

DIFFERENT CLASSIFICATION SYSTEMS OF COMPLETE DENTURE PATIENTS BASED ON MENTAL ATTITUDE: A REVIEW

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ABSTRACT

Diagnosis is the examination of the physical state, evaluation of the mental or psychological makeup and understanding the needs of each patient to ensure a predictable result. Patient evaluation is the first step to be carried out in treating a patient. The dentist should begin evaluating the patient as soon as he/she enters the clinic.

KEYWORDS: Classification; dentures; complete; mental attitude

INTRODUCTION

The House classification system has been cited on numerous occasions in the literature, dental textbooks, and presentations before dental societies and Prosthodontics specialty groups. The classification system is based on how patients react to the thought of becoming edentulous and how they adapt to complete dentures. Although attributed to Dr Milus M. House, the origin of this classification system can be questioned. The House classification system is described in detail in a chapter by S. Howard Payne^[1] in John J. Sharry's textbook Complete Denture Prosthodontics. Payne attributes the classification to unpublished notes of "Study Club No. 1" on "Full Denture Technique" in 1937. Rahn and Heartwel^[2] list the classification in their textbook and footnote the narrative with "Lecture by MM House. In an article published in 2003 in the journal of Prosthetic Dentistry, Gamer *et al.*, credit Dr House with devising the classification system in 1950.^[3] An extensive review of the literature did not find any publication by House that describes a classification system for complete denture patients. In 1932 Dr Ewell Neil wrote

"The patient's mental attitude may be classed under one of four possible groups, viz., Hysterical; Exacting or Hypercritical; Indifferent; and Philosophical".^[4] A search of the literature suggests that Dr M. M. House was not the first to describe the mental classification system of denture patients for which he is credited. His contribution appears to be a detailed expansion of the classification and popularization of the system.^[5]

PERSONALITY

Jamieson stated that "fitting the personality of the aged patient is often more difficult than fitting the denture to the mouth".^[6]

House Classification (1950)^[3]

In 1950, Dr MM House, whose contributions advanced the science and art of prosthodontics, devised a classification system on the basis of patients' psychological responses to becoming edentulous and adapting to dentures. Relying strictly on his clinical impressions, House classified patients into 4 types: philosophical mind, exacting mind, hysterical mind, and indifferent mind.

1) Philosophical patient: The best mental attitude for denture acceptance is the philosophical type. This patient is rationale, sensible, calm and composed in different situations. His motivation is generalized, as he considers dentures for the maintenance of health and appearance and feels that having teeth replaced is a normal acceptable procedure. These patients are willing to rely on the dentist's advice for diagnosis and treatment. Philosophical patients will follow the dentist's advice when advised to replace their dentures.

2) Exacting: The exacting patient may have all of good attributes of the philosophical patients;

Behavioral profile of patients^[3]

Patient type	Engagement	Willingness to submit (trust)
Ideal	+++ "I see you as a professional who is in a position to help me, and willingly, I accept you in that capacity."	+++ "What you say makes sense, but there are some questions I'd appreciate being answered."
Submitter	++++ "You are the best dentist I've ever had. No, you are the best dentist around. I admire you, idealize you, and think of you in the most glowing terms."	++++ "You know everything and will never make an error. Therefore I will submit to whatever you suggest without question."
Reluctant	++ "Please don't take this personally, but I just don't think you, or any other dentist, is going to be able to help me."	++ "It isn't you I distrust, but my destiny. Nothing ever works out in my life. Therefore I will reluctantly follow your instructions, but I doubt this will work."
Indifferent	+ "I wouldn't even give you a second thought."	+ "You are a dentist like any dentist, what does it matter whom I see. I will listen and follow instructions, I guess, for now."
Resistant	++++ "You authority-types are all the same. You expect us patients to just accept what you say. If you think I'm one of those types of patients, you are sadly mistaken."	+ "You've got to be crazy if you think I'm going to do just what you say. I need to grill you to determine that you are not a charlatan!"

however he may require extreme care, effort and patience on the part of dentist. This patient is methodical, precise, and accurate and at times makes severe demands. They are above average in intelligence often dissatisfied with past treatment, doubt the dentist's ability to make dentures that would satisfy their esthetic and functional needs and often want written guarantees or remakes at no additional charge. Once satisfied an exacting patient may become the practitioner's greatest supporter.

3) Hysterical: The hysterical type is emotionally unstable, excitable and excessively apprehensive. These patients submit to treatment as a last resort, have negative attitude, are often in poor health, are poorly adjusted, often appear exacting but with unfounded complaints, have failed at past attempts to wear dentures, and have unrealistic expectations. They expect the prosthesis to look and function like natural teeth. Prognosis is poor for these patients.

4) Indifferent: The indifferent type of patients presents a questionable or unfavorable prognosis. This patient evidences little if any concern; he is apathetic and uninterested and lacks motivation. He has managed to survive without wearing dentures. He pays no attention to instructions, will not co-operate, and is prone to blame the dentist for poor dental health.

One important reason for reevaluation of House classification is that it pertains to the patient in isolation. House provided little attention to how

the patient's reactions and behaviors are codetermined by the treatment and behavior of the dentist. The proposed new classification includes both the patient and the dentist as co-determiners of treatment outcomes, regardless of whether the patient is edentulous or dentate.

WINKLERS CLASSIFICATION^[7]

Winkler also mentioned the following categories of patients.

The Hardy elderly: These are individuals who are well-preserved physically and psychologically, are active in their professional and social lives and quickly adapt to their age changes.

2. The Senile aged syndrome: These are individuals who are disadvantaged emotionally and physically and may be described as handicapped, chronically ill, disabled, infirm and truly aged. They cannot handle daily stresses and are susceptible to disease.

3. The Satisfied old denture wearer: These patients are satisfied with their old dentures in spite of severe problems. They have learned to live with them and are happy with them.

4. The Geriatric patient who does not want dentures: An elderly person who has been without teeth for many years and has no desire for complete dentures and lacks motivation.

The last two categories of patients lack motivation and have a poor prognosis if forced into undergoing treatment.

IDEAL PATIENT

The 'ideal' geriatric denture patient O'Shea^[8] characterised the ideal dental patient as compliant, sophisticated and responsive. Winkler^[7] described four traits that characterise the ideal patient's response: realises the need for the prosthetic treatment, wants the dentures, accepts the dentures and attempts to learn to use the dentures. It is evident from the various classifications that a so-called ideal psychological profile, though rare, is often desired by most dentists as it provides the greatest chance of success. Strictly speaking, the definition of the term 'ideal' may be relative, but it does provide a standard to refer to.

Simon Gamer *et al.*,^[3] in 2003 presented an expansion of the House classification to include the behavior of the dentist as a codeterminer of the patient's behavior.

The Gamer classification is based on 2 factors:

1. The level of patient engagement with the dentist and treatment process exists along a continuum from completely over involved (+ + + +) to disengaged (+).
 2. The level of the patient's willingness to submit (trust) also exists along a continuum from willingness to submit to the dentist's recommendations without a second thought (+ + + +) to intense reluctance to do anything the dentist recommends (+).
1. The Ideal patient, which corresponds to House's philosophical mind, is reasonably engaged (+ + +) and reasonably willing to submit (trust) (+ + +) to the dentist. This type of patient is not ranked + + + + in either category, because these patients are considered mature with a healthy life balance. The ideal patient has a healthy level of distrust. Any reasonable patient should have some skepticism; they should permit themselves to have questions and doubts. Patients deserve explanations for professional dental treatment to understand the situation and arrive at a decision regarding treatment. Therefore the ideal patient tends to be neither overly suspicious nor blindly accepting of the dentist's recommendations.
 2. The Submitter patient rates + + + + on engagement and + + + + on willingness to submit (trust). Such patients lack discrimination and tend to idealize the dentist,

which results in a high degree of engagement and utter surrender. This renders the submitter incapable of providing genuine informed consent because he/she has surrendered the use of critical faculties and therefore cannot be an active partner in the treatment.

3. The Reluctant patient rates + + on engagement and + + on willingness to submit. He is often leery of the dentist and skeptical of the treatment plan.
4. The Indifferent patient, who corresponds to House's indifferent mind, rates + on engagement and + on willingness to submit (trust). Usually forced to see the dentist by a concerned family member or friend, the indifferent patient is minimally engaged and indifferent to the dentist to the extent that willingness to submit (trust) is not an issue.
5. The Resistant patient corresponds to House's exacting mind and Boucher's critical patient. Resistant patients are skeptical of the dentist as a person and of being helped by anyone under any circumstance. The resistant patient is, paradoxically, very engaged with the dentist but in an adversarial way. Rather than being dependent, they challenge the dentist. And, like the indifferent patient, there is no trust.

Patient may also be classified as:

1. Cooperative

They may or may not recognize the need for dentures but they are open-minded and are amenable to suggestion. Procedures can be explained with very little effort and they become fully cooperative.

2. Apprehensive

Even though these patients realize the need for dentures they have some irritational problem which cannot be overcome by ordinary explanation. They are of different types.

a. Anxious

The patients are anxious and upset about the uncertainties of wearing dentures. They often put themselves into a neurotic state.

b. Frightened

They will have unwanted fear about the dentures.

c. Obsessive or exacting

They are naturally of an exacting nature. They state their wants and are inclined to tell the dentist how to proceed. They must be handled firmly and tactfully.

d. Chronic complainers

They are a group of people who are habitually fault finding and dissatisfied. Appreciating the corporation and incorporating as many of their ideas as possible with good denture construction is the best way to handle them.

e. Self-conscious

The apprehension here centers chiefly on appearance. It is wise to give overt reassurance to the self-conscious patient and permit participation as far as feasible in order to establish some responsibility in the result.

3. Uncooperative

They do not feel a need for dentures though the need exists. Their general attitude is negative. They constitute an extremely different group of potential denture members.

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