Psychosomatic Medicine and Psychopathology in the Troop Dentist's Office

Thomas Wietzorke

Psychosomatic medicine and psychopathology are subject areas of great importance for the troop dentist's practice. This was shown in a 6-month study of 450 members of the German Air Force: some 14 % of the examined men were found to have dentistry-relevant psychosomatic conditions. The number of psychosomatic patients increases with age as well as with increasing rank. Particularly impressive is the large proportion with anxiety syndrome (41.3 %) and with myoarthropathies (39.7 %). Also significant is the occurrence of psychogenic prosthesis intolerance when events of special personal importance to the patient coincide in time with the integration of a new tooth replacement.

At first glance it would seem that psychopathology and psychosomatic medicine are subject areas which have no points of contact with the practice of the troop dentist. In fact, the word has spread during recent years that even in the area of dentistry the emotional state of the patient should not be neglected; but doesn't this refer to a few interesting cases in the dental clinics and a couple of difficult patients in civilian practice?

Materials and Methods

The question as to whether the subject matter of psychopathology and psychosomatic medicine is of importance to the troop dentist led me to carry out an investigation on 450 Germany Air Force personnel in Münster in 1987–88 (12). Soldiers of all age groups were examined.

The investigation employed the five questions of Prof. Müller-Fahlbusch concerning suspected diagnosis of psychosomatic illness (8) as shown in Figures 1 and 2 (10).

Ib a comparison of answers to questions 1 to 3 with the given findings, when a discrepancy between findings and the condition of the patient was found, a careful biograpical anamnesis was established by means of questions 4 and 5 (Figure 2).

Results and Data

The investigation showed that 14 % of all questioned soldiers suffered from a dentistry-relevant psychosomatic illness. Careful evaluation of the results shows that the incidence of psychosomatic-illness patients increases with increasing age and with increasing miltary rank (Figures 3 and 4). The psychosomatic-illness patients can be divided into four diagnosis groups.

The largest group (41.3 %) consists of anxiety patients. Almost as large (39.7 %) is the group with myoarthropathies. A much smaller number of patients (9.0 %) had psychogenic prosthesis intolerances. The last group, another 9 %, were patients with predominantly psychogenic illness factors.

Major Dr. Thomas Wietzorke was born on 23 April 1959 in Herford, Federal Republic of Germany.
After graduation from secondary school in 1977 he joined the German Luftwaffe as medical corps specialist, 2nd class.
Folowing training as an enemy-aircraft warning service radar operator, he began reserve officer's training, completing the officer's examination in October 1978 at the Air Force Officer Training School in Fürstenfeldbruck.
After beginning the study of biology and history in the autumn 1979 semester, he switched to dentistry in the spring 1980 semester at the University of Marburg, where he received his license to practice dentistry in July 1985.
He began his activity as a troop dentist in August 1985 with one year of service in the Bundeswehr Hospital at Osnabrück.
Major Dr. Wietzorke, Medical Corps Officer, Dental, has been in charge of the Luftwaffe dental group in Münster since September 1986.
After his dissertation entitled "Diagnosis and therapy of psychosomatic dental ailments faced by the troop dentist", he received the degree of Doctor of Dentistry in 1988.
Dr. Wietzorke is married and has two children.

Author's address:
Oberstabsarzt (Major MC)
Dr. Thomas Wietzorke
An der alten Kirche 87
W-4400 Münster
Germany

The following sections present a closer analysis of the individual diagnosis groups.

Five Criteria

1. *Discrepancy between description of ailment and anatomic limits.*
2. *Discrepancy between chronology of symptoms and the time courses established from clinical experience.*
3. *"Ex non juvantibus" (nothing helps).*
4. *Unusual participation of patient in the course of the illness.*
5. *Coincidence of an event of special personal significance to the patient with the appearance of symptoms.*

Figure 1: Five criteria for establishing a tentative diagnosis of a psychosomatic illness (10).

1. "What brings you to me?"
"Please describe your symptoms exactly to me."
2. "Since when have you had these symptoms, and how have they developed since then?"
3. "What was done?" "Did it help?"
4. "Did you have any other complaints during the same time period?"
"Were you often sick in the past?"
5. "Did anything in your life change during the time that the symptoms first appeared?"

Figure 2: Questions appropriate to the five criteria.

Anxiety Syndrome

Anxiety syndrome is a phenomenon found predominantly among younger patients. These patients often allow their teeth to deteriorate for years, accepting the pain and cosmetic problems in order not to have to go to the dentist.

The most common anxiety triggering factors (over 75 % of cases) are traumatic experiences during childhood or adolescense. This finding is also in agreement with the investigations of BÖNIGNHOFF (1) and SCHULTE (11).

An important factor from the military-medicine perspective is that about one in four patients cite the constant changing of troop dentists as an anxiety-triggering event.

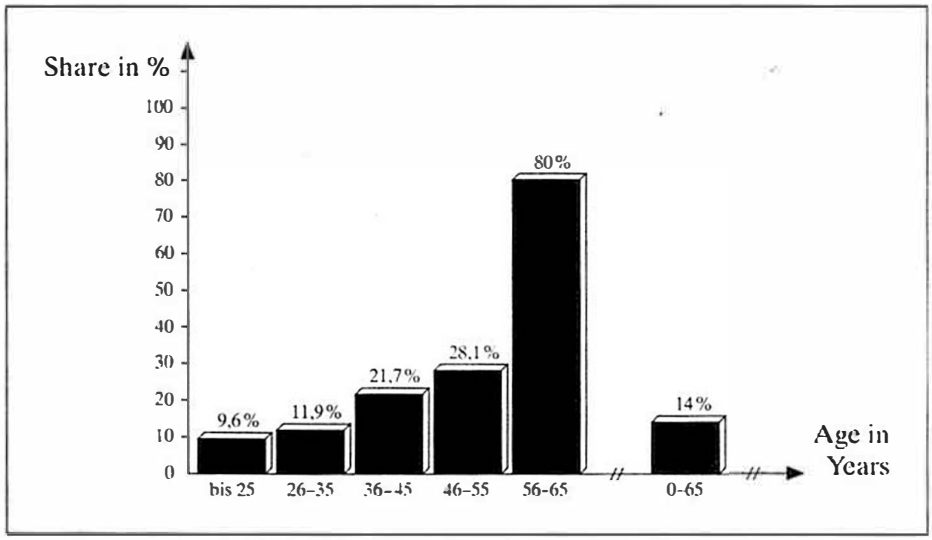

Figure 3: Age group distribution of soldiers with psychosomatic illness

The first doctor-patient contact is particularly important for the therapy of these patients. The treating dentist should take advantage of the opportunity of this first meeting to avoid later complications. Discussion about anxiety should not be made tabu in the doctor-patient consultation; rather, the anxiety should be neutralized by giving descriptions of anxiety and discussing its origins (4).

During these conversations the dentist should assume the role of a good listener.

The crucial necessity for overcoming patient-anxiety is the human element in the behavior of the dentist and his team.

A typical example of anxiety syndrome is the case of Airman First Class A., who served his military duty with us as a guard. At the very beginning of his first visit he reported, "I'm simply totally scared, but now I have terrible pain, and a buddy told me that it was O.K. to go to you."

The patient had not been to a dentist for five years, and in the anamnesis he reported a large number of dreadful experiences with dentists during childhood and adolescence. The evaluation showed an impressive value of 100 % for the API and the same for the sulcus bleeding index. The comment of the airman first class regarding oral hygiene was: "For about a half year I've had pain during brushing, so now I don't brush at all" (Figure 5).

What followed was a long conversation about anxiety, the present-day possibilities for local anesthesia and a very extensive information session about oral hygiene. For six weeks after that, two appointments per week were set up to restore the set of teeth. The dental anxiety was so severe that on two occasions the airman first class had to be repeatedly motivated at his duty post to come to his appointments. After completion of the upper-jaw restoration the soldier proudly asked me to photograph his teeth again, since he was now making a great effort to brush them properly. The result is shown in Figure 6.

Myoarthropathies

The handling of patients of the second diagnosis group, the myoarthropathies, is comparatively much more difficult. The age level of this group is largely between 35 and 55. When military rank is considered, one notices an apparent sharp increase in the phenomenon of myoarthropathies with increasing rank of the patients. From the outset it is important to rule out the possibility that patients with gross functional disturbances had been included in this group: only patients for whom functional analysis showed either no faults or minimal faults were entered into diagnosis group 2. The high rank and higher age of the patients in this diagnosis group presented considerable difficulties during the biographical anamnesis of these patients. It was not unusual for higher officers with

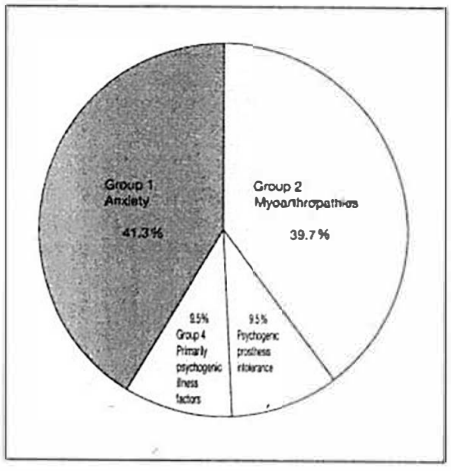

Figure 4: Military rank group distribution of soldiers with psychosomatic illness