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## Patients liking on dental prosthesis: Survey

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### Abstract

**Aim:** To analyse the perception of Patients towards the preferred kind of prosthesis in Kashmir.

**Background:** Implants are stand-alone replacement teeth that use a prosthetic root that is set directly into the jaw. This prosthetic root is extremely strong and will last for entire lifetime. Dental implants can be expensive and require a surgical procedure, which can make it an undesirable choice for some patients. All the above reasons make implants a secondary option to FPD and RPD despite their disadvantages to function. This survey analysis the qualities of preferred prostheses used in dentistry. The above data can help innovate a relevant prosthesis for modern India.

**Materials and Methods:** The sample size of this study is 100 patients. The patients undergoing Prosthodontic treatment were asked to fill out the questionnaire containing 10 questions regarding their interest in this treatment, preferred prosthesis, factors influencing their choice were asked. The data were collected from the questions and analyzed.

**Results:** From this study we found that FPDs were the most preferred due to affordable cost and time.

**Conclusion:** having understood the patients perception of dental procedures gives us an insight on improving dental care as a whole.

**Keywords:** Patients liking, dental prosthesis, survey

### Introduction

A dental prosthesis is an intraoral (inside the mouth) prosthesis used to restore (reconstruct) intraoral defects such as missing teeth, missing parts of teeth, and missing soft or hard structures of the jaw and palate. Prosthodontics is the dental specialty that focuses on dental prostheses. Such prostheses are used to rehabilitate mastication (chewing), improve aesthetics, and aid speech. A dental prosthesis may be held in place by connecting to teeth or dental implants, by suction, or by being held passively by surrounding muscles. Like other types of prostheses, they can either be fixed permanently or removable; fixed prosthodontics and removable dentures are made in many variations. Permanently fixed dental prostheses use dental adhesive or screws, to attach to teeth or dental implants. Removal prostheses may use friction against parallel hard surfaces and undercuts of adjacent teeth or dental implants, suction using the mucous retention (with or without aid from denture adhesives), and by exploiting the surrounding muscles and anatomical contours of the jaw to passively hold in place.

### Some examples of dental prostheses include

- Dentures
- Partial denture
- Palatal obturator
- Orthodontic appliance
- Dental implant
- Crown
- Bridge

The only option for a patient with partial or complete edentulism is a visit to the prosthodontist. Edentulism is becoming increasingly widespread in developing countries (Peltzer *et al.*, 2014) despite the efforts preventive dentistry has put in over the last few years (Elam Emami *et al.*, 2013) [9]. Loss of teeth has a functional and psychological factor to it making the person extremely self conscious and have decreased confidence.

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FPD and RPD are commonly used treatment option, implants has also increasingly become popular due to its low maintenance effort. An RPD is essentially a partial denture that can be removed by the wearer and usually lack of abutment teeth or financial disability is the motive for choice here. Fixed partial dentures (FPD) are “dental prosthesis that are lured, screwed or mechanically attached or otherwise securely retained to natural teeth, tooth roots and dental implant abutments. Implants are titanium screws that are placed in the jaw acting as the abutment on which a crown is placed. Implants prove more advantageous due to improved function, phonetics, and esthetics (Kaurani and Kaurani, 2010; Hekholm *et al.*, 2006) <sup>[3, 11]</sup> but its high cost and treatment. Time puts it off Inappropriate treatment of edentulism may lead to not only impaired buccal function and increased alveolar bone loss, but also increased patient self-consciousness (Brånemark *et al.*, 1977; Adell *et al.*, 1981) <sup>[8, 6]</sup> Therefore the choice of treatment is an important factor in the success of the treatment and having the patients directly involved in the planning process not only increases his satisfaction but also the duration of success as the patient feels more responsible and involved.

### Materials and Methods

The sample size of this study was 100 Prosthodontic patients. In this study we used a questionnaire In order to find out exactly what goes on in the patients minds during a typical Prosthodontic treatment and use this information to our advantage and hopefully lead to the advancement of the dental field as a whole. The patients undergoing Prosthodontic treatment were asked to fill out the survey containing questions regarding their interest in current treatment, preferred prosthesis and factors that prevent them from using dental prosthesis. Patients were randomly chosen and around equal ratio of male to female was maintained therefore no bias was made in choosing the volunteers. The data was collected and analyzed.

### Results

The following main points were observed after data analysis. The results show that the dentist make 76% of patients source of information and other sources like books, ads and people make up only 24% together. FPD is most preferred at 64% followed by implants at 24% and lastly the RPD at 12%. The factors making FPD most preferred are time and money contributing to 46% and 30% respectively to factors influencing choice. Other factors are comfort, ease and low invasiveness. Lastly patients when asked about their interest in this treatment responded with little enthusiasm, 65% of them stating they were referred to this treatment by their dentist and had no self interest what so ever.

### Discussion

64% volunteers prefer FPD as the ideal prosthesis. Major factors influencing the choice of prosthesis is time and money which combines up to 76% of factors that influence choice. These results signify change in the thinking of our population and therefore the class of people living in India. A vast majority of our population were labourers. Sedentary workers make up a minority of our population but have shown steady increases in number over the years. This has therefore gradually changed our lifestyle (Jinu Merlin Koshy *et al.*, 2013) <sup>[2]</sup> to working round the clock to maintain a stable lifestyle especially in a developing country like India. This could be the major factor that has made people to prefer lesser

treatment- time over treatment -cost. India is home to a third of its population living in extreme poverty where food and shelter is hardly available, health is therefore secondary to them in the constant state of survival and there for dental diseases is concentrated in these population. Proving health care to these underprivileged in large scale can greatly reduce time and cost (Lipscomb *et al.*, 1986) <sup>[5]</sup> making it affordable for them. 74% say their main source of information are the dentists and thus dentist have a huge responsibility in influencing patients choice. This is not very evident, we would think that ads play an important role in providing knowledge (besides political and entertainment) of various treatment options available. 65% of the patients turn up to dentists forcefully (usually when extraction is the only option left), lacking enthusiasm and the right mindset that would set up an overall positive effect in the body. Therefore motivating patients by providing incentives and being positive and charismatic as dentist can help patients show up more often. Conclusion: This study examined patients point of view during a prosthodontic treatment. Having understood the patients concern and factors that help motivate them we can conclude in general that providing incentives by reducing cost and time of the dental procedure will greatly help get increased patient inflow and success rates and encourage both the patient and the dentist to a happier treatment.

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