Research Article

“Psychological, communicative and relational aspects in antiresorptive drug therapy”

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Communicating effectively is the basis of any therapeutic intervention. Achieving results in the treatment process with cancer patients on antiresorptive drug therapy is even more important for their well-being. To make these two aspects work it is necessary to use emotional communication in dentistry.

BACKGROUND: to ensure the correct care of patient in therapy with drugs associated with the risk of ONJ, it is necessary to define the methods about service care, the management of access, the therapeutic program including clear indications, and a follow-up program.

The minimum standard must include, in addition to the presence in the staff of the dentist and the dental hygienist, procedures/protocols about methods of intervention in cancer patients:

- who will have to take bisphosphonates;

- taking bisphosphonates and have no symptoms

- taking bisphosphonates and have symptoms

These conditions cause a series of thoughts and emotional states with a strong impact on health in patient with cancer. Needs, motivations, and awareness are affected and impacted on the patient's Quality of Life, which is also greatly affected by adherence to the intake of antiresorptive drugs. The aim of this work is to evaluate these aspects to facilitate the communicative approach in the dental field to enhance the care relationship.

METHODS: The relationship of care with the cancer patient must be centered on the patient by embracing the bio-psycho-social relational model, in stark contrast to the anachronistic classic

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biomedical model, which focuses only on the disease. The dentist and the dental hygienist focus on the sphere of Illness, or on how the patient "experiences and live" the pathology and how it impacts the personal Quality of Life. By investigating the patient's wishes, fears, expectations, the operator has the opportunity to agree on the treatment plan by acting as a guide and ally, rather than authoritarian and as the sole repository of knowledge. This allows to know and tune in on the individual psychological characteristics of the patient and allows him to develop an awareness of the probable oral-dental problems related to the disease.

The care relationship thus set up exploits the potential of emotional communication as a meeting point between patient and dental operator.

RESULTS: The patient feels recognized even more as a human than as a sick person; he feels directly involved in the treatment process and from a health-promoting perspective actively participates in the co-construction of health. Emotional communication, therefore, allows creating a therapeutic alliance with the patient, who feels more motivated to have lifestyles and habits aimed at guaranteeing a higher level of Quality of Life, to implement better control of bacterial plaque, to respect the recall, and to take pharmacological therapy.

CONCLUSIONS: The rapport built by the therapists is important to increase the oncological patient’s wellness ad allows the ability to use his resources to deal with the disease. Emotional communication in dentistry is a valid tool to motivate the patient to build rapport.

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