



Dentures excellence and Patients Contentment

Umar Farooq, Safoora Hashmi² and Muhammad Inqalab Fareed³

¹HO, NID, Multan, umerfarooq62@gmail.com, 03325770533

²HO, NID, Multan, safurahashmi94@gmail.com, 03428810415

³HO, NID, Multan, inqlabfarid@gmail.com, 03058884373

ABSTRACT

This examination is gone for assessing a co-relationship between complete dentures quality and their functionality. Consider the denture effective / successful by the dental specialist when assess dentures from perspective of their own contentment. For the purpose of speech, or mastication as well as aesthetic consideration, the patient's capacity to utilize denture has been assessed with complete standard dentures. The investigation of information on 120 patients demonstrated dentures quality direct relationship and patient's acceptance of dentures.

Key words: Quality, Functionality, Complete Dentures,

INTRODUCTION

Even before the Christian era, humankind is known to have worried about substitution of lost teeth. Various examinations have revealed the connection between denture excellence and patient's contentment. The outcomes of these examinations / investigations are opposing. Concentrates distributed by creators, for example, in 1972 Bergman, in 1967 Carlson et al and in 1949-1957 Young et al demonstrate that some toothless (edentulous) patients are very fulfilled disregarding specialized flaws in their dentures.

Then again, there are patients who are disappointed in spite of the fact that specialized nature of their dentures is incredible, as appeared in concentrates by Yoshizumi in 1964 and Langer et al in 1961. In 1983 Mane and Mehra was found an opposite relationship. The more disappointed patients are with the dentures of better quality.

According to a study conducted by Wass during 1990, even particular issues like dentures looseness, trouble in biting, chewing difficulty and pain were not identified with the nature of ridges. Therefore, optimal anatomic condition patients may have indistinguishable issues with dentures as do patients with atrophic edges. These outcomes are in concurrence with those of most different examinations conducted by Carlson and Kalk in 1967 & 1979 respectively.

MATERIALS AND METHODS

On random basis, one hundred and twenty (120) patients were included in this investigation.

The age range of patients were thirty eight years to eighty one years. From (Date) to (Date) at Punjab Dental Hospital, Lahore complete dentures were made. Dentures standards were judge by approved principles of Academy of Dentures Prosthetics in this investigation. Two questionnaires were designed for the purpose of this investigation. The objective of first questionnaire is to find out thought of patients about their denture. The patients were asked to give denture rate as good, fair and poor in six type of categories i.e. (i) retention-Fit, (ii) food chew ability, (iii) appearance / look, (iv) speech / communication, (v) food tasting ability and (vi) comfort / contentment. For each category rating criteria was furnished as good, fair and poor. On the basis of 3=good, 2=fair and 1=poor, each item was scored. As a result, the score could range from 18, with all categories circled good, to 6, with all categories circled poor. This total score was termed/described the satisfaction score of patients.

To know the patient's introducing objections and the denture history from that temporary finding was made. Denture examination includes (i) the denture bases examination, (ii) jaw relations i.e. horizontal & vertical, (iii) positioning/situating tooth and (iv) occlusion.

At that point inside examination of any pathology in the mouth was done. New denture's quality was also compared with the quality of old dentures which was used by the patients.

All the necessary medical history was recorded and established the final diagnosis. The same questionnaire was utilized for this purpose which is used generally for diagnosis & treatment planning in Prosthetics Department of (Hospital).

Quality scoring of dentures was made on the same basis as questionnaire-1. Upper/Lower bases retention give 3=good, 2=fair and 1=poor. If correct vertical dimension than =2 and 1 if incorrect. In case of centric relation, 3=correct decision, 2=split and 1=wrong. U/L dentures stability categorized in 3=good, 2=fair and 1=poor. Esthetics determine by dentures amicability with face & teeth situating in association to biometric guides. 2 scores were given to good consonance



and right situating and 1 score was given to inappropriate.

The information accumulation was orchestrated with the goal that a relationship could be setup between the accompanying variables: (i) dentures quality and satisfaction of patients, (ii) In complete denture patient's satisfaction with the changes of age, (iii) association among denture individual fault and complaints of patients.

RESULTS

Utilizing spearman coefficient test for whole sample. Sixty nine years the mean age of complete denture bearers.

Adaption of complete denture's success rate was high in male as compared to females. There was no connection of patient age to fulfillment of patients with finish / complete dentures. 90% patients were for the most part fulfilled with new dentures, ten percent patients had obscure history of issues, no related with flaws in dentures. For the most part patient's protestations and fulfillment is in relationship with nature of old and new dentures as appeared in table-I and II. Result distribution of old dentures investigation shown in table-III.

Table-I: Answer Distribution to Questionnaire on Satisfaction of Patients with Old Dentures (Ques /Ans)

	Good (Satisfied)		Fair (Fairly Satisfied)		Poor (Dissatisfied)	
	=N	%	=N	%	=N	%
Contentment	26	22	46	38	48	40
Upper(Fit)	34	28	58	48	28	23
Lower(Fit)	08	07	36	30	76	63
Food Eating Ability	24	20	50	42	46	38
Food Taste Ability	64	53	54	45	02	02
Look	36	30	62	52	22	18
Speech/ Communication	50	42	70	58	-	-

Table-II: Answer Distribution to Questionnaire on Satisfaction of Patients with New Dentures (Ques /Ans)

	Good (Satisfied)		Fair (Fairly Satisfied)		Poor (Dissatisfied)	
	=N	%	=N	%	=N	%
Contentment	100	83	12	10	8	07
Upper(Fit)	100	83	20	17	-	-
Lower(Fit)	60	50	58	49	02	01
Food Eating Ability	58	49	60	50	02	01
Food Taste Ability	116	97	04	03	-	-
Look	102	85	14	12	04	-
Speech/ Communication	114	95	06	05	-	-



**Table-III: Old Dentures Technical Quality Assessment:**

Assessment/Retention	=N	Percentage
Upper		
Good	18	15
Fair	58	49
Poor	44	35
Lower		
Good	02	02
Fair	30	25
Poor	88	72
Harmony Centric Relation with Centric Occlusion		
Yes	58	49
No	38	30
Vertical Dimension of Occlusal		
Accurate	80	66
Inaccurate	40	33
Upper Stability		
Good	28	23
Fair	50	42
Poor	42	35
Lower Stability		
Good	06	05
Fair	30	25
Poor	84	70
Look		

Yes	58	48
No	62	52
Teeth Antero-posterior Position		
Yes	30	25
No	90	75

DISCUSSION

The outcomes of this investigation show that there was no relationship among patient's age and satisfaction of patients with complete dentures. The dentures that have deficiencies like under expanded bases or mistaken jaw relations, for the most part in these cases patients likewise whined about maintenance and powerlessness to eat nourishment. Be that as it may, the patient's feeling about the appearance is unique in relation to administrator's assessment of style as indicated by the biometric guides. In a few patients disappointment with appearance can result in absence of trust in total dentures and introduction of dubious objections.

CONCLUSION

This investigation did not discover any relationship between patient's age and denture satisfaction. There was meaning connection between's quality of dentures and satisfaction of patients.

REFERENCES

- [1] Bergman B, Carlson G E. Review of 54 complete denture wearers, patient's opinion One year after treatment. Acta Odontol Scand 1974; 30:L399-414.
- [2] Carlson, Otterland A, Wenstrom A. Patient factors in appreciation of Complete denture. J Prosth et Dent 1967; 17:312-18.
- [3] Kalk W. Hat Kunstgebit een blij blezit? [Thesis],Free University, Amsterdam ,1979.
- [4] Langer A, Michman J. Factors influencing satisfaction with complete dentures in geriatric patients. J Prosthet Dent 1961;11:1019-31.
- [5] Mannes, Mehra R. Accuracy of perceived treatment needs among geriatric denture wearers. Geriodontolgy 1983; 2:67.
- [6] Van Aken A.M. Differences in oral stereognosis between denture wearers. Eur Prosthet Assoc 1989 Annual meeting.
- [7] Van Wass AJ. The influence of clinical variables on patient satisfaction with complete dentures. Int J Prosthet 1989; 437-39.
- [8] Oshizumi Y. An evaluation of factors pertinent to success of complete denture service. J Prosth et Dent 1964;14:866-878.