

Mental Attitudes of Geriatric Edentulous Patients: A Review

Bhochhibhoya A¹

¹Assistant Professor, Department of Prosthodontics, Nepal Medical College, Jorpati, Kathmandu, Nepal

Abstract

Caring for the geriatric edentulous patients is challenging, as it requires a holistic approach, which addresses both the physical as well as the psychological aspects of such patients. Considering the increase in number of elderly individuals, the clinician should have adequate patience and understanding of psychological and emotional factors to tactfully deal with their problems. The appraisal of psychology and mental attitude for the overall success of complete denture rehabilitation is well recognized. Although important, these aspects are ignored occasionally, which is one of the major reasons for the failure of adequately constructed complete dentures. This article provides a comprehensive review of relevant literature on the mental attitudes and personality of geriatric patients and highlights the necessity of considering these factors for the overall success of complete denture treatment.

Key words: Mental attitude; Edentulism; Geriatric patient; Complete denture

Introduction

Life expectancy has increased worldwide with many countries tumbling into the category of “Greying Country”.¹ Physical, mental and social wellbeing of a person are associated with the aging process, which may deteriorate individual’s ability to adapt to new things and assimilate new ideas.² With advancing age, people tend to develop age associated diseases and disabilities, dental diseases being one of the most predominant chronic conditions in geriatric patients. Impaired manual dexterity, economic dependence upon family members, cognitive deterioration compounded by psychiatric morbidity add to their worsening of oral health conditions.¹

Complete edentulism is the terminal outcome of a multifactorial process which involves removal of all erupted teeth and needs

preservation of the remnant dento-alveolar structures for reconstructive or replacement therapies.^{3,4} The increasing rate of complete edentulism worldwide may be associated with a multifaceted interrelationship between cultural, personal, oral habits, behavior, genetic and socioeconomic factors.³

Aging is associated with various physiological and social changes that have tremendous impact on quality of life, levels of self-esteem and satisfaction with life. The social changes comprise isolation, retirement from job and loss of income. Physiological changes that occur with aging process includes loss of hair, loss of teeth and reduction in facial height leading to wrinkling. Besides, decline in vision, taste perception and hearing may lead to anxiety in these individuals. These changes bear a huge impact on overall personality of the individual, which diminish the ability to accept any medical or dental treatment.⁴ Managing such patient poses challenge to the prosthodontist which demands a lot of experience and patience. The clinician should be able to identify these factors before initiating any rehabilitative and therapeutic treatment.

**Corresponding Author*

*Dr. Amar Bhochhibhoya,
Assistant Professor, Department of Prosthodontics,
Nepal Medical College, Jorpati, Kathmandu
E-mail: amarbhochhibhoya@gmail.com*

Famous dictum by Devan⁵, “Meet the mind of the patient before you meet the mouth of the patient” emphasizes the need to address the psychological aspects of edentulous patient which is one of the key determinants for the long-term success of the complete denture therapy. It is of paramount importance for any clinician to understand the effects of psychology of geriatric patients undergoing denture treatment for effective behavior modulation of such patients for a successful practice. It is essential to understand the patient’s attitudes and the way they react to different situations to gain mutual trust which can influence the outcome of the treatment. If the clinician is not able to show empathy towards geriatric patients, the prescribed treatment may be less than successful.⁶

Classification Systems for Mental Attitudes

Various authorities in dentistry have long recognized the need to understand the psychological and social status of the patient and have attempted to classify the mental attitude of the edentulous patients thereby helping the clinician to foster better patient care and seek methods to develop a right dental attitude for overall success of denture treatment. These classification systems provide guidance to clinicians for better understanding of the thoughts, aspirations and expectations of complete denture patients and their effects and consequences in the treatment procedures.^{4,7}

The M.M. House Classification

In 1950, Milus M. House is credited with devising a classification system of patient’s mental attitudes based upon their psychological response to being edentulous and their ability to adapt to new denture. House classification basically aided clinician in anticipating patient’s various responses to specific denture procedure.⁸ House classified patients into 4 types: philosophical mind, exacting mind,

hysterical mind, and indifferent mind.⁹ But, there exist controversy regarding the origin of this classification system. According to Winkler, Dr Ewell Neil is the one who should be credited for inception of this classification system, as Dr House appears to have contributed for its detailed expansion and subsequent popularization.¹⁰

Philosophical mind

According to M.M. House, these types of patients are rationale, sensible, calm, co-operative and indulgent in every situation. They understand the limitation of denture and the dental procedures. They actively participate in decision making, show keen interest in the treatment planning and comply with clinician’s advices. Overall these individuals are considered to have the best mental attitude and are considered to have a favorable prognosis.

Exacting mind

According to M.M. House, the exacting patients are methodist, precise, strict, and often make excessive demand. These patients lack intelligence, and have unrealistic expectations from the treatment. They usually have past experience of dental treatment dissatisfaction and often doubt the capabilities of the dentist. They possess similar characteristic to philosophical mind, but require more patience, aptitude and perseverance from the dentist for successful treatment outcomes. They expect detail explanation of the treatment steps and seek a guarantee of the treatment or remakes at no added cost. Although they have a favorable to questionable prognosis, once satisfied with the treatment an exacting patient, can be clinician’s biggest supporter.

Indifferent mind

This patient is apathetic, uninterested and lacks motivation. The patient has managed to survive without denture for long period and are not concerned about their appearance. They usually visit dentist only because of family pressure.

The patient fails to show any compliance regarding instructions and doesn't co-operate with the clinician and they are prone to blame the dentist regarding poor health of the patient. Patient education and motivation is essential for stimulating the interests before commencement of treatment. The prognosis for such patient is doubtful or poor.

Hysterical mind

According to M.M. House, the hysterical patients are emotionally unstable, excessively apprehensive, easily excitable, easily anxious and have unrealistic expectations. They expect the denture to function and appear like natural teeth. They bear negative attitude towards the treatment, often in poor health, are poorly adjusted, dentophobic and sometimes exacting but with unfounded complaint. They lack effort to adapt and often fail to wear denture. The prognosis of treatment is generally unfavorable, hence added professional assistance is mandatory prior to the treatment for behavior modulation.

However, many authors suggest the need for reevaluation of House classification as it pertains to the patient in isolation. This classification provided little attention to the kind of response patient develops based on the treatment and behavior of the dentist.¹¹⁻¹³

Winkler's Classification of the Elderly¹⁴

The Hardly Elderly

In modern days, we largely encounter this group of aged individuals who are mentally balanced, well-preserved physically and are not dependent upon family members. They are socially as well as professionally active, adapt very well to their surroundings and easily cope up with age-related changes. They have ability to anticipate these changes and accept them as challenges.

The Senile Aged Syndrome

These elderly individuals are physically and

emotionally poor and have very poor resistance to diseases and get stressed very easily. They are usually described as chronically ill, disabled, infirm and truly aged. They have difficulties adapting to the changes around them. They cannot handle daily stresses and are prone to illness. They are usually depressed, often insecure and dependent upon family members.

The Between Group

The third group comprises of the individuals who are in between the aforementioned two extremes.

Heartwell's Classification of Mental Attitude:¹⁵

Heartwell classified ageing individuals as realists, resenters and resigned.

The Realists

The realists are similar to Philosophical and Exacting type, who are co-operative and age graciously, have pride in their appearance. They are obedient and follow instructions, practice good oral hygiene and accept proper diet.

The Resenters

The Resenters are the indifferent and hysterical types. They resent and resist ageing and often become psychologically involved and do not follow instructions, neglect oral care and do not seek dental treatment.

The Resigned

The Resigned vary in emotional and systemic status. They show passive submission, which often does not result in good prosthodontic results and is often frustrating to all involved.

Sharry's Classification¹⁶

Tolbuds

60% of the patients fall into this category. These patients can tolerate their dentures to a great extent. This group is similar to the Philosophical mind.

Tolads

These patients tolerate the prosthesis with some degree of adjustment. They comprise 35% of the patients. This group is similar to Indifferent /Hysterical mind.

Toln

These patients can tolerate nothing. They comprise 5% of the denture patients. This group is similar to Exacting mind.

Ideal Dental Patient¹⁷

According to O' Shea, an ideal dental patient is compliant, sophisticated and responsive.

Winkler has described four traits that determine the ideal patient's response:

1. Realizes the need for the prosthetic treatment,
2. Wants the prosthesis,
3. Accepts the prosthesis and
4. Attempts to use the prosthesis.

This corresponds to the Philosophical Mind of the House classification. The so-called ideal psychological profile, though rare, is often desired by most dentists as it provides the greatest chance of success.

Patient may also be classified as:¹³

1. Cooperative

They are open-minded and comply with the clinician's suggestions. Although, they may or may not recognize the need for dentures, denture procedures can be explained with very little effort and they are very cooperative.

2. Apprehensive

They appreciate the need of denture fabrication, but they bear some irritational problem which cannot be overcome by regular clarification. They are of different types.

a. Anxious

The patients are anxious and upset about

the uncertainties of dentures and they often put themselves into a neurotic state.

b. Frightened

They will have unwanted fear about the dentures.

c. Obsessive or exacting

These patients have exacting mind and strongly express their desires and expected outcomes and try to guide the dentist regarding how to proceed. They must be handled firmly and tactfully.

d. Chronic complainers

They are endorsed with the habit of fault finding and are dissatisfied. The best way to tackle such patient is to appreciate their engagement in treatment planning and incorporating as many of their ideas as possible during denture construction.

e. Self-conscious

They are very apprehensive regarding their appearance. It is prudent to provide reassurance to such patients and agree participation as far as feasible in order to establish some responsibility in the final outcome.

3. Uncooperative

They have negative attitude towards treatment and do not feel a need for dentures. They constitute an extremely difficult group of patients to handle.

Many geriatric patients are able to surmount the limitation of denture and develop skills and attitude to function well with dentures. However, some patients tragically fail to cope with this situation and are classed as "**Maladaptive.**" Friedman et al. have described three classes of maladaptive responses to complete dentures.¹⁸

Class 1: Patients who can adapt physically but not emotionally;

Class 2: Patients who cannot adapt physically or emotionally;

Class 3: Patients who cannot and do not wear dentures, who are chronically depressed, and who isolate themselves from society.

Gamer Classification¹⁹

Unlike House classification which includes only dentist's attitude as defining factor of patient's attitude, Gamer classification is based on two factors:

1. Level of Patient's engagement to dentist and treatment procedure along a continuum from totally engaged (++++) to disengaged (+).
2. Patient's willingness level to trust dentist along a continuum from willingness to submit to dentist's recommendation without second thought (++++) to intense reluctance to do anything the dentist recommends.

Conclusion

The overall success of complete denture therapy is dependent on various factors which include general health as well as patient's mental attitude. As senescence progresses, neuromuscular coordination is diminished which causes difficulties in mastication, swallowing, and speaking. Physiological, social and psychological changes deteriorate individual's ability to readily adapt to changes in the mode of life. As rightly quoted by Jamieson "Fitting the personality of the aged patient is often more difficult than fitting the denture to the mouth". Patience and empathy are necessary to tactfully deal with the psychological and emotional factors involved in the treatment of the elderly patient. Thus, it is mandatory to make serious efforts in understanding the mental attitude of geriatric patients to serve them better.

Patient type	Engagement	Willingness to submit (trust)
Ideal	+++ : "I see you as a professional who is in a position to help me, and willingly, I accept you in that capacity."	+++ : "What you say makes sense, but there are some questions I'd appreciate being answered."
Submitter	++++ : "You are the best dentist I've ever had. No, you are the best dentist around. I admire you, idealize you, and think of you in the most glowing terms."	++++ : "You know everything and will never make an error. Therefore, I will submit to whatever you suggest without question."
Reluctant	++ : "Please don't take this personally, but I just don't think you, or any other dentist, is going to be able to help me"	++ : "It isn't you I distrust, but my destiny. Nothing ever works out in my life. Therefore, I will reluctantly follow your instructions, but I doubt this will work."
Indifferent	+ : "I wouldn't even give you a second thought."	+ : "You are a dentist like any dentist, what does it matter whom I see. I will listen and follow instructions, I guess, for now."
Resistant	++++ : "You authority-types are all the same. You expect us patients to just accept what you say. If you think I'm one of those types of patients, you are sadly mistaken. Prepare to be challenged!"	+ : "You've got to be crazy if you think I'm going to do just what you say. I need to grill you to determine that you are not a charlatan!"

References

1. Vivek R and Singh A. Diagnosis and prognosis in complete denture patient – a systematic review. *Indian J Res* 2013; 7:13-20.
2. Nagaraj E, Mankani N, Madalli P, Astekar D. Socioeconomic factors and complete edentulism in North Karnataka population. *J Indian Prosthodont Soc* 2014; 14:24–28.
3. Hegde P, Rodrigues SJ, Shetty T, Pai U and Gupta L. Assessment of the mental attitude of the elderly for prosthodontic treatment - a review of the various classifications. *Int J Humanities Arts Med Sci* 2016; 4:93-100.
4. Mysore AR and Aras MA. Understanding the psychology of geriatric edentulous patients. *Gerodontology* 2012; 29:23–27.
5. DeVan MM. Basic principles in impression making. *J Prosthet Dent* 2005; 3:503–08.
6. Chandrashekar S, Nandakishore KJ, Vinaychandra and Krishna Kumar U. Mental Attitude and Psychological Adaptive Response in Complete Edentulous Patients. *Research and Reviews: J Dent Sci* 2013; 1:34-37.
7. Ravichandran R. Prosthodontic treatment protocol for a geriatric dental patient. *J Indian Prosthodont Soc* 2006; 6:60-62.
8. Choudhary S, Kumar A, Arora H. Correlation of patient's mental attitude with age, sex, and educational level: A survey. *Eur J Dent* 2016; 10:26-28.
9. Zarb, Bolender. *Prosthodontic Treatment for Edentulous Patients*. 12th ed. Elsevier; 2004.
10. Sheldon Winkler. House mental classification system of denture patients: the contribution of Milus M. House. *J Oral Implantol* 2005; 31:301-05.
11. Bandodkar KA, Aras M. Psychological considerations for complete denture patients. *J Indian Prosthodont Soc* 2007; 7:71-73.
12. Rachellea K, Jubhari EH. Patient's mental attitude. *J Dentomaxillofac Sci* 2019; 1:1-5.
13. Gaikwad AV, Singh J, Hazari P, Deshpande S, Babar G, Jain JK. Different classification systems of complete denture patients based on mental attitude: a review. *Int J Oral Care Res* 2015; 29-31.
14. Sheldon Winkler. *Essentials of Complete Denture Prosthodontics*. 2nd ed. Aitbs Publishers; 2013.
15. Charles M. Heartwell. *Syllabus of Complete Dentures*. 4th ed. Lea and Febiger; 1986.
16. John. J. Sharry. *Complete Denture Proathodontics*. 3rd ed. McGraw-Hill; 1974.
17. O'Shea RM, Corah NL, Ayer WA. Dentists' perceptions of the 'good' adult patient: an exploratory study. *J Am Dent Assoc* 1983;106:813-6.
18. Friedman N, Landesman HM, Wexler M. The influences of fear, anxiety, and depression on the patient's adaptive responses to complete dentures. Part III. *J Prosthet Dent* 1988; 59:169-73.
19. Gamer S, Tuch R, Garcia LTMM. House mental classification revisited: intersection of particular patient types and particular dentist's needs. *J Prosthet Dent* 2003;89: 297-298.
20. Jamieson CH. Geriatrics and the denture patient. *J Prosthet Dent* 1958; 8:8-13.