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LETTER TO THE EDITOR

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Changes in oral health behaviors. Is Motivational Interviewing an alternative?

Even with all the scientific and technological advances in dentistry, are there still difficulties in the treatment and control of the main oral diseases? Does the way dentists communicate with their patients influence their habits and oral health condition?

Despite the infectious origin of dental caries and periodontal disease, they are also strongly associated with habits and behaviors. Other oral diseases like malocclusions, cancer, enamel erosion, tempomandibular dysfunction, fluorosis and dentine hypersensitivity are also associated with harmful habits and strongly rooted in unhealthy lifestyles, which are difficult to change. It is also known that these diseases vary according to income, educational level, oral health literacy, cultural patterns, knowledge, habits and health attitudes. This is where the main challenge of oral health lies: how to change certain habits?

Traditional dentistry bases its practice on techniques, focusing on disease, using a prescriptive way (often intimidating), centered on the professional, completely ignoring the individual and his/her social interactions. A recent systematic review evaluated the oral health promotion strategies for children and adults. The findings showed that the approach based on psychological and behavioral models was more effective in improving oral health and that professional attributes could influence the quality of the results. The authors concluded that the psychology of behavioral change is the key to the promotion of oral health and that it must be emphasized in the training of dental professionals[1].

Identifying the most effective approaches is essential to help patients change unhealthy habits and, consequently, improve their health. Strategies to increase the patient's motivation and commitment to treatment as a means to maximize response rates are highly recommended. Many efforts have been devoted to explain the changes or adherence to specific health behaviors through cognitive-behavioral approaches and brief counseling; among these, the Motivational Interviewing (MI) has proven to be effective in changing unhealthy behaviors.

MI is an approach developed by Miller and Rollnick, and widespread in Europe, the United States and more recently in Latin America. This approach was first used to assist drug addicts, and subsequently adapted for use in different contexts, including health promotion. Its effectiveness has been demonstrated in chronic diseases such as hypertension, diabetes, psychiatric comorbidity, eating disorders and also in oral diseases. MI has a solid scientific and theoretical basis confirmed in meta-analyses, and it is significantly more effective (10-20%) in the treatment of a wide variety of conditions. MI reduces risky behaviors, increases the patient involvement in treatment with shorter sessions, and the consultations are more cost-effective when compared to conventional approaches. The results do not depend on the health condition, age or sex of the patient[2].

MI is a directive method of communication, centered on the person, whose goal is to increase the intrinsic motivation to change by exploring and resolving the ambivalent thoughts of the patient. The professional motivates patients to gain the control over their health and self-care. The use of MI is especially interesting for health professionals who help people who need to increase adherence to the treatment, change poor habits or unhealthy behaviors. MI has two components, relational one, which focuses on interpersonal disposition and empathy between the professional and the patient. The other one is technical; it involves strengthening the change through *"change talk"*. The central tool in MI is reflective listening, which gives the health professional an opportunity to help his/her patients find their own solutions to change some habits, and talk about them. Initial strategies known by the acronym "OARS" are: Open questions, Affirmations, Reflective listening and Summarizing, and can be learned by

any health professional through training[3].

The educational and preventive measures for oral diseases should focus on the dialogue: change talk, using an accessible language, taking into account the knowledge of each individual, seeking healthier alternatives suitable for the context in which the patient and his/her family interact. Thus, it seems plausible that approaches based on MI can have positive results for oral health. Recent systematic reviews have found positive results of interventions based on MI for the management of periodontal diseases, oral hygiene and caries in children, but the heterogeneity of the studies and the low methodological quality do not allow a conclusive finding[4,5]. The use of MI to encourage change in oral health behaviors is promissory; therefore, dentists must develop personal skills to understand the spirit of MI[6].

MI is more than a set of techniques; it is a way to promote health. The essence of MI is simple but not easy, because it requires specific training and a change of the perspective traditionally used by dentists. Therefore, MI seems to be rather a viable and effective alternative for changing habits and behaviors in oral health, but it demands the training of dentists in undergraduate and graduate programs. Curricula in dentistry ought to include the teaching and practice of MI. In addition, researchers should focus their efforts on conducting clinical trials to evaluate the results of MI compared to traditional methods in the management and treatment of the most prevalent oral diseases.

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