

Influence of Intolerance of Uncertainty on satisfaction with treatment in Burning Mouth Syndrome

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Abstract

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Abstract

【Introduction】

Burning mouth syndrome (BMS) is a chronic intra oral burning sensation that has no identifiable cause either local, systemic conditions or disease. Many of patients with BMS visit the several different clinics due to dissatisfaction with their approaches. Intolerance Uncertainty (IU) and health anxiety (HA) may be involved in those dissatisfactions. IU is predisposition to negative reaction to an uncertain event or situation, and HA shows too much concern about health. Since BMS symptoms has a prolonged course with an uncertain etiology, the patients are often overly concerned about their symptoms. Although BMS patients with high IU and/or HA may affect the dissatisfaction with their treatments, it has not been shown whether IU and HA affect their satisfactions thus far. Therefore, purpose of this study was to examine the effect of IU and HA on their satisfactions with treatment.

【Study 1】

Thirty-four patients with BMS and 100 patients without BMS visited the clinics were assessed by questionnaire consisted of satisfaction with oral conditions, severity of present symptoms, Short Intolerance of Uncertainty Scale (SIUS), Short Health Anxiety Inventory (SHAI). The correlational analysis showed that improvement of symptoms was significantly related to satisfaction with treatment in BMS patients ($r=-0.35$, $p=0.037$). To examine the influence of IU on this correlation, partial correlational analysis controlling IU. This analysis indicated that correlation between improvement of symptoms and satisfaction with treatment was heightened compared before controlling IU ($r=-0.48$, $p=0.005$). Further analysis revealed that these correlation was confirmed only in high IU group (high IU: $r=-0.64$, $p=0.045$; low IU: $r=-0.28$, $p=0.189$). Partial correlational analysis controlling HA indicated that HA did not influence on the relation between improvement of symptoms and satisfaction with treatment ($r=-0.32$, $p=0.062$). The analyses of the patients in general dentistry showed that correlation between improvement of symptoms and satisfaction with treatment was not significant ($r=-0.16$, $p=0.122$), and that both IU and HA did not heighten this correlation (IU: $r=-0.19$, $p=0.062$, HA: $r=-0.12$, $p=0.257$). The study 1 was conducted by retrospective method, and study 2

was conducted using prospective method.

【Study 2】

Twenty-two patients with BMS and 17 patients with oral psychosomatic disorders other than BMS were assessed by Visual Analogue Scale(VAS), Patients' Global Impression of Change (PGIC), and SIUS. SIUS and VAS were used at the first visit, and after 3 months VAS and PGIC were used at the visit 3 months later. The correlational analysis showed that changes in VAS was significantly related to PGIC in BMS patients ($r=0.47$, $p=0.029$). Partial correlational analysis controlling IU indicated that IU influenced on the relation between changes in VAS and PGIC ($r=-0.56$, $p=0.013$). Further analysis revealed that these correlation was confirmed only in high IU group (high IU: $r=0.69$, $p=0.039$; low IU: $r=0.37$, $p=0.213$) . The analyses with oral psychosomatic disorders other than BMS showed that correlation between changes in VAS and PGIC was not significant ($r=0.21$, $p=0.438$), and that IU did not heighten this correlation ($r=0.16$, $p=0.565$).

【Discussion】

These results indicate that the symptom improvements in the patients with high IU may improve their subjective concerns and satisfactions. On the other hand, the lack of the symptom improvements in the patients with high IU may increase their dissatisfaction. Taken together, when the symptoms in the patients with BMS cannot be improved, the improvement of IU may prevent from increasing of their dissatisfactions.