

Patient's Expectations from Orthodontic Treatment

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ABSTRACT

Malocclusion is considered as any deviation from the normal occlusal scheme and may be seen with occlusal traits (such as crowding, spacing, increased overjet, anterior open bite, and increased overbite) which can have significant psychological and social effects that hinder patients' quality of life and adversely affect their day-to-day activities. There are differences in patients' expectations of orthodontic treatment and the differences commonly arise from factors such as age, gender, facial appearance satisfaction, parents' influence, peers, and others. Most of the time, patients' expectation of orthodontic treatment depends on the perception of their own dentofacial esthetics and on the continuous feedback they receive from their peers. Hence, their decision to seek orthodontic treatment is motivated by social norms and culture in their society and the reference group. Decreased satisfaction with treatment outcome is connected with mismatch between the patient's desire and the service received. Patients who are having inappropriately high expectations are mostly dissatisfied with the optimal care, while those having inappropriately low expectations may be satisfied with deficient care.

Keywords: Dentofacial esthetics, Expectation, Malocclusion, Orthodontic treatment, Satisfaction.

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INTRODUCTION

The facial appearance is influenced by arrangement of teeth. Hence, individuals with malocclusion are always concerned about their facial appearance.¹⁻⁵ Malocclusion is regarded as any deviation from the normal occlusal scheme and may present with occlusal traits (such as crowding, spacing, increased overjet, anterior open bite, and increased overbite⁶) which can have great social and psychological effects that impair quality of life of patients

and their daily activities are adversely affected.^{5,7} It is found that both parents and their children firmly believe that esthetic improvement by orthodontic treatment will increase the self-confidence and the social acceptance of the affected individual.⁸ The level of expectation from orthodontic treatment has been shown to correlate positively with the degree of dissatisfaction with dental appearance, which is, itself, related to the severity of occlusal irregularities.⁹ There are variation in patients' expectations of orthodontic treatment and these differences arise commonly from factors such as age, gender, satisfaction with facial appearance, as well as influence from peers, parents, and others.¹⁰⁻¹²

An understanding of patients' expectations and attitude is a prerequisite for appropriate behavioral and clinical management. Increasingly, patient-centered measures are used to assess these subjective attributes in assessing orthodontic need and in determining the outcomes of orthodontic care.^{13,14} Assessment of patients' expectations is central to understanding the oral health needs, patient satisfaction with treatment, and ultimately the perceived overall quality of health systems.¹⁵ To a large extent, patients' expectation of orthodontic treatment depends on the perception of their own dentofacial esthetics¹⁶ and on the continuous feedback they receive from their peers. Hence, it is found that decision to get orthodontic treatment is motivated by culture and social norms in their society and the reference group. Societal standards on facial beauty / appearance and expectations are thus intrinsically linked to the quest for orthodontic treatment and are important parameters that can determine the success of orthodontic treatment.¹⁷ The successful outcome of orthodontic treatment requires not only knowledge and technical competence on the part of the treating orthodontist but also considerable effort on the part of the patient.¹⁸ There may be interference with established routine and social activities due to the behaviors expected of a patient such as keeping appointments, maintaining oral hygiene, adhering to dietary recommendations, and wearing appliances.¹⁹ Understanding the patient's expectation can play a key role in treatment planning by aiding the dentist to determine how realistic the patient's expectations are and also prepares the patients for the intricate aspects of the treatment that will require their full cooperation.^{20,21} The difference between the service received and the patient's desire is attached to decreased satisfaction with treatment

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output. Patients with inappropriately high expectations may be dissatisfied with the optimal care while those with inappropriately low expectations may be satisfied with deficient care.²²

UNMET EXPECTATIONS

Adults needing orthodontic treatment, especially those in middle age, are presenting for a costly, uncomfortable, time-consuming, and potentially embarrassing course of treatment. They fully realize that they will have to make significant sacrifices, and may have unrealistic expectations that the resultant straighter teeth may not meet.¹⁵ It is important to know that teeth movement is slower in adults and sometimes results which were previously decided can be impossible to achieve. The inexperienced clinician who lacks understanding of biomechanics and what can and cannot be achieved will be unable to take a patient fully through the consent process, and may encounter rather fiery discussions with their patients.

CLEAR ALIGNER TECHNIQUES

The use of clear positioning devices for minor localized tooth movements is not new but developments in data technology, three-dimensional printing, and other technology have facilitated novel techniques for the movement of teeth. Commercial pressures have made these techniques available to all levels of experience within the dental profession, and have proved particularly attractive to nonspecialists who may have limited formal training or experience in orthodontics.

One serious disadvantage is that the treatment plan and the series of aligners are formulated for the practitioner, usually at a laboratory, and the practitioner may have little input into the treatment aims and appliance design. Recent studies show that adult patients treated with aligner systems have more significant claims from orthodontics.²³

QUICK AND SHORT-TERM ORTHODONTIC TECHNIQUES

It was found that short-term orthodontic system is beneficial for patients willing to have quick solutions for the alignment of teeth. The treatment will straighten anterior teeth, but has little effect on any underlying malocclusion that may contribute to long-term instability. The short-term systems are a preferable option to clinicians for the same reasons as the clear aligner systems.²⁴

BRANDED CONSENT FORMS

The generic consent form is generally relied upon by the clinicians to show that consent is valid, whereas

these forms may be considered as general information sheets and they can be a part of the evidence to show that consent is valid.²⁵ It is the record of the discussions with the patient that are crucial to demonstrate that the specific issues, options, and risks for a patient have been explained as part of the consent process.

FEES

In all aspects of dentistry, fees will be the focus of complaints if a full and complete explanation of the fee structure is not provided to the patient prior to the commencement of the treatment. The short-term plans and the aligner involve laboratory costs that must be considered a part of the costs of the treatment. Many specialists provide their treatment using progressive payment plans and are able to use a formula to apportion the total fee based on diagnosis, active treatment, and retention components. It is necessary to forewarn the patient of any imminent changes to staffing and to put in place solid arrangements for the continuation of treatment and fees.²⁶ If the patient is moving prior to the conclusion of the treatment, similar arrangements for fees will be necessary, as well as a referral to another clinician with experience in the system being used who is prepared to take over the case.

CONCLUSION

The patient expectation may influence the factors like patient satisfaction, patient cooperation, treatment outcome, and compliance. The successful outcome needs a better understanding of the expectation for orthodontic treatment and the relationship of the orthodontist and patients.

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