

Embracing change

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Since 1970, the year of my graduation, the percentage of the adult population being edentulous has effectively more than halved. This is attributable to good dental health education communication and practice and by virtue of these, the concept of 'teeth for life' was evolved.

These changes are chronicled in the various Adult Dental Health Surveys and the various researchers involved also indicated the changing perceptions towards edentulousness, on the part of patients, although there is no doubt that the clinical perceptions of edentulousness have also changed.

In consequence to the aforementioned changes in trends in edentulousness, the following reductions related to edentulousness are now factually recorded:

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- The prevalence of people becoming edentulous
- The numbers of conventional immediate complete dentures
- The number of GDPs who provide complete dentures regularly
- The number of complete denture cases completed by undergraduate students prior to graduation
- The (undergraduate) time devoted to the teaching of complete denture prosthodontics.

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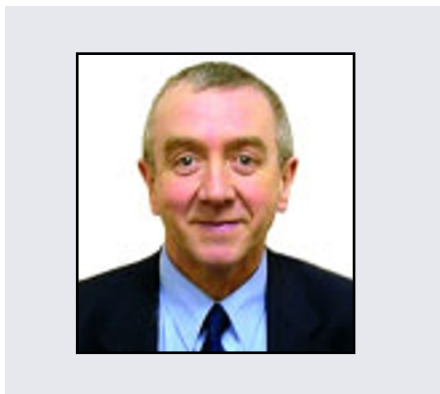
ment of those unfortunate patients who have been edentulous for more than 10 years.

There are doubtless many factors which have contributed to this; some may be related to remuneration and other conditions which influenced complete dentures under NHS Regulations, some may relate to pedagogical idiosyncrasies, others may have a negative stereotype to elderly patients and others do not like complete denture prosthodontics!

What deters graduated dentists from treating complete denture wearers when many dental technicians are training to be clinical dental technologists? Perhaps the answer lies in an appreciation of the fact that successful provision of complete dentures is a paradigm of science and art. Many clinicians have a passing awareness of what little (evidence-based) science there is to this area of clinical practice. Few, however, have the same appreciation of the artistic aspects of complete denture prosthodontics – by way of example, how many articles on 'aesthetics' are devoted to complete dentures?

A recent study by Morrow *et al.*¹ indicated that the 'journal space' devoted to complete denture prosthodontics had fallen by more than the percentage of people becoming edentulous in the UK.

It is therefore clear that, at undergraduate and graduate levels, the academic



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importance of this subject no longer enjoys a popular or leading position and one can understand why the emphasis on its placement in the undergraduate curriculum is less obvious. However, there remains the conundrum that as residual ridge resorption is continuous and irrevocable, clinicians will still have a heavy workload to treat the many who are currently edentulous and who will increasingly become more complicated to treat. This is as much a source of concern to academics involved in teaching complete, denture prosthodontics as it is to senior colleagues who voice concern over this

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subject. While implant-supported are of proven success, they are still a 'second best' to natural teeth. As not all patients are able to afford or to be eligible for this clinical option, it is clear that some prosthodontic service has to be developed

and this raises questions as to when, how and where these clinicians are trained.

In the presentation, treatment philosophies will be discussed, treatment options considered and the importance of thorough diagnosis stressed. Illustrated case presentations will endeavour to illustrate the need to combine biological factors to mechanical factors in addition to combining science with art.

In recent years, there has been a growing emphasis on the importance of the dental team and there is no doubt that this is of paramount importance in the treatment of edentulous patients. For that reason, and in addition to the clinical input mentioned above, this presentation will seek to highlight the input of the other members of the dental team, namely:

- The receptionist
- The dental nurse
- The dental technician(s)
- The patient

Suggestions how these might be more meaningfully involved will be discussed.

This involvement is not necessarily solely intended for current treatment modalities, but should also have a bearing on maintenance and continuing care and supervision.

Aspects relating to denture care and denture comfort will be considered and included in this will be denture cleansers, denture adhesives and the role of other health care professionals vis-à-vis edentulous patients.

1. Morrow L A, Burke F J T, McCord J F. Trends in publications on clinical techniques/materials 1971-1991. *Int Dent J* 1995; **45**: 163-165.

