

FEATURE



The Behavioural Influence on a Patient of a Clinician's Choice of Topic-Specific Words

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INTRODUCTION

The aim of periodontal therapy is to keep the inflammatory response below the threshold of bone loss or further bone loss. This is entirely dependent upon us, as clinicians, persuading our patients to take our advice and follow it.¹ If patients don't comply care is undermined.² Thus, the holy grail of any periodontal care is the degree to which our patients comply with oral hygiene instructions because it is of more importance than the choice of any particular treatment method.³ The key to compliance is effective communication.⁴ Yet patients often complain about the inconsistency in the advice given between health care professionals.⁵

CONTEXT

This article and the study it reports were prompted by the fact that, as a periodontal specialist, I receive new patients on a daily basis for the treatment of advanced gum disease. And, although they have previously received multiple courses of periodontal therapy it's relatively common for them not to be able to demonstrate a good understanding of gum disease, the prevalence of which remains static.^{6,7}

My experience suggests that, when patients find it difficult to make the necessary behavioural changes, it is generally for a variety of reasons, including: they do not fully understand periodontal diseases; they do not appreciate the long-term implications and legacy of the disease; they do not entirely recognize the pivotal role of home care; or they are individuals who understand all the advice but do not want to change.

In my practice I take a patient-centred approach and attempt to strike a balance between simply "being nice" and empathetic by engaging my patients in detailed topic-based discussions using topic-specific words.^{8,9,10}

Around 2006, I carefully devised the following statements to explain gum disease to my patients in a way I thought would be most effective^{11,12,13}:

1.

Gum disease is an infection that irreversibly destroys the bone that holds your teeth in place.

2.

When a significant amount of bone has been destroyed, your teeth will feel loose or wobbly.

3.

When insufficient bone remains to support your teeth, they will start to drift or fall out.

However, there appear to be no studies reporting on topic-specific words and their influence on patient understanding, so I conducted one myself.

THE STUDY

I selected 20 of the most common words or phrases from my 30 years of listening to patients and oral health professionals and created a table (Table 1). On the right-hand side of the table I placed a Likert-type scale numbered from 1 to 5. I asked participants to rate each word or phrase by circling one number on the scale to indicate the degree of perceived motivation each offered.



Table 1. Topic-Specific Words/Phrases and the Number of Patients Who Circled Each Score.
The words have been listed in descending order of motivation value.

Word/Phrase	Score Given					Mean Score
	1	2	3	4	5	
<i>Will result in tooth loss</i>	0	0	0	13	87	4.87
<i>Causes bad breath</i>	0	0	0	15	85	4.85
<i>Irreversible</i>	0	0	9	13	78	4.69
<i>Infection</i>	0	0	5	22	73	4.68
<i>May result in tooth loss</i>	0	7	3	25	65	4.48
<i>Will cause bone loss</i>	7	3	4	16	70	4.27
<i>Causes swelling</i>	0	4	16	38	42	4.18
<i>Avoid dentures</i>	0	4	8	55	33	4.17
<i>Causes bleeding</i>	0	8	32	21	39	3.91
<i>May cause bone loss</i>	0	11	18	49	22	3.82
<i>Result in food packing</i>	0	9	31	41	19	3.70
<i>Results from food packing</i>	22	16	22	19	21	3.01
<i>Caused by bacteria</i>	5	44	33	15	3	2.67
<i>Halitosis</i>	18	31	28	15	8	2.64
<i>Irritated gums</i>	18	69	1	10	2	2.09
<i>Affects supporting structures of teeth</i>	57	9	11	18	5	2.05
<i>Periodontitis</i>	53	23	4	11	9	2.00
<i>Gingivitis</i>	55	21	12	7	5	1.86
<i>Inflammation</i>	67	09	13	5	6	1.74
<i>Reversible</i>	69	24	7	0	0	1.38

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I recruited participants from new patients referred to my practice by telling them:

"I am conducting a study in an attempt to identify if some of the words we use when we discuss gum disease with our patients affect their enthusiasm more than other words. Essentially, I want to see if some words create more of a feeling of seriousness and also if some words create a greater feeling of motivation to act on the advice than other words."

Motivation was defined as: "It makes you feel like taking the matter seriously" and "It makes you want to do your part in resolving the matter." Participants were also advised: "What I really want to see is if any of the words makes you feel more like sitting down for 8 to 10 minutes each evening to use floss or interdental brushes or wood sticks to clean in-between your teeth and the margins of your gums."

FINDINGS

One hundred lists were rated between June 2022 and January 2023. The gender demographic of participants was split: 61 females and 39 males. The average age was 57 years; the youngest patient was 18 and the oldest was 77.

A mean score for each word was calculated. Although it was not the original intention, the mean score became known as the "motivation value." The highest score of 5 indicated the word was most likely to motivate the patient; the lowest score of 1 indicated the word was least likely to motivate the patient. Using "Will result in tooth loss" as an example, the mean score was calculated as follows: $(13 \times 4) + (87 \times 5)$ divided by 100 = 4.87.

DISCUSSION

The findings revealed a trend: the more severe sounding words had higher mean scores. This agrees with the consensus that 1) the more immediate and severe the threat, the greater the chance of positive behaviour changes and 2) that patients with mildly threatening problems tend not to comply with their therapists' advice.¹⁴ Worryingly, this trend suggests that some of our patients, irrespective of how we communicate with them, will fail to comply until a stage when tooth loss is inevitable.

*The findings also suggest that, in the opinion of susceptible patients with experience of periodontal diseases, certain words used to describe the disease can change the way they think. This agrees with research carried out by Andrew Newberg and Mark Waldman, in their book **Words Can Change Your Brain**.¹⁵*

CONCLUSION

In respect to increasing compliance, it appears that a possible solution could lie in the creation and use of universal statements as scripts, using the topic-specific words/phrases reported by patients as more encouraging. The scripts could also increase consistency in communication between professionals. I hope that this article stimulates wide-spread debate as to how we communicate with our patients.

