

DEPRESSION AMONG DENTISTS

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ABSTRACT:

WHO theme for year 2017 is Depression-Lets talk."WHO ranks depression as the fourth leading cause of disability worldwide and projects that by 2020, it will be the second leading cause. Worldwide, depression is a major cause of disability and premature death. When the negative reactions to life's situations become repetitively intense and frequent we develop symptoms of depression. This review explores the depression among health professionals particularly dentists in India.

Key-words: Depression, Dentist, burnout



INTRODUCTION

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. By the year 2020, depression is projected to reach 2nd place of the ranking of DALYs calculated for all ages, both sexes. Life throws up innumerable situations, which we greet with both negative and positive emotions such as excitement, frustration, fear, happiness, anger, sadness. Depression is prevalent among all age groups, in almost all walks of life. Indians are among the world's most depressed. According to a World Health Organization sponsored study, while around 9% of people in India reported having an extended period of depression within their lifetime, nearly 36% suffered

from what is called Major Depressive Episode (MDE).

Health profession is apparently a job with lot of stress. Depression among dentists is reported to be high. Various factors including job insecurity, less remuneration, improperly balanced supply demand ratio, poor support from the government culminate into depression.

Depression symptoms include:

- Feelings of sadness or unhappiness
- Irritability or frustration, even over small matters
- Loss of interest or pleasure in normal activities
- Insomnia or excessive sleeping

-Changes in appetite — depression often causes decreased appetite and weight loss, but in some people it causes increased cravings for food and weight gain

-Agitation or restlessness — for example, pacing, hand-wringing or an inability to sit still

- Irritability or angry outbursts

-Slowed thinking, speaking or body movements

-Indecisiveness, distractibility and decreased concentration

-Fatigue, tiredness and loss of energy — even small tasks may seem to require a lot of effort

-Feelings of worthlessness or guilt, fixating on past failures or blaming yourself when things aren't going right

- Trouble thinking, concentrating, making decisions and remembering things

-Frequent thoughts of death, dying or suicide

-Crying spells for no apparent reason

-Unexplained physical problems, such as back pain or headaches ^[1-4]

Why Are Dentists Prone to Depression?

Many factors influence whether a person develops depression in their lifetime. The exact cause of depression isn't known, but it's currently thought that people with the disorder have biological differences in the structure and

chemistry of their brains compared to individuals that are not depressed. Hormones are also thought to play a role in the development of depression. It could be that depression is an inherited condition — research indicates that it's more common in people who also have relatives that were diagnosed with the condition, suggesting that certain genes might be involved.

Some people are exposed to more external influences that make the possibility of having the disorder more likely. For dentists, the nature of the profession could be a significant factor in the development of depression. Dentistry is a high-stress profession — the demands of dentistry start in dental school, and once a dentist enters clinical practice, they find that they're exposed to a greater number and variety of stressors than ever before. ^[5]

One study summarized in the Journal of the American Dental Association examined more than 3,500 dentists. Thirty-eight percent reported feeling worried or anxious constantly or frequently. In the same study, 34% of respondents said they always or frequently felt physically or emotionally exhausted, and 26% reported continuous or frequent backaches and headaches. ^[6]

Stress-related problems, like depression, result from both the work environment and what is thought to be the typical personality type of people entering the dental profession. Isolation, confinement to small, usually windowless spaces, and

continuous intricate, meticulous work are all factors that might contribute to the development of depression. There is usually tremendous economic pressure on dentists, with many practitioners facing huge loans for both school and the cost of opening a practice. Some institutions theorize that dentists also have a tendency toward perfectionism driven personalities, which can lead to frequent disappointment both in life and in practice regardless of the effort to succeed.^[7]

Causes Of Stress

Why is our profession so prone to stress-related physical, mental and social problems? Since it is unfortunately too late for most of us to switch into law or engineering, at least we can examine some of the causes of stress in dental practice and then see if we can find some solutions to them and hopefully live a little longer and happier.

* Confinement

The average dentist spends most of his or her life confined to a small, sometimes windowless, 7ft. by 9ft. operatory, which is smaller than the cells in our penal institutions. The work is intricate and meticulous and is performed in a small, restricted oral space. The procedures are both physically and mentally taxing and as a result, strain, back troubles, circulatory disorders and fatigue are common. It is relatively easy, over a period of time, for a dentist to become both physically and emotionally “burned-out.”

* Isolation

Most dentists practice alone. Consequently they do not have the opportunity to share and solve problems with their colleagues the way other professional groups do through peer support.

The problem of isolation is compounded by the fact that dentists tend to be competitive with one another. This trait is unfortunately a bi-product of our competitive dental school training. It is then reinforced after graduation by the intense competition created by the surplus of dentists that now exists in many cities and large metropolitan areas.

* Stress of perfection

The relentless pursuit of perfection and permanence in an inhospitable oral environment is a major cause of stress and frustration for dentists. The stress of perfection is instilled in dental school. However, it must be tempered with the realization that the most perfect restoration will ultimately be rendered imperfect by time and patient neglect, despite the efforts of the dentist.

* Economic pressure

During the early part of his or her career, the typical dentist is paying off huge loans to cover the cost of dental school and the cost of setting up a private practice . These two figures can easily exceed \$250,000. Once in practice, the dentist soon learns that office overhead

risers to meet income. It often then surpasses it.

Economic pressure forces many dentists to work through their lunch — an hour that is the single most important period of the work day. Instead of using the time to get proper nourishment and much needed rest, he or she will often accommodate an additional patient or two. This inevitably leaves the dentist tired and exhausted by the end of the day.

Another result of the economic pressure of practice is that dentists often feel that they literally cannot afford to be sick or take holidays. When a dentist is absent from the office, the income totally stops, but the high overhead expenses continue to grow relentlessly.

The dentist who works all the time and never takes time off might make a few dollars more, but there is a high price to pay — BURNOUT! And when dentists burnout, they become emotionally and mentally exhausted, develop a negative, indifferent or cynical attitude towards both their patients and their staff, and evaluate themselves negatively.

*** Time pressures**

Attempting to stay on schedule in a busy dental practice is a chronic source of stress. Dentistry, unfortunately, seems to be governed by Murphy's Law — "If any thing can go wrong, it will go wrong and usually at the worst possible time." Also, dentists often find that the first 90% of a complicated dental procedure takes 90%

of the allotted time and the last 10% takes another 90%. And as we all know, once we are behind schedule there is no way to catch up.

*** Compromise treatment frustration**

A dentist spends four years in dental school learning perfection and "ideal" treatment for his or her future patients. Yet the realities of private practice are that many patients, due to financial restraints, poor insurance plans or low appreciation of quality dental care, will not accept "ideal" treatment plans. The result is that the dentist is continually forced to compromise treatment and is frustrated in not being able to reach his or her ideal treatment goals.

Consequently, the dentist is often forced to operate a "fix-and-repair" business, providing compromised treatment for patients who refuse the full spectrum of dental care. The dentist then ends up emotionally carrying the responsibility for less than ideal results while the patient continues to express unrealistic expectations.

*** Patient anxiety**

The psychological stress of working with apprehensive and fearful patients can be devastating to the dental practitioner. There is now considerable evidence that dentists experience patterns of physiological stress responses (increased heart rate, high blood pressure, sweating, etc.) that parallel the patient's responses when performing dental procedures that evoke patient fear and

anxiety. This in turn can lead to an early heart attack for the dentist.

*** Dentist's personality**

Researchers are finding that many personality traits that characterize a good dentist are also traits that predispose to depression in mid-life, drug and alcohol abuse and the attendant risk of suicide. Among such traits are:

- (1) compulsive attention to details;
- (2) extreme conscientiousness;
- (3) careful control of emotions;
- (4) unrealistic expectations of himself or herself and others (i.e. employees and patients);
- (5) a marked dependence on individual performance and prestige.

*** Lack of exercise**

The Pankey Institute in Miami evaluated the health of 2,400 dentists. It found that the dentist's life was characterized by Dormancy, Degeneration and Stress (i.e. DDS). Also, dentists do not exercise enough to prevent progressive deterioration of connective tissue, small blood vessels, muscles and circulation in general.^[8]

Coping with mild to moderate depression

There are a number of things you can do for yourself which can help you cope with mild episodes of depression, or

reduce your risk of becoming seriously depressed.

Social Support

Having someone to turn to for support is very important when coping with difficulties. Some people build up a strong network of friends and relatives whom they can talk to, but others may become isolated, particularly if they have no employment or other activity outside the home.

Activity & Exercise

If you are physically active or take regular exercise you may benefit from changes in your brain chemicals which affect mood, and from the feeling that you are actively doing something to improve your life. Exercise and activity can also bring important social contact if you are isolated.

Diet

A healthy diet is important in reducing the risk of depression. In particular, drinking too much alcohol or taking drugs will make you feel worse in the long-term.

Complementary therapies

Many people are interested in using complementary therapies to relieve depression. There is evidence that the herbal medicine known as St John's Wort (*Hypericum perforatum*) can help many people with mild to moderate depression.

Taking Control

One aspect of depression is the feeling that, whatever you do, you cannot improve your situation. An important step is to find situations or activities where you can feel that you have some control over your life instead of feeling hopeless.

Self-help techniques

There are a number of self-help books, guides, and software programmes which can help you to learn ways of coping with mild to moderate episodes of depression.

Coping with severe depression

i) Drug Treatment

Anti-depressants

Anti-depressant drugs act by increasing the activity of those brain chemicals which affect the way we feel. Anti-depressants help between 60 and 70 per cent of people with depression.

A number of different kinds of drugs may be prescribed, for example: Tricyclic anti-depressants are prescribed for moderate to severe depression. Some examples are dothiepin, imipramine, and amitriptyline.

Newer anti-depressant drugs - selective serotonin reuptake inhibitors and selective noradrenaline reuptake inhibitors (SSRIs and SNRIs) target specific chemical 'messengers' in the brain. The most well known SSRI is

fluoxetine (Prozac) but there are several other brands.

Mood stabilisers

Lithium carbonate may be prescribed to people with bipolar disorder as a way of stabilising their mood swings. It is also sometimes used as an additional treatment for people with severe depression alongside anti-depressants.

ii) Non-drug treatments

Cognitive- Behaviour Therapy (CBT)

CBT is a type of talking treatment. It is based on the fact that the way we feel is partly dependent on the way we think about events (cognition). It also stresses the importance of behaving in ways which challenge negative thoughts and unhelpful beliefs.

Interpersonal Therapy (IPT)

Interpersonal therapy focuses on your relationships and on problems such as difficulties in communication, or coping with bereavement. There is some evidence that IPT can be as effective as medication or CBT but more research is needed

Counselling Counsellors are trained to help you think about the problems you are experiencing in your life and find new ways of coping with difficulties

CONCLUSION:

The smile which we create with the help of an implant restoration should be esthetically pleasing and functionally sound and it requires perfect integration between the restoration, implant

position and the peri-implant mucosal tissue, so that we end up providing with an esthetic smile as “The person is never fully dressed without a smile.”

REFERENCES:

1. Fava M, Cassano P. Mood disorders: Major depressive disorder and dysthymic disorder. In: Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, eds. Massachusetts General Hospital Comprehensive Clinical Psychiatry. 1st ed. Philadelphia, Pa: Mosby Elsevier; 2008:chap 29
2. American Psychiatric Association. Practice guidelines for the treatment of patients with major depressive disorder. 2nd ed. September 2007. Accessed January 22, 2010.
3. Little A. Treatment-resistant depression. Am Fam Physician. 2009;80:167-172.
4. Patel V, Pereira J, Mann AH: Somatic and psychological models of common mental disorder in primary care in India. Psychol Med 1998; 28:135-14
5. Pöhlmann K, Jonas I, Ruf S, Harzer W. Stress, burnout and health in the clinical period of dental education. Eur J Dent Educ. 2005;9:78–84
6. Alexander RE. Stress-related suicide by dentists and other health care workers: Fact or folklore? J Am Dent Assoc. 2001;132:786–94
7. Gorter RC, Eijkman MA. Career expectations and the type of dentist in the light of burnout. Ned Tijdschr Tandheelkd. 2002;109:212–6. [PubMed]
8. DiMatteo MR, Shugars DA, Hays RD. Occupational stress, life stress, and mental health among dentists. J Occup Organ Psychol. 1993;66:153–62