Helprotesebehandling
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The influence of some anamnestic, demographic, and clinical variables on patient acceptance of new complete dentures. Einar Berg. Acta Odontol Scand 1984

Study Aim
Test the hypothesis that the information obtained by the dentist during a conventional anamnestic and clinical investigation is important in predicting how new complete dentures will be accepted by the patient.

Material and methods
74 patients, mean 66 years, previous denture experience varied between 1-50 years, mean 20 years.
***Although not described in M&M recordings were made of: patient age & gender, previous denture experience, years with present dentures, number of previous used dentures, use and type of drugs and number of consultants with physician.
1. Clinical assessment of denture-bearing area shape & resilience, and the oro-facial musculature. Scored 1 (favorable) to 3 (poor). 1 examiner. Intra-examiner reliability varied 63-85%.
2. Evaluation of the quality of old dentures, general state of health and estimated prediction of acceptance. (Scored 1 to 3).
3. Interview about patient satisfaction with their old and new dentures received 2-4 weeks previously. Related to general satisfaction, and degrees of comfort, retention, mastication, fit, esthetics, speech as well as amount of pain and soreness. (Scored 1-2 = acceptance, and 3-4 = dissatisfaction). The usage pattern of the dentures was also recorded.
4. The degree of satisfaction was related to the clinical assessment and interview data, and described with Pearson's correlation coefficients. It is unclear if computations were made on individual or categorized data.

Results
 51% used drugs regularly. 30% of these used psychopharmaceuticals regularly.
1. Unfavorable anatomical conditions prevailed in the mandible (43%), displaceable tissue was recorded in 20% and 51% had unfavorable oro-facial musculature.
2. 92% of the old dentures were evaluated as unacceptable poor quality. (range 1-43 years, mean 17 (upper) and 14 years (lower))
3. 66% were dissatisfied with their old dentures, especially the mandibular dentures. 15% were dissatisfied with their new dentures. Most common problem was pain (35%) and difficulties of speech (35%) with the new mandibular dentures.
4. The best predictors of patients dissatisfaction with new dentures among the anamnestic and clinical evaluation data are nr. of years with mandibular dentures, the usage pattern of dentures, and the dentist estimates of problems. However, the coefficients are so low that they can be regarded as trivial in a clinical context.
5. The best predictors of patients dissatisfaction with new dentures among the patient's opinion with their old dentures are the fit of the mandibular dentures and the ability of speech. These correlations were low and therefore without practical/clinical importance.

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Discussion
1. The investigation was limited to patients with presumed adaptive abilities to the use of dentures.
2. The intra-examiner variability could perhaps have been improved.
3. No age effect was found in this study.
***The age distribution was 24%<60 y., 73% 61-80 y., and 3% > 80 years. This conclusion may thus at best only be correct in the age range < 80 y.
4. No single variables have prognostic values of practical significance
***Univariate statistics may be confounded by inter-relationship among the independent variables. The results would perhaps have been different had a multiple regression model been made.
5. Even with new well made dentures 10-15% patients will be dissatisfied.

Differences in Oral Stereognosis Between Complete Denture Wearers
AA van Aken, MA van Waas, W Kalk, GM van Rossum
Int J Prosthodont 1991

Study Aim
Investigate differences in oral perception between satisfied patients with poor dentures (test group 1) and dissatisfied

patients with optimally designed dentures (test group 2).

Method
68 patients, mean 57 years. previous denture experience was in average 15 years.
1. Questionnaire about patient satisfaction with their dentures, received 2-8 years
 previously. Related to comfort, retention, chewing hard & soft food, and general
 opinion.
2. Quality evaluation of the dentures
 (Kappa agreement .33 -49 among 3 dentists)
3. Identification of 10 small test objects placed on the patient's tongue,
 i.e. the stereognosis test. Scores were 1-3, correct, partially correct and wrong
 (Reliability of the test was not reported)
4. Correlation between patient satisfaction and stereognosis test results
5. Compare the stereognosis test results in the two groups, analyze the differences
 using an F ratio.

Results
1. 26% had good dentures in both jaws, 14% poor in both jaws, 9% were dissatisfied with their upper dentures, 33% with their lower dentures.
2. There was no correlation between patient satisfaction and stereognosis test results
2. Subgrouping yielded 5 patients in test group 1 and 15 in group 2. Mean scores in the two groups were resp. 21 ± 7 and 17 ± 4. The F-ratio was 2.1 with p= .16.

Discussion
1. The results contrast several previous study results. No differences were observed.
2. The sizes of the samples were small
***The conclusion that the test is reliable is not supported by any data

Determinants of dissatisfaction with dentures: A multiple regression analysis
Marinus van Waas. J Prosthet Dent 1990

Study Aim
Determine the role of several factors on patient dissatisfaction with dentures, with special attention to the factors "oral condition" and "attitude toward dentures".

Material and methods
130 patients, mean 57 years, previous denture experience was 18 (maxilla) and 15 years (mandible).
Procedures made before the new dentures were made:
1. Clinical evaluation of the denture-bearing area and height of the mandible in the frontal area on cephalographs.
2. Questionnaires were completed by patients on their opinions about the student treatment, and their attitudes toward using dentures, as well as their expectations toward the new denture.
3. Patient's personality was evaluated using a "neurotic lability" index.
4. Socio-economic variables such as age, previous dental history, education etc. recorded. 3 months after receiving the new dentures the patients answered 7 questions with dichotomous answers concerning expectations of the new dentures.
An evaluation of the quality of the new dentures was assessed by 3 examiners
The reliability was not reported but is referred to as low in another publication.

The patients opinions on students and patient satisfaction were transformed to indices using factor analyses. The relationship between the patient satisfaction (factor sums) and the independent variables were computed using Pearson's correlation coefficients and multiple regression.

Results
After 3 months 15% were dissatisfied with their new dentures, most often in the mandible.
The most important predictive variables for satisfaction were, when calculated by univariate statistics:
Denture quality, "functional aspects of dentures in general", and " expectation toward the new dentures". The multiple regression analysis showed that 33% variance was explained by the four variables: denture quality (r=13%), clinical evaluation of oral conditions, "functional aspects of dentures in general", and number of previous dentures.

Discussion
1. Only 33% variance was explained. This may be due to incorrect recording of variables (e.g. interpersonal relationship of the student-patient), low reliability of recording, variation in frequency distributions and patient satisfaction may have been biased on the recording day.
2. The oral conditions and patient personality seem to be unimportant predictive variables.
3. Satisfaction with dentures must be individually determined and is often unpredictable for both dentists and the patient.

*** The study do not address potentially influential variables such as the degree of tissue atrophy, saliva flow, physical disabilities, neuromuscular coordination abilities, use medicine, food manipulation activity and oral perception ability.

Management of the edentulous elderly patient
Krishan Kapur.
Gerodontics 1987

Discussion article
Describes important factors related to the treatment of elderly patients.
Projected need for dentures is high. The moderate reduction in rate of edentulousness will not keep pace with the increase in elderly population.
Elderly are vulnerable to dental neglect. Due to: functional impairments, passive structure of health care delivery require initiative, low priority in health care planners.
The introduction of extremely effective measures to control dental diseases would still require a lag period of 20-30 years before significant impact can be made on the rate of edentulousness.
Consequence of deferring edentulism is that adjustments to dentures will be undertaken at a time when adjustments to other disabilities are also being made and the chance of rejecting even well constructed dentures might tend to increase.
The perception of dentures are different among dentists and patients.
Dentures have functional limitations.
Elderly are not an homogeneous group, but vary markedly in physiologic and psycosocial characteristics.
The management of healthy elderly is similar to that employed to any other dentulous adult. The management of frail elderly patients, in contrast, is quite different and can be difficult. Dentists may perceive little or no improvement in their elderly patient, but must learn to derive satisfaction by serving these patients.

Cohort comparisons of dental status in the adult Swedish population between 1975 and 1981
Tor Österberg, Gunnar Carlsson, Dan Mellström, Walter Sundh Community Dent Oral Epidemiol 1991

Study Aim
Describe and analyze changes in dental status in Sweden over 1975-1981 and relate changes to factors such as age, gender and urbanization level. A second aim was to establish a baseline for subsequent investigations.

Material and methods
Interviews about welfare components such as occupation, education, housing conditions, social network and support and health, including dental status.
Statistics made in 1975, 1977 & 1981. In 1981 the sampling was stratified.
In 1981 stratum 1 (16-74 y) included approx 15000, and stratum 2 (> 75 y) 2500 individuals. The participation rate was 81% in 1975, 81% in 1977 and 86% in 1980.
Variations in dental status were related to demographic data, socio-economic conditions, social support and life style factors.

Results
During the observation period the prevalence of edentulousness decreased from 12,7% to 9.9% among men and from 15.5% to 11.2% in women.
The highest explanatory value for edentulousness are age, urbanization, occupation and tobacco smoking.

Discussion
The demand for dental care is very low among edentulous individuals. Edentulism is a decreasing phenomenon.
The life expectancy increases and the period of good general health among elderly expand.
The increasing proportion of dentate people will have higher levels of education and anticipated demand for dental care.
Consequently, it can be estimated that in the future there will be an increased need and demand for dental care due to more dental patients with their own teeth.
Certain risk groups, especially in lower socio-economic segments, will continue to have poor dental health, and need attention to avoid negligence of dental care and prevention.