

Complete denture intolerance in edentulous patients

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ABSTRACT

Background: It has been indicated that with a dissatisfied complete denture patient, the problem could well lie with the patient himself rather than the dentist's clinical skills. The aim of this study was to identify the difficult patient and assess the correlation between his satisfaction and the quality of the denture.

Materials and Methods: One hundred complete denture patients attending the prosthodontic clinic were interviewed at the adjustment stage. Their opinion concerning their present dentures were recorded and compared to a profound clinical evaluation of the dentures. Correlations between patient's satisfaction and the quality of the dentures were assessed to identify the difficult denture patients

Results: The results showed that the most common reason for complaint was pain (30%), followed by over extension (17%), lack of retention (7%), discomfort (6%), difficulty during chewing and speaking (4%), poor aesthetics (2%) and defective occlusion (1%). The rest of the patients constituting 33% were satisfied with their dentures and had no difficulty adapting to them.

Conclusions: Out of a total of 100 patients, only 8 patients (2 females and 6 males) had unrealistic demands and complaints. The other 92 were either satisfied or had justifiable complaints.

Keywords: Complaint, satisfaction, denture quality. (J Bagh Coll Dentistry 2006; 18(1) 17-19)

INTRODUCTON

It has long been established that with a dissatisfied complete denture patient, the problem could well lie with the patient himself rather than the dentists clinical skills.

A number of studies have focused on the effects of psychological factors upon the ability of the patient to adapt to the new dentures⁽¹⁻⁵⁾. It is probable that a confident well content patient will find it easier to adapt than one with a poor self image.

Friedman et al⁽⁶⁾ classified denture patients into four categories, ranging from the adaptive patient to one who collapses emotionally due to loss of teeth and may never be seen by the dentist.

One common emotional problem in old age is depression⁽⁷⁾. Chamberlain and chamberlain⁽⁸⁾ found that as much as 10% of complete denture patients were depressed, which could well affect the outcome of the dental treatment. In another study⁽⁹⁾, a weak correlation was noted between patient satisfaction and denture fit. Schuttz⁽¹⁰⁾, identified difficult denture patients as individuals who present abnormal and uncommon denture problems.

Collett⁽¹¹⁾ also described them as patients who had abnormal reactions to dentures as a result of attitudes developed early in life and modified by anxiety and frustration.

It is the difficult patient who leads to anger and hostility between himself and the dentist, demanding a lot of time and energy. Jamieson⁽¹²⁾ stated that "fitting the personality of the aged patient is often more difficult than fitting the denture to the mouth". The emotional and psychological status of the patient must be considered during the process of making dentures⁽¹³⁾. Therefore the dentist is also required to understand the patient's attitude and psychology because this ability according to some prosthodontists will frequently make a difference between the acceptance and the rejection of the dentures⁽¹⁴⁾.

The aim of this study was to identify the difficult patient and assess the correlation between his satisfaction and the quality of the denture.

MATERIALS AND METHODS

A group of 100 patients 35 women and 65 men who sought complete denture care at the University of Baghdad, Dental College, fourth yea prosthodontic clinic were seen. They were asked to answer a questionnaire during the adjustment stage, one or two weeks after insertion of the dentures. The average age of those patients was 56.25 years, ranging from 37-80 years.

The questionnaire included information relevant to the patient's general circumstances as well as the dental history and personal and familial attitude towards dental care.

A detailed personal history was recorded for each patient, including socioeconomic

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status and medical history. The patients were also asked about previous dental history and family opinion concerning past or present complete dentures. The presence or absence of gagging during impression making was noted, as the presence of an active gagging reflex could well compromise the quality of dentures. Finally a clinical evaluation of the dentures was carried out to assess the quality of the dentures.

Stability, retention, extension, occlusion and esthetics were all examined. Any defects present in the denture were noted and were then compared to the patient's opinion of the dentures.

The necessary adjustments were then performed to eliminate any problems. The results of the clinical evaluation were then compared to the patient's complaints.

RESULTS

The results of this study showed that most patients presenting at the clinic were illiterate (65%), 12% had some form of school education while only 8% were University graduates. Fortunately, a small percentage of patients complained of gagging during impression making 22%.

Periodontal disease was the most common reason for loss of the teeth (61%) followed by caries (26%), while 12% lost their teeth as a result of both periodontal disease and caries. Only one patient lost his teeth because of an accident.

The majority of patients (87%) claimed that self-motivation was the reason for seeking denture treatment while the rest (13%) were attending the clinic at the insistence of family or friends.

Families in general seemed to encourage patients to have new denture (95%). Only 5% of families were either discouraging or indifferent. Patients with previous complete dentures constituted 69% (47% had only one while 22% had two or more).

The most common reason for complaint was pain (30%), followed by over extension (17%), lack of retention (7%), discomfort (6%), difficulty during chewing and speaking (4%), poor esthetics (2%) and defective occlusion (1%). The rest of the patients, constituting a large percentage (33%), were satisfied with their dentures and had no difficulty adapting to them.

DISCUSSION

The results of this study showed that most of the patients were illiterate, making communication between them and the dentist more difficult. In general, patients had a poor concept of dental hygiene. On the other hand, few patients had problems with gagging during impression making. Also neither family circumstances nor pre-existing prejudices against complete denture care presented serious problems.

Out of the total of one hundred patients, only eight, (two females and six males) could be classed as 'difficult' as they did not have a justifiable reason for their complaints. Three patients complained of inadequate retention, two of poor esthetics while the remaining three complained of over extension, difficulty during speech and mastication, and pain, respectively. As mentioned most patients were pleased with the esthetics at the adjustment stage and hence adapted easily to the minor problems that encountered during the use of the dentures. Straus et al⁽¹⁵⁾ reported that patients who were satisfied with the appearance and function of their dentures had positive attitudes and expectation and anticipated fewer problems with dentures. One of the patients who complained of inadequate retention also experienced severe gagging. This is in accordance with the explanation of Conny et al^(16,17) that gag reflex may upset the patient, compromise the quality of treatment and frustrate the dentist.

It is quite likely that some patients who do not return for adjustments are those who get frustrated with the symptoms of soreness very easily and cannot tolerate coping with any problem that arises even if that would take one or two visits to be cleared.

It is recommended that adequate time should be provided and dedicated at the diagnosis and treatment planning stage and before the commencement of the treatment procedure to educate the patients and explain the limitations of complete dentures as opposed to natural dentition. Also listening to the patient's expectations and previous denture experiences could assist and guide the patients for better adaptation and acceptance of their dentures and withstanding of minor problems that they face. Patient's ability to accept and learn to use the dentures ultimately determines the degree of success of clinical treatment⁽¹⁸⁾.

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Table 1: Complete denture care information: Normal and difficult patients

Education	Illiterate	School Education 6 – 12 years	University Degree
	65	27	8
Gagging	Present	Absent	
	22	78	
Reason for Extraction	Caries	Periodontal Disease	Both
	61	12	
Primary reason for denture construction	Aesthetics	Function	
	13	87	
Motivation	Self-Motivated	others	
	95	4	
Family Role	Encouraging	Discouraging or Indifferent	
	89	11	
Appointments	Suitable	Unsuitable	
	96	4	
Previous Dentures	None	One	Two or more
	31	47	22