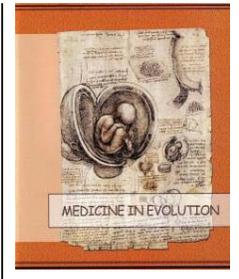


The importance given to anamnesis in the dental office: a self-evaluation questionnaire



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Abstract

The anamnesis is the first and one of the most important stages in the clinical examination and represents the totality of the information obtained by the doctor in order to establish the diagnosis. The purpose of this study is to assess the importance given by dentists to the patient's medical history, given that many of the general conditions and their treatments can negatively interfere with dental treatment. To conduct this study, a questionnaire was applied that included 10 closed questions to assess how the dentist gives due importance and how he realises the patient's medical history. The way of making the medical history differs from doctor to doctor both in terms of its frequency and in terms of its attainment and storage. A well-conducted anamnesis, with special attention to the patient's health problems and his particularities, an adequate attitude to his psychological pattern, are some of the conditions of a quality treatment.

Keywords: anamnesis, dentist, treatment.

INTRODUCTION

Among the medical branches, dentistry occupies a well-defined place, with a significant importance in the terms of workload, time and value of the results obtained, with a logical classification in the wider sphere of general health of patients, this is way it appears normal and necessary to remove the therapeutic maneuvers specific to this field from the area of random and empirical, followed by their thorough and rigorous substantiation on modern scientific bases. The dental treatment plan must be individualized, in relation to the general medical conditions of the patient, whose presence can be established using data that the doctor can obtain through a judicious anamnesis and a rigorous, objective, complex and complete clinical examination. There is a need for a multidisciplinary therapeutic approach, working in a medical team, delegating certain responsibilities to a specially trained and competent staff, collaborating with the general practitioner and other specialties (as appropriate), which manages the evolution of patients' general ailments. [1]

Anamnesis varies in their dept and focus. Systemic, familiar, dental, present, sexual, social (occupation, drug use) are types of anamnesis.[2] Taking a medical history in dentistry is an important tool in the detection of medical problems of patients. Assessment of the patient's general health before any dental approach is necessary to identify any systemic conditions, which may affect treatment procedure and allow the dentist to evaluate the risks and reduce possible complications. The purpose of dental treatment is to satisfy patient's needs. The success of the treatment is built upon careful medical anamnesis taken with a clinical examination for diagnosis of the problem that has been presented. Anamnesis is not only a wise approach to medical history but also, it is essential for the establishment of a successful dentist-patient relationship. If dentist cannot take a detailed anamnesis, an accurate diagnosis cannot be formulated and dental treatment may increase the risk of acute medical complications. Therefore, well-kept medical history is important for ethical and legal aspects in dentistry. Dentists always must avoid harm to the patient and establish a balance with the helpful principles. This situation is not just a legal responsibility, but also an ethical principle. The well-compatibility between dentists, patients and their relatives protects the dentist from possible difficulties. The purpose of this article is to describe the significance level of taking anamnesis among dentists and getting the knowledge, attitudes and behaviors, and to emphasize the importance of dental education with a specific questionnaire. [1]

The assessment of the patient's general health before any dental approach is necessary to identify any systemic condition, which may affect the treatment procedure and allow the dentist to assess the risks and reduce possible complications. The purpose of dental treatment is to meet the needs of the patient. The success of the treatment is based on a careful medical history, through a detailed clinical examination, to diagnose the problem presented. The anamnesis is not only a wise approach to the medical history, it is essential for establishing a successful relationship between dentist and patient. If the dentist cannot make a detailed history, an accurate diagnosis cannot be made and the dental treatment may increase the risk of acute complications. Therefore, the well-established medical history through the correct and careful anamnesis, is important for ethical and legal aspects in dentistry. Dentists should always avoid exposing risks to the patient and strike a balance with useful principles. This situation is not only a legal responsibility, but also an ethical principle. Compatibility between dentists, patients and their relatives protects the dentist from possible ethical difficulties. [2]

The dental treatment of a patient seems to be a common thing, as well as the diagnosis of most oral diseases presented by him, but in reality any patient, especially those with special needs, the elderly, anxious patients, with behavioral deviations, etc. , can always become the victim of incidents, accidents, complications of treatment, if the dentist ignores the individualized aspect of his behavior in relation with the patient. [3] Prevention of any discomfort during treatment becomes a achievable necessity through thorough clinical

examination, done with tact and intelligence, through a set of questions as simple and explicit as possible, which are able to highlight possible health problems of the patient and allow the correct diagnosis of the condition.

The assessment of medical risks in patients with special medical needs with various systemic diseases, multiple disorders or severe physical and / or mental disabilities, requires the dentist, in addition to thorough medical and pharmacological knowledge, to collaborate on the basis of medical letters with the patient's current doctor.[4] With these patients we need a thorough knowledge of the oral impact of their underlying disease and must provide dental care that does not adversely affect their overall health. Adequate means and staff are needed to provide specific and comprehensive management in these cases. Before starting any dental treatment, we need a correct history, medical records and multidisciplinary interconsultation reports to know as much as possible about the patient's medical history. In this context, the hospital environment offers the advantage of access to electronic medical records and data referring to any additional tests that may have been performed. The medical risk should also be assessed before initiating any treatment in these patients. In this regard, we use the ASA scoring system developed by the American Society of Anesthetics This classification takes into account 6 scores depending on the patient's underlying disease. In the present days, patients who present in the dental office may be in a preventive treatment that it is not of interest to the dentist or patient, but which may have a major impact in the context of routine treatment. [4,5] The treatment of osteoporosis with bisphosphonates, although not considered by the patient as a direct-link treatment to the oral cavity, can lead to huge losses in the oro-dental area if not correctly evaluated. Oral bisphosphonates are often recommended for the treatment and prophylaxis of osteoporosis in women, but harmful interference with tooth extraction is often overlooked. [6] The medical dosage of bisphosphonates in the medical evaluation of the patient must be very well known and controlled. [7] Anticoagulants are very often administered in various cardiovascular pathologies. These are common among the population and can cause complications during dental treatment. The large number of drugs that are recommended to prevent or maintain the well-being of patients sometimes dramatically interfere with dental work. [8,9]

The purpose of this study is to evaluate the importance given by dentists in western Romania to the anamnesis of the patient or his medical history, given that a large part of general ailments and their treatments can negatively interfere with dental treatment.

MATERIAL AND METHODS

I addressed a questionnaire to all dentists participating in a conference in western Romania. Out of the total number of participants, only 267 dentists agreed to answer the questions. 2% of the questionnaires were excluded due to partial completion or multiple checking of the answers, the study being a transversal one of correlational, observational type.

The questionnaire includes 10 closed questions to evaluate how the dentist gives due importance and anamnesis of the patient before any dental treatment, but also the connection he has with the patient's general doctor for medical consultation.

The questionnaire was validated by a study on a group of 30 dentists, the value of the Cronbach alfa index being 0.936, which is a good value compared to the threshold required (0.700) to validate the application of this questionnaire.

The questionnaire was distributed by a single person, and the subjects were not allowed to consult any information during its completion.

RESULTS

The anamnesis differs from doctor to doctor, regarding its details. Only 86.3% perform a direct and detailed discussion necessary to prepare a complete medical history. The completion of the file with all the details obtained from the patient's medical history is performed by 74%, the rest notes only the main ailments. When asked if a detailed history of the patient is made at the beginning of each session, the relative frequency of answers was 83.2% positive and 16.8% negative. In this study group, only 31.3% performed the anamnesis at each meeting, taking into account the possible changes in the health status of patients between sessions.

These percentages suggest that the anamnesis is performed carefully (74%) only at the first visit to the dentist, although the patient's health may change during the treatment period.

The interdisciplinarity of dentist-family doctor is a priority for 59.9%, the remaining 40.1% considering the data about the family doctor unimportant. Even if approximately 60% of the surveyed dentists write down the number and name of the family doctor, only 33.2% contact him. This highlights the dentist's lack of interest in the interdisciplinary treatment of patients. Although the relationship between the dentist and the family doctor should be open, only 42.4% of family doctors give data about patients to dentists, while 57.6% of dentists fail to obtain data from them.

Patients' medical histories should be recorded to maintain the details provided over time, but there are 22.1% of dentists who maintain the information provided only in verbal form.

Completing a guided questionnaire on devices and systems is beneficial for the patient to remember all the ailments he suffers from, so 71% of dentists apply a standard form. The use of standardized forms for medical conditions is important because it provides questions related to all devices and systems, the statement is at their own risk, but at the same time the doctor must ensure that the patient understood all the questions and provided the correct answers.

Table 1. Results obtained in the evaluation questionnaire (percentage/number)

QUESTION	YES %	NO %
At the beginning of each intervention do you perform the detailed anamnesis of the patient?	83,21% (218)	16,79% (44)
Is the anamnesis performed at each session or only at the initial session?	31,30% (82)	68,7% (180)
Is the anamnesis made following direct discussions with the patient?	86,3% (226)	13,7% (36)
Is the result of the anamnesis recorded in the file with all the details or with only those that are considered relevant?	74,05% (194)	25,95% (68)
Do you ask for the family doctor's name and phone number?	59,92% (157)	40,08% (105)
Do you contact the family doctor?	33,21% (87)	66,79% (175)
Does the family doctor give you information from patients' medical letters?	42,4% (111)	57,6% (151)
The anamnesis is a verbal information	36,64% (96)	63,36% (166)
Is the anamnesis a written information ? (the doctor writes down all the information provided by the patient in the file)	77,86% (204)	22,14 (58)
Does the patient complete a detailed questionnaire regarding his state of health (guided answers on devices and systems)?	70,99% (186)	29,01% (76)

DISCUSSIONS

The importance of making a detailed anamnesis is very high, the whole therapeutic act depends on its proper preparation. The patient's history should be carefully prepared and updated at each session. [10,11] In this study, 16.8% of dentists do not perform the anamnesis and only 31.3% perform it at each session, taking into account any changes in the health of patients between sessions. The patient's history is obtained following direct discussions with him. In this study, the vast majority of dentists want to get all the necessary details, observations that they can, which through a questionnaire, can be omitted. The patient's file should not only contain the main conditions, because the details can be forgotten. Interdisciplinarity is the key to achieving an appropriate treatment plan, a fact that is aware of only about 60% of dentists in the study group, who are asking patients for the name and contact details of the family doctor. Of those who retain the doctor's data, only half contact him to discuss patients' health problems and the implications of these conditions. The foundations of interdisciplinarity must be laid by both sides, dentists and family doctors. In this study only 42% of family doctors want to provide data on the health of patients.

The way of making the anamnesis differs, some of the dentists perform an interrogation, and the information obtained is noted in the file with all the details or only those that they consider relevant. Other doctors apply a questionnaire, and others consider that only verbal communication is sufficient, without noting the data received.[12] Completing a guided questionnaire on devices and systems is beneficial for the patient to remember all the ailments he suffers from, so 71% of dentists apply a standard form.

The variety of patients who come to us for a specialized treatment is very large, age, sex, degree of medical training, eating habits, profession, general pathology they present, being just some of these variables. Each patient is a specific entity, and the permanent renewal of knowledge in the medical, biological, pharmacological, rapidly changing and permanent treatment methodology, its local and general implications, the patient's physical and biological condition, his individualized behavior, according to its education and other variables, requires individualized management.[12]

Risk assessment in patients with dental conditions is of the utmost importance in routine practice in the office. The aim of our work was to assess the risk of general accidents before, during or after the usual dental treatment, which is difficult to achieve due to the multitude of factors that must be taken into account.

CONCLUSIONS

A well-conducted anamnesis, with special attention to the patient's health problems and his particularities, an attitude adequate to his psychological pattern, are some of the conditions of a quality treatment. The patient's health correlates with his quality of life and has a major role on a personal level, on the decision on the treatment plan and is a tool for understanding and outlining the clinical practice of the success of the therapeutic act. Most dentists in western Romania (71%) prefer the standardized questionnaire to investigate the patient's medical history, but there are still a large number of doctors (16.8%) who do not perform the patient's medical history or do not perform it systematically. Although most doctors (86.3%) state that they perform the anamnesis through a direct discussion WITH THE PATIENT, then 70.99% state that the patient completes the medical questionnaire, so the doctor is based on the patient's medical knowledge and at the same time only 33.3% of doctors dentists contact the patient's family doctor for interdisciplinary consultation of the patient and verification of medical data. Dentists in western Romania (74%) say that they make a detailed history of the patient only at the first visit to the dentist's office without taking into account the fact that over time the state of health may change.

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