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Evaluation Of Post Insertion Problems Of Complete Denture According To The Recent Classification .

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Abstract

The objective of this study aimed to diagnose and compare the problems of complete denture after insertion into the patient's mouth .

This study was carried out on 40 Iraqi patients with an age range between (55 – 65) years .

Each patient asked about the problems arises after insertion of complete dentures . The questions were asked to the patients is listed according to the recent classification of post insertion problems .

Results showed that the percentage of patient's complaint from adaptation problems on wearing complete denture was higher than looseness problems and discomfort problems as followed . The percentage showed that 62.1% complain from adaptation problems , 61.3% complain from looseness problems and 39.3 % complain from discomfort problems .

So treating the patient requiring complete dentures is one of the most challenging and demanding aspects of dentistry and assessing the psyche of patients is extremely complex .

words : complete denture , Insertion Problems , Psychological State

الخلاصه :-

يهدف هذا البحث إلى المقارنة بين المشكلات والشكاوى المتعلقة بالطقم الكامل والتي يعاني منها المرضى وفقا لأحدث تصنيف ورد لهذه المشكلات. فقد تم اختيار (40) شخص يرتدون الطقم الكامل منذ حوالي خمس سنوات. وتم اختيارهم عشوائيا من مناطق متفرقة . معدل أعمارهم كان بين (55-65) عام .وتم توجيه الاسئله المتعلقة بمشكلات الطقم الكامل لكل منهم . هذه الأسئلة نظمت وفقا لأحدث تصنيف ورد لهذه المشكلات .

أظهرت النتائج أن النسبة المئوية للمرضى الذين يعانون من عدم التعود على الأطقم (62.1%) كانت اكبر من النسبة المئوية لمشكلات عدم ثبات الطقم (61.3%) ومشكلات عدم الارتياح (39.3%) . وقد تم مناقشة وتفسير نتائج هذا البحث وفقا لبحوث أجريت لتقييم الحالة النفسية والانفعالات العصبية لمرضى الأطقم الكامل والتي تعد الأساس في تقييم الطقم بالإضافة إلى التقييم المعتاد لحالتهم التشريحية والفسلجية والمرضية .

Introduction

There are problems arises subsequent to the insertion of complete dentures . These problems may be transient and may be essentially disregarded by the patient , or they may be serious enough to result in the patient being unable to tolerate the dentures . [(1)]

Some complication requiring a quick solution . Another difficulty would be the adaptation of the patient to the required changes in their day time habit pattern which , is not easy .[(2)]

So treating a completely edentulous patient and being able to restore some degree of function , esthetics , and the individuals self- esteem can be a very satisfying experience for a dentist . Or it can be an extremely frustrating experience if things fail to go smoothly and the patient comes

back repeatedly with complaints about the quality of the denture and the capability of the dentist. It is unlikely that any dentist can solve all the problems that patients may present . certainly the best approach is to avoid as many problems as possible . This can be accomplished most effectively by selecting a satisfactory technique and by using care in diagnosis and all phases of treatment .

Adequate patient education is also essential . Factors which may limit the prognosis of treatment must be explained to the patient .

Post insertion care is a critical phase in the treatment of the edentulous patient . Scheduled and systemic follow up care can uncover minor problems and complaints which can become major problems if not treated promptly . [3]

Complete denture problems are divided into many general categories . Specific problems are listed in each category and their probable causes , specific diagnostic procedures , and appropriate corrective measures are present .

This study was undertaken to evaluate the percentage of post insertion problems according to the recent classification that divided them into : Discomfort problems , looseness problems and adaption problems .

Although other problematic clinical situations exist , this study have attempted to cover the principle situations which may be encountered in daily general dental practice . [4]

Materials and methods

The sample : -

The sample consist of 40 Iraqi patients (20 males and 20 females) wearing complete dentures from about five years ago . They selected randomly with an age range from (55 – 65) years old .

The selection of the patient was done according to certain criteria , which include patient with good mentality and general health . This is to insure that the patient can cooperate .

Materials and equipments :-

Diagnostic set (dental mirrors , tweezers and dental probe)

Methods :-

Each patient was seated on dental chair and asked to participate in the study after explaining the aim of this study to each one .

A clinical case sheet was designed and filled for each patient including :-

I / General information about each patient :

1- Name 2- Age 3- Sex 4- General Health 5- Address

II / The dental history of each patient by asking them certain questions .

The questions asked to the patients were divided accordingly to the classification of post insertion problems . (This classification is related to the patient's complaint) **:-**

I) Questions associated with (problems of discomfort) include:-

A-Do you have areas painful to pressure?
B-Do you fell pain on insertion & removal the dentures?
C-Do you have error in occlusion?
D-Do you bite on cheek during mastication or speech?
E-Do you bite on lips?
F-Do you have numbness or pain in the lower lip?
G-Do you bite on tongue during mastication or speech?
H-Do you have difficulty in swallowing?
I-Do you have pain about periphery of dentures?
J-Do you have burning sensation ?
K-Clinical examination and ask about ulcers in the mouth?

II) Questions associated with (problems of looseness of dentures) include:-

A- Do you have lack of peripheral seal during mastication or speaking ?
B- Is the lower denture rise when mouth opened ?
C-Is the lower denture rise when the tongue protruded ?
D- Do you fell tilting of dentures ?

III) Questions associated with (problems of adaptation) include :-

A – Do you fell noise on eating or speaking ?
B - Do you have eating difficulties ?
C - Do you have blunt teeth ?
D - Do you have speech problems ?
E - Do you have gagging reflex ?
F - Are you satisfying with denture appearance ?
G - Are you adapting the dentures ?

If the patient complain from the problem , we mark (yes) , and if he didn't complain , we mark (no)

Results

The results of this study showed that the percentage of patient's complaint from adaptation problems on wearing complete denture (62.1%) was higher than looseness problem (61.3%) and discomfort problems (39.3 %) as followed .

Table (1) gives the number of answering (yes) and (no) for each problem and the percentage of each one with statistical analysis shows the significant between them .

Table (2) shows the percentage of discomfort problems according to the questions asked to the patients . And figure (1) explain the distribution of this problems .

Table (3) shows the percentage of looseness problems also according to the questions asked to the patients . And figure (2) shows the distribution of this problems .

While table (4) represents the percentage of adaptation problems according to the questions asked to the patients , and figure (3) shows the distribution of this problems .

A comparison between the sex is also done in this study and for each problem . Table (5) and figure (4) that related to it , both of them explain the distribution of discomfort problems among gender.

Table (6) and figure (5) , explain the distribution of looseness problems among gender while table (7) and its relative figure (6) show the distribution of adaptation problems among gender .

Discussion

This study showed that the percentage of adaptation problems of complete denture were the higher than (looseness and discomfort) problems , that feeling of refused as emotional problem is related to the patients own previous experience , his own personality , and his attitude . They are presented by inflexibility and inability to adapt to a new situation and difficulties . This related to psychological state of patients and emotional problems that may cause rejecting dentures for reasons unrelated to clinical or technical adequacy .[5]

The psychologist William James defined emotion as "the state of mind that manifests itself by perceptible change in the body , which is important in the development of personality " . [6]

The emotional reaction of an aged person is by subjective factors , while the ability to make objective judgment diminishes with progressive senescence , therefore , the patient's satisfaction may often be an expression of his general felling of gratification toward dentist or an institution that gives him normal life conditions . And the attitude of the patient frequently determines the success or failure regardless of the practical full denture prosthesis .

The dentist must improve and modify to some degree the mental attitude of the patient and encourage him to accept the treatment he suggests. And the dentists must train themselves to reassure the patient , to perceive the patient's whishes , and to know how and when to limit . the patient's expectations . [7]

The patient was punctual for appointments cooperated in their treatment , and understood the reasons for the treatment and was highly motivated .

Since a connection between emotional problems and denture problems may exist , a health questionnaire should be used as a guide for a structured personal interview with the patient . The main question is about the complaint " what is the problem ? " and record the patient's symptoms and understand what information should be elicited in history taking . And finally develop a questioning style that is consistent through and obtains the most information . [8]

All form of prosthodontic treatment require clinical skill that are well supported by adequate technical services .

Equally important is good rapport and mutual understanding between the patient (who mostly old age) and the dentist (who should understand that the time leaves its imprint on every living thing) . [7,9]

So communication is the key factor in the management of patients . thus the process of examination must include an evaluation of the patient in broadest sensemedical status , dental condition and personality , so that realistic basis for the formulation of treatment plan , the likely outcome of treatment . and the ability to generate effective interpersonal communication is possible . [9]

Practicing dentistry is not easy .Technologic and psychological understanding of the needs, wants , desires and expectations of our patients , as well as some of the frustrations and limitations of what we can provide . [10]

Table (1): Statistical data with ANOVA test among the percentages of each (post insertion problem of complete dentures) .

Problems		Results		Total	Comparison of significant	
		Yes	NO		P-value	Sig.
Discomfort	N	173	267	440	-	-
	%	39.3	60.7	100		
Looseness	N	98	62	160	0.00	Highly Sig. (P<0.01)
	%	61.3	38.8	100		
Adaptation	N	174	106	280	0.00	Highly Sig. (P<0.01)
	%	62.1	37.9	100		
Total	N	445	435	880	0.853	Non Sig. (P>0.05)
	%	**50.6**	**49.4**	**100**		

Table (2): the percentage of discomfort problems according to the questions asked to patient **.**

Question of discomfort problems	No.	%	Comparison of significant	
			P-value	Sig.
A	38	22	0.00	Highly Sig. (P<0.01)
B	33	19.1		
C	35	20.2		
D	17	9.8		
E	15	8.7		
F	2	1.2		
G	14	8.1		
H	3	1.7		
I	8	4.6		
J	3	1.7		
K	5	2.9		
Total	173	100		

Table (3): The percentage of looseness problems according to the questions asked to the patients .

Questions of Looseness problems	No.	%	Comparison of significant	
			P-value	Sig.
A	34	34.7	0.097	Non Sig. (P>0.05)
B	26	26.5		
C	20	20.4		
D	18	18.4		
Total	98	100		

Table (4): The percentage of a adaptation problems according to the questions asked to the patients .

Questions of Adaptation problems	No.	%	Comparison of significant	
			P-value	Sig.
A	38	21.8	0.00	Highly Sig. (P<0.01)
B	26	14.9		
C	16	9.2		
D	14	8		
E	7	4		
F	37	21.3		
G	36	20.7		
Total	174	100		

Table (5): Distribution of discomfort problems among gender.

Questions of discomfort problems		Gender		Total	Comparison of significant	
		Male	Female		P-value	Sig.
A	N	19	19	38	0.574	Non Sig. (P>0.05)
	%	50	50	100		
B	N	18	15	33		
	%	54.5	45.5	100		
C	N	17	18	35		
	%	48.6	51.4	100		
D	N	9	8	17		
	%	52.9	47.1	100		
E	N	6	9	15		
	%	40	60	100		
F	N	0	2	2		
	%	0	100	100		
G	N	9	5	14		
	%	64.3	35.7	100		
H	N	1	2	3		
	%	33.3	66.7	100		
I	N	6	2	8		
	%	75	25	100		
J	N	1	2	3		
	%	33.3	66.7	100		
K	N	1	4	5		
	%	20	80	100		
Total	N	87	86	173		
	%	50.3	49.7	100		

Table (6): Distribution of Looseness problems among gender.

Questions of looseness problems		Gender		Total	Comparison of significant	
		Male	Female		P-value	Sig.
A	N	15	19	34	0.449	Non Sig. (P>0.05)
	%	44.1	55.9	100		
B	N	15	11	26		
	%	57.7	42.3	100		
C	N	11	9	20		
	%	55	45	100		
D	N	12	6	18		
	%	66.7	33.3	100		
Total	N	53	45	98		
	%	54.1	45.9	100		

Table (7): Distribution of adaptation problems among gender.

Questions adaptation problems		Gender		Total	Comparison of significant	
		Male	Female		P-value	Sig.
A	N	19	19	38	0.713	Non Sig. (P>0.05)
	%	50	50	100		
B	N	12	14	26		
	%	46.2	53.8	100		
C	N	8	8	16		
	%	50	50	100		
D	N	7	7	14		
	%	50	50	100		
E	N	6	1	7		
	%	85.7	14.3	100		
F	N	18	19	37		
	%	48.6	51.4	100		
G	N	18	18	36		
	%	50	50	100		
Total	N	88	86	174		
	%	50.6	49.4	100		

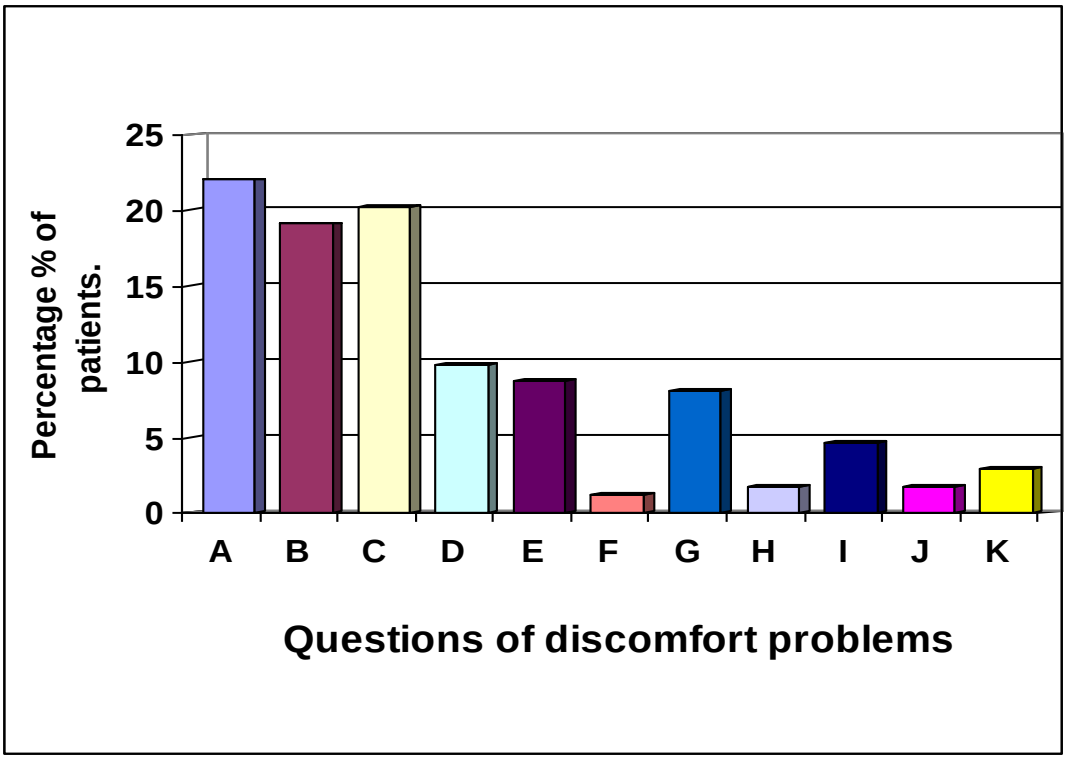

Figure (1): The distribution of discomfort problems according to the questions asked .

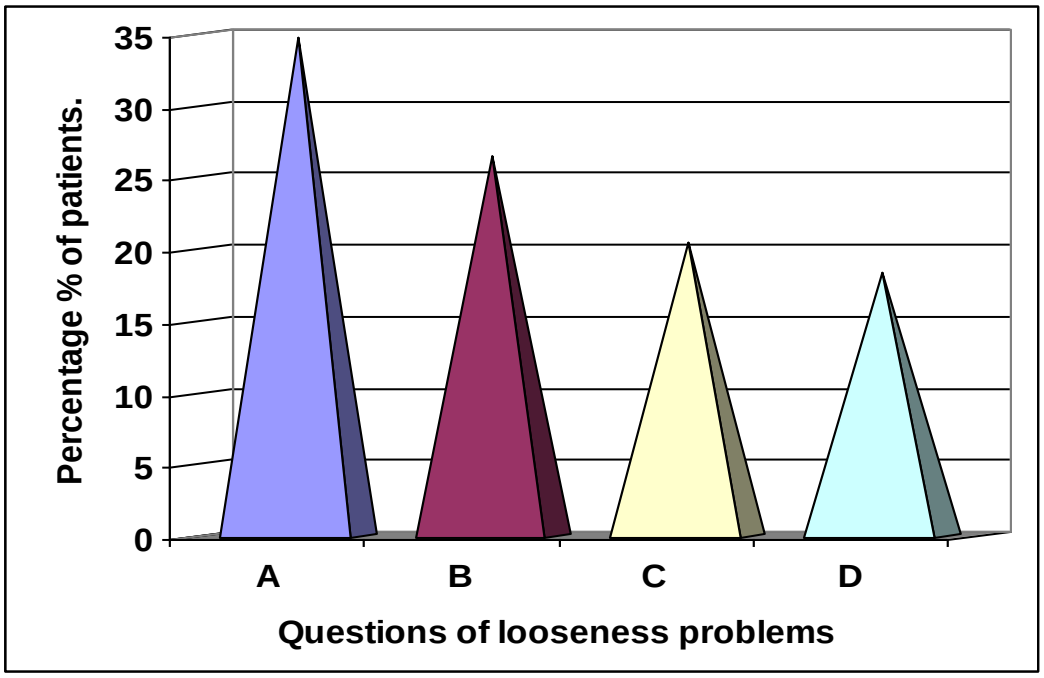

Figure (2): The distribution of looseness problems according to the questions asked .

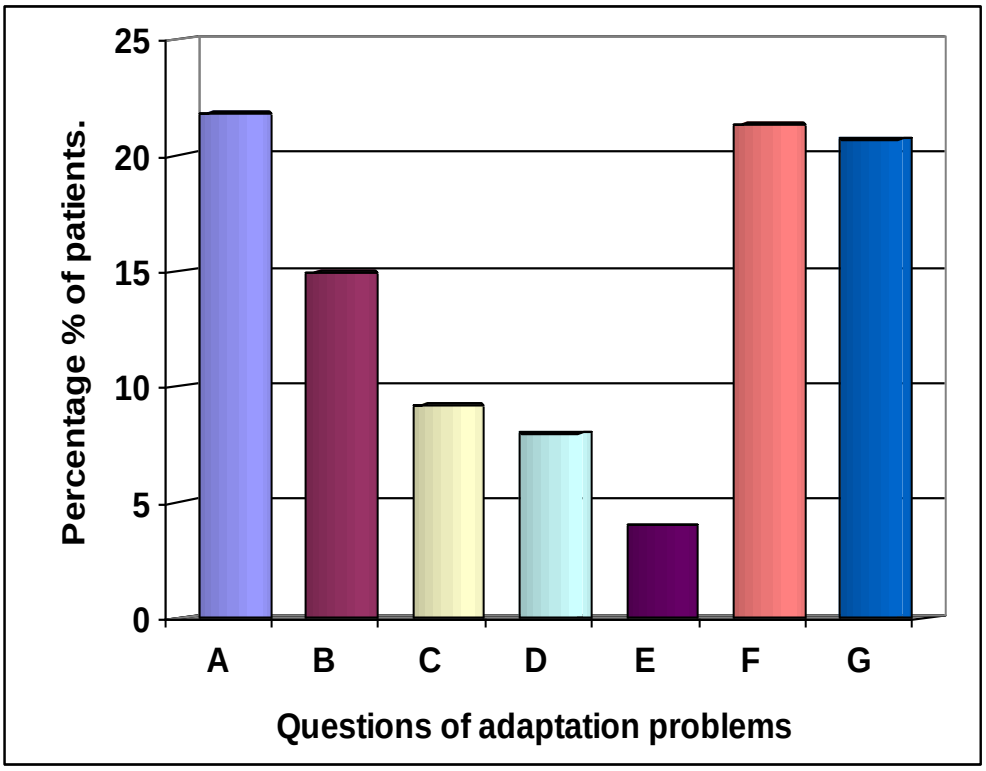

Figure (3): The distribution of adaptation problems according to the questions asked .

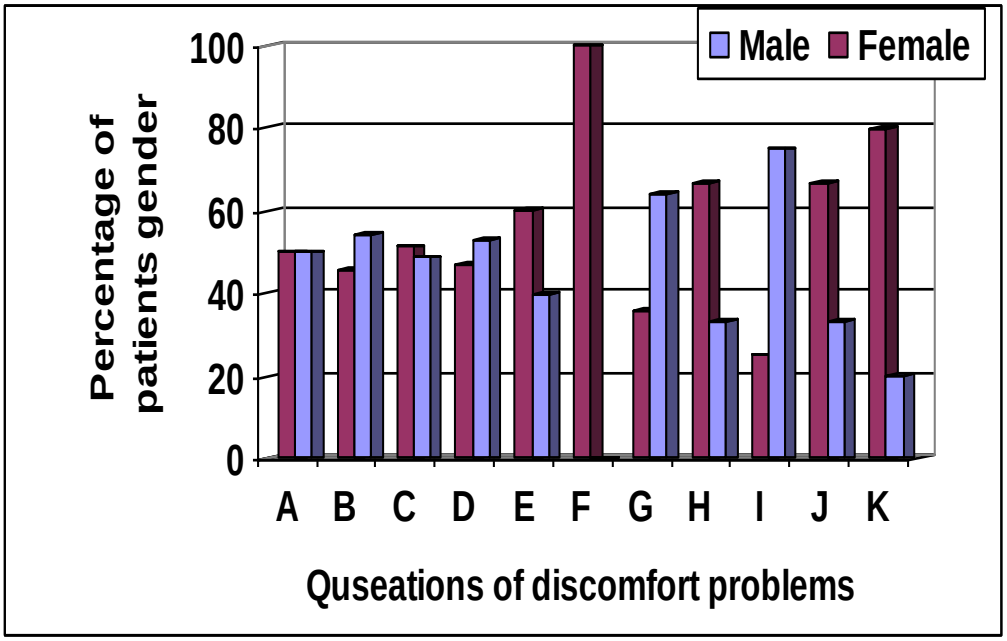

Figure (4): Distribution of discomfort problems among gander .

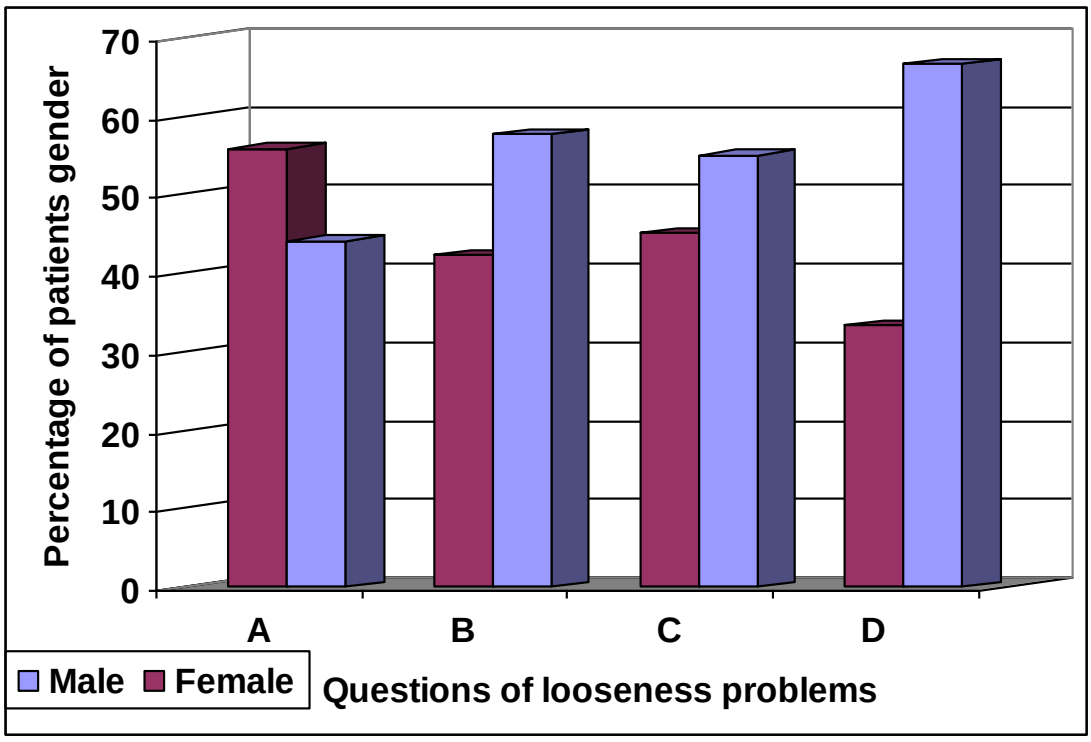

Figure (5): Distribution of looseness problems among gender.

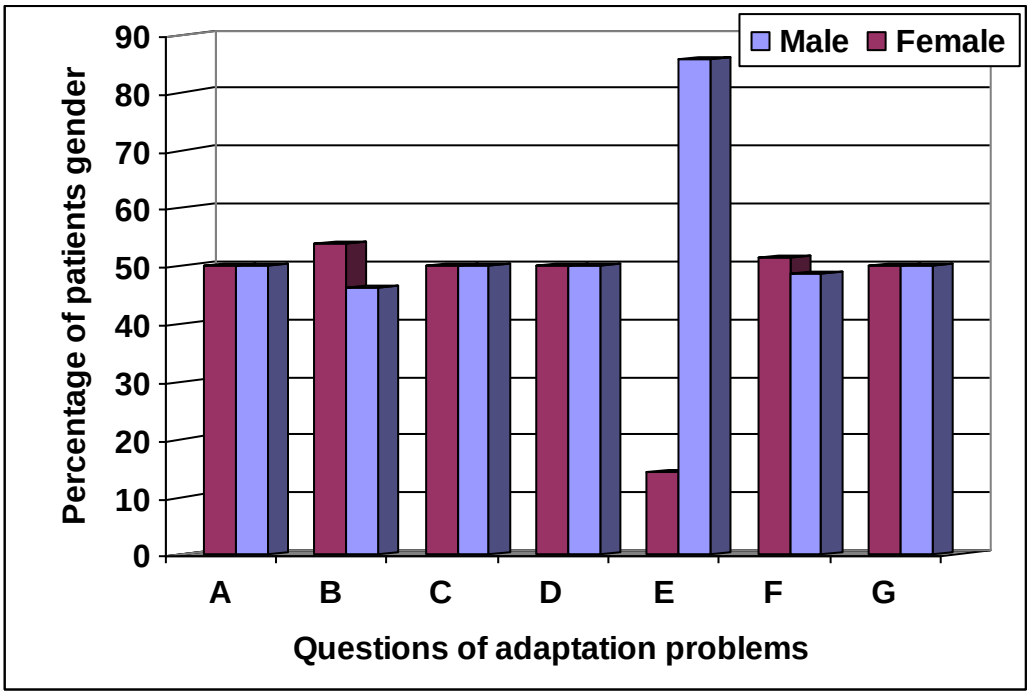

Figure (6): Distribution of adaptation problems among gender.

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