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Research Article

ASSESSMENT OF SELF PERCEIVED ORAL HEALTH STATUS AFTER CONVENTIONAL PROSTHODONTIC TREATMENT IN A PATIENT POPULATION

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ABSTRACT

This study assessed the self-reported effect of conventional prosthodontic treatment on various functional and psychosocial aspects of a patient's life. Hundred patients were given a questionnaire regarding the change in their oral health following one month of treatment. The survey revealed the positive impact of routine prosthodontic treatment on the oral health related quality of life of the patients.

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INTRODUCTION

Tooth loss can affect different aspects of patients' lives including appearance, function and interpersonal relations, thereby impairing the quality of life of patients.¹ The overall goal of prosthetic rehabilitation is to improve these aspects of oral health for the patient. Traditionally, clinicians have assessed prostheses using predetermined criteria for success based on technical standards, which usually do not take into account the needs and attitudes of individual patients.

The primary goal in therapies for chronic conditions such as edentulism is improvement in that condition rather than cure, and therefore it is patient based outcomes that are more important.

Notwithstanding the long-term success of implant based restorations, the world population growth rates along with the extended life expectancy may lead to an increasing demand for conventional prostheses. There is a need to evaluate the level of well being supplied by conventional prostheses since such treatments are still the most commonly frequently requested worldwide.²

Thus, the aim of this study was to evaluate the changes in oral health status reported by subjects treated with conventional prostheses.

MATERIALS AND METHODS

A cross sectional study was designed and conducted on persons seeking dental prosthetic treatment selected randomly from the patients visiting the Dept. of Prosthodontics, A.B.Shetty memorial institute of dental sciences, during the time period May-July 2015.

A questionnaire was prepared to assess the perceptions of the patients within a month of receiving conventional treatment with removable or fixed prostheses. Patients receiving implant – based prostheses were excluded from the study.

The questionnaire comprised 10 questions and was adapted and modified from the OHIP³ and OHRQoL⁴ model. Informed consent was obtained and the questionnaire was completed by the examiner who interviewed the patients. Frequency was codified using a Likert type scale with three options.

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RESULTS

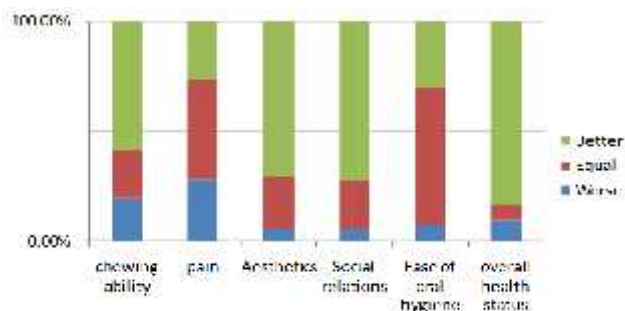


Figure 1 depicts the various parameters influencing the oral health related quality of life following treatment with conventional prostheses. Dental prosthetic therapy was associated with an improved well being sensation with respect to Chewing ability, Aesthetics and Overall health status. Chewing ability and Pain worsened in 20% and 28% of the surveyed population, respectively. Social relations were not affected significantly in the short term.

Chewing Ability

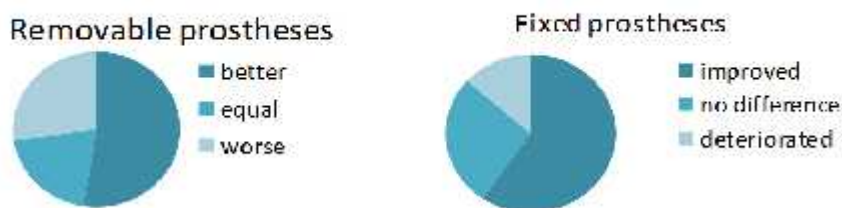


Figure 2 represents change in masticatory ability and comfort following treatment with removable and fixed prostheses respectively. FDPs facilitated mastication more than RDPs.

Aesthetics

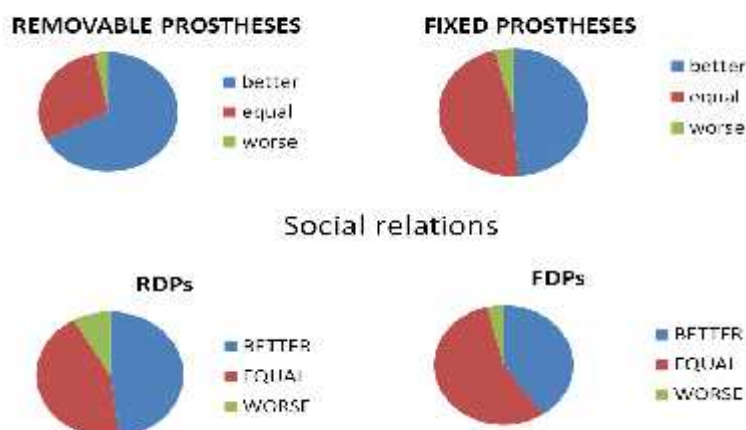


Figure 3 shows the effect of Prosthetic therapy with regard to aesthetics and interpersonal relations. Treatment with either removable or fixed prostheses resulted in better aesthetics although no significant effect on social relations was seen in the short term.

DISCUSSION

The outcomes of prosthodontic therapy are so variable that they cannot be reliably assessed only by clinical measurements.⁵ This study estimates the impact of conventional dental prosthetic treatment by means of a questionnaire, with respect to Function, Psychosocial Impact and overall health status.

The qualitative responses used to judge the direction of change after treatment (i.e. “worse”, “equal” and “better”) solve the difficulty of what degree of change is necessary to be considered meaningful.⁶ Chewing, Aesthetics and Self satisfaction with overall health status changed positively following conventional prosthetic therapy. This could be attributed to improved function and increased sense of security provided by the rehabilitation process.

FDP candidates showed the least psychosocial discomfort, as they normally have more functional, occlusal and aesthetic units and fewer missing teeth than do candidates for RDPs.

Following treatment with removable prostheses, aesthetics as a concern was replaced by denture function problem. This is suggestive of the fact that longer time is needed for patients to adapt to the RDPs, as proved by clinical experience.

Although no significant improvement in the oral health related quality of life was reported in FDPs replacing one or two missing posterior teeth, this treatment modality resulted in some patients complaining of slight discomfort on chewing or food getting caught between the teeth. This may be attributed to improper contacts or contours of the prostheses, a factor that

can be provided for by meticulous attention to the procedures involved in the fabrication of the prostheses.

Thus, fixed dental prostheses seemed to be a more accepted and preferred choice of prosthetic rehabilitation, owing to their ability of being a more natural means of replacing missing teeth and requirement of a shorter adaptation time.

CONCLUSION

Most patients reported improvement in chewing ability, smile aesthetics and satisfaction with their overall health status after receiving conventional prosthodontic treatment.

The maximum benefit was seen in patients receiving fixed prosthodontic therapy whereas the least improvement was seen in persons treated with removable partial dentures, which maybe due to the short duration of follow up. Long term studies are desirable to better assess the effect of these treatment modalities, providing for the adaptation of the patient to the prostheses.

Further studies are necessary which also evaluate the impact of implant supported prostheses on the oral health related quality of life.

Also, since this study was done on a population attending a dental school, generalization to private practice must be made with caution.

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