



We Can Do a Lot Better for Our Denture Patients

Our research team has been carrying out clinical studies on implant prostheses for edentulous patients for more than 15 years. In the beginning, we concentrated on fixed implant bridges and multiple implant overdentures, because these were of most interest to dentists.

Then I attended a series of large screening sessions for one of our clinical studies and sat in the waiting room, speaking with the potential participants. I also met with those who had been screened to tell them that they did not qualify. The emotion in the room was palpable and people appeared almost desperate. Some of those, who were denied the chance of participation in the study and thus receiving implant prostheses, were crying. One after another, I heard a familiar story:

My lower denture is a real problem. It often hurts to eat, and I can't speak or laugh without worrying that my denture will flop about or even fall out. I feel ugly, and eating is no fun anymore. If I could get implants to fix my lower denture, I am sure that my life would be better, but I can't afford them. The cost is just too high.

From those conversations and from evidence in the literature that most edentulous people are seniors, and not well off, I realized that we needed to look at the potential benefits of the least costly mandibular implant prostheses.

We began to compare mandibular two-implant overdentures with new conventional dentures, as did several other teams throughout the world, and in May 2002, we met at McGill University to compare our findings.

It is now undeniable that edentulous patients who receive mandibular two-implant overdentures will be significantly more satisfied and have significantly better quality of life than those who receive new conventional dentures. With overdentures,

they eat more fresh fruits and vegetables, and improve their nutritional state. Patients have told us that

"A steak is great when you can bite into it and the flavor oozes into your mouth," "You can eat everything, you can talk and you don't lose the denture!" and "Biting into an apple when it has been 30 years since you have done this, is incredible. The juice of the apple that fills your mouth is really marvelous."

Patients wearing mandibular two-implant overdentures are happier and need fewer follow-up adjustments, so the clinicians who treat them can spend their time doing other procedures and feel confident that their patients are satisfied with the results. This also reduces clinician stress.

We recently have found that seniors with two-implant overdentures and ball attachments had significant improvements in body fat distribution and blood nutrient levels 6 months after delivery, but these nutritional improvements were not found in those wearing new conventional dentures. This suggests that when seniors are given simple implant overdentures they not only can eat more easily, but they also change their diets and improve their nutritional state. With improved nutrition, their general health also should improve.

A broad definition of disease is "a condition of the body, or some part or organ of the body, in which its functions are disturbed or deranged" (Oxford English Dictionary), and edentulism fits this description well. Edentulism is common all over the world and particularly in the elderly, making it a disease of major proportions. Many clinicians avoid treating denture patients, because it is difficult to make conventional dentures that satisfy them. Those who do, tell their patients that denture problems are to be expected and that they must

learn to adapt and cope. However, the question now is: Should they have to? Should edentulous patients be condemned to wear prostheses that have not substantially changed in hundreds of years? Although materials and techniques have improved, retention and support continues to depend on a soft mucosa and a resorbing bone. We can offer our patients something so much better than this.

The vast majority of edentulous seniors have adequate bone in the anterior mandible in which to place two implants with ease and, with the development of one-stage systems, this can be done by general dentists. Indeed, it is imperative that general dentists learn to do this, because there are millions of people who need the treatment. We have conducted a rigorous analysis of the time and material costs associated with mandibular two-implant overdentures, and are making these data available to clinicians so that they can improve their efficiency and determine appropriate fees.

Based on the evidence, I urge you to consider the McGill Consensus Statement (see page 78) that the provision of mandibular implant overdentures should be standard of care for edentulous individuals. It is time to offer our edentulous patients rehabilitation that will truly improve their lives.



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