



# The impact of conventional and implant supported prostheses on social and sexual activities in edentulous adults

## Results from a randomized trial 2 months after treatment

Guido Heydecke<sup>a,b</sup>, J. Mark Thomason<sup>a,c</sup>, James P. Lund<sup>a,d</sup>,  
Jocelyne S. Feine<sup>a,e,f,\*</sup>

<sup>a</sup>Faculty of Dentistry, McGill University, 3640 University St, Montréal, Que., Canada H3A 2B2

<sup>b</sup>Department of Prosthodontics, School of Dentistry, Albert-Ludwigs University, Freiburg, Germany

<sup>c</sup>Prosthodontics and Oral Rehabilitation, School of Dental Sciences, University of Newcastle, Newcastle, UK

<sup>d</sup>Centre de recherche en sciences neurologiques, Université de Montréal, Montréal, Que., Canada

<sup>e</sup>Department of Epidemiology & Biostatistics and Occupational Health, Faculty of Medicine, McGill University, Montréal, Que., Canada

<sup>f</sup>Department of Oncology, Faculty of Medicine, McGill University, Montréal, Que., Canada

Received 17 August 2004; received in revised form 17 December 2004; accepted 7 January 2005

### KEYWORDS

Dental implants;  
Overdentures;  
Mandibular  
prostheses;  
Quality of life;  
Health status;  
Oral health;  
Sexual behavior;  
Social behavior;  
Controlled clinical  
trial;  
Randomized  
controlled trial

**Summary Objectives.** To determine the impact of mandibular two-implant overdentures or conventional complete dentures on leisure and sexual activities.

**Methods.** One hundred and two subjects, aged 35-65 years, received either mandibular overdentures retained by two implants (IOD;  $n=54$ ) or new mandibular conventional complete dentures (CD;  $n=48$ ) in a randomized controlled clinical trial. A Social Impact Questionnaire was used to assess the impact on social and sexual activity including avoiding conversation, refusing invitations, avoiding sport and feeling uneasy when kissing and in sexual relationships, and the looseness of the prostheses during such activities. Ratings were recorded on categorical scales at baseline and 2 months after treatment. Oral health related quality of life was measured with the Oral Health Impact Profile (OHIP).

Between and within group comparisons were carried out using regression models. The correlation between post-treatment OHIP scores and the leisure and sexual impact items was assessed.

**Results.** Two months after delivery of the prosthesis there was significant improvements in the IOD group for looseness when eating, speaking, kissing and yawning. The IOD group reported significantly less post treatment looseness than

\* Corresponding author. Tel.: +1 514 398 7203x00052; fax: +1 514 398 7220.

E-mail address: [jocelyne.feine@mcgill.ca](mailto:jocelyne.feine@mcgill.ca) (J.S. Feine).

the CD group for all parameters investigated ( $p < 0.0001$ ). IOD subjects felt less uneasy kissing and less uneasy during sexual activity than CD subjects. Correlations between the two sexual activity items (uneasiness when kissing and during sexual relations) and the OHIP scales were weak.

**Conclusions.** Edentulism has a negative impact on social and sexual life. Mandibular overdentures provide greater improvement in of unease in intimate activities than new conventional mandibular dentures.

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## Introduction

The oral condition of edentulous patients was traditionally reported from a clinician's perspective, using measures like ridge height, profile and the position and quality of the mucosa as criteria.<sup>1-3</sup> The success of complete denture treatment was inferred from clinical impressions of denture quality,<sup>2-8</sup> from bite force<sup>9</sup> and tests of chewing capacity and efficiency.<sup>7,10</sup> However, correlations between clinical measures and ratings of treatment success by the patient are often poor or not significant.<sup>1-3,7,8,11</sup> The introduction of patient centered assessments has improved our understanding of the impact of treatment.<sup>12-15</sup> Several studies have shown that patients rate the function of relatively simple two-implant mandibular overdentures more highly than conventional dentures,<sup>16-20</sup> which contributes to improved general satisfaction.<sup>12-14,21,22</sup>

Descriptive studies show that the oral state has an impact on patient's quality of life,<sup>23-27</sup> and oral health related quality of life instruments (OHQoL) have been used to assess the impact of treatments.<sup>11,17,28,29</sup> One such instrument is the oral health impact profile (OHIP), which uses 49 questions divided into seven domains (functional limitation, physical pain, psychological discomfort, physical disability, psychological disability, social disability and handicap) to describe the negative impacts of oral health conditions.<sup>28,30-32</sup>

While OHIP and most other established OHQoL measures have been shown to work well in describing the impact of edentulism and of treatment on several domains,<sup>28,30,31,33</sup> they were not developed to capture the influence of oral health on social or sexual activities. Few existing OHQoL instruments such as the dental impact profile (DIP,<sup>34</sup> 'kissing', 'sex appeal'), the dental impacts on daily living (DIDL,<sup>35</sup> 'romantic life') as well as the OHQoL-UK<sup>36,37</sup> ('romantic relationships') include intimacy items. Questions referring to leisure activities can be found in the OHIP as well as the subjective oral health status indicators (SOHSI,<sup>38</sup> 'leisure activities'). Two descriptive cross-sectional study using

the DIP and the OHQoL-UK suggested that the presence of dentures modifies responses relating to socializing or kissing.<sup>34,37</sup> However, these instruments were not available at the time the items for this study were generated.

The aim of this study was to compare the impact of mandibular two-implant overdentures and conventional complete dentures on social and on intimate activities. The null hypothesis tested was that there is no significant difference on these variables between the two treatments.

## Materials and methods

The study described in this paper is part of a randomized clinical trial involving 102 middle-aged (age 35-65) subjects who were randomly assigned to receive either mandibular two-implant overdentures or conventional complete dentures using computer generated random numbers.<sup>17,28</sup> Stratification was performed for age (<50 yrs, ≥50 yrs), gender and treatment preference.<sup>28</sup>

Subjects had been edentulous for at least 10 years and were recruited from a pool of respondents to newspaper advertisements. Protocols were approved by the McGill University Institutional Review Board, and written informed consent was obtained prior to enrollment in the trial. Further inclusion and exclusion criteria can be found in 13,17.

## Data gathering

Sociodemographic information was gathered prior to randomization. The main outcomes used for this report were ratings of the impact of the prostheses on social and sexual activities. These data were collected using a Social Impact Questionnaire (SIQ). The SIQ was generated from themes developed in one-to-one interviews of patients who had participated in earlier implant cross-over trials examining the impact of different forms of mandibular implant treatment.<sup>18,21,22</sup> The SIQ has two sections: part A comprises questions about the looseness of

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