ADEE – Special Interest Group (SIG) Communication and Health Behaviour Change Education (CHBCed)

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Chronic diseases

- CANCER
- DIABETES
- HEART DISEASE
- STROKE
- HIGH BLOOD PRESSURE
- LUNG DISEASE

60%†

(2015)

WHO 2015
Chronic diseases

CANCER
DIABETES
HEART DISEASE
HIGH BLOOD PRESSURE
LUNG DISEASE

STROKE

77%†

(2025)

WHO 2015
<table>
<thead>
<tr>
<th>Risk factors for periodontitis</th>
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<tbody>
<tr>
<td><strong>Inadequate oral hygiene</strong></td>
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<tr>
<td>Oral hygiene improvements</td>
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<tr>
<td>Bakdash (1994)</td>
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<tr>
<td><strong>Tobacco use</strong></td>
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<tr>
<td>Cigarette</td>
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<tr>
<td>Tobacco use cessation</td>
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<tr>
<td>Haber et al. (1993)</td>
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<tr>
<td>Cigar</td>
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<tr>
<td>Tobacco use cessation</td>
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<tr>
<td>Krall et al. (1999)</td>
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<tr>
<td>Pipe</td>
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<tr>
<td>Tobacco use cessation</td>
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<tr>
<td>Krall et al. (1999)</td>
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<tr>
<td>Smokeless tobacco</td>
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<tr>
<td>Tobacco use cessation</td>
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<tr>
<td>Greer &amp; Poulson (1983)</td>
</tr>
<tr>
<td><strong>Diabetes mellitus</strong></td>
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<tr>
<td>Type I</td>
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<tr>
<td>Metabolic control with insulin</td>
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<tr>
<td>Emrich et al. (1991)</td>
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<td>Type II</td>
</tr>
<tr>
<td>Dietary adjustment</td>
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<tr>
<td>Emrich et al. (1991)</td>
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</table>
...must be competent:

12. Behavioural sciences and communication skills, such as motivational interviewing. As an example, the achievement of effective oral hygiene practices and/or smoking cessation interventions are fundamental for optimal periodontal treatment outcomes.

Sanz & Meyle 2010
Evidence-based support

- Health behavior change towards
  - improved oral hygiene
  - avoidance of tobacco
  - healthy diet
  - physical activity
Health Behaviour Change

behavioural support

not always simple and successful
Health Behaviour Change

necessary time

not always guaranteed
Health Behaviour Change

self-efficacy of the dental professional
Health Behaviour Change

evidence is evolving
Behaviour change for the delivery of oral hygiene instructions can be based on the GPS approach:

- **Goal** setting (including instruction in an appropriate technique to achieve that goal),
- **Planning** and
- **Self-monitoring**
CHBCed SIG ADEE Barcelona 2016
Groups

- **Group 1:**
  Own experiences with implementation of CHBC

- **Group 2:**
  Theoretical and practical skills being educated

- **Group 3:**
  Methods to assess the CHBC curriculum

- **Group 4:**
  Ways to engage (resistant) detail school
Group 1: Own experiences

- Takes a change of attitude
- Requires more education time
- Is a multi- and inter-disciplinary subject
- Is implemented into final assessments
  - OSCE, national board exam
Group 2: Skills being educated

- Theoretical and practical content is based on
  - public health responsibility of dental professionals
  - management of risk factors
- Introductory lectures and group learning
  - Virtual patients and clinical experience
- Need indications to provide HBC
Group 3: Assessment methods

• Assessing HBC at various stages of
  - dental education
  - patient’s stages of change
• Standardized patients
• Audio / Video recordings
• Peer review
Group 4: Engaging dental school

- Diversities of situations (during entire process)
- Top-down
  - Networking
- Bottom-up
  - Evidence-based
  - Benefit system
small steps in the right direction
see you again

At the next ADEE annual meeting