

Princess and the pea syndrome



I am sure we're all familiar with the well-known literary fairy tale, *The Princess and the Pea*, by Hans Christian Andersen from 1835 about a prince and his search for an authentic princess.

When he finally finds her, she has an issue with a pea under her mattress and cannot sleep until it is removed.

Is it too far a stretch to compare this princess with some of the patients who come into our practices? I don't believe it is!

There are many reasons why dental patients in general suffer from the princess and the pea syndrome but there are few known examples in aesthetic dentistry. Is it a psychological syndrome or is it a tactile syndrome related to other factors?

Princesses and peas

From my experience, we all have these patients in our practices, but do not always identify them as a princess with her pea. Some patients relish in their self-appointed title and will explain that they suffer from the syndrome. Symptoms may include:

1. They are attention to detail orientated
2. They may have difficulties with their bite or a heightened awareness of a new restoration
3. Completing a new restoration that is high and needs several adjustments sessions long after the restoration has been completed
4. They may notice that the occlusal filling seems high after a root canal treatment
5. They cannot accommodate anything new in their mouth and have generalised difficulty in accommodating all dentistry
6. Aesthetic dentistry is an issue for them as they cannot tolerate changes in the mouth and have difficulty with tactile sensations in the mouth
7. They have heightened awareness of their mouth, their teeth and their smile
8. They may require extra attention and longer appointments
9. They enjoy the extra attention and the minutia in the complexities of their bite
10. They have difficulty tolerating a bite plate or a bleaching tray
11. They may have sleep disturbances and be a light sleeper.

Although there may be a neurophysiologic basis for these specific effects, it is important to question the patient about the other somatic sensations in their body and assess whether there are other issues.

They may have heightened tactile awareness and have other issues from a general medical point of view. They may have TMJ issues, as well as issues elsewhere in their body, stress issues and other related somatic issues.

Issues with the bite may result from completing a new composite resin posterior restoration. When the restoration is completed, the patient immediately reports that it is high and despite several adjustments it is still uncomfortable. All hell breaks loose and the patient cannot accommodate the new changes. This may result in TMJ problems and general discomfort in the entire occlusion.

At other times, these issues may be related to the length of the central incisor when completing a large direct composite bonding.

I like to explain to patients that the local anaesthetic often gives them a heightened awareness of the bite and that, after several adjustments, the treatment should be terminated so that the patient can learn to accommodate the new, slightly different bite in a conservative occlusion.

It can also be important to tell patients that they need to give things time to settle before too many adjustments are made and the restoration's anatomy is compromised.

Often irrespective of the causes underlying this 'princess and the pea' response, it is important to recognise this very rare syndrome in aesthetic dentistry – and document the patient's response to the treatment accordingly.

Moral of the story

The essence of the story is that aesthetic dentistry takes time. These 'princess' (hypersensitive) patients may never find their 'prince' or the 'pea' that is causing the irritation.

It is important to recognise that this syndrome does exist in aesthetic dentistry. Listen to the patient, assess them carefully and be understanding of their 'syndrome' when undertaking aesthetic dentistry.

Learn when not to be forced into undertaking treatment that may not be necessary because of their issues with tactile awareness. We can often be pursued and persuaded by patients to continue treatment, but we need to recognise this and the elusive pea.

The conclusion of the fairy tale was 'nobody but a real princess could be as sensitive as that'. Aesthetic dentists should be aware of this syndrome so that they don't end up with a grim treatment tale themselves.

Even the very best aesthetic dentists have to deal with these patients from time to time.

If you want to hear first hand about how they cope with them without compromising their results, you could do worse than coming to the Aesthetic Dentistry Awards next month (18 March). As always, they will be a night not to miss if you're remotely interested in rubbing shoulders with some inspirational clinicians – I hope to see you there!

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References

- Buxboim A, Rajagopal K, Brown AE, Discher DE (2010) How deeply cells feel: methods for thin gels. *J Phys Condens Matter* 22(19): 194116
- Farage MA, Maibach HI (2010) Sensitive skin: closing in on a physiological cause. *Contact Dermatitis* 62(3): 137-49
- Lundeberg T, Lund I (2007) Did 'The Princess and the Pea' suffer from fibromyalgia syndrome? The influence on sleep and the effects of acupuncture. *Acupunct Med* 25(4): 184-97
- Wilks CGW (2011) Stress modified swallowing. (letter to the editor) *Br Dent J* 210(3): 98