal health can be placed at the base of the pyramid, as studies consistently show that the prognosis of fixed and removable prostheses, restorations, and dental implants depends on the patient’s basic periodontal health status. The best prosthetic treatment aiming to resolve functional or aesthetic needs will eventually fail without good periodontal health. That said, as health care providers, we should also be aware of our patients’ perspective. Dental needs priorities can be highly subjective, as reflected in patient requests to replace teeth with implants, or to restore beautiful smiles, although periodontal disease is active in the background and despite the fact that good periodontal health is crucial for the long term prognosis.

At the moment, when dental treatment delivery has switched to emergency mode, we should use the situation as a reminder for clinicians and patients to think about the dental hierarchy of needs. The base of the pyramid should always include the three ‘P’s: patient’s self-care, prevention, and prioritizing disease elimination treatments. First, it is important to emphasise and educate our patients that it is a top priority at all times to embrace good oral hygiene. Second, it is a reminder for us and our patients about the importance of preventive treatment, such as regular dental hygiene sessions and disease control measures,

instead of postponing treatment until an emergency develops. Finally, great emphasis should be placed on the importance of prioritising treatment of active oral diseases even when there is no pain, such as root canal treatment in cases of asymptomatic apical periodontitis or periodontal disease elimination. By the same token, it is important to carefully consider provisional fillings, as they can last longer and do not rely on the patient returning soon for continued treatment. You never know...

Overall, the COVID-19 pandemic is a strong reminder for all of us – health care professionals and patients – that unexpected situations (e.g. a pandemic or sudden medical problem) may arise at any time, preventing regular access to dental care and having serious implications for our health. Now is the time for us to memorise and emphasise the dental hierarchy of needs, to treat even when it doesn’t hurt and to provide the best treatment available taking into account that it might be awhile until we see the patient again.

Wishing all of us health and safety,

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REFERENCE

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