

## Keeping on the right side of the tracks

Managing the expectations of adults seeking orthodontic work brings its own challenges.



Since the 1960s, there has been a steady increase in the number of adult patients seeking orthodontic treatment. Whilst adults and adolescents may have exactly the same reasons for seeking treatment, the younger patients may not be quite as emotionally involved in the process. Adults should have a better understanding of the treatment processes and usually realistic expectations. However, underlying insecurities about appearance and other psychosocial factors may lead to a complex set of unrecognised and abnormal expectations. Careful consideration has to be given to the reasons for seeking such treatment, especially when the reasons may be improved appearance with the perception that there may be rewards that are unrealistic or unattainable. Adults also expect that treatment will be unnoticeable to family and work colleagues in order that they may continue confidently in their usual daily activities without embarrassment. For some, this is achievable by the use of ceramic

brackets, or the placement of a lingually attached appliance or series of clear aligners, which will assist the creation of a positive perception in the wearer's mind. Some adults will wear an appliance as a badge of honour: others will live in total embarrassment.

As there is a limited possibility of skeletal change or growth in adult patients, without surgical intervention, it is often necessary to present treatment on the basis that extractions may be required to create space to unravel crowded teeth, or for enameloplasty in the form of interproximal stripping. In other instances, opening spaces to prepare for the replacement of a previously extracted tooth with an implant or a bridge, and addressing periodontal issues, pathologic occlusions and temporomandibular joint dysfunction matters may be part of the advantages of orthodontic treatment.

Adults who commit themselves to an orthodontic treatment plan will have done so after a lot of thought and they are usually very compliant and co-operative with treatment, but be aware they may scrutinise every tiny tooth movement that occurs between appointments. This 'expert' patient becomes more aware of his/her occlusion and the operator must be prepared to manage more questions and an additional number of 'tweaks' to the treatment plan in order to satisfy his/her patient's expectations. It is important to therefore spend time at the outset to ensure that a comprehensive assessment is undertaken to elicit any problems that may arise and the patient's motivation for treatment. An inexperienced clinician may not be able to identify these hidden problems and



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A closer analysis of the cases reported revealed that the underlying causes were little different to other orthodontic cases and include:

- failures in case assessment, diagnosis and treatment planning;
- poor records;
- lack of detail demonstrating the deficiencies in the consent process, especially in relation to discussing alternative treatment approaches;
- lack of foundation knowledge, inexperience and a failure to anticipate and recognise problems;
- failure to recognise the absence of space to move teeth, and explain what is involved with interproximal reduction (IPR) and the risks it carries;
- failure to manage the patient's expectations – perhaps overselling the benefits of clear aligners without stressing the limitations of the product;

- failure to include the possibility of the need for some fixed appliance therapy to obtain the best possible final outcome in terms of root position and stability;
- failure to include and predict the need for long-term retention, including fixed retention;
- failure of a clinician with little foundation knowledge in orthodontic treatment and biomechanics to challenge the decision to alter a treatment plan made by a remote laboratory; and,
- patient compliance – the success of clear aligner treatment relies on consistent wear of the appliance for the prescribed time. Patients who fail to meet this target may wish to progress to the next aligner in the series without the inexperienced clinician recognising that predicted tooth movement has not been achieved. The experienced clinician will recognise it immediately and amend the treatment plan accordingly.

try to transfer the blame for the lack of progress back onto the patient. This creates tension and frustration for both operator and patient, the patient questioning the competence of the operator/clinician at every turn.

### Unmet expectations

Adults seeking orthodontic treatment, especially those in middle age, are presenting for a costly, uncomfortable, time-consuming and potentially embarrassing course of treatment. They fully realise that they will have to make significant sacrifices, and may have unrealistic expectations that the resultant straighter teeth may not meet. It is important to realise that teeth move slower in adults and sometimes previously forecasted results can be impossible to achieve. The inexperienced clinician who lacks understanding of biomechanics and what can and cannot be achieved, will be unable to take a patient fully through the consent process, and may encounter rather fiery discussions with their patients.

### Clear aligner techniques

The use of clear positioning devices for minor localised tooth movements is not new but developments in data technology, 3D printing, and other technology have facilitated novel techniques for the movement of teeth. Commercial pressures have made these techniques available to all levels of experience within the dental profession, and have proved particularly attractive to non-specialists who may have limited formal training or experience in orthodontics. One serious disadvantage is that the treatment plan and the series of aligners are formulated for the practitioner, usually at a laboratory, and the practitioner may have little input into the treatment aims and appliance design.

Recent studies by Dental Protection indicate that claims arising from orthodontics are increasing, with a significant number relating to adult patients treated with aligner systems.

Additional risks are introduced when the clinician is reliant on computer software and the remote technician who designs and constructs the aligners. If that service originates outside the EU, the risks associated with teledentistry should be considered (Search for 'teledentistry' at dentalprotection.org).

### Quick and short-term orthodontic techniques

Short-term orthodontic systems are attractive to patients with their promise of a quick fix to improve the alignment of teeth. The treatment will straighten

anterior teeth, but has little effect on any underlying malocclusion that may contribute to long-term instability.

The short-term systems are attractive to clinicians for the same reasons as the clear aligners systems, in that they provide in-house orthodontic treatments with a minimum of training. Complaints often arise because the expectations of the patients are unmet or the treatment becomes extended because the case was assessed incorrectly or inadequately prior to starting treatment.

### Branded consent forms

Appliance manufacturers usually provide a generic 'consent form', which is often relied upon by practitioners to demonstrate that consent is valid. However, at best these forms may be viewed as general information sheets and they can only form part of the evidence to show that consent is valid. It is the record of the discussions with the patient that are crucial to demonstrate that the specific issues, options and risks for a patient have been explained as part of the consent process.

### Fees

In all aspects of dentistry, fees will be the focus of complaints if a full and complete explanation of the fee structure is not provided to the patient prior to the commencement of the treatment. The aligner and short-term plans involve laboratory costs that must be factored into the costs of the treatment.

Many specialists provide their treatment using progressive payment plans and are able to use a formula to apportion the total fee based on diagnosis, active treatment and retention components. Any transfer of care will be accommodated by the original and new provider, without interruption to treatment of the patient and without a complaint about fees or additional costs. It is necessary to forewarn the patient of any imminent changes to staffing and to put in place solid arrangements for the continuation of treatment and fees. If the patient is moving prior to the conclusion of the treatment, similar arrangements for fees will be necessary, as well as a referral to another clinician with experience in the system being used who is prepared to take over the case. Such events will usually test the quality of the records and the professionalism of the practice.

*Log on to [dentalprotection.org/Prism](http://dentalprotection.org/Prism) for resources to reduce orthodontic risks to help you achieve best practice.*