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Novel Classification System Based on Mental Attitude for Patients with Oral Leukoplakia: A Proposal

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Abstract

The patient's mental attitude is crucial in accepting the condition and compliance with tobacco cessation counseling. Even so, it was not considered a contributory factor in any of the earlier risk assessment systems. In this context, we have proposed a classification system to categorize patients with leukoplakia based on their mental attitude about understanding the risk associated with the disease and their motivation toward tobacco cessation.

Keywords: Oral potentially malignant disorders, patient psychology, tobacco cessation

INTRODUCTION

Behavioral interventions have been proven to be most efficacious in tobacco cessation therapies, the basis of which is patient counseling.^[1] Therefore, the patient's mental attitude plays a significant role in compliance with the therapy protocol. Even so, the patient's mental attitude was never considered a possible contributory factor in the malignant transformation or, more specifically, the outcome of treatment of oral leukoplakia (OL).^[2] In this context, we have proposed a classification system to categorize patients with OL based on their mental attitude about understanding the risk associated with the disease and their motivation toward tobacco cessation.

The proposed classification system

The classification system was developed after the observation of 330 patients with OL. The patients were categorized only after informing them about the diagnosis of OL and the possibility of its resolution with adequate intervention. The patients were then categorized based on their acceptance of the risk carried by the condition and motivation toward quitting tobacco, along with a tentative counseling strategy for each category [Table 1].

Several classifications were proposed for denture patients in prosthodontics by various authors.^[3,4] The concept is similarly applicable to patients with OL in which patients of certain categories listed in these classifications, such as reluctant, indifferent, apprehensive, and hysterical, were noted; these were adopted from the existing classifications.

The "Optimistic" category corresponds to the "Philosophical" type of patients described by House. On the other hand, reluctant Patients were described by Gamer as those who doubt the dentist and are skeptical of the treatment plan.^[3,4] In the case of OL, the patient's reluctance may be associated with accepting the condition or doubt about one's ability to quit tobacco. A portion of patients, especially those in elder age groups, occasionally exhibited indifference toward the possibility of an unfavorable outcome of OL in the future. They did not heed the clinician's advice to exercise caution about their tobacco habit. Consequently, there was no effort to comply with the treatment from their side.

Two special categories, apprehensive and hysterical, were incorporated into the system separately because of the uncertainty of prognosis in a mentally unstable state. Excessive apprehensiveness and emotional instability may hamper the normal thought process of an individual, and their same attitude may not be revealed.^[5] They can be included in one of the primary categories once their attitude is stabilized.

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Table 1: Proposed classification system for patients with oral leukoplakia

Mental attitude	Category type	Willingness to quit tobacco	Description	Counseling strategy	Prognosis
Optimistic	I	High/Self-motivated	Understand the situation well Confident about habit cessation	Basic counseling	Excellent
Partially motivated	II	Moderate/Extrinsically motivated	Understand the situation well. Motivated to quit because of family, health, aesthetic, or functional reasons. (but not completely self-driven)	Ensure them about improvement in their motivating factor.	Good
Reluctant	III A	Low	Unconfident type - Understand the condition but are unsure if they can quit the habit.	Demonstrate the improvement and encourage them at every visit. Need motivation enhancement therapy. May need tobacco cessation aids.	Good to Fair
	III B	Low	Doubtful type - Acknowledge the condition but do not consider it as dangerous	Educate regarding the severity of the condition and the risks it carries. Emphasize making them aware of the problem. May need motivation enhancement therapy or tobacco cessation aids.	Fair to Poor
Indifferent	IV	None	Completely disregard the condition. Continue to consume tobacco despite counseling. Non-co-operative with follow-ups	Emphasize making them aware of the problem, its severity, and the risks. Educate them using visual aids and statistics. Counseling family members or caretakers is also necessary. Need motivation enhancement therapy and tobacco cessation aids.	Poor
Special categories: Apprehensive	S1	Variable	Worry excessively about the condition.	Focus should be only on allaying the patient's fears. Need to emphasize the reversible nature of the condition. Counseling the family members or caretakers is also necessary along with the patient so that they can address the patient's fears in between follow-up visits.	Variable (Usually Good to Excellent)
Hysterical	S2	Variable	Their motivation, as well as apprehension, varies to extreme levels between the follow-up visits.	Focus on clarifying all the patient's doubts and worries. Console them emotionally. Counseling the family members or caretakers is also necessary along with the patient so that they can address the patient's fears in between follow-up visits.	Variable

CONCLUSION

The proposed classification system can be an eye-opener leading to greater success rates in managing patients with OL. Clinical trials with adequate long-term follow-up would serve to validate the classification or suggest possible modifications that would be required in the future.

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Conflicts of interest

There are no conflicts of interest.

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