Editorial

It's all in the sequence: Management of oral disease

Once upon a time, the management of oral disease consisted of filling cavities, cleaning teeth, extracting "bad" teeth, and sometimes making various sorts of replacements for the extracted teeth. In today's world, that sort of limited, mechanical approach can bring a dentist to ruin.

Not only are people around the world living longer, but they are retaining their teeth and have increasing expectations for health, function, and appearance. Concurrently, various systemic diseases may occur with the attending pharmaceutical and comanagement implications. The type of patient-centered oral health care we deliver today is based on the assessments we discussed last month. Successful modern practice demands excellent care for patients of all ages, emphasizes prevention of disease, and supports well-being in both systemic and oral aspects of our patients' lives. We now better understand that the outcome of our management of soft and hard oral tissues is in large part dependent on both the local and systemic conditions of the patients we treat.

Competent management of oral disease simply demands that *all* factors that may negatively impact oral health be recognized and either eliminated or controlled. No oral examination and assessment can be considered adequate unless it identifies those factors. Anything that is capable of either causing or contributing to diminished oral health must be *recognized* at the assessment phase of sequential patient care and *eliminated or controlled* at the disease management phase.

A critical part of managing these factors is patient education, because in the management phase we are preparing our patients to assume responsibility for maintenance of health. Our responsibility as attending doctors during the management phase is to insure that our patients understand their *risk factors* for oral disease and disharmony.

The major items to be considered during the management of disease phase are:

1. Patient education about the cause, course, and treatment of oral disease
2. Individualized instruction in home care and healthy lifestyle strategies
3. Adequate attention to *customized* control of pain and anxiety, using all appropriate modalities to insure a comfortable, cooperative patient at all times
4. Preparation of the entire staff to recognize and manage dental and/or medical emergencies in the office
5. Adequate management of stomatologic conditions
6. Adequate management of caries and its sequela
7. Adequate management of periodontal diseases
8. Adequate management of pulpal and periradicular diseases
9. Adequate management of conditions requiring surgical intervention
10. Adequate management of occlusal and temporomandibular disorders
11. Adequate management of orthodontic conditions

Each of these general categories has been thoroughly discussed in multiple texts, so the purpose of this list is to serve as a self-assessment tool. Uncertainty about any of the listed areas indicates the need for review and study, the constant companions of all doctors.

At the conclusion of the management phase of patient therapy, all factors contributing to oral disharmony of any sort will have been considered and dealt with. Provisional restorations will have been placed in an occlusal relation that restores proper vertical, speech, and rest dimensions of occlusion. All infections and pain will have been eliminated. The patient will have the knowledge to discuss a mutually agreed-upon treatment approach and will be willing to enter a phase of health maintenance. During this phase, the patient is expected to demonstrate adequate levels of compliance to insure that the final restorative therapies have the best chance of long-term survival. Once the goals of health maintenance are agreed to and valued by the patients, definitive treatment can begin.

Next month we will discuss how patients must assist in developing strategies that reduce risk and culminate in an individualized definitive treatment plan.

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