EDITORIAL

What patients want, and what they need

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I just finished reading an editorial written by the Editor of the *Pennsylvania Dental Journal*, Dr Judith McFadden. She does a great job of describing the "wants" and the "needs" of the dental community. For instance, we might find it easy to give our patients what they want, but what they need, McFadden suggests, is "one of those things that is not very new and exciting." She continues, reflecting on society as a whole: "…are we so focused on 'want' that we cannot even figure out what we really 'need,' especially for our long-term well-being? It certainly is our business as dentists to try to clarify and prioritize for our patients."

As we see greater emphasis placed on cosmetics and creative solutions to correcting malocclusions, it becomes more critical for us to sort out the want-need maze for our patients. How many of you have succumbed to television advertising that promoted a specific drug by brand name, running to your physician for a change in prescription? It happened to me earlier this year when I decided, on the basis of a TV ad, that I wanted to change my blood pressure medication. It was up to my MD to sort out my real health needs. Just how long will it be before we are subjected to the wants of our patients, based on television advertising that has the ability to make every Good Thing seem as simple as securing a cold Pepsi?

After reflecting on this dilemma, the first 2 articles in this month's Journal became even more interesting. I have yet to hear a patient ask for a mandibular holding arch, much less express any enthusiasm for the concept of saving arch length. But can you think of a better, more trouble-free way to preserve leeway space in a 10-year-old with mild crowding in the late mixed dentition stage of development?

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In the lead article ("Longitudinal assessment of vertical and sagittal control in the mandibular arch by the mandibular fixed lingual arch," beginning on page 366) Villalobos et al report that this appliance is useful for controlling vertical development of the mandibular first molars in addition to saving arch length. This finding does not surprise me because for years I have been aware of a paper published by Dr Julian Singer in the *Angle Orthodontist*. On the basis of his 1974 research findings, Singer concluded that the lingual holding arch is effective for the control of vertical extrusion of mandibular molars. Yes, the excitement factor supported by this finding may not place it high on your patients' list of wants, but how many of them will need an additional 3 to 4 mm of mandibular arch length by the time they become teenagers?

The second article is from New Zealand, where O'Neill and Harkness consider our needs by addressing an old question: Are the facial profiles of Class II Division 1 patients treated with functional appliances more attractive than those of untreated individuals? Although the details of this study get a bit cumbersome, the results may surprise you. This randomized controlled trial of 2 different functional appliances revealed that such treatment does not lead inevitably to more attractive facial profiles. Profile attractiveness did improve in up to three quarters of the treated group, but it also improved in approximately two thirds of the untreated group, and there was no significant difference between the groups. These findings suggest that it is unwise for a clinician to promise that functional appliance treatment will improve the attractiveness of a growing patient's profile.

A follow-up commentary by Donald Giddon provides an in-depth analysis of this subject and will, most certainly, encourage more evidence-based research for years to come. Please read these articles and let me know what you think. (Letters are welcome.)