

# UNDERSTANDING PERIODONTAL TREATMENT ACCEPTANCE



In August 2017, OraPharma conducted its latest survey of dental patients. Respondents were composed of 300 adult patients who had had a dental appointment within the past 9 months. 88% of respondents (n=264) were diagnosed with periodontal disease during their visit.<sup>1</sup>

## SURVEY GOALS

To better understand how acceptance of treatment is influenced by factors including:

- Cost and the perception of treatment value
- A patient's clear understanding of the diagnosis
- The risks associated with not treating
- The importance of trust in the professional/patient relationship

## COST AND TREATMENT ACCEPTANCE

There is a common perception that cost can be a major barrier for many patients. While this may be true for some patients, cost overall is not as strong a factor as may be believed. In fact, it only ranked #5 out of a series of factors weighed when accepting treatment.

The top 2 factors were:

1. Trust of their DHCP
2. Understanding the consequences of NOT undergoing treatment

This was consistent when considering outside factors such as household income and out-of-pocket costs.

In fact, patients placed a high value on what they would pay to avoid having to lose a tooth—with an average of **\$591**. This went even higher when looking at the subset that was diagnosed with periodontal disease or symptoms of periodontal disease—which was **\$633**, on average (median \$300).

## INVESTING TIME TO EDUCATE PATIENTS INCREASES PATIENT TREATMENT ACCEPTANCE

Cost was less of a barrier among patients that had a clear understanding of the diagnosis and the importance of treatment. Understanding the consequences of not performing treatment ranked second out of the factors that influence treatment decisions. Understanding the treatment and understanding the diagnosis were third and fourth, respectively.

Patients need to know what the diagnosis is, but also understand the prognosis (including oral health issues and possible long-term treatment costs) in order to see the value in treatment and have confidence that they are making the most informed decision.

## SURVEY CONCLUSION HIGHLIGHTS

Many physicians worry about their patients' reactions to the time and costs associated with perio treatment. Here's what the survey results show us about which factors influence treatment decisions the most:

- Not losing their teeth is a major concern for patients
- Cost only ranked #5 as a decision influencer. Trust of their DHCP and Understanding Consequences were ranked #1 and #2, respectively.
- Time invested in patient education results in greater treatment acceptance
- Patients trust dentists to do what's best for them

## FACTORS IN ACCEPTING TREATMENT

- #1 Trust of their DHCP
- #2 Understanding the consequences of NOT undergoing treatment
- #3 Understanding of the recommended treatment
- #4 Understanding of the diagnosis
- #5 Cost of the recommended treatment
- #6 Comfort of the treatment procedure
- #7 Length of time for treatment

## COST REMAINS AT #5 ACROSS INCOME LEVELS

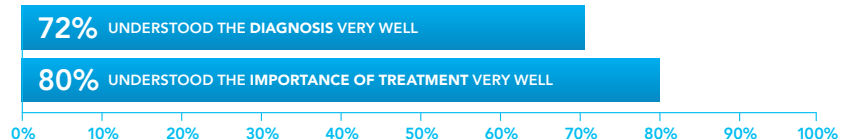
Household income < \$50,000: #5 Cost of recommended treatment  
Household income > \$100,000: #5 Cost of recommended treatment

## VALUE FOR AVOIDANCE OF TOOTH EXTRACTION

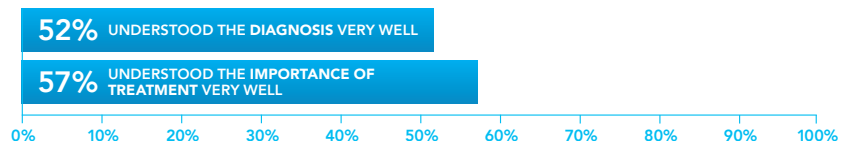
When patients were asked to assign a maximum dollar value to avoid tooth extraction, the mean value was \$633, and the median value was \$300.



## ACCEPTED COST OF TREATMENT



## REJECTED COST OF TREATMENT



Factors that can improve understanding of the diagnosis and treatment recommendations (from patients for whom cost was a concern) were:

- Not feeling rushed/having more discussion time
- Receiving more information/specifics about diagnosis
- Having options to manage the treatment costs



Of those rejecting treatment, only **52%** fully understood that gum disease is a bacterial infection.

## PATIENTS TRUST THEIR DENTISTS & HYGIENISTS TO DO WHAT'S BEST

The top factor patients chose when accepting treatment recommendations was trust of their DHCP. Patients consider their health care professionals to be partners, and look to them to confidently provide the necessary information for them to make an informed decision.



Trust of their DHCP is the top factor influencing treatment acceptance.

## DISCUSSION AND KEY TAKEAWAYS

- **Don't assume that patients aren't willing to pay for treatment, even if treatment costs may be high.** Helping them see the value of treatment can mitigate the hurdles of cost in the near term if the long-term benefit is better understood. Where possible, flexibility and options to manage costs can further help
- **It is important for DHCPs to continue to educate patients about periodontal disease** and the fact that it is a chronic, active infection, even if they have already had the conversation when the patient was first diagnosed. The initial impact of this information may decrease over time and seem less important to the patient, even though the significance of the disease remains the same
- **Make time to thoroughly discuss the diagnosis and treatment recommendations** with all members of the practice staff. Keep track of common questions and proactively use them as a catalyst to help newly diagnosed patients when they may not know what to ask. Ask questions about what they understand to better gauge what they have absorbed. Provide handouts that patients can take home after the office visit

### INDICATION

ARESTIN® (minocycline HCl) Microspheres, 1mg is indicated as an adjunct to scaling and root planing (SRP) procedures for reduction of pocket depth in patients with adult periodontitis. ARESTIN® may be used as part of a periodontal maintenance program, which includes good oral hygiene and SRP.

### IMPORTANT SAFETY INFORMATION

- ARESTIN is contraindicated in any patient who has a known sensitivity to minocycline or tetracyclines. Hypersensitivity reactions and hypersensitivity syndrome that included, but were not limited to anaphylaxis, anaphylactoid reaction, angioneurotic edema, urticaria, rash, eosinophilia, and one or more of the following: hepatitis, pneumonitis, nephritis, myocarditis, and pericarditis may be present. Swelling of the face, pruritus, fever and lymphadenopathy have been reported with the use of ARESTIN. Some of these reactions were serious. Post-marketing cases of anaphylaxis and serious skin reactions such as Stevens Johnson syndrome and erythema multiforme have been reported with oral minocycline, as well as acute photosensitivity reactions.
- THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH, AND THEREFORE SHOULD NOT BE USED IN CHILDREN OR IN PREGNANT OR NURSING WOMEN.
- Tetracyclines, including oral minocycline, have been associated with development of autoimmune syndromes including a lupus-like syndrome manifested by arthralgia, myalgia, rash, and swelling. Sporadic cases of serum sickness-like reaction have presented shortly after oral minocycline use, manifested by fever, rash, arthralgia, lymphadenopathy and malaise. In symptomatic patients, diagnostic tests should be performed and ARESTIN treatment discontinued.
- The use of ARESTIN in an acutely abscessed periodontal pocket or for use in the regeneration of alveolar bone has not been studied.
- The safety and effectiveness of ARESTIN has not been established in immunocompromised patients or in those with coexistent oral candidiasis. Use with caution if there is a predisposition to oral candidiasis.
- In clinical trials, the most frequently reported nondental treatment-emergent adverse events were headache, infection, flu syndrome, and pain.

To report SUSPECTED ADVERSE REACTIONS, contact Valeant Pharmaceuticals North America LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Please see full Prescribing Information inside the pocket or visit [ARESTIN.com/PI](http://ARESTIN.com/PI).

REFERENCE: 1. Data on file. OraPharma. Market research: dental patient treatment acceptance factors. Prepared by Lightspeed, LLC. August 2017.