

## PATIENT COMPLIANCE IN DENTISTRY

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The article substantiates importance of information in effective therapeutic alliance of a physician and their patient illustrated by dental practice. **The aim of the article** was to study the role of competencies in creating compliant behavior of the dental patient. **Material and methods:** A group of 800 people were offered a questionnaire, containing both alternative questions which required choosing only one option and "menu-questions" which offered a variety of answers with a possibility to choose a few ones. It was emphasized how important it is for the patient to understand the main point of medical treatment and the physician's role in creating compliant behavior. **Result.** On the basis of the data obtained it should be noted that of all people questioned only a quarter of the respondents are able to associate successful medical treatment with strict following of instructions. **Conclusions.** Thus, sociological study showed implicit correlation between causes and compliance personification.

**Key words:** compliance, dentistry, dentist, patient.

КОМПЛАЕНТНОСТЬ ПАЦИЕНТОВ  
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Статья обосновывает необходимость информационной компоненты в эффективном терапевтическом альянсе врача и пациента на примере стоматологической практики. **Целью работы** являлось изучение роли компетенций в формировании комплаентного поведения стоматологического пациента. **Материалы и методы.** В исследовании участвовало 800 человек, которым предстояло заполнить анкету, содержащую как альтернативные вопросы, в которых предлагается выбрать только один из ответов, так и «вопросы-меню», в которых респонденту предлагается набор ответов с правом выбора нескольких. Подчеркивается важность понимания пациентом сущности лечения и роль врача в формировании комплаентного поведения. **Результаты.** Исходя из полученных данных, следует отметить, что из всех опрошенных только ¼ часть респондентов проходят все этапы лечения, связывая его успех с четким соблюдением регламента. **Выводы.** Таким образом, по материалам социологического исследования выявлена имплицитная зависимость между причинами и персонализацией комплаенса.

**Ключевые слова:** комплаентность, стоматология, врач, пациент.

From the medical viewpoint compliance is based on following the physician's directions. Compliance as adherence to medical treatment applied to dentistry cannot but cause mistrust. In fact, it is hard to find anybody, who would confess to their love being treated by the dentist. But if in pharmacology, where the concept of compliance is rooted, it means the patient's responsibility for taking prescribed drugs, the term "compliance" should be applied wider – as the patient's competence in prevention, responsibility for adherence to the dentist's directions and effect of treatment. We supposed that compliant/noncompliant behavior results from different causes. Therefore, there must be implicit correlation between these causes and compliance personification [3]. We shall discuss only some of these causes.

In dentistry, patient's interest and responsibility for adherence to the prescribed treatment is an urgent problem [1,2,3,4]. In this respect, the patient's involvement in treatment process depends on the scope of medical intervention, as well as on understanding all risks of complications due to refusal to be treated [7]. Moreover, if the dentist understands what structural changes in periapical tissues happen while coming in contact with one or another endosealants, it allows determining changes in the periodontium in the long-term period but also use them for prognostic purposes in practical therapeutic dentistry [6]. Thus, the patient has the opportunity to feel a participant of a therapeutic alliance. Later, receiving important and detailed information concerning the disease, methods of treatment, prognosis and risks, as well as possible risks in case of refusal, the patient realizes seriousness of his disease and how important its treatment is. Of course, the level of understanding depends both on the patient's competence and on the dentist's skill to present the information popularly enough. This type of the dentist-patient interaction should be paid special attention, as at this very moment motivation to overcome the disease and compliant behaviour are being created. Despite the fact that there is still no standard of informed consent to treatment in dental practice and there exist different opinions on its practicability, the necessity of it is conditioned by current social, economical, legal and ethic requirements.

**Aim of the article** is to study the role of competencies in creating patient's compliant behaviour (by example of dental practice).

**Material and methods.** A conducted survey included questioning and interviewing dental patients. The aim was to define the priority model of interrelation with a dentist (informational, interpretational or paternalistic). The survey included 800 respondents aged from 18 to 56. The social position of the patients was as follows: 288 patients were high-school leavers, 384 patients had vocational education and 128 patients graduated from university. The questionnaire contained both alternative questions which required choosing only one option and "menu-questions" which offered a variety of answers with a possibility to choose a few ones. All questionnaires were processed using a parametric method of variational statistics to Student's criterion. The following indices were calculated; arithmetic mean ( $M$ ), mean error of off the arithmetic mean ( $m$ ), mean square deviation ( $\delta$ ).

**Survey results and discussion.** Whether the patient realizes necessity and benefits of forthcoming medical treatment has impact on their acceptance and adherence to the prescribed treatment. Conscious decision as it is cannot be taken without obtaining exhausting and understandable information concerning the patient's disease, methods of treatment and possible risks presented by the dentist. Eight hundred patients from different dental clinic answered the question what position they would adhere to while discussing the treatment plan. Analysis showed that, that  $39,1 \pm 1,7\%$  patients ascribe the main role in treatment to the dentist. Examining a patient, the dentist makes a diagnosis and decides about the further treatment. In this case the patients should only give consent. Nowadays, paternalistic behavior is more typical of those patients whose knowledge of their health is based on a low level of competency in medicine, frustration; wish to shift a part of their worries to the dentist's shoulders, disorientation in new forms of medical care, prices and medicines. To take a decision regarding treatment, doctor's advice or a consultation was mandatory for  $38,9 \pm 1,7\%$  of respondents (interpretational model). In this case the dentist should clear out the patient's demands and help them choose the treatment; he is obliged to inform the patient about benefits and risks of the treatment. The patient is more independent and has not only freedom of choice but also understands arguments in favour of the

choice. The rest  $22,0 \pm 1,4\%$  of the patients prefer choosing the type of medical care independently and control the treatment. The dentist acts as a professional, an expert. He provides information about the illness and makes it clear to the patient. This is an informational model between a dentist and a patient. The patient is absolutely independent and the dentist's role is the least. Physician's practice is regulated not so much within his profession, as from outside, from the viewpoint of patients' interests. It is the patient, who enjoys the right to choose independently from a variety of possibilities, including refusal of treatment, whereas the physician has no right to refuse treatment by definition. The data obtained show a high degree of trust to the dentist, confidence in the dentist's professional competence. In most cases all responsibility for treatment and prevention is laid upon physicians.

In up-to-date dental practice visiting one and the same dentist is getting more and more popular. Follow-up and treatment by the "family doctor" allows dealing with many problems of prevention and treatment of different dental conditions. The dentist is able to control and foresee progress and outcome of the disease more effectively if he knows individual peculiarities of the patient. Besides, communication experience as a process of interrelation between the dentist and the patient is the matter of significance in order to enhance the patient's compliance. To find out if seeing the same dentist is popular among our respondents, the questionnaire included this question: "Do you see one and the same dentist?" The survey showed that  $36,4 \pm 1,7\%$  of the respondents see the same dentist and  $45\% \pm 1,7$  try to keep to this rule. The rest  $18,6 \pm 1,3\%$  of the patients did not consider this rule to be of any importance.

Assessment of people knowledge of dental diseases and their significance for general wellness of the person shows that respondents do not possess any information concerning prevention and timely treatment of diseases of the oral cavity and are not aware of their consequences. Whether patients are informed about this correlation and who (or what) is the source of such information became clear when the following question was answered: "What sources are most reliable for you to find information how to keep your oral cavity healthy?" The survey showed that  $42,8 \pm 1,6\%$  of the patients use the Internet;  $20,0 \pm 1,4\%$  of the respondents prefer getting this information from their dentists; the rest  $37,2 \pm 1,7\%$  think that their knowledge is enough to keep their oral cavity in a

satisfactory condition. Subjective perception of treatment success without doubt impacts the patient's motivation to adhere to the dentist's advice and prescriptions. In this connection we wondered what the notion of high-quality treatment meant to a patient. The answer "pain relief" was given by 33% of the patients. Motivation to see a dentist also explains the patient's expectations: 29.3% of the answers were "inexpensive treatment", 20,2% - "esthetical appearance of teeth", 17,5% - "fast treatment". If it were supposed to be a prolonged treatment with a number of visits, the probability of refusal of seeing the dentist for acute pain relief increases in such patients. Of all respondents only 23,4% of them go through all stages of treatment, associating it's progress with strict adherence to prescriptions; 47.1% of the patients try to keep to the prescribed period of treatment. Choosing this type of answer the respondents confessed that they don't accomplish treatment. The rest 29.5% choose the tactics of occasional visits to the dentist, mainly to get rid of acute pain.

**Conclusions.** Compliant behavior of patients depends on motivation to maintain their oral cavity in optimal condition. Adequate attitude to one's health and sufficient patient's competence concerning prevention of dental diseases determines their responsibility for adherence to treatment.

#### References.

1. Vorobiev A.A., Delaru V.V., Kutsepalov A.V. Impact of patient's awareness on interrelations patterning in physician-patient system. // *Sociology of medicine*.-2004.-№1.-pp. 39-45.
2. Donika A.D. Medical law: european traditions and international trends // *Bioethics*. 2012, 2(10), pp.54-55.
3. Donika A.D. The problem of the formation of the ethical regulators of the physician professional activities // *Bioethics*. 2015, 1(15), pp.58-60.
4. Kulikov L.V. Awareness of health as value. // *psychology of Health* /Ed. G.S. Nikiforov SPb., 2000. pp.240-284.
5. Firsova I.V., Mikhalechenko V.F. Social-psychological aspects of patient compliance in dental practice// *Herald of the Volgograd State Medical University*.- 2007 - №1. -0,3 ps.
6. Firsova I.V., Makedonova Yu.a. Clinical and morphological peculiarities of apical periodontium reaction to different groups of endosealants. // *Endodontics today*. – 2013.-№ 2.- pp. 7-12.
7. Chebotareva O.A., Miroshnikova O.V., Traditions in physician-patient relations in domestic medicine // *Scholarship and medicine*, vol.62, issue 3, Volgograd, 2005.-pp. 118-125.

#### Литература

1. Воробьев А.А., Деларю В.В., Куцупалов А.В. Влияние информированности пациента на структурирование взаимоотношений в системе врач-пациент // *Социология медицины*.-2004.-№1.-с. 39-45.
2. Доника А.Д. Проблема формирования этических регуляторов профессиональной деятельности врача // *Биоэтика*. 2015. № 1(15). С.58-60.
3. Доника А.Д. Медицинское право: европейские традиции и международные тенденции // *Биоэтика*. № 2(10). 2012. С.54-55.
4. Куликов Л.В. Осознание здоровья как ценности // *Психология здоровья* /Ред. Г.С. Никифоров СПб., 2000. С.240-284.
5. Фирсова И.В., Михальченко В.Ф. Социально-психологические аспекты комплаентности пациентов в стоматологической практике// *Вестник Волгоградского государственного медицинского университета*.- 2007 - №1.
6. Фирсова И. В., Македонова Ю. А. Клинические и морфологические особенности реакции верхушечного периодонта при использовании различных групп эндогерметиков // *Эндодонтия today*. – 2013.-№ 2.- с. 7-12.

7. Чеботарева О.А., Мирошникова О.В. Традиция отношений врача и пациента в отечественной медицине // *Гуманитарное образование и медицина*, Т.62, выпуск 3, Волгоград, 2005.-с. 118-125.

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## THE EXPERT OPINION ON AN ISSUE AND WAYS OF DEVELOPMENT OF THE DENTAL IMPLANT TREATMENT IN NATIONAL DENTISTRY (ON MATERIALS OF A FOCUS GROUP)<sup>1</sup>

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*A focus group (26.11.2015) was conducted to find out an opinion of experts on an issue of the dental implant treatment in national dentistry, the attitude of professionals and patients to this treatment method. The focus group was conducted in the Department of ethical, legal and sociological examination in medicine of the Volgograd Medical Scientific Centre. Data about the positive experts' attitude towards the implementation of personalised medicine in the dental practice, their solicitude by participation of incompetent specialists, fundamental importance of patient's compliance and establishment of confidential patient-doctor relations have been obtained.*

**Keywords:** *personalized medicine, implant dentistry, dentistry, physician's ethics, innovation.*

## ЭКСПЕРТНОЕ МНЕНИЕ О СОСТОЯНИИ И ПУТЯХ РАЗВИТИЯ ИМПЛАНТОЛОГИЧЕСКОГО НАПРАВЛЕНИЯ В ОТЕЧЕСТВЕННОЙ СТОМАТОЛОГИИ (ПО МАТЕРИАЛАМ ФОКУС-ГРУППЫ)<sup>2</sup>

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