INFLUENCE OF PROSTHETIC TREATMENT ON PATIENTS GENERAL HEALTH-CLINICAL STUDY

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ABSTRACT

Prosthetic treatment, in general, has a significant impact on quality of life, with clinically relevant indicators and statistically verified effects over time. Material and methods: our research involved 172 patients who were treated with dental bridges, partial removable dentures, or complete removable dentures. Replacement of partially detachable and complete removable dentures that no longer matched the stomatognathic system's functionality, as well as the installation of new dental bridges, were among the treatments. Results: the results of the present study showed that the majority of patients initially assessed their dental health as moderate (36.3 percent) or good (48.6%), whereas their overall health was rated as superior (56.4%).

Keywords: provisional crown, fixed prosthodontics, bis-acrylic, PMMA, artificial saliva.

INTRODUCTION.

Aging is an inherent, progressive and irreversible alteration of the body's functions, a biological insufficiency of normal functions, which cannot be removed and which causes a greater vulnerability to the elderly. These changes therefore have a direct impact on the functional capacity of the organs, the body's systems and last but not least on the body as a whole [1–3].

The stomatognathic system, as an integrated system, composed of a wide variety of tissue structures, has an intra and extratisular pathology, which in the elderly, although not specific, has a increased incidence, with characteristic clinical forms, determined by the decrease of the defensive processes and exhaustion of the compensatory mechanisms [4,5].

However, when considering the stomatognathic system in the context of aged bioreutics, distinct issues and peculiarities arise, which are related to general and loco-regional involutionary characteristics. Multidisciplinary research focusing on high-performance biological bases that may clarify some specific aspects in this context is required to assess dishomeostasis of the old stomatognathic system, which is most typically viewed in a systemic context [3,4].

Therapeutic and functional success in the old demands procedures that are specifically tailored to these characteristics, which are ecologically integrated into the phenomenology of aging and connect to the elderly's waning energy of adaptation [4-6].

Restoration of dental arches lost to edentation causes serious problems in the elderly, due to difficulties in achieving denture stability, vertical dimensioning of the lower floor, physiognomic appearance changes with age that cannot be completely restored, and difficulties in cleaning and maintaining dentures, either due to ignorance of the technique and means of its realization, or due to the peculiarities of the third age. [6,7].

The body becomes less flexible with age, and habits, environmental changes, and the need for behavioral change become more

challenging. Adapting to new settings will be more difficult, if not impossible, as you will be confronted with varying opposition. [7-9].

It is common knowledge that assessing quality of life after prosthetic treatments is a relevant and vital indicator to comprehend in order to fully comprehend the impact of prosthetic restoration on the patient's life. [10,11].

Prosthetic treatment, in general, has a significant impact on quality of life, with clinically relevant indicators and statistically verified effects over time[12,13].

Prosthetic treatment, in general, has a significant impact on quality of life, with clinically relevant indicators and statistically verified effects over time. Prosthetic treatment, on the other hand, is part of a diverse group of interventions that can be classified based on the type of dentures, the support structure of the prostheses in implants, mucous support, and dental support, and the location of the treatment in prosthetic treatment to restore the anterior or posterior area. [14,15].

The fixed prosthesis had a better influence on quality of life than the partially detachable ones, according to the assessment of health status generated by the oral health status. In addition, the location of the prosthetic treatment has an impact on the patient's health. [16,17].

The measurement of general health related to oral health in the posterior areas of the arch revealed that patients treated with implants for a lateral area showed improvements in comparison to the untreated, and in the case of elderly patients, the improvement was evident in both the implant and the traditional, removable treatment. As a result, the location of edentulousness may have a role in altering the general state of health related to oral health, and this alteration is clinically visible [15-17].

PURPOSE.

Economic, religious, cultural, and social factors may have an impact on prosthetic treatment satisfaction, as well as the relationship between personality and the impacts of removable denture treatment on everyday life and satisfaction with prosthetic therapy.

Neurosis, extroverted and choleric personality, as well as other personality qualities like conscientiousness, have all been found to be useful in evaluating the impact in research.

Dentures on a daily basis, including complete and partial removable dentures, as well as satisfaction with removable denture therapy.

As a result, the goal of this study was to characterize the quality of life connected with oral health-OHRQoL index acquired following prosthetic treatments in patients treated with fixed dentures, partially detachable dentures, and complete removable dentures during a two-year period.

MATHERIALS AND METHODS.

Our research involved 172 patients who were treated with dental bridges, partial removable dentures, or complete removable dentures and were recruited from the Clinical Base of Education Mihail Kogălniceanu in Iași.

Prosthetic procedures were provided by students from the Faculty of Dentistry, who were aided and overseen by a group assistant. Replacement of partially detachable and complete removable dentures that no longer matched the stomatognathic system's functionality, as well as the installation of new dental bridges, were among the treatments.

The age and gender of the patients were used to indicate their demographic features.

Oral health characteristics (prosthetic pretreatment status, overall assessment of oral health status) and general health status (overall assessment of perceived overall health status) were centralized as self-reports from all patients who participated in the study, starting at the beginning, i.e. before treatment began.

Oral health and general health were assessed with two questions " How do you

assess your oral health? " and " How do you assess your general health? ", each with five response categories: excellent, very good, good, moderate and poor

The questionnaire used in the evaluation was the modified OHIP of 14 questions, used in other studies conducted on patient groups in England and the United States. OHIP-14, a short form of OHIP-49, consists of 2 questions for each of the 7 subdivisions (functional limitation, physical pain, psychological discomfort, physical disability, mental disability, social disability and disability).

The results of the original edition were obtained from the International Classification of Deficiencies, Disabilities, and Disabilities, adapted for use in oral illnesses, and were guided by a theoretical model of the condition [18].

Each inquiry looks into whether or not dental, oral, or dental prosthesis problems have a functional or psychosocial impact. On a Likert-type frequency scale, items are rated as follows: never, almost never, occasionally, very often, and very often (coded from 0 to 4, respectively).

The OHIP questionnaire was sent to patients 4-6 weeks after treatment ended and again 12 months later when they were contacted for reassessment.

OHIP-14	
1.FUNCTIONAL LIMITATION	
-problems with correct speaking	
- loss of taste	
2. PHYSICAL PAIN	
- pain in the oral cavity	
- chewing discomfort	
3. PSYCHOLOGICAL DISCOMFORT	
- constant awareness of prosthetics	
- a sense of tension	
4. PHYSICAL DISABILITY	
- unsatisfactory diet	
- interrupted meals	
5. PSYCHIC DISABILITY	
- difficulties in relaxation	
- you felt uncomfortable in public.	
6. DISABILITY IN SOCIAL CONNECTION	
- a lot of quarrels	
- difficulties in carrying out daily chores	
7. DISABLED	
- life is considered unsatisfactory	
-the inability to carry out its function	

Table 1-OHIP questionnaire 14

For all patients, the sum of their OHIP questionnaire ratings was calculated and divided by the type of dentures they had (patients with fixed works and partial dentures on the same arch were included in the group of those with removable dentures).

The patients in the study ranged in age from 25 to 90 years old, with an average age of 57.3 years and 51.8 percent of them being women.

STUDY GROUP		
Socio-demographic data	**no**	**%**
Age		57.3
Women	90	(51,8%)
Men	62	(48,2%)
Self-assessed oral health	nr	%
Excellent	2	(0.8)
Very good	14	(5.6)
Good	84	(48.6)
Moderate	62	(36.3)
Poor	10	(8.8)
Generally self-assessed health		
Excellent	10	(4.8)
Very good	29	(17.9)
Good	97	(56.4)
Moderate	31	(56.4)
Poor	5	(2.8)

Table 2-lot study demographic data

RESULTS AND DISCUSSIONS

The results of the present study showed that the majority of patients initially assessed their dental health as moderate (36.3 percent) or good (48.6%), whereas their overall health was rated as superior (56.4%).

Initially, the majority of patients

wore partial or total dentures (55.2 percent). Only 22 patients (12.79%) received only new complete dentures throughout prosthetic therapy, with a nearly comparable percentage of patients treated with fixed (46.3%) or partially removable (45.6%) works.

The difference between the OHIP total scores at the start and at follow-ups was used to calculate changes in OHIP scores after prosthetic treatments.

After 4-6 weeks, there was no significant increase in the perception of oral health, but after 6 months, the improvements were significant, leading in a stability of health at 12 months.

For all patients, the OHIP summary table (sum of all questionnaire responses) was produced, and then stratified by the type of prosthetic treatment received (fixed, partially removable or complete removable). Patients who received partial dentures and joint work at the same time were included in the group with partially removable dentures.

The patients in this study are representative of the general population affected by various sorts of dental problems. Patients were recruited in a university clinic and treated with a variety of traditional prosthetic procedures, allowing the study's findings to be applied broadly. However, no implants were inserted, and the implants were not overdenture.

There was also no clear differentiation made between patients whose dentures were replaced because they were poorly manufactured and those whose prostheses were replaced because the old ones no longer existed or were not worn. As a result, it's unclear whether having an old and badly manufactured denture affects the improvement in OHRQoL that can be predicted after proper prosthetic therapy.

Another limitation is the small number of patients in the group of complete denture wearers, which results in broad confidence ranges and low effect estimates accuracy. The general pattern of OHRQoL impairment across the research period, however, revealed that therapy had a considerable effect on fully edentulous individuals, and

the findings were consistent with those of earlier studies with edentulous patients.

The time it took for prosthetic treatment to improve general health and the time it took for the maximal effect to occur vary significantly between patient groups depending on the type of treatment they received.

While the whole treatment impact was visible 4-6 weeks after treatment in patients with bridges and those with partially removable dentures, the increase in OHRQoL after prosthetic therapy lasted until the 12-month evaluation in patients with complete dentures.

Patients who received bridges or dentures had a higher decrease in OHIP ratings than patients who received partial dentures. Given that a denture substitutes all teeth, the entire oral region is affected, this was to be expected.

Partial dentures, on the other hand, usually only influence the restorations of a small number of teeth, and often only the teeth in the posterior region, reducing the amount of OHRQoL that could be harmed before therapy begins. The more teeth and oral structures the new dentures influence, the more OHRQoL characteristics are engaged, and the higher the potential effect on OHRQoL.

In addition, OHIP scores were initially lower in bridges group, ie, the number of oral health problems perceived by patients was lower than in the other treatment groups, limiting the problems that could be affected by the treatment and therefore the effect on OHRQoL.

After treatment, the OHIP scores of patients with bridges and those with complete dentures fell below the levels corresponding to the groups in the general population sample, while the scores of those with fixed work did not.

However, this does not mean that prosthetic treatment did not have an influence in the group of those with bridges. While patients with new partially or complete denturs are quite comparable to subjects in the general population sample,

the comparability of the group of those with bridges could be lower.

This study's conclusions on the long-term effects of prosthetic treatment were similar to those of the majority of other research. A substantial increase in OHRQoL was seen in patients with fixed, partial, or total dentures when effects were compared after 12 months.

CONCLUSIONS

This study's conclusions on the long-term effects of prosthetic treatment were similar to those of the majority of other research. A substantial increase in OHRQoL was seen in patients with fixed, partial, or total dentures when effects were compared after 12 months.

Considering that prosthetic treatment is merely a factor in a patient's oral health's future, prosthetic rehabilitation appears to have a significant impact on a patient's oral health's trajectory.

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Patients see their oral health as a whole, and they can't tell the difference between problems with dentures and problems caused by other teeth or oral disorders.

However, the primary purpose of prosthetic treatment is to improve the oral health of patients. As a result, the overall assessment of OHRQoL is a useful and complete indicator for the therapeutic effects that patients are likely to perceive as a result of new restorations.

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