

Communication of dental and oral care in patients with anxiety disorders and bipolar patients in private clinics: Autoethnography

Irwienna Tahar Sejati*, Universitas Indonesia, Depok, West Java, Indonesia

Masyitoh Bashabih, Universitas Indonesia, Depok, West Java, Indonesia

Evi Martha, Universitas Indonesia, Depok, West Java, Indonesia

*Email for Correspondence: irwienna.tahar@ui.ac.id

ABSTRACT

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Mental health disorders are characterized by a variety of psychological, social, and emotional factors. Communication is the main gateway as a determinant of effective treatment, successful treatment, and improvement of the patient's quality of life within the scope of health services. This article is a case series written in Benntuk Autoethnography, a scientific writing that pours out the author's personal experience which is considered a social phenomenon that deserves to be researched. This scientific paper helps dentists, specialists in dentistry, and dental nurses better understand how to communicate with patients who have mental health disorders. This study is expected to provide information regarding optimal treatment outcomes and satisfactory care until the quality of dental and oral health services improves.

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INTRODUCTION

Humans on earth spend at least 70% of time in 24 hours communicating in a variety of ways such as messaging, writing, speaking and listening. My profession as a dentist relies heavily on communication in undergoing treatment actions. Communication is the main gateway as a determinant of effective treatment, successful treatment and improvement of the patient's quality of life within the scope of health services. The competence of dentist in diagnosing a tooth and oral cavity is supported by the ability to communicate effectively to obtain complete information from the anamnesa, and be able to convince the patient to undergo the necessary treatment (Musich & Barrett, 2022). Health communication between dentist and patient is referred to as therapeutic communication which is part of interpersonal communication, this communication focuses on the patient's healing by taking into account the patient's emotional condition, socio-culture and various things that lead to the goal of healing including by providing emotional support and clear information (Mersha et al., 2023).

Unlike general practitioners or specialists who are not in the field of dentistry, consultations can be facilitated by telemedicine, consultations with dentists mostly require face-to-face and intraoral examinations to find out the condition of the disease and plan treatment actions because most cases of dental diseases require immediate action and cannot be cured just by taking medication. It is common for patients to feel more anxious when visiting the dentist, this can be due to bad experiences with pain and lack of previous dental care, sounds produced by tools, the smell of drugs and the shape of medical equipment used, especially treatment actions are carried out in the mouth when the patient is conscious (Stein Duker et al., 2022).

Anxiety can be reduced if the dentist is able to grasp the patient's trust, help reduce his anxiety, educate the patient about the diagnosis, prognosis and treatment plan properly so that the level of anxiety is reduced and the patient is cooperative in undergoing treatment (Szabó et al., 2023). As a dentist, it is an obligation to provide the best service for the community to improve the quality of dental and oral health regardless of background, ethnicity, religion, education and no exception to the mental condition of patients.

The researchers often come to patients with anxiety. At first, the researcher thought it was natural because in the practice room of a dentist there are many sharp tools (Peng et al., 2024). Over time, the researcher received patients with mental disorders with different diagnoses, such as anxiety disorder and bipolar disorder. Patients with mental disorders have many complaints about their teeth and oral cavity due to self-care deficits,

side effects of antidepressant drugs or antipsychosis drugs that cause bruxism, decreased saliva secretion so that it affects the balance of bacteria in the oral cavity bacterial ecosystem and decreased oral hygiene which facilitates the formation of caries, tartar, and periodontal tissue inflammation (Urien et al., 2024). Through them, the researchers learned that in patients who have comorbidities, anxiety disorders, or other mental disorders, the reaction shown at the time of medical action is different from anxiety in general. They may scream, cry, not open their mouths at all or even decide to go home so that different communication approaches are needed in interacting from anamnesis to dental care measures (Abdul-Wasay & Ouanounou, 2024).

During lectures, prospective dentists are equipped with ethics and behavior management but are not equipped with changes in attitudes and decreased ability to interact and communicate with patients with comorbidities of mental and mental disorders. The researchers felt unprepared and anxious when they first handled patients with mental disorders in a private clinic. Questions like, “what if one day I receive a patient with a different psychiatric condition? How should I establish communication in patients with different mental disorders?” There was a high sense of curiosity to explore and understand the approach they should take, and how the communication techniques they used as dentist to communicate effectively with them to provide the best service until the goal of treatment was achieved.

This article is a case series written in Benntuk Autoethnography, a scientific writing that pours out the author's personal experience which is considered a social phenomenon that deserves to be researched. Autoethnography presents an opportunity to write down a further understanding of interpersonal dynamics in a place, organization or community (Kisely, 2016). The aim of this study is twofold: first, it helps readers understand my experience and serves as a model for colleagues and other stakeholders involved in dental and oral health services. Secondly, this scientific paper helps dentists, specialists in dentistry, and dental nurses better understand how to communicate with patients who have mental health disorders. This study is expected to provide information regarding optimal treatment outcomes and satisfactory care until the quality of dental and oral health improves.

METHOD

This journal discusses the use of qualitative research with Autoethnography design, a research method that involves writing down the researcher's experiences and using reflexivity to illustrate the intersection of oneself and society. Autoethnography can be an effective alternative to finding and presenting scientific findings and helps researchers write down strategies for answering specific research questions.

The focus is on communication when dealing with patients with mental disorders, where the dentist must adapt their approach strategy and treatment plan procedures to the patient's psychological condition. Interpersonal communication techniques with a therapeutic approach are used, focusing on the patient's healing by considering their emotional state, socio-cultural factors, and goals of healing.

Dentists must maintain sincerity, ethics, empathy, emotions, and an open mind when treating patients interpersonally. Altruism, which means concern for others' welfare, is essential for dentists to maximize their therapeutic efforts to improve individual health and well-being. When interacting with patients with mental disorders, it is important to show respect, sympathy, and good listening skills. The stigma of society can make it difficult for patients to feel understood and heard, leading to slower speech and slower responses. To overcome this, dentists should be responsive to their patients' needs by reading gestures and body language, reflecting on their words, and responding appropriately.

In a case study, a patient with severe anxiety disorder was treated using deep breathing relaxation, which reduced anxiety and stress, allowing the patient to calm down and understand the procedure. The Tell-Show-Do technique was used to explain the procedure, as the patient expressed fear when looking at the diagnostic tool. In a second case, a mental health specialist was consulted to determine the right treatment plan for bipolar patients. The psychiatrist suggested that the patient consume a mood stabilizer and psychiatric control until their mood stabilized. The communication approach through WhatsApp messages was also helpful in monitoring patient compliance with medication and return visits, increasing patient trust in dentists.

In conclusion, understanding and addressing the needs of patients with mental disorders requires a combination of empathy, empathy, and effective communication. By adopting a proactive approach and utilizing effective communication methods, dentists can better serve their patients and contribute to their overall well-being.

RESULTS AND DISCUSSION

Case 1: Patients with anxiety disorders

The researchers' first experience of dealing with a patient with a mental disorder occurred in 2018, an adult patient, a 20-year-old female, accompanied by her family visited my private practice with complaints of cavities and very sensitive teeth. There was no significant problem at the time of anamnesis and explanation of the treatment plan, but it took a long time for me to start treatment because the patient became anxious the

researchers realized this after the patient sat restlessly in the dental chair, his face turned pale with short, fast, irregular breathing, the patient began to tremble and felt stiffness in his jaw joint so that it was difficult to open his mouth. The patient's reaction raised many questions, making me hesitate to take the next step. The accompanying family said that the patient may have a panic attack. The patient asked to get out of the dental chair to sit together on the sofa, the researchers gave him mineral water and asked if his teeth hurt or what he felt when the pain was about to start? Shortness of breath and panting made the patient unable to answer the questions given, they guided the patient to regulate and exercise the breath (deep breathing technique) together until the patient was calm and able to control his diarrhoea, the patient told them that he suffered from anxiety disorder due to trauma due to a car accident a few years ago and was often triggered by panic attacks when he saw metal and sharp objects. Patients said there was a feeling of cornering, being trapped, unable to move while sitting in a dental chair. The patient also explained that his anxiety increased when he saw sharp objects and it happened when he saw the neatly arranged tools on my tool table.

"The tools on the table are shiny and look very sharp, doc. If the bur tool is it, what will the doctor also use on my teeth?"

The researchers repeated the explanation of the treatment plan and procedures that would be carried out during the treatment but it seemed that the patient could not grasp what they were saying. They grabbed the diagnostic tool from the examination table and asked the patient to hold the tool directly, this is a tell-show-do technique that is often applied to pediatric dentistry. Using a low intonation, they explained the usefulness of the tool one by one and began to persuade to take action to eliminate the patient's complaints. In the end, the patient is willing to sit back in the dental chair, willing to open his mouth and receive treatment until the end of the treatment even though during the treatment procedure the patient continues to close his eyes and his hands tightly grasp the consciousness of the chair hand. The event was a great experience and a great achievement for me at the time, especially after the dental filling procedure was successful and the patient's complaints were addressed. There is something they learned from this, that breathing exercises are very important for patients who are experiencing panic attacks. Breathing exercises make patients calmer and can communicate well.

Case 2: Patients with Bipolar

A 24-year-old adult woman came unaccompanied to the researchers' private practice. Although this was the first time a patient was treated in their practice, but they knew her father and mother who had visited several times for treatment. After filling in all personal data, the patient said that he had used BPJS facilities at the hospital but was only asked for an X-ray and no action had been taken. The patient presented a periapical X-ray in which the complaint was that the first molar tooth of the right lower jaw had a large cavity, pain and swollen gums. The researchers interpreted the X-ray photos while the anamnesis was asked and answered to gather information before the intraoral examination. The patient answered his role completely, but he spoke quite quickly, so they had a hard time grasping the meaning of his answer. Aside from talking too fast, there is little difficulty in directing the conversation because the patient seems to be unfocused and wants the examination to be completed quickly. They asked if there were any antibiotics taken before. In their opinion, this is important to determine treatment, but the patient answers indifferently and stubbornly. They repeated the question to get a clearer answer, the patient was silent and looked at them intently.

"There are so many questions, doc! You can just check it right away, right?"

Surprised? Yes. They repeated it once again, this time with a different celebration. They asked if there were any medications that were consumed regularly. They give the example of hypertension and diabetes mellitus medicine, the patient shakes his head saying that there is no history of hypertension or diabetes mellitus.

"I don't take drugs like that, doc. But I used to take mood stabilizers, but I don't anymore. Does it affect the condition of my teeth?"

They were relieved to find out what was causing the communication to be quite difficult and the mood swings so quickly, even though the patient thought my question was related to his dental health. When explaining the treatment plan and treatment, they try to maintain his focus by using pictures and phantom but it is not enough to make the patient focus concentrate on my explanation. Their last attempt was to use a video accessed from the internet. This step succeeded in making the patient focus and understand the condition of their teeth. Patients begin to open up and give more information, including medications taken previously. The first visit was only to do debridement, the extraction action could not be done because from the X-ray photos there was still inflammation in the periodontal tissue. The patient gave a prescription along with an explanation of the rules for taking medication according to the type. They asked the patient to repeat my explanation to know that my message was well understood. Not satisfied with the answer, they gave the patient a business card so that they could contact if they wanted to ask about the rules for taking medicine. An hour before the medication schedule they sent a message containing a medication schedule and rules as well as advice to create

a medication reminder with an alarm, the patient replied to my message by saying that in the next few days he would send a message as a report that he had taken medication.

The next visit is the tooth extraction schedule, the patient comes accompanied by his parents. Before the researchers' action reviewed the medication that had to be spent, the patient admitted that he had consumed the drug according to the rules. The patient's parents explained that in 2016 their son received a diagnosis of bipolar type II by a mental health specialist with Risperidone therapy and mood stabilizers. The withdrawal action began, there was no anxiety that made it difficult when administering anesthesia with the mandibular block technique, they worked quietly until in the middle of the withdrawal the patient cried and made them stop the activity. They did a sensitivity test on the anesthetized area, all still felt numb and there were no pain complaints from the patient.

"I'm sorry, doc. Suddenly I was very sad. Can the action be postponed? I just want to go home".

They tried to calm the patient and explain that if it was delayed, the wound to the gums and pain to the jaw would be very painful. However, the patient was forced to go home because he could not stop crying and his chest felt tight, in the end the procedure was postponed and they advised the patient's parents to communicate with the psychiatrist first before the next visit. On another occasion, the patient contacted them to tell me that he was consulting a psychiatrist, they took the initiative to ask to be connected by phone to discuss further about the patient's psychiatric condition. It is known that the patient did not come to control for a long time, so the mental health doctor suggested that dental treatment be carried out after the patient was declared stable.

The researchers monitor patients periodically through Whatsapp to ask about the condition of their teeth and emotional stability. After 2 weeks of outpatient treatment with a mental health specialist, the patient returned with a more stable mood, more focused in communicating and the treatment went without any problems. In addition, communication carried out through mobile phones has been proven to be able to increase medication compliance and interprofessional communication with psychiatrists, making dental care for bipolar patients more comfortable and optimal.

Discussion

This case series describes 2 scenarios the researchers experienced in a private practice, featuring several incidents regarding communication difficulties in patients with psychiatric disorders and communication management that they used during dental care. A private dentist practice is a health service unit that provides treatment and dental care for the wider community, especially for the community around the practice location that provides services regardless of ethnicity, religion, culture, including psychiatric conditions.

The relationship between oral health conditions and mental health status is very close. On the one hand, almost 1.5% of dental clinic patients feel anxiety and on the other hand, many patients feel that a visit to the dentist can cause phobias, especially if it is related to pain caused by caries or oral cavity disease, as well as pain caused by actions taken by the dentist during treatment. The perception of pain may increase and worsen due to anxiety or depression, although the pathology of the disease does not cause serious pain. One example of somatic symptoms due to anxiety or depression is burning mouth syndrome, where patients feel a burning sensation in the oral cavity that is clinically healthy and not problematic (Kisely, 2016; Tang et al., 2022). There is a link between depression and pain, depression increases headaches, neck, shoulder and abdominal pain (Tang et al., 2022).

In patients with mental disorders, impaired saliva secretion can have a bad effect on the patient's health. It is most commonly associated with the use of anticholinergic drugs. The most common disorder is inhibition of saliva secretion, this is due to the antipsychotic pharmacotherapy received by the patient. Patients with mental disorders do not always care about their health and personal hygiene especially in times of depression and mania, this includes oral hygiene. Their dental health status is poor compared to mentally healthy people. It is also a result of an irregular and unhealthy diet and the frequency of smoking habits. According to research, only 42% of patients with mental disorders brush their teeth regularly (at least twice a day). This poor dental health causes patients to experience impaired chewing function. Neglect of oral health care in patients with mental disorders or other psychotic disorders is caused by decreased cognitive function, making it difficult for patients to take care of their teeth (Palmier-Claus et al., 2019).

There is a self-care deficiency in patients with mental disorders where the patient experiences a decrease in the ability to complete routine life activities independently. Patients do not feel the need to clean themselves, shower regularly, brush their teeth and dress cleanly. This is a symptom of negative behavior that makes sufferers often shunned and ostracized (Laia & Pardede, 2022; Putri et al., 2022).

Ethnic

Many Indonesian people still believe that the cause of mental disorders is a supernatural factor, that the change in attitude that occurs in people with mental disorders (ODGJ) and people with mental disorders

(ODGM) is the involvement of spirit beings. So that finally the treatment provided by the family for the sufferer is in the form of rukyah, and the treatment carried out by the shaman so that many treatment steps are inappropriate and do not give the desired results (Putri et al., 2022). This stigma and understanding of the supernatural makes the patient's family reluctant to bring the patient for medical treatment. Some of them believe that mental disorders are a family disgrace that cannot be treated or cannot be cured so they choose to lock their family in the house or if it hurts themselves or others then the family chooses to lock them in the house (Dewi et al., 2020).

Mental disorders caused by environmental factors often go unnoticed starting from a person's closest scope, namely family. Parents who are too harsh on their children, too demanding and unable to tolerate will greatly affect children's mental health. Lately, there have been many news of children attempting suicide or becoming suicide victims. This requires parents to understand children's mental health from an early age because parents who have a risk of mental disorders will have a real impact on their children's development because early childhood is in a period of growth and development that is very high risk of being affected by environmental factors. Sensitive and gentle parental behavior when parenting children has a positive impact and influence on children's mental development (Levi, 2023). Children who are cared for by parents with mental disorders tend to experience mental health issues, poor academic grades, learning difficulties, and low social skills (Mabunda et al., 2023).

CONCLUSION

Communication increases safety for patients because only with quality communication can doctors understand the patient's wishes and patients are able to understand the treatment plan and commit to living it according to the information, doctors show a supportive and non-judgmental attitude. Communication adjustments to each patient are made based on the evaluation during the anamnesis and the patient's report regarding his or her psychiatric condition, the dentist must always be responsive in reading expressions, body language and assessing the patient's communication skills if there are obstacles that are potential for treatment failure, the dentist can take quick steps at the beginning of the visit. The most important thing is cross-professional cooperation between dentists and mental disease specialists. The dentist needs to ask about the patient's actual psychiatric condition, and the psychiatric medication that is being taken. Good communication between these professions can increase patient trust, protect patients and doctors from medical errors that may occur due to ineffective communication such as drug allergic reactions, errors in drug consumption rules and non-compliance in undergoing treatment that results in dental care failure.

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