

Overview of Holistic approach and Comprehensive Dental Care

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คณะทันตแพทยศาสตร์

มหาวิทยาลัยเชียงใหม่

Comprehensive

ความหมาย

[adj.] ที่ครอบคลุม ที่มีเนื้อหาครอบคลุม

[syn.] inclusive, broad, wide

Comprehensive dental care

Comprehensive care in dentistry

(Crandell CE. 1979)

“Total patient care (TPC)”

“Complete patient care (CPC)”

“Comprehensive care (CC)”

Thailand, 1997 : Comprehensive dental care

B.E. 2540 “ ทันตกรรมพร้อมมูล ”

Dentist

Age, Gender
Professional
characteristic
Competence
Expectations
Attitude
Ethics

Patient

Age, Gender
Oral status
Care Experience
Fear / Anxiety
Socioeconomic
status
Expectations
Understanding

Clinical setting

CARE

TALK

Treatment
plan

Diagnosis
Acknowledgement
Of views, problems

Self care
Counseling
Prescriptions

Prognosis

TREATMENT

Clinical treatment
outcome

Compliance

Patient
satisfaction of
treatment outcome

Dentist
satisfaction of
treatment outcome

Goals

Optimal oral health

Concepts

- ❖ Patient centered
- ❖ Holistic approach
- ❖ Communication
- ❖ Humanized

CDC

Attributes

- **Professional care:** integrated care, optimal tx, continuing care
- **Self care**

Activities

- Examination & Diagnosis
- Emergency Services
- Prevention and Promotion
- Optimal Treatment
- Rehabilitation & replacement
- Maintenance



Goals

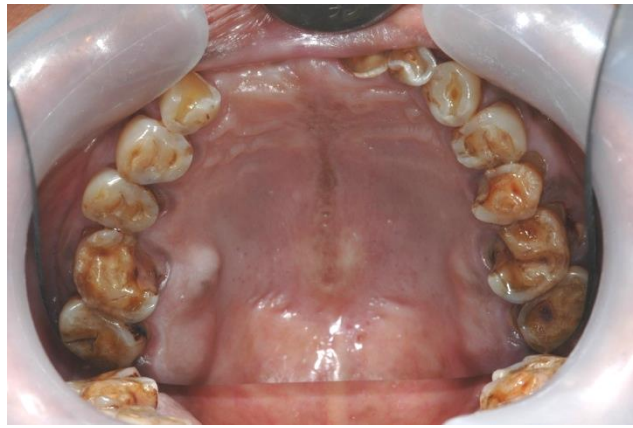
Develop and maintain
optimal oral health

ผู้ป่วยเพศชาย อายุ 74 ปี

สถานภาพ : สมรส

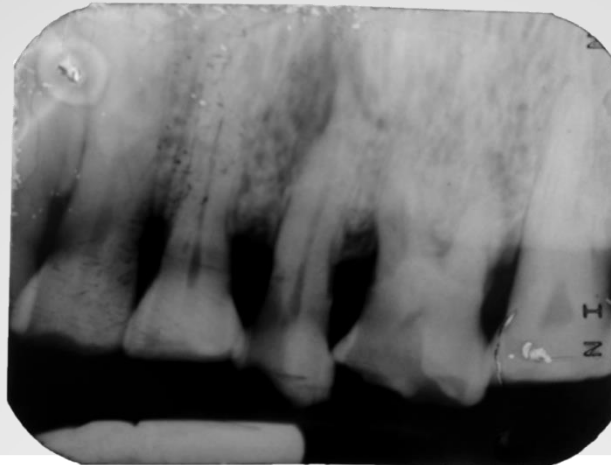
ข้าราชการบำนาญ

CC : ไม่มีฟัน
เคี้ยวอาหาร

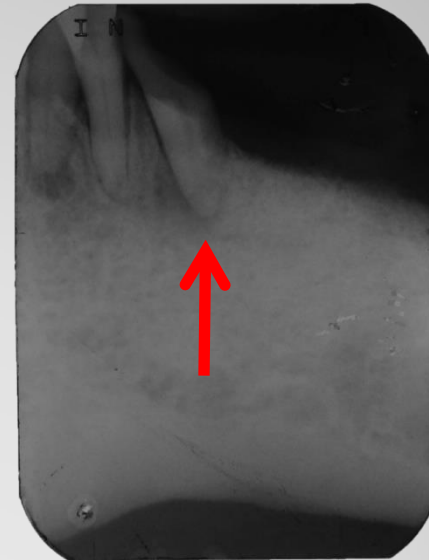


Tooth number: **21, 22, 25, 31**

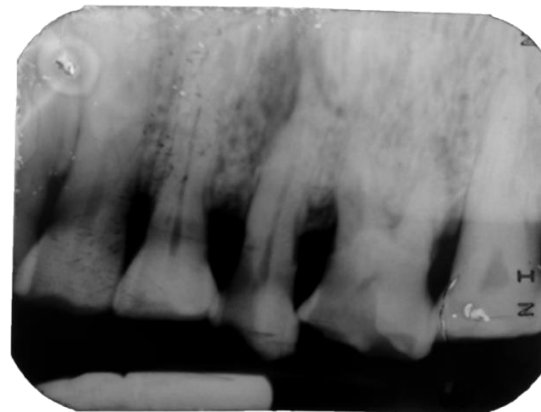
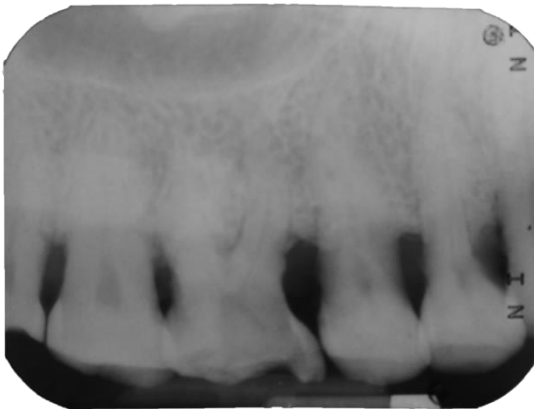
Pulp necrosis with asymptomatic apical periodontitis



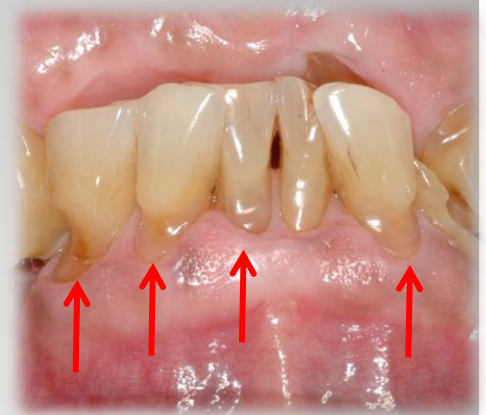
Tooth number: 33
Pulp necrosis with chronic apical abscess



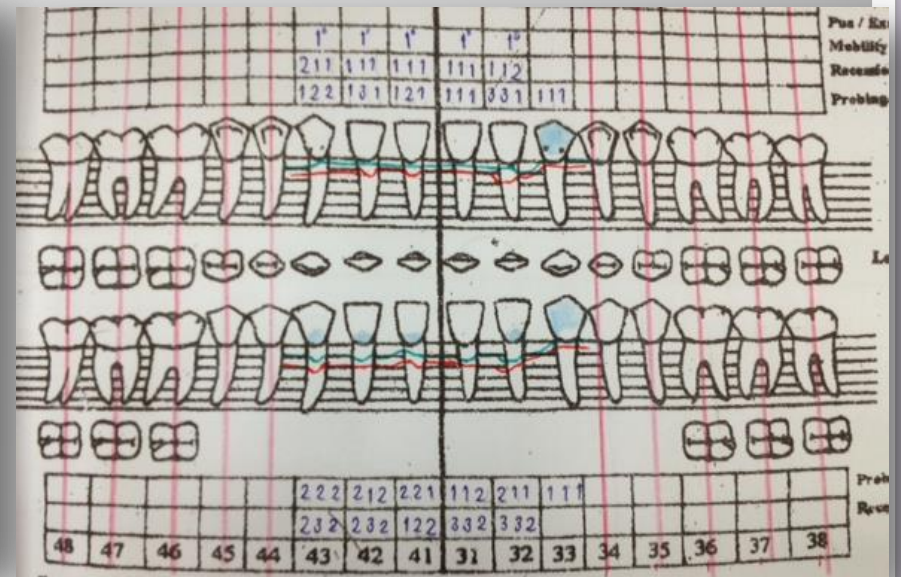
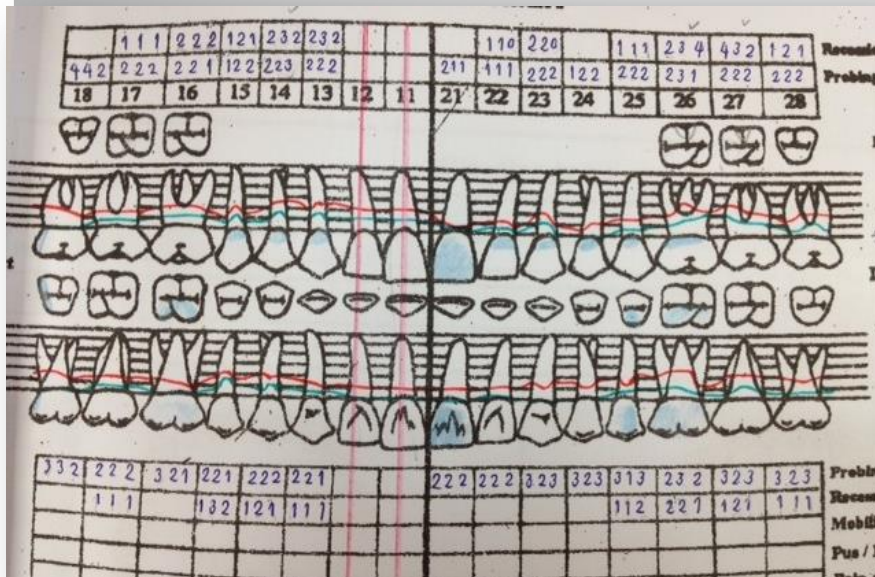
16, 26: Uncomplicated crown fracture



13,14,15,23,24,32,41,42,43 (B): NCCL



Generalized mild to moderate chronic
periodontitis with localized severe chronic
periodontitis on **14, 26, 27, 32, 43**



Goals

Optimal oral health

Concepts

- ❖ Patient centered
- ❖ Holistic approach
- ❖ Communication
- ❖ Humanized

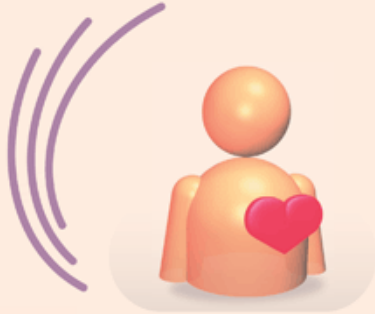
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- Optimal Treatment
- Rehabilitation & replacement
- Maintenance



Concept

PATIENT-CENTERED CARE

"Nothing about me without me"

Berwick D, 2002.

PATIENT-CENTERED CARE

Care that respects and responds to

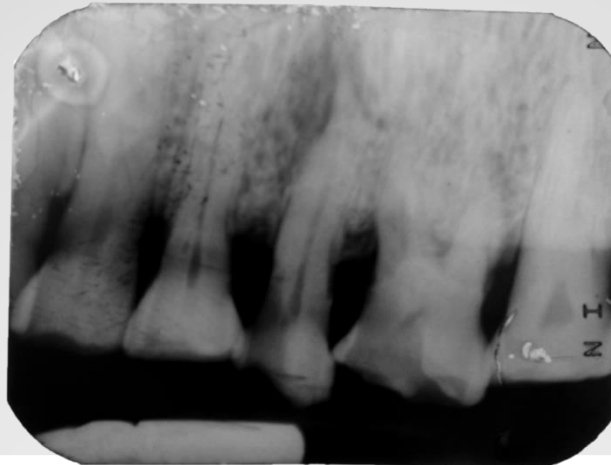
- individual pt's preferences, needs and values
- incorporates clinical decision pt's values

“Patient's perspective”

individualized pt care based in pt specific information > focusing on the disease

Tooth number: **21, 22, 25, 31**

Pulp necrosis with asymptomatic apical periodontitis



Patient
as
person

Human ailment

Holfmann BM et al, 2001

Bodily or
mental

- Clinical signs & symptoms
- Para-clinical signs & symptoms

Professional

Subjective
phenomenon

- Feeling of pain
- Feeling of weakness

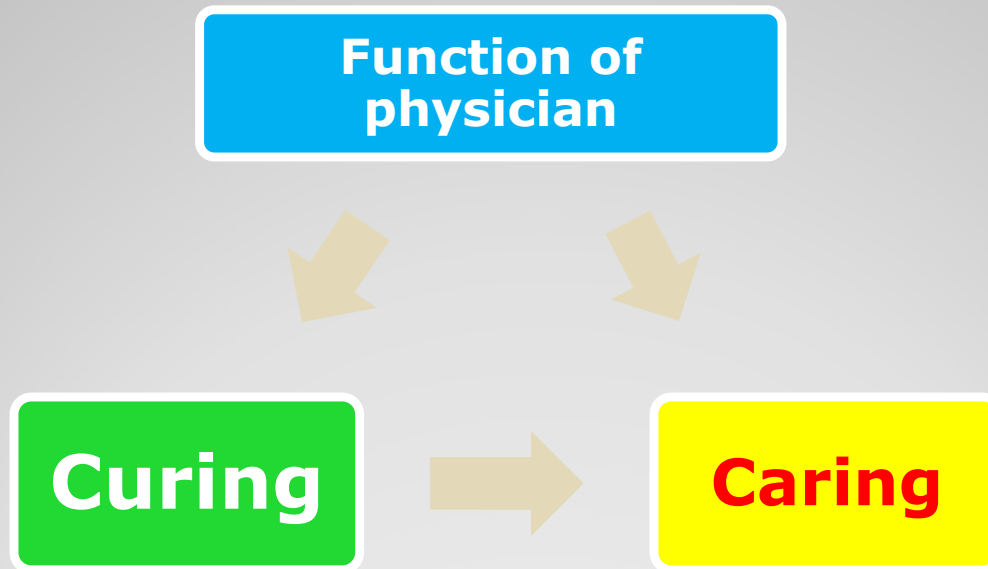
Individual

Society
engagement

- Person doesn't perform his normal activities

Society

“ modern” physician has lost the human touch and become too mechanical or too scientific in his approach



"Care, the Source of All Cure"

" **Care** is something other than cure.

Cure means "change."

A doctor, a lawyer, a minister, a social worker-they all want to use their professional skills to bring about changes in people's lives.

They get paid for whatever kind of cure they can bring about.

But cure, desirable as it may be, can easily become violent, manipulative, and even destructive if it does not grow out of care.

Care is being with, crying out with, suffering with,
feeling with.

Care is compassion. It is claiming the truth that the other person is my brother or sister, human, mortal, vulnerable, like I am.

When **care is our first concern**, cure can be received as a gift.
Often we are not able to cure, but we are always able to care.

To care is to be human.”

“I would rather know **the person** who has the disease, than know **the disease** the person has.”

Hippocrates



Different health criteria

Patients' criteria

Subjective criteria:

- How one feels
- How one functions
- How one relates;
with ability to love, to work,
to struggle, to seek options
and to make choices

Physician' criteria

Objective criteria:

- Physical measures
- Elegant and sensitive instrument
- Assumption: the doctor (laboratory) is right and the patient is wrong

Concepts of disease and health

Disease

Pathologic process
(along with injury &
developmental anomaly)
which affect the
biological and
functional integrity
of the body

WHO's 1948 definition

Health

An individual's
subjective experience
of his/her functional,
social, psychological
well being

Locker D, 1997

Concepts of disease And health

Disease

- ▶ Medical paradigm
- ▶ Focus on etiological agents, physiological parameters and **clinical outcomes**

Health

- ▶ Sociological and psychological concept
- ▶ Socioenvironmental paradigm
- ▶ Measuring **perceptions, feelings and behaviors**

Biomedical model

- Assumes disease to be accounted for *deviation from the norm* of measurable biological (somatic) variables
- No room for the *social, psychological and behavior dimension of illness*
- ***is disease-oriented***

Biomedical Model

```
graph TD; A[Biomedical Model] --- B[fostered important advances in medicine]; A --- C[excessively narrow focus]; A --- D[patients as objects]; A --- E[ignoring the subjective experience of the patient.];
```

fostered important advances in medicine

excessively narrow focus

patients as objects

ignoring the subjective experience of the patient.

Two paradigms of health

Medical model

- Mind-body dualism
- Reductionist
- Pt's subjective experience are ignored
- Treat oral cavity as if it were autonomous anatomical structure which located within the body

Bio-psycho-social model

- "Health" - not the absence of disease
- Health is optimal functioning and social and psychological well-being
- **Holistic health**

Holistic Health

An approach to life.

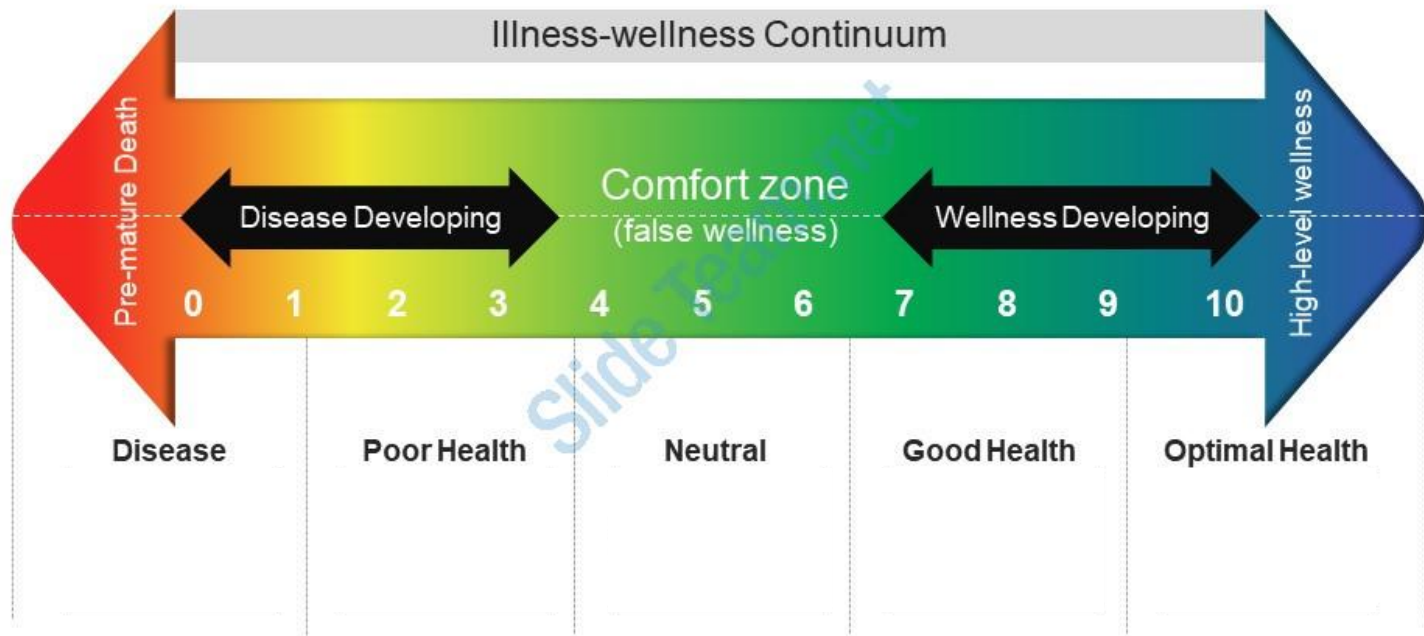
- Consider the **whole person** and how he interact with **his environment** rather than focusing on illness.
- Emphasizes the **connection of mind, body, and spirit**

Holistic Health

Goal: To achieve
maximum well being

People accept responsibility for their own level of well-being, and use everyday choices to take charge of one's own health.

Illness-Wellness Continuum Scale Presentation Slide



Individual's state of health

Influencing factors

- Quality of medical care 10%
- Heredity 18%
- Environment 19%
- Everyday life style choices 53%
(decision people make about their **life** and **habit**)

Holistic Health

สุขภาพที่สมบูรณ์และเชื่อมโยงกันเป็นองค์รวม ทั้งร่างกาย จิตใจ สังคม และจิตวิญญาณ ไม่ได้หมายถึงความไม่พิการและการไม่มีโรคเท่านั้น

- พิจารณาทุกองค์ประกอบได้แก่ ร่างกาย จิตใจ สังคมและจิตวิญญาณ
- ไม่ได้พิจารณาเฉพาะโรคที่เป็นหรือเฉพาะส่วนใดส่วนหนึ่งของร่างกาย แต่จะพิจารณาจากปฏิริยาความสัมพันธ์ระหว่างกาย จิตใจ จิตวิญญาณ และสภาพแวดล้อม ไม่สามารถแยกออกจากกันได้
- เป็นพลวัตร
- การมีสุขภาพที่ดี ความสัมพันธ์ดังกล่าวต้องอยู่ในภาวะสมดุล

หลักการพื้นฐานของสุขภาพแบบองค์รวม

1. ให้คุณค่าของคำว่า “ สุขภาพ ” หมายถึง การปรับ แก้ไข และ พัฒนาให้เกิดการมีสุขภาวะที่ดีอย่างต่อเนื่อง ไม่ใช่แค่การ เจ็บป่วย
2. สุขภาพของเราจะเป็นแบบเดียวกับ วิถีชีวิต ที่เราเป็น การเลือก บริโภคสิ่งใดเข้าสู่ทั้งทาง ร่างกาย และ จิตใจ จะมีส่วนกำหนดสุข ภาวะของคนนั้น
3. เน้นการให้คุณค่าต่อ วิถีการดำรงชีวิต ให้มีความสำคัญกับ กระบวนการเรียนรู้ และการรับผิดชอบที่แต่ละบุคคลต้องดูแล ตนเองให้มีสุขภาวะที่สมดุลและสมบูรณ์

Paradigm shift

Medical model



Disease concern

- Curing disease
- Emphasis on health service
- Patient: as a **body**



Bio-psycho-social model



Health concern

- Prevention and health promotion
- Emphasis on physical, social, psychology
- Patient: as an individual or person

Holistic approach

- Treatment that support the body's natural healing system
- Consider the whole person and the whole situation
- Symptom
 - = message that sth needs attention.
 - = as a guide to look below the surface for the root cause.

Holistic approach

- A Holistic Approach means that all factors are taken into account as a whole, interdependent on each other for the benefit of all.
- The Holistic approach takes into account the physical, emotional (psychological) and social living conditions/needs of an individual/community in order to get effective treatment of a condition/disease. Spiritual well being may also be taken into account.

Comparison of Traditional and Holistic Approaches

Focus	Traditional	Holistic
	<p><u>Disease:</u></p> <p>To identify and eliminate <u>biomedical risk factors</u> for physical disease</p>	<p><u>Health:</u></p> <p>To address <u>the interconnected web of</u> genetic, social, emotional, spiritual and physical factors that contribute health</p>

Comparison of Traditional and Holistic Approaches

Emphasis

Traditional

Unhealthy behavior:

Poor individual lifestyle choices are considered the primary determinants of sickness and disease.

Holistic

Meaning and support:

Meaning in life, relationships, and work and supportive human systems are considered the primary determinants of health.

Comparison of Traditional and Holistic Approaches

Motivation	Traditional	Holistic
	<p><u>Fear:</u> prevent disease and premature death.</p>	<p><u>Happiness:</u> enhance a sense of purpose and enjoyment of life.</p>

Comparison of Traditional and Holistic Approaches

Primary Assumption

Traditional

People are bad:

left to their own devices
people will naturally
gravitate toward
“unhealthy” behaviors.

Holistic

People are good:

people have natural
desire and ability to
seek out healthy
behaviors.

Comparison of Traditional and Holistic Approaches

Professional role

Traditional

Expert:

Primary job is to police behaviors and prescribe changes to save people from themselves.

Holistic

Ally:

Primary job is to facilitate people's reconnection with their own internal wisdom about their body and their life.

Comparison of Traditional and Holistic Approaches

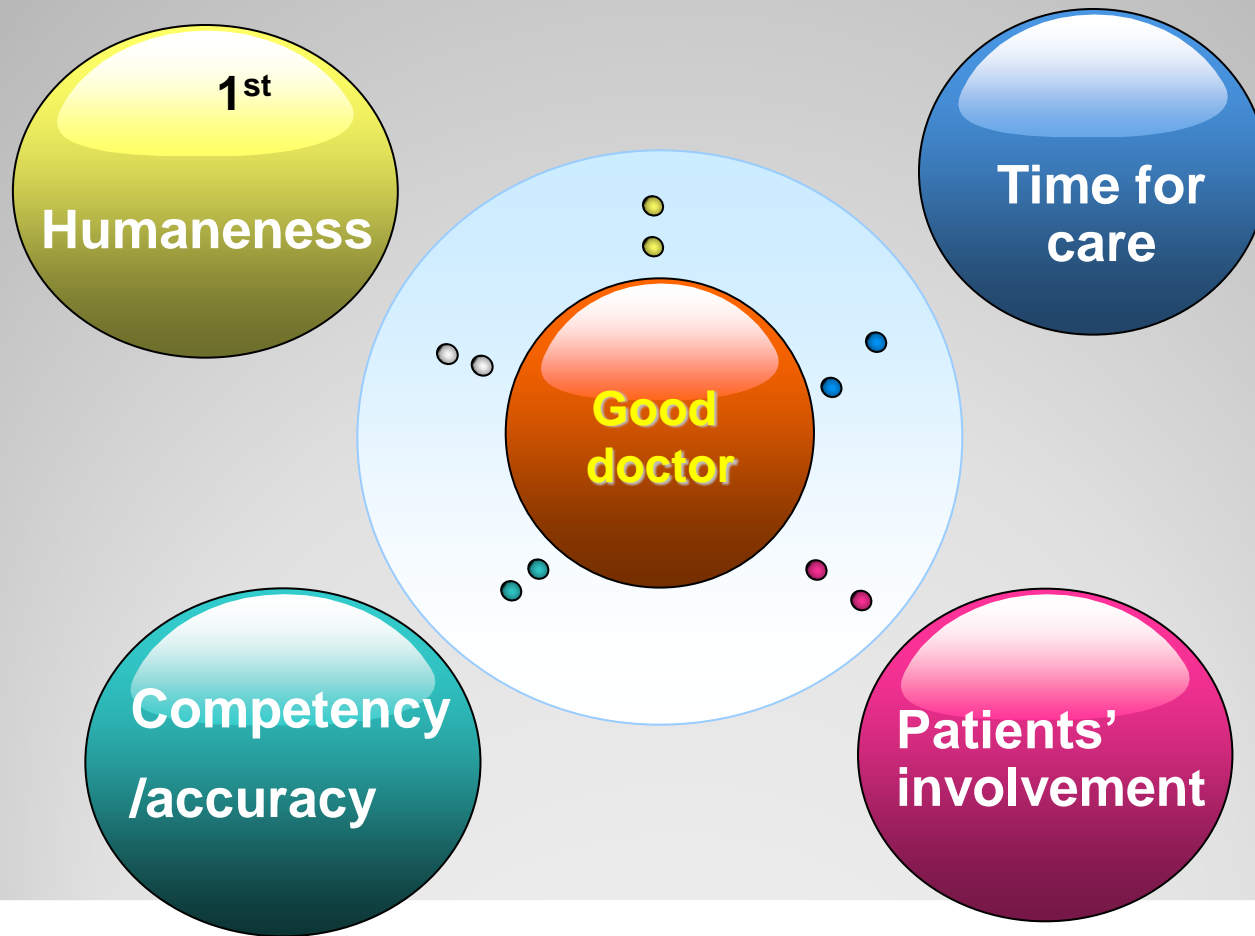
	Traditional	Holistic
Change process	<p><u>Controlling behavior:</u></p> <p><i>Behavior change technique</i> are used to suppress or eliminate targeted behaviors.</p>	<p><u>Creating consciousness:</u></p> <p>People <i>are assisted in understanding</i> and healing life issue that underlie illness and behavioral struggles.</p>

Patients' view

Fear of pain

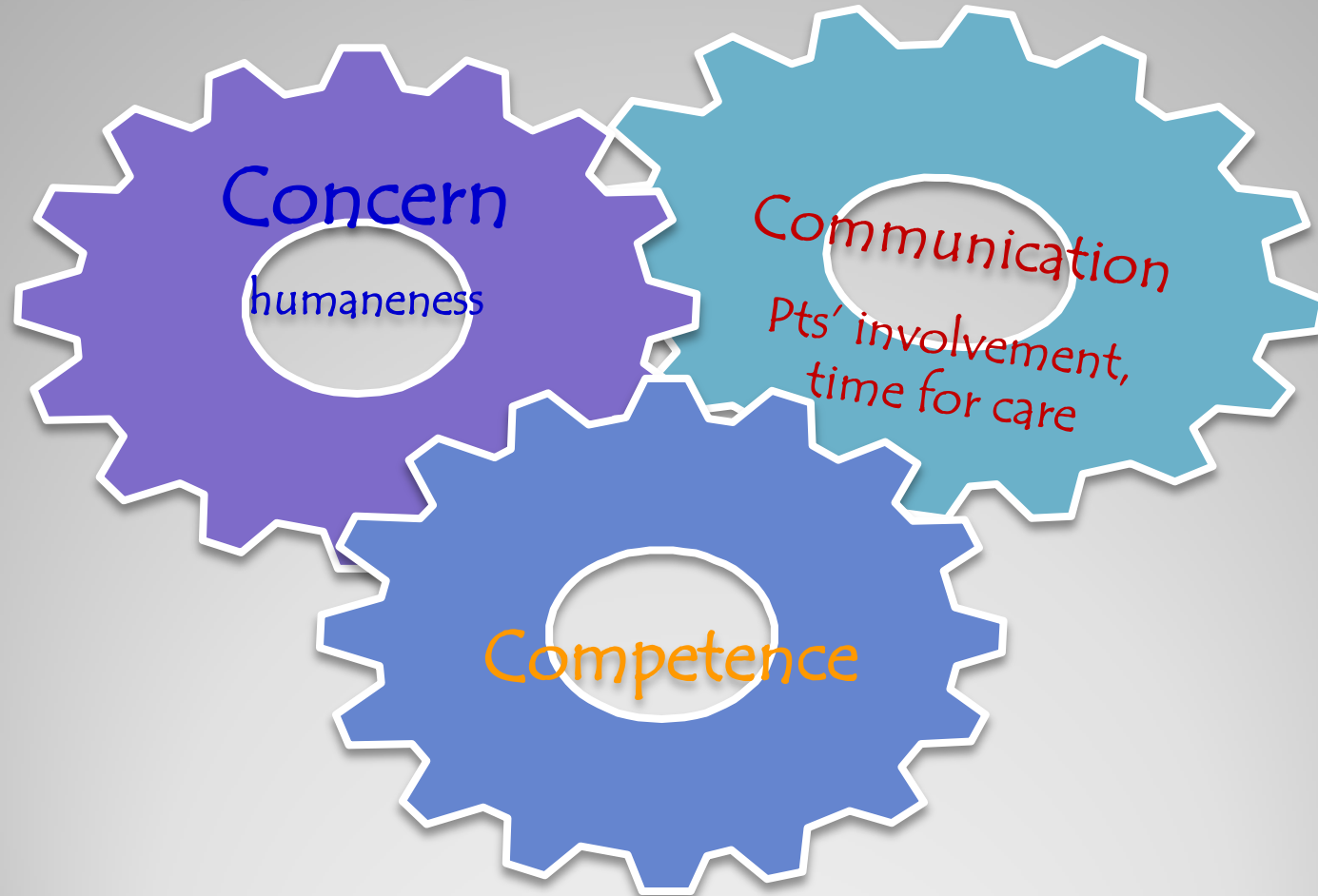
**Concern about diagnosis and
treatment of their problem**

Patients' view of good doctor



What is a good doctor?

Patient perspective



Humanized dentist

Dentist as a *human being* and also maintains/ upgrades oneself to higher level.

Always regard **patients** as *human beings* not merely subjects used for his/her personal gains in treatment, teaching and research.

Meeting of 2 experts

Dentist

- Disease
- Signs & symptoms
- Diagnosis
- Treatment
- Prevention

Patient

- Life style
- Medical history
- Dental history
- Self care
- Dental utilization
- Family
- Occupation

The patient presents as unwell



Parallel search of two content frameworks (A) and (B)

Content (A)
Disease framework
(The doctor's agenda)
History
Physical examination
Investigations

Process Skill:
Attentive listening
Question: open to closed
Clarification Summarizing
Rapport: verbal, nonverbal

Content(B)
Illness framework
(The patient's agenda)
Ideas, Expectations, Feelings



Understanding the patient

Differential Dx



Jointly negotiated
Treatment plan

The patient-centered dental interview

**What the
patient says**

**What the
dentist hears**

**Active
listening**

**What the patient
means and feels**

**What the dentist
understands**



Meeting of 2
experts

Communication skill

Empathic relationship

Sustained partnership

TRUST

CONTINUING CARE

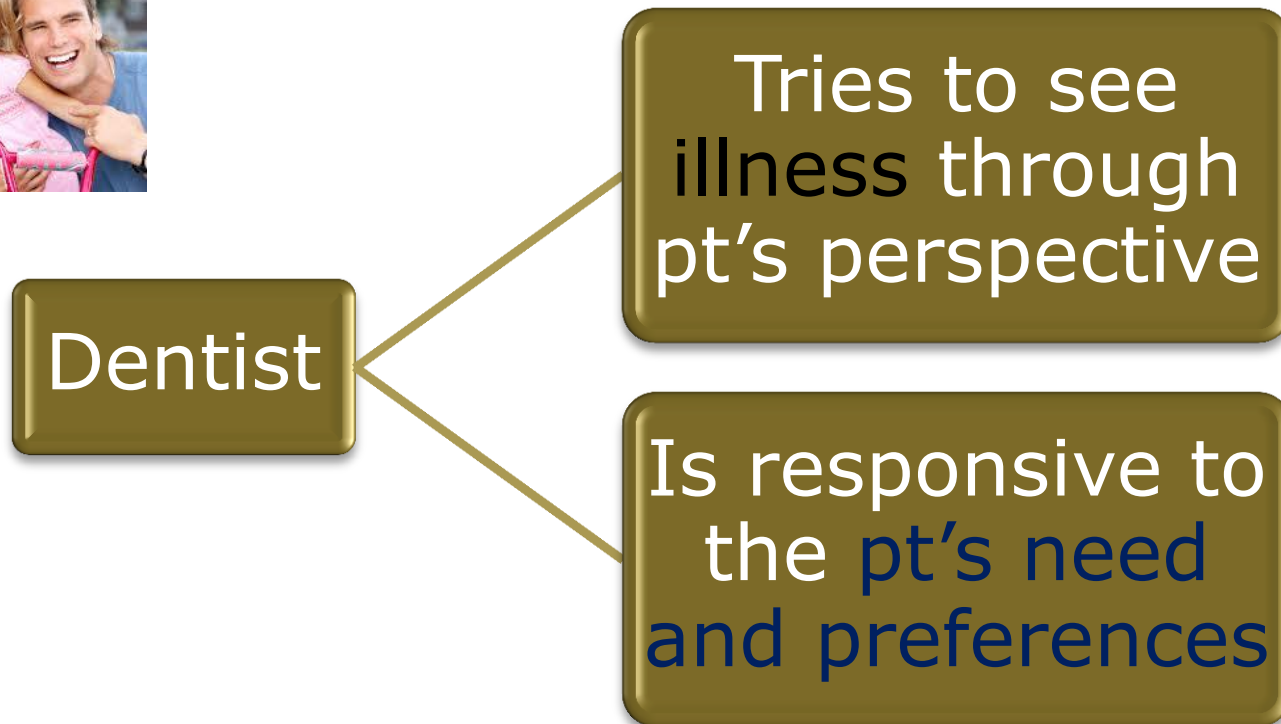
Continuing care

recovery from illness

long-term maintenance

a guard from future illness

COMPREHENSIVE DENTAL CARE APPROACH

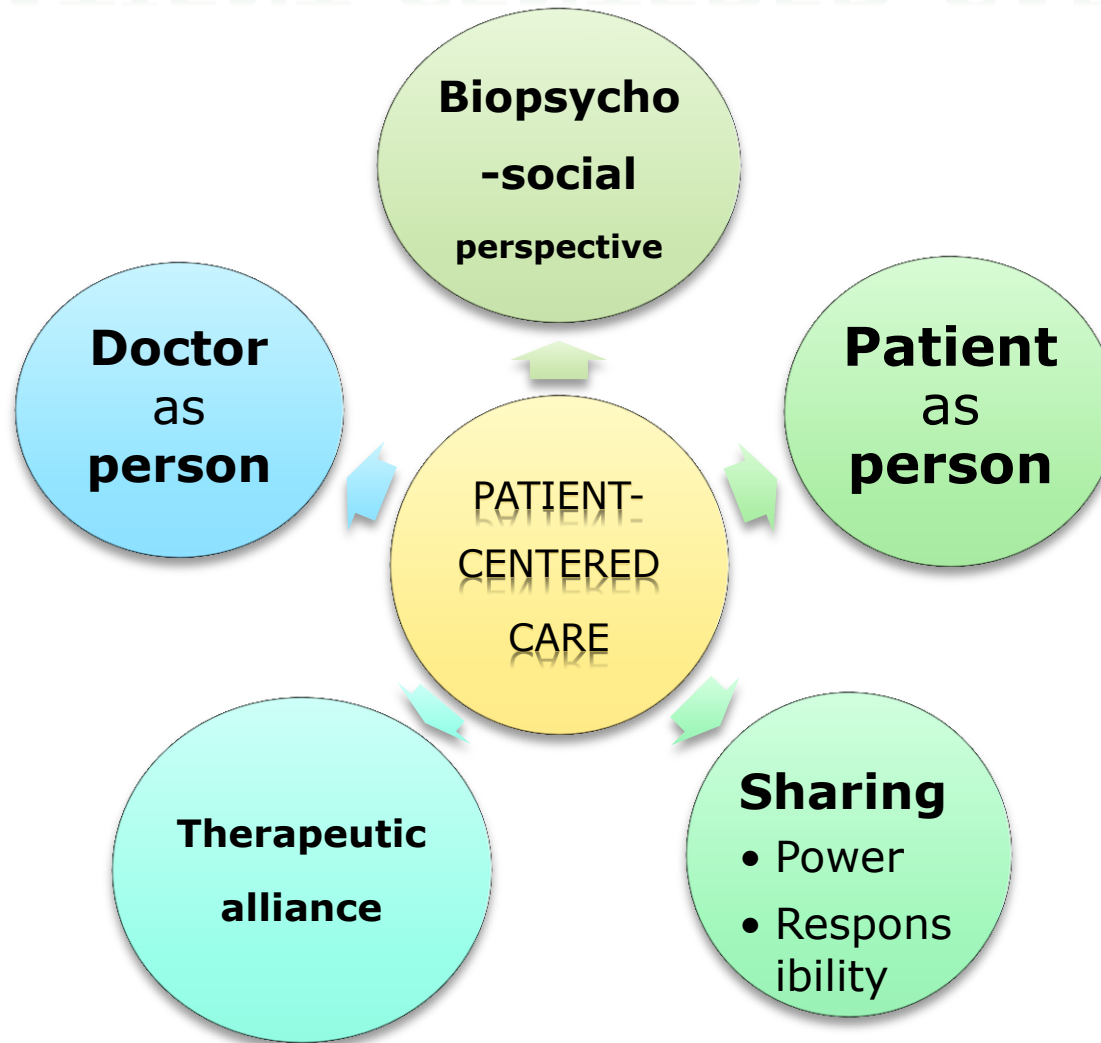


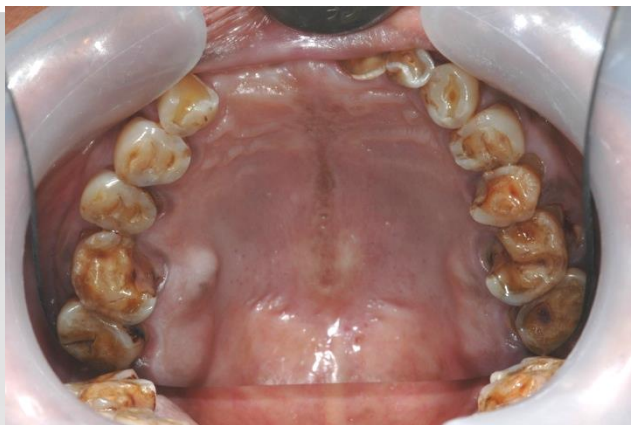
PATIENT-CENTERED CARE

Qualities and skills of service providers:

- Close to patient “ **real human contact**”
- Active listening
- Involving the patient in decision making
- Establishing trust
- Holistic assessment and interdisciplinary care
- Providing information that can be understood and on consequences
- Identifying goals: realistic and quality of life focused

PATIENT-CENTERED CARE





ท่านจะวาง
เป้าหมายการรักษา
ผู้ป่วยรายนี้อย่าง
เหมาะสม
ได้อย่างไร

Oral health

A **comfortable** and **functional** dentition
which allows individuals to continue in
there desired **social role**

- Health-based definition
- Person-centered > mouth-centered
- identify comfort, function and social role

เป้าหมายการรักษาผู้ป่วยรายนี้



Restore chewing and social function of the dentition

Control oral disease

Control oral infection

Goals

Optimal oral health

Concepts

- ❖ Patient centered
- ❖ Holistic approach
- ❖ Communication
- ❖ Humanized

CDC

Activities

- Examination & Diagnosis
- Emergency Services
- Prevention and Promotion
- Optimal Treatment
- Rehabilitation & replacement
- Maintenance

Attributes

- **Professional care:** integrated care, optimal tx, continuing care
- **Self care**

Comprehensive dental care

McCracken's definition of TPC (1975)

TPC is the attitudinal concept and system in which patients receive:

- ▶ Complete diagnosis
- ▶ Motivation & education toward prevention with emphasis on, & maintenance of, optimum state of health
- ▶ Full treatment commensurate with patient's desires, acceptance, & implied understanding of the plan
- ▶ Therapeutic procedures within medical, psychological, financial, & acceptance limits of patients
- ▶ Maintenance of patient's achieved state of health on continuing basis

Levels & Activities in Comprehensive Dental Care



Professional Care

- Examination & Diagnosis Services
- Emergency Services: Attention to acute needs
- Preventive Services: Education in health maintenance & disease prevention
- Treatment & Elimination of Disease
- Rehabilitation & Replacement Services
- Maintenance Services



Individual Self Care

- Self Examination
- Self Compliance
 - Diet planning
 - Good oral hygiene practice
 - Habit control
 - Appropriate use of fluoride
- Periodic Visits to the Dental Office



... SELF CARE ...

IS IT
POSSIBLE
FOR ALL
PATIENTS ???

"Compliance"

Routine recall visits &
re-motivation



Self care definition

Health

Prevention, maintaining health/life, health promotion, risk avoidance

WHO 2009 *"Self-care is the ability of individuals, families and communities to promote health, prevent disease, and maintain health"*

Illness Disability

Detecting illness, treating illness or disability or symptoms

Richards 2006 *" ... a response to an illness or perceived illness..."*

General outcomes

DeFries et al. 1982

"self-care helps individuals 'build the capacity to do for themselves' what people have always done"

Self care definition

Performer

Who performed the self-care activities

"someone who is facing a health problem of 'people with disabilities'"

Action of self-care

'taking action', 'taking responsibility', 'taking charge', 'being responsible', 'symptom monitoring and evaluation'

Health care system

Levin LS. 1979

"the individual functions effectively as the primary health resource in the health care system"

Self care definition

Care of self

Care performed on one's behalf

- activities of daily living
- therapeutic self-care

Care by others

support or assistance from others

- individual guides
- directs the assistance

Care of others

Care of others at a family or community level

- supporting activities
- grief support

Self care definition



Comprehensive dental care

Promote oral self care



Self
examination

Self
compliance

Periodic
visits

Diet planning

Good oral hygiene practice

Habit control

Appropriate use of fluoride

Goals

Optimal oral health

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Practice with prevention and promotion strategies



Integrated care

Optimal health

Health -oriented (Health field)

Effecting enduring social change

3^{ry} health
promotion

Raising individual quality of life

2^{ry} health
promotion

1^{ry} disease
prevention

Eradicating health risk

1^{ry} health
promotion

2^{ry} disease
prevention

Early diagnosis and treatment

Disease-oriented
(Medical field)

3^{ry} disease
prevention

Rehabilitation

Minimal disease

Preclinical phase

Clinical phase

Disease initiation

Cure
Death

Non-cavitated

Cavity

Exposure



Early diagnosis

Late diagnosis

Primary prevention

Secondary prevention

Tertiary prevention

Maintaining
physiologic
equilibrium

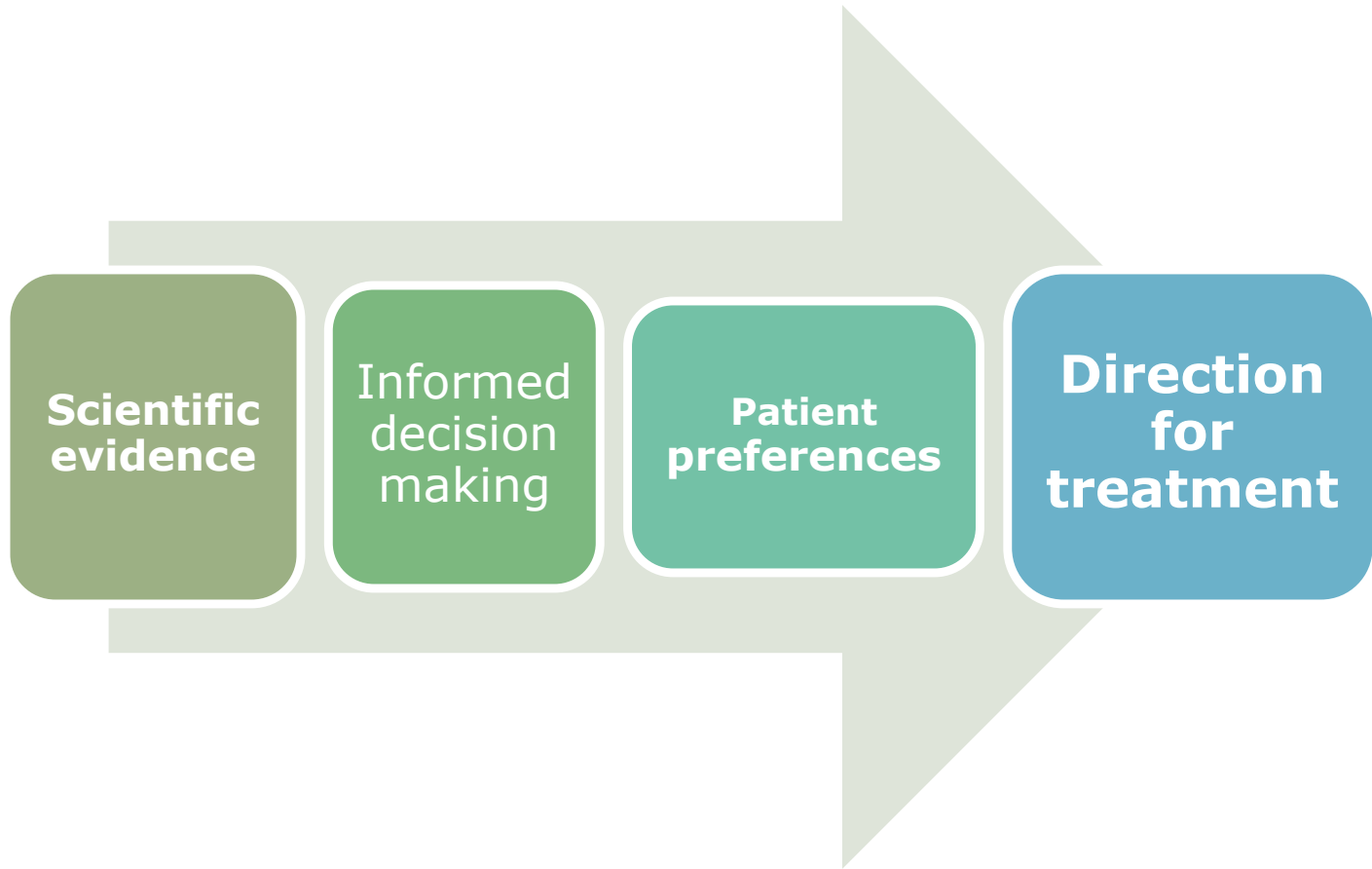
Non-operative
treatment

Operative treatment



Approach to Optimal treatment

Professional Care



Scientific basis for care

How likely it is to work

How well it works compared to
no treatment

Optimal treatment

Endodontics Versus Single-Tooth Implants

The American Academy of Implant Dentistry (AAID) has recently published a report stating that endodontic treatments are not as successful as single-tooth implants.

"There really is no justification for undergoing multiple endodontic or periodontic procedures and enduring the pain and financial burden to save a diseased tooth," said John Minichetti, DDS, speaking on behalf of the AAID. "The days are over for saving teeth till they fall out. Preserving questionable teeth is not the best option from both oral health and cosmetic perspectives."¹


Comparison of Long-term Survival of Implants and Endodontically Treated Teeth

[F.C. Setzer](#) and [S. Kim](#)*

[Author information](#) ► [Article notes](#) ► [Copyright and License information](#) ►

This article has been [cited by](#) other articles in PMC.

ABSTRACT

Go to: 

The outcomes of both dental implants and endodontically treated teeth have been extensively studied. However, there is still a great controversy over when to keep a natural tooth and when to extract it for a dental implant. This article reviews the benefits and disadvantages of both treatment options and discusses success vs. survival outcomes, as well as the impact of technical advances for modern endodontics and endodontic microsurgery on the long-term prognosis of tooth retention.

Keywords: dental implants, endodontic therapy, oral health, outcome, systematic review, treatment planning

process. Based on data from a health insurance carrier, 1,462,936 teeth with primary endodontic treatment were followed over 8 years (Salehrabi and Rotstein, 2004). Of these teeth, 97.0% were retained with the primary endodontic treatment still in place, and 3.0% received surgical or non-surgical re-treatment or were extracted. Similarly, 1,557,547 endodontically treated teeth were followed for 5 years, with a 92.9% survival rate. In a meta-analysis, no significant difference was found between restored single-unit implants (95%) and endodontically treated teeth (94%) over 6 years (Iqbal and Kim, 2007) (Fig. 1).

PubMed Central, Figure 1.: J Dent Res. 2014 Jan; 93(1): 19–26. doi: 10.1177/0022034513504782 - Mozilla Firefox

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3872851/figure/fig1-0022034513504782/>

PMC full text: [J Dent Res. 2014 Jan; 93\(1\): 19–26.](#)

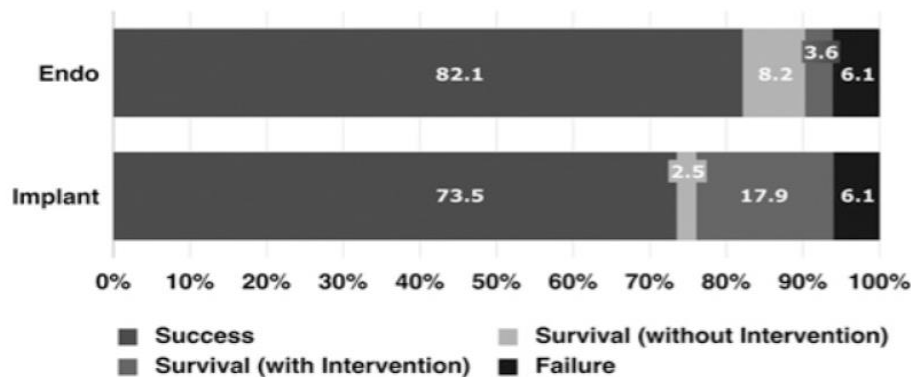
doi: [10.1177/0022034513504782](https://doi.org/10.1177/0022034513504782)

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<< Prev Figure 1. Next >>

Figure 1.



Overall reported cumulative survival rates for restored single-unit implants and endodontically treated teeth. Modified from Iqbal and Kim, 2007.

Dental practice

- Be evidence-based
- Provide options with estimates of probability and utility
- Identify population characteristic attributed to the developed tree
- Be clinically significant
- Be current and updatable
- Be effective and efficacious for shared decision making

To treat or not to treat

Ethical challenges

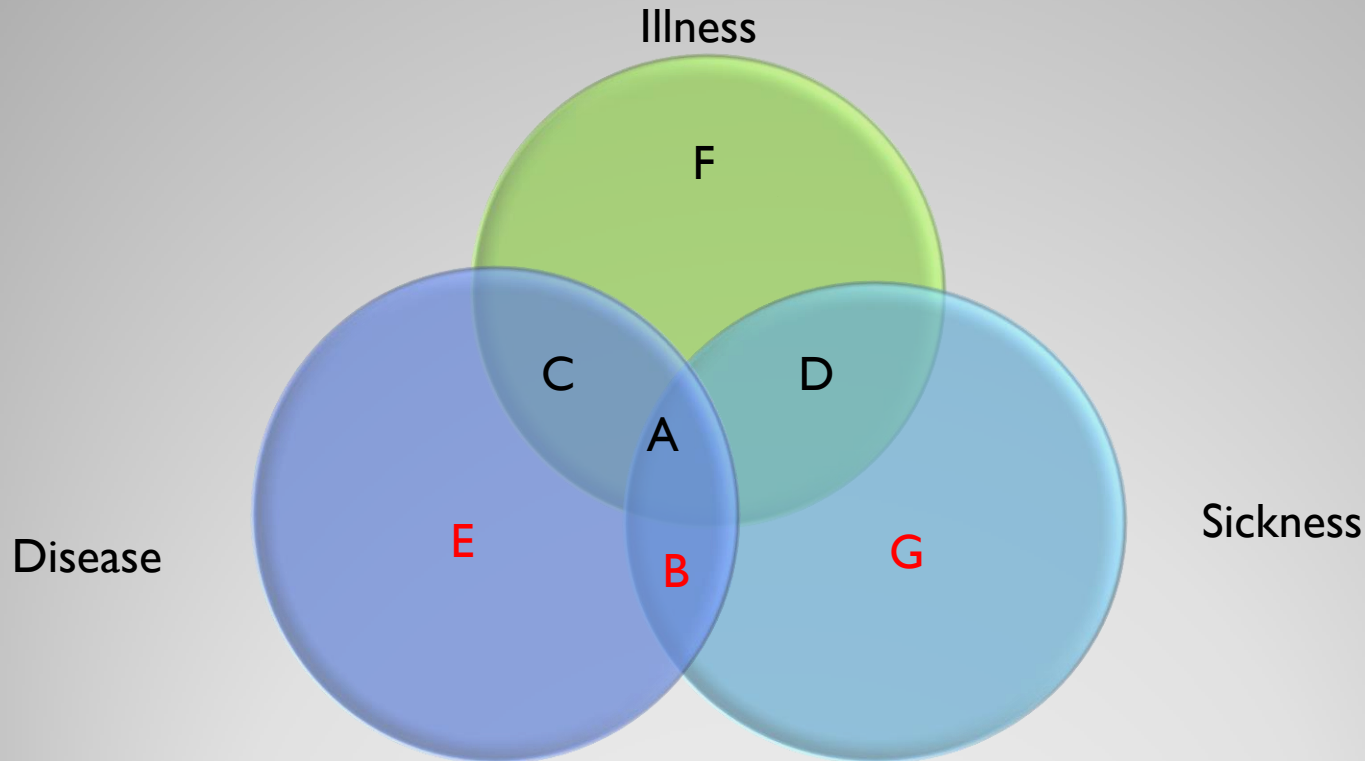
Pt. feel ill, have no disease
Pt. has disease, doesn't feel ill

Need to define normality

Threatening pt autonomy:
handicapped pt, tx related to esthetics

Difference expectations bet pt &
dentist

Disease-illness-sickness

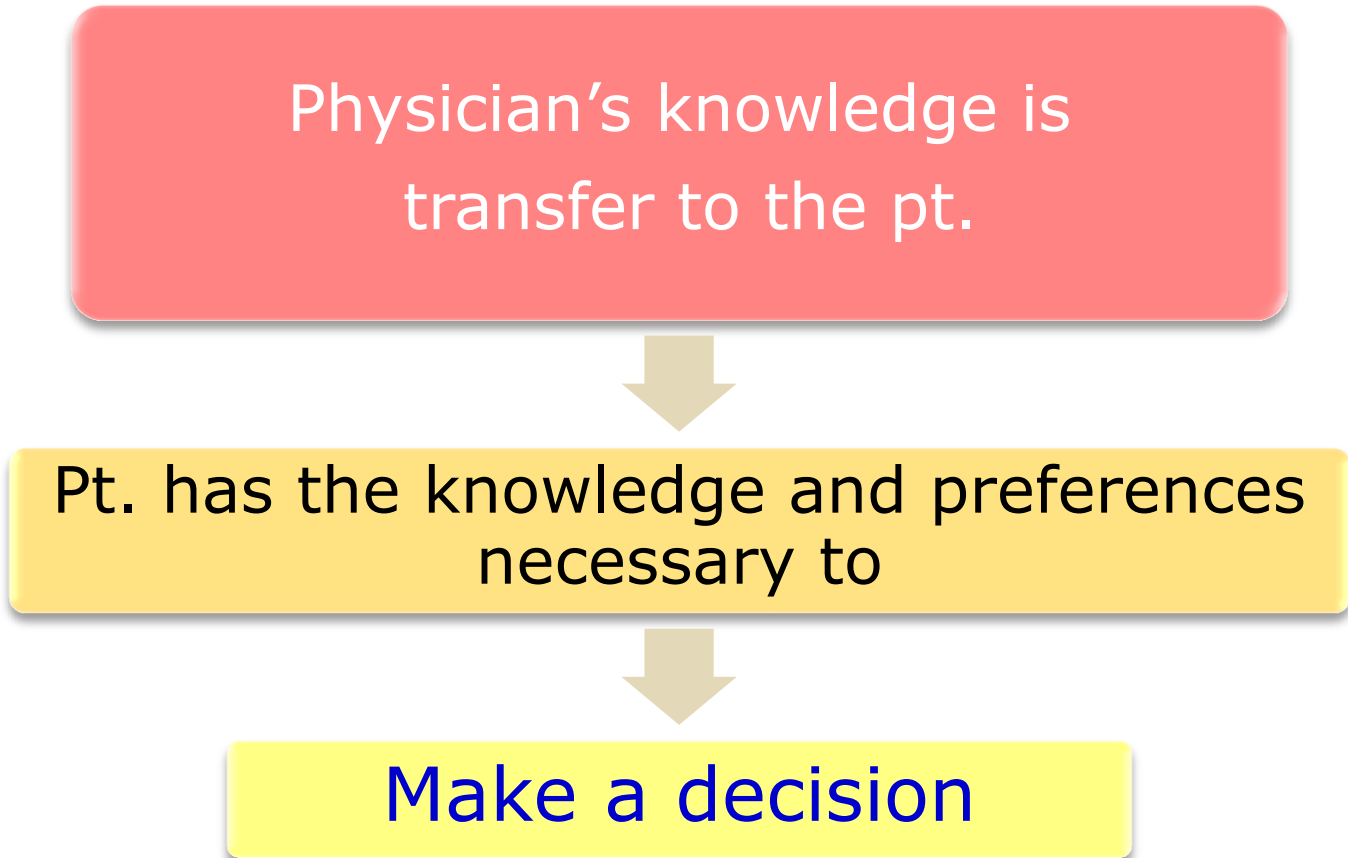


E, B, G = the most ethically challenging situation

Treatment alternatives and decision making

Informed decision making

Physician's knowledge is
transfer to the pt.



```
graph TD; A[Physician's knowledge is transfer to the pt.] --> B[Pt. has the knowledge and preferences necessary to]; B --> C[Make a decision]
```

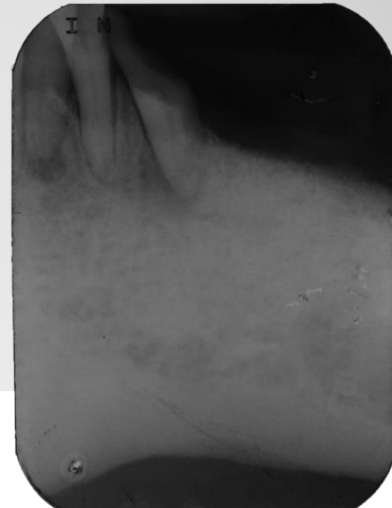
Pt. has the knowledge and preferences
necessary to

Make a decision

33: Pulp necrosis with chronic apical abscess

31: Pulp necrosis with asymptomatic apical periodontitis

32,41,42,43 (B) : NCCL



Treatment alternatives

Diagnosis	Ideal treatment	Alternative Tx.
31: pulp necrosis with AAP	RCT with post core with crown	Extraction
33: pulp necrosis with CAA	Extraction	-
32,41,42,43 (B) : NCCL with moderate to severe chronic periodontitis	Filling, periodontal treatment	<p>????</p> <div>Extraction</div>

21, 22, 25: Pulp necrosis with AAP
16, 26: Uncomplicated crown fracture



Treatment plan upper arch?

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Restore chewing and social function of the dentition

Control oral disease

Control oral infection

Treatment alternatives and decision making

**Extraction of lower
anterior teeth**

**Keep 31, 32, 41, 42,
43**

Lower arch tooth replacement

Simple treatment

Less time require for
treatment and routine self
care

Less cost

More esthetic outcome

Tooth replacement with APD or RPD

More complicated treatment

More time require for
treatment and routine self
care

More cost

Less esthetic outcome

Require more patient tolerance
in dental treatment

Informed decision making

- Pt. understands the risk or seriousness of disease or condition to be prevent
- Pt. understands the preventive service, the risks, benefits, alternatives and uncertainties
- Pt has weighted his values regarding the potential benefits and harms associated with treatment
- Pt has engaged in decision making at a comfortable feeling level

Scientific approach

Art and humanities

Scientific

- understanding
- method
- evidence

Interpretation
insight

Ethics, educatedness

- Adaptability
- Personal development
- Broad perspective

Scientific & technical
judgment

Humane judgment

Clinical judgment

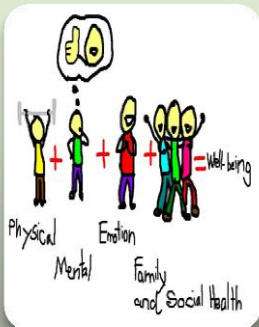


Outcomes assessment



Level of the **body**

- Relationship bet. oral disease and disease of other body locations



Level of the **person**

- Oral disorders compromise health and well-being

Patient reported outcome



Health related quality of life



Satisfaction with care



Trust → continuity of care



Psychological well-being



Preferences for treatment

Quality of life

Is concern with the degree to which a person enjoys the important possibilities of life

- respects the autonomy of individual
- acknowledges that pts. can provide information about what is in their own **best interests**

Optimal treatment

Ideal treatment

- ▶ not address the **needs** of the patient
- ▶ not confer any **tangible benefit**



Tangible benefit

Optimal treatment

- ▶ Patient's concern and expectations
- ▶ Scientific basis for care



Tangible benefit

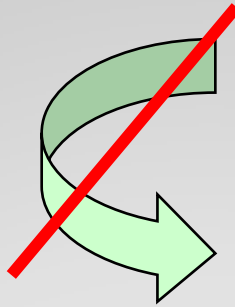
Is driven by a patient's acutely impaired QOL

QOL concerns: pain, discomfort, the desire to be better able to function while eating or speaking



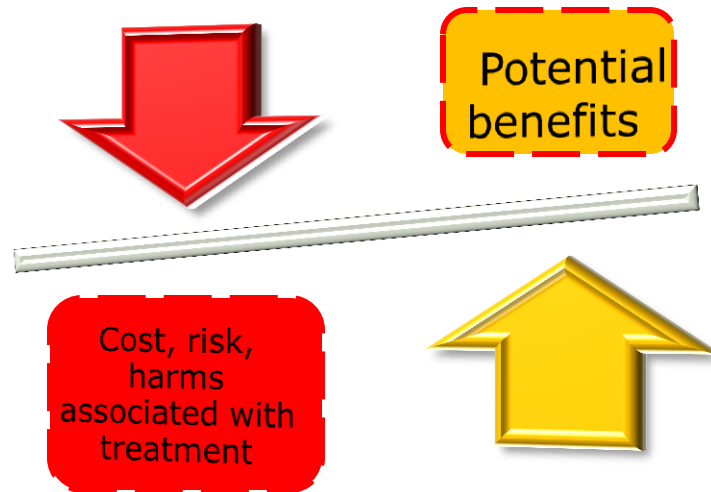
Optimal treatment

Non ideal
treatment



abnormal , unhealthy
treatment

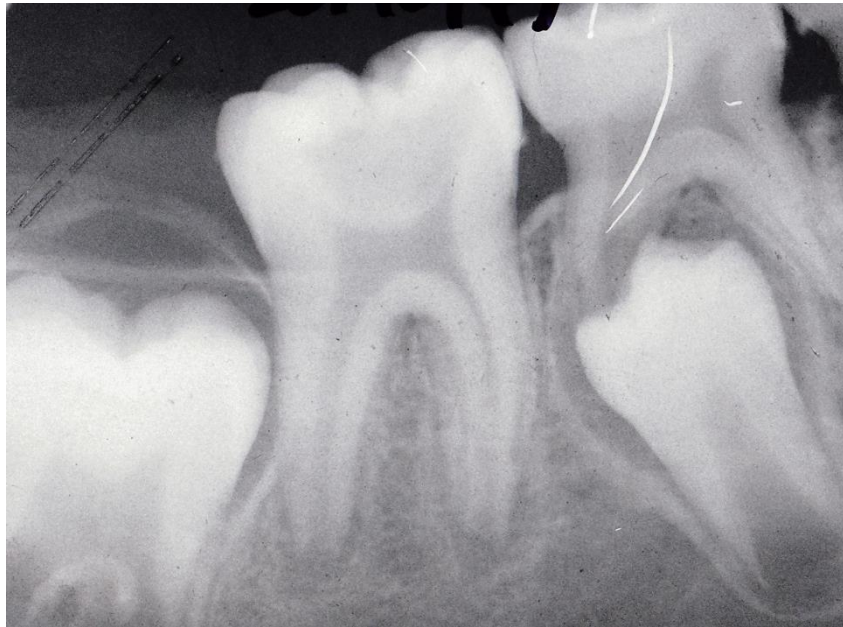
Optimal treatment



Patient concern and expectation

A 9 years old boy,
spontaneous pain on tooth
no. 46

1st visit, high fear behavior

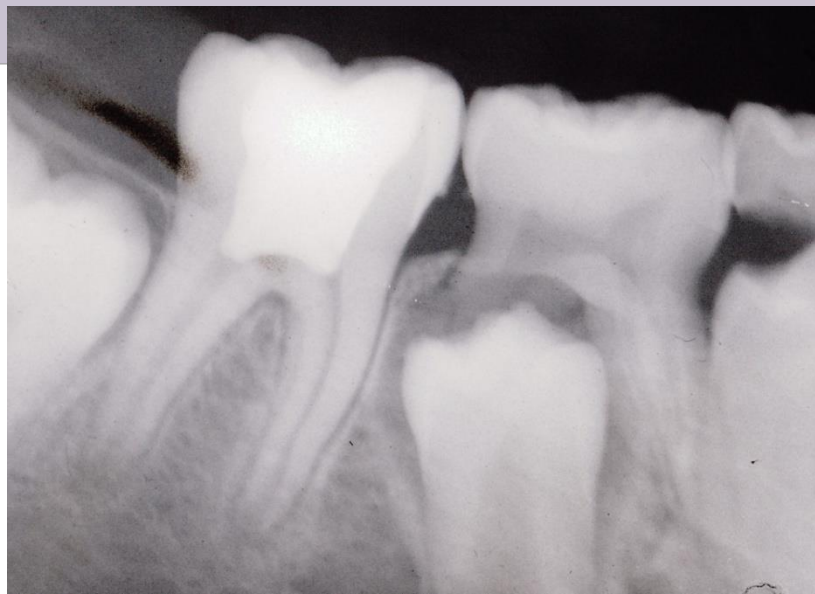


Ideal treatment ?

Treatment options for 46

- ☐ Extraction of 46, observed for mesial shifting of 47
- ☐ Keep 46 by
 - Apexification --- observe until complete root formation----- RCT & final restoration
 - Vital pulp therapy ??????????

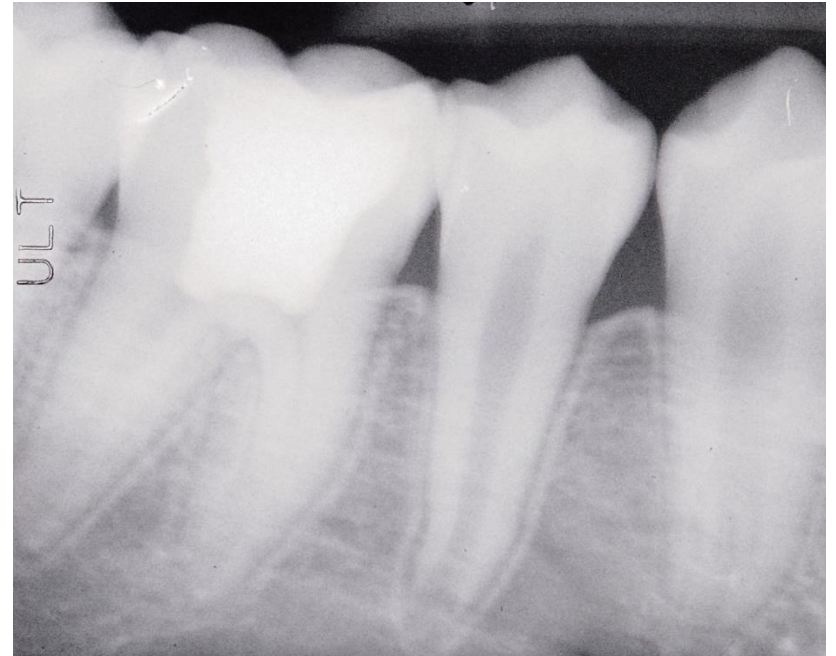
Treatment done



3 months



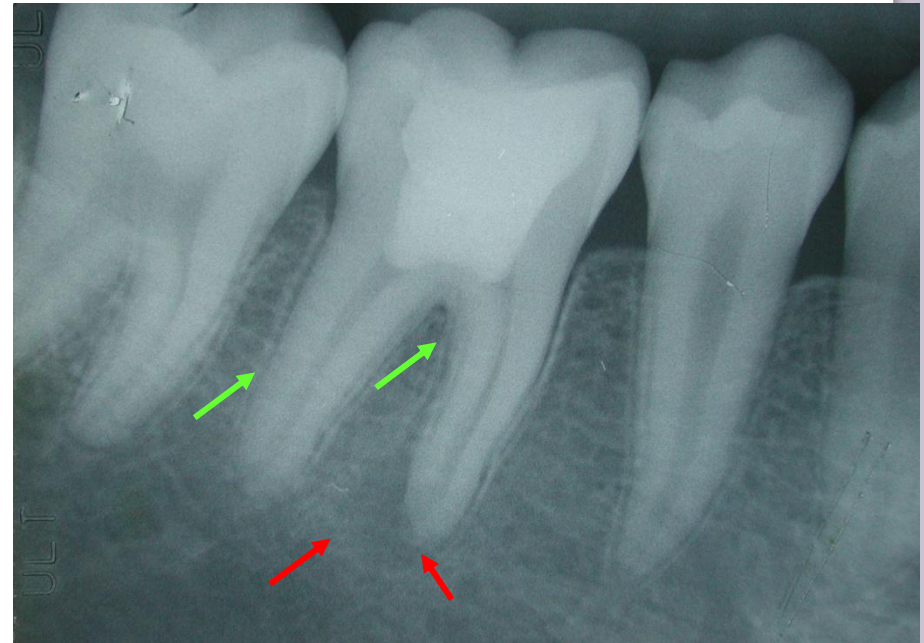
9 months



2+ years



initial



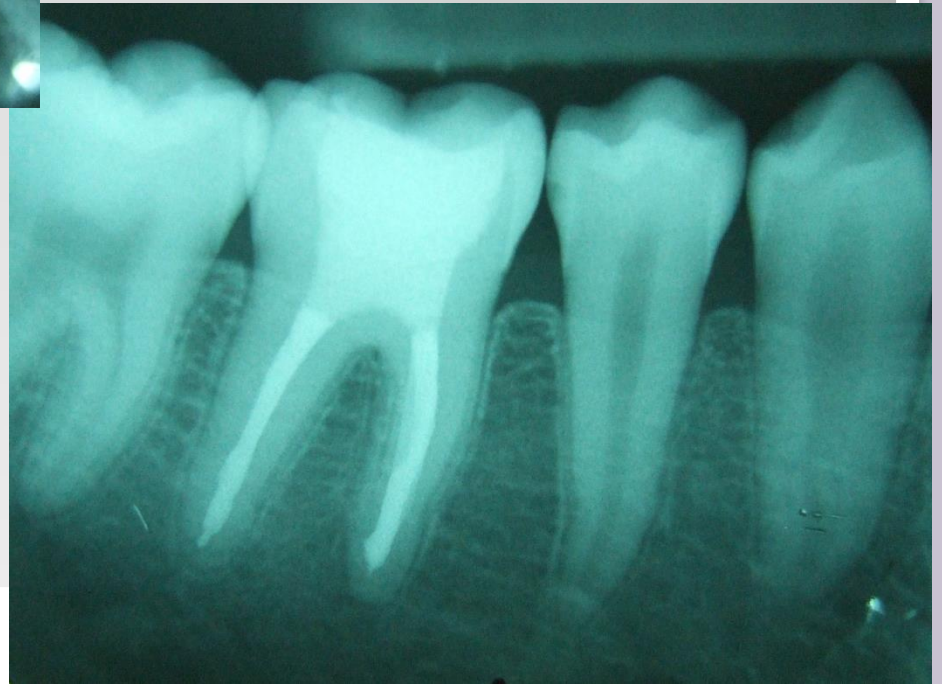
5 years



Vitapex medication
for 3 months



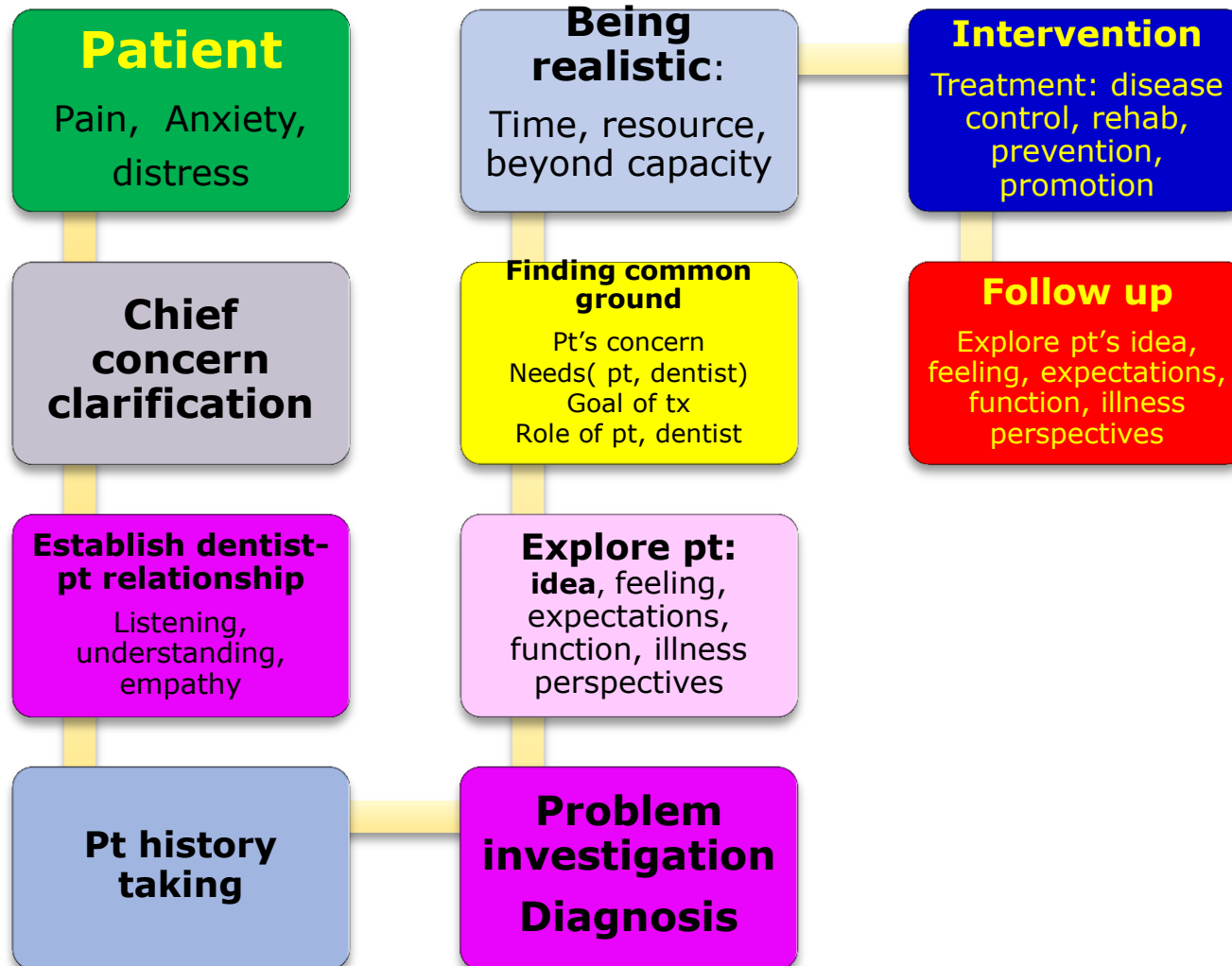
FRC



To treat or not to treat



PROCESS OF CARING



Goals

Optimal oral health

Concepts

- ❖ Patient centered
- ❖ Holistic approach
- ❖ Communication
- ❖ Humanized

CDC

Attributes

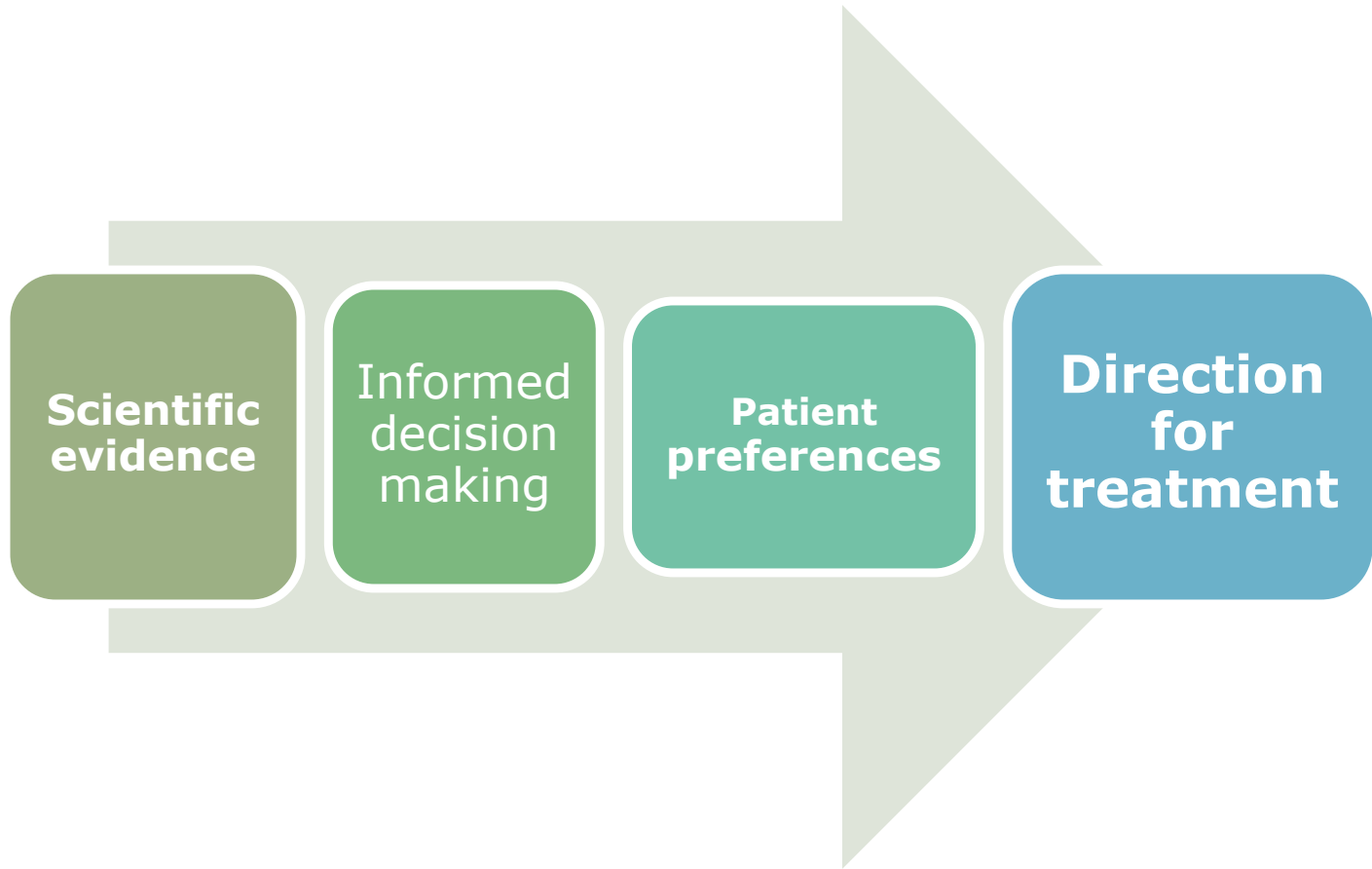
- **Professional care:** integrated care, optimal tx, continuing care
- **Self care**

Activities

- Examination & Diagnosis
- Emergency Services
- Prevention and Promotion
- Optimal Treatment
- Rehabilitation & replacement
- Maintenance

Approach to Optimal treatment

Professional Care



Goals

Optimal oral health

Concepts

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CDC

Attributes

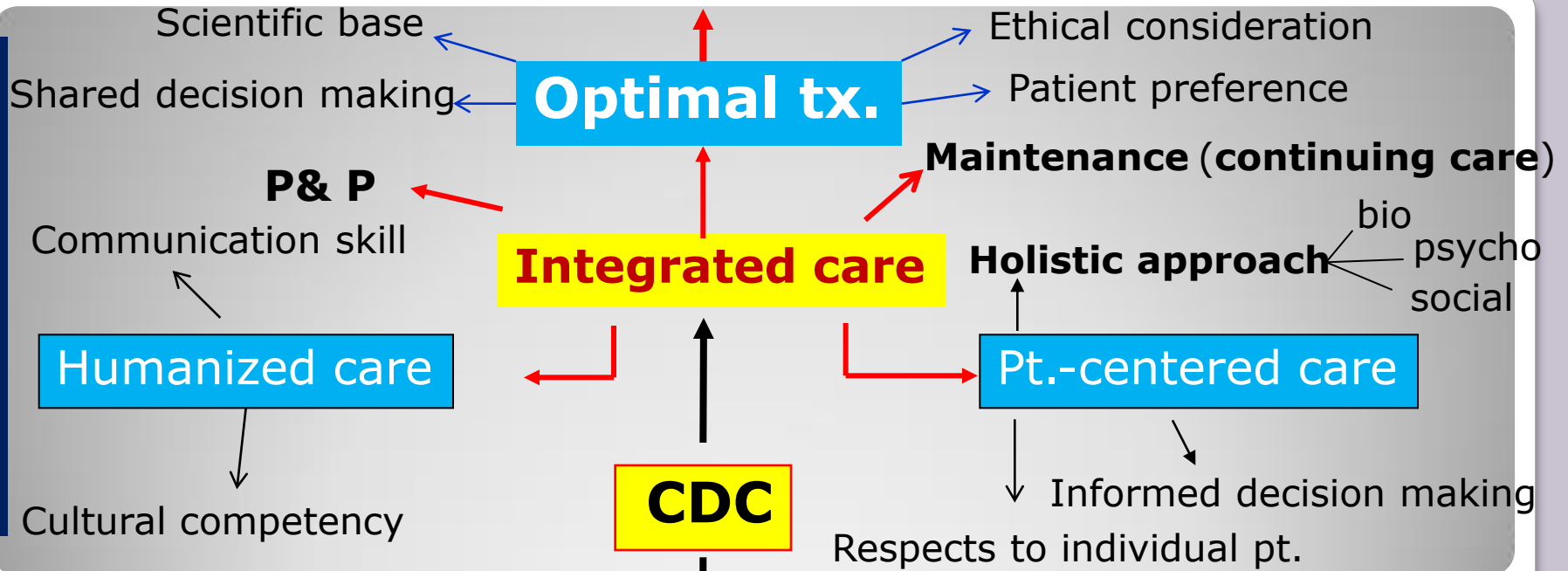
- **Professional care:** integrated care, optimal tx, continuing care
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Activities

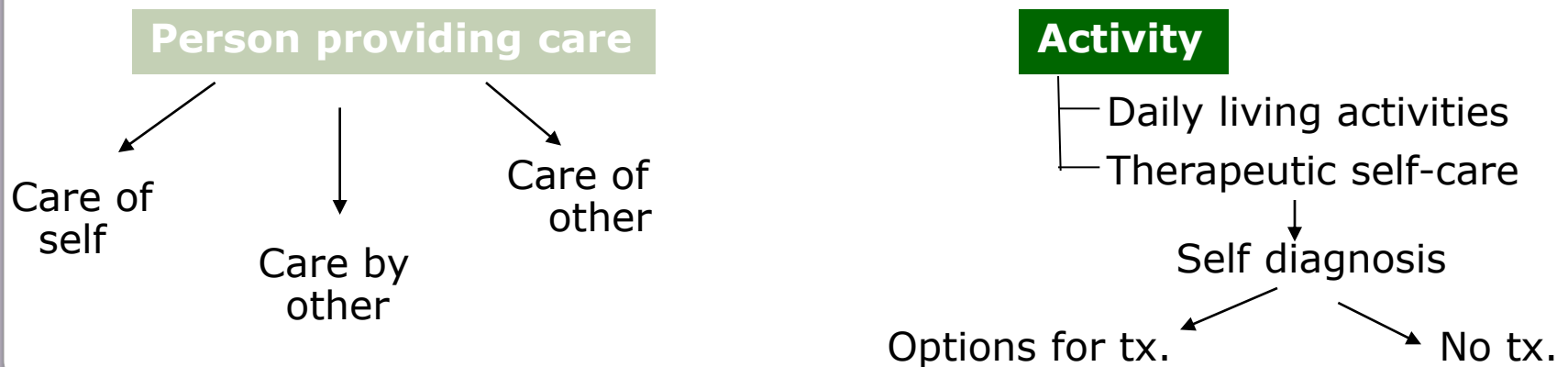
- Examination & Diagnosis
- Emergency Services
- Prevention and Promotion
- Optimal Treatment
- Rehabilitation & replacement
- Maintenance

Pt. report outcome

Professional care



Oral self care



HELLO

my name is

HUMAN