Short Communication

Psychological Preparation of Complete Denture Patients

Dr. Jagadeesh K.N, Dr. Ravikumar N, Dr. Naveen B.H, Dr. Kashinath K.R
1Senior lecturer, 2Reader, 3Prof. & Head, Department of Prosthodontics including
Crown & Bridge and Implantology, Sri Siddhartha Dental College & Hospital,
Tumkur, Karnataka.

Abstract

Patient education is the Prosthodontic service that refers to giving complete
information and instructions to a complete denture patient in the use, care
and maintenance of the prosthesis. Communication is the basic medium of
education and can be encouraged by establishing a feeling of trust between
the doctor and his patients. By careful listening and observing, the dentist
learns about the patient’s problems and expectations regarding denture, his
emotional and physical conditions, the health and adequacy of his oral
tissues and associated structures, and whether the present dentures are
fulfilling the needs of this patient.
Key words: Motivation, Balance in oral health, diet.

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Introduction

Educate is to provide with training or knowledge for a specific
purpose. To motivate is to provide with a motive to impel, to incite. A
willingness to instruct the patient in the care and use of his dentures
and an understanding of his desires are essential to assure a successful prognosis. An informed patient will realize when his dentures require attention and will seek treatment before an ill-fitting Denture damages the oral tissues. Skill in mechanics is only one fact of denture Service.
The dentist must also know anatomy, physiology and psychology so that he can correctly evaluate normal and abnormal situation. One of the primary objectives of dentures is to preserve the supporting tissues within physiologic limits. The preservation of the supporting tissues is essential to continuous successful use of dentures. Therefore, a patient should be educated to understand his responsibility in denture service.

**Discussion**

The success of the treatment will depend upon the willingness of the patient to accept his responsibility in the treatment, the use and care of the dentures, and the post-insertion procedures. Complete dentures must be constituted in harmony with the maxillofacial structures and the stomatognathic functions of mastication, swallowing, phonation and speech. All objectives may be attained, but, because no two mouths are exactly alike and because some vary greatly from the ideal, it is sometimes necessary to compromise one objective to favour a more important one.

**Limitations of usefulness of complete dentures**

The loss of natural teeth is a misfortune which the artificial teeth can reduce but never fully remove. Problems created by loss of natural teeth will not be over by just having dentures. It is not within the law of nature to compress the vulnerable tissues with dentures whose impression surface is akin to sandpaper. Even the slightest pressure can impede the circulation and decrease the nutrition to the tissues. Moreover, the efficiency of natural teeth and dentures has no comparison with a ratio of 10:1 in favour of natural teeth.

Due to the wide range of movements of the lower jaw and because the force of mastication is exerted by it, the lower denture
presents the greatest problem in learning to use complete dentures. Limits of functions of oral tissues have to be re-established and extreme non-functional movements cannot be performed. Learning to master the movements of the mandible is a gradual process. Patient should develop neuromotor skills to be able to hold the dentures. The length of time required depends on the ability, the perseverance and the determination of the patient.

The patient should be made aware of the shortcomings of the prosthesis, and should not be promised too much in the future use of dentures. The treatment requires continuous follow-up, which includes occlusal corrections, relining or rebasing.

**Understanding the nature of denture foundations**

Placement of dentures in the mouth provides an unnatural environment to the oral tissues and bone. The vulnerable mucosa is compressed between the bone and denture base. Pressure or compression is excess of physiological limits of tissue tolerance causes loss of alveolar bony support, overgrowth of soft tissue and excessive denture movements.

Good health and improved nutrition in addition to scientific methods of treatment will reduce the problems of tissue abuse. An adequate protein intake with dietary supplements help to maintain a balance in oral health.

**Oral and general conditions complicating use of complete dentures**

Educating a prospective denture patient about his oral status and systemic conditions as they apply to him is absolutely necessary.

**Diabetes mellitus:** Diabetes patients show an abnormally high rate of bone resorption together with decreased tissue tolerance and delayed wound healing. Such
patients should be told that they will require frequent oral examinations, denture adjustments and relines along with effective oral hygiene.

**Arthritis:** These patients should be made aware that occlusal relationship may change as a result of their disease and that limited jaw function may follow.

**Anemias:** Mucosites, glossitis and angular cheilitis decrease the tolerance to a foreign body in the mouth. They should be counseled about the diet and pharmacotherapy.

**Neuromuscular disorders:** Lack of neuromotor skill and control can result in instability of the denture base. The use of a denture adhesive may be advised in some patients.

**Menopause:** Post menopausal osteoporosis results in excessive alveolar bone resorption and chronic tenderness of oral tissues.

The condition requires physicians consulting diet, pharmacotherapy and use of soft liner. Patients who have problems where surgery is either contraindicated or surgery cannot be performed can complicate the use of dentures. Patients who cannot control tongue and jaw movements due to wasting or muscular in coordination. Macroglossia or microglossia can result in loss of peripheral seal and loss of retention and stability.

Patients who do not accept their responsibility inspite of excellent prosthodontic treatment. Patients with adverse mental attitude and lack of mental capacity to adjust to the treatment.

**Educational factors related to impression and jaw relation recording procedures.**

Considerable instruction may accompany impression making and brief concise explanation of the
impression technique should be given with proper emphasis on the role of the patient in that procedure. Dental education should include a discussion on the harmony and beauty of the human face. Diagnostic casts, facial measurements, old and recent photographs, profile records and the patient's old dentures if available can be employed to illustrate the discussion.

Patient education at the try-in

At the try in the dentist should instruct the patient carefully that denture teeth should be shaded and have embrasures and diastemas to simulate natural appearance. We should explain that the denture will seem to be bulky at the try in, the patient should be given a mirror and instructed to speak and count. Each patient should be accompanied by a close friend or relative at the try in. It is absolutely necessary to obtain the complete consent and satisfaction of the patient before proceeding with the construction of the dentures.

Patient education at the time of placement of dentures

During the initial insertion, the patient must be educated and prepared to receive the denture.

i) Appearance

The appearance and nervous denture patient has a strained facial expression because he has not been prepared psychologically for the denture. The facial expression may seem slightly altered and it takes time for the muscles and lips to relax and assume their natural position around the dentures.

ii) Speaking with dentures

At first there is a feeling of full mouth and a crowding of the tongue because the dentures have altered the shape of the mouth. Patient will be conscious of something in the mouth, that was not there before and he/she will
have to learn to speak. However as soon as the lips, tongue and cheeks have been accustomed to the dentures and new muscle habits are formed, this difficulty is overcome easily.

A good way to learn to speak is by reading aloud before a mirror and carefully enunciating each syllable. Practice and patience resolves all difficulties.

**iii) Salivary flow**

Soon after the insertion of dentures, salivary flow is stimulated which declines after 2-3 days unless something is physically wrong with the dentures which can cause irritation. Simply swallowing more often is the best remedy and in a few days, the salivary glands will adjust themselves to the presence of dentures and resume normal function. Patient should be made aware of these problems in advance of the treatment; otherwise patient will not trust the clinician and the quality of service. Learning to eat with dentures takes time and requires positive effort from the patient. At first the patient should cut soft foods that require little chewing. Then he should try and place the bolus of food on both sides simultaneously and chew with controlled vertical movements.

**iv) Tenderness**

The patient will experience some tenderness and discomfort from the dentures during the first few weeks. The reason is that the mucous membrane of the mouth is vulnerable and not evolve to bear stresses placed upon them by the dentures.

New dentures will require some adjustment. The patient should be told to wear the denture continuously for the first 24 hours and then immediately report to the dentist. Any irritations or impingements can be detected easily and corrected.

Later he should be instructed to only wear the dentures at daytime without using them for
eating. After 1-2 weeks he can start with soft chewy foods and then, as the ridges get accustomed to pressures he can resume his daily diet. Parafunctional habits such as clenching and grinding should be avoided.

a) Rest to the supporting tissues

It is desirable that oral tissues should not remain under continuous stress and therefore it is important to provide rest and natural ventilation by removing the dentures from the mouth at night, during sleeping hours. This will allow tissues to recover from effect of stress. Those patients who suffer discomfort and loss of sleep after removed of dentures, may provide short periods of rest to oral tissues during the day.

b) Denture hygiene and maintenance

It is important to know that successful use of dentures also depends on the maintenance of oral and denture hygiene. Mouth should be rinsed after food and dentures should be cleansed with a small hand brush using soap and cold water. Gritty or abrasive powders or paste should never be used as they remove the gloss and cause scratches which mar the surfaces and destroy the fit of the dentures.

While cleaning, the dentures should be held over a basin of water to prevent breakage in case of accidental from the hands. If should be slipping held in the palm of the hand while clenching the hand against the side of the denture. Commercial denture cleanses are available in tablet and powder forms. They are dissolved in water, the dentures are soaked overnight and brushed in the morning.

If the dentures are left out of the mouth for any length of time, they should be placed in a saturated selection of salt and baking soda or a boric acid solution. This affords them safe
and effective storage. The dentures should not be allowed to dry out as moisture is relaxed and they get warped.

c) Recall visits and their importance

Objective of recall visit is to offer continuing health service by ensuring the status of supporting tissues. Thorough recall visits one can observe the development of undesirable situations before more damage occurs. Recall visit may be fixed every five to six months or one year.

d) Importance of Good Diet

Enquiry into the diet of the patient and his food habits will reveal or bring out useful information on the nutritional intake of the patient. The diet should be evaluated by a nutritionist and the deficiencies noted.

Conclusion:

Fabrication of complete denture prosthesis is the challenging game in the dentistry. Close co-operation between the patient dentist and the physician will result in greater service to the patient. A well balanced diet containing a high percentage of proteins, vitamins and essential minerals and a low percentage of carbohydrates is necessary to keep the supporting tissues of the dentures in good condition. The systemic factors which has to be explained to the patient which implicates directly on the better prognosis of the treatment.

References


