

What Are 3 Key Elements of the TMD Patient Interview?

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A thorough interview with a patient experiencing a temporomandibular disorder (TMD) is an essential part of formulating an effective differential diagnosis. Patient narratives, listening and the placebo effect that occurs during the interview process are 3 key elements that help engage the patient. A patient who is actively involved in his or her own health care, from the diagnostic to the treatment phase, is generally more satisfied with the outcome.¹

Narratives

Narrative medicine is an emerging and exciting field that is being applied more extensively in physician training, especially with regard to suffering and pain.^{2,3} Essentially, narrative medicine is about letting the patient tell his or her story. Letting patients relate their thoughts, emotions, fears, treatments to date and so forth gives practitioners incredible insight into who they are dealing with and whether they have the tools to provide optimal care. In narrative medicine, patients tell their story the way they see it, which is very powerful as it is *their* story after all. Ownership is theirs, not the clinician's, and this helps move the healing process along.

Compliance might also be enhanced as patients will have a vested interest in the treatment; their story is ongoing and new pages are being added.⁴

Another important aspect of the narrative and one that is firmly embraced by its proponents is that pain patients must tell their story and describe their pain and suffering to get better.⁵

Furthermore, the narrative helps ensure that the treatment provider does not underestimate the severity of the patient's condition.⁶ Belief in the patient and the credibility of his or her condition can only improve dialogue and diagnosis.⁷

Listening

Listening to patients — their wants, needs, concerns and priorities — during the initial interview is the cornerstone of success regardless of the style of practice. (This is no doubt why humans have 2 ears and 1 mouth.) Dental practitioners should take note and concentrate on listening first and talking second. The prudent clinician listens attentively and actively. Patients are allowed to express their point of view, tell their story and relate their expectations.⁸⁻¹⁰

Both passive and active forms of listening are employed. Passive listening is the act of just listening with exceptional body language, whereas active listening involves repeating or expanding on statements the patient makes, adding commentary or asking related questions. Mutual respect and rapport are fostered, and these lead to the development of trust.¹¹ Open-ended questions, using words such as how and why as opposed to soliciting yes and no answers, are useful in procuring valuable information about patients and their condition. For example, the question, "How do your jaw muscles feel now?" is more insightful than, "Are your jaw muscles sore now?" Listening attentively to patients also lets them realize that the practitioner cares about them. It gives them a sense of hope that they are not only

in the right office with the right clinician, but also that their condition has a chance of improving; a great sense of security and commitment to their care provider and themselves is fostered.

Placebo Effect

A placebo is a remedy or substance, usually pharmacologic, having no contemplated effect, that is given to a patient either to test the efficacy of a biologically active preparation as in a controlled trial or merely to satisfy the patient that he or she is receiving treatment.¹² A placebo effect is the reaction to a placebo that yields anticipated outcomes or the lessening of symptoms. Thus, placebo effects occur when the patient perceives or has expectations, realistic or not, and are driven by endogenous opioid systems.^{13,14} It is estimated that up to half of the patient's well-being during or after care management can be attributed to the placebo effect.¹⁵⁻¹⁷ Benedetti calls the placebo effect "complex human interactions."¹⁸

Patients who like their caregiver and vice versa are more apt to get better. Isn't it true that patients rarely sue clinicians they like?^{19,20} When meeting patients for the first time, it is wise, therefore, never to underestimate the intricacies, nuances and power of the placebo effect. Whether the practitioner is doing bread and butter restorative work or dealing with patients with acute or chronic TMD, the placebo effect is alive and well and fully operational. It is one of the greatest tools at the clinician's disposal and being aware of its potential, especially while interviewing patients, is prudent and wise. (Note: Maintaining a positive environment also promotes the Hawthorne effect [a person's positive response to appreciation] and the Pygmalion effect [a person's positive response to elevated expectations].^{21,22})

Conclusions

The patient interview is an important part of the diagnosis and treatment of TMD. It is during the interview process that the clinician finds out why the patient has attended, the specifics of the patient's condition and the patient's expectations and values. The interview process can be optimized by having the patient provide a narrative, preferably before the initial appointment so that the entire team can be adequately prepared for the visit. The narrative process can be continued during the interview as required or desired. Careful, sincere listening must also occur during the interview to foster good will as well as extract pertinent information. The placebo effect is nurtured. By being aware of the role of the narrative, the importance of listening and the subtleties of the placebo effect during the interview, the clinician can create a positive climate, which will only serve the best interests of all involved. ♦

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