

Wound up over dentures?



Which is it? Are more people keeping their natural teeth forever and thus decreasing the need for dentures, or is an ever-aging population creating an increased demand for dentures? And are most GPs confident in their ability to provide dentures, or have cutbacks in dental schools left a number of recent graduates unprepared to deliver high-quality removable prosthetics to their patients?

DPR's survey report,¹ based on statistics received from close to 350 responding GPs, hopes to clear up some confusion surrounding the field of dentures.

Drs. Nels Ewoldsen and Terrence McLean help take a close look at the survey results as well as the future of GPs' involvement with dentures.

Also, Robert Kreyer, owner/operator of Kreyer Dental Prosthetics in Larkspur, Calif., gives us a lab's perspective on dentures as well as his views on what it will take in the future to best serve denture-wearers.

Additionally, Dr. Ronald L. Rupp, senior manager, professional relations, Glaxo-SmithKline Consumer Healthcare, talks about home maintenance products for both full- and partial-denture patients (see "Home maintenance" sidebar, page 20).

Challenges

The survey respondents appear a little more interested in increasing their partial-denture caseload than their full-denture case workload (see "Want more denture cases?" chart, left). Almost two-thirds of the responding GPs said they are interested in picking up more partial-denture cases, compared with less than half (46%) of whom want more full-denture cases.

Yet, Dr. Ewoldsen, who lectures on removable prosthetics and runs a clinic inside Dentsply Trubyte's York, Pa., facility, was impressed with both sets of numbers. "The perception I get is that busy doctors are willing to provide removable services for existing patients of record, but they may not want to advertise that to prospective patients. Among the reasons I've heard: 'They can be problem patients; it's hard to make them happy; many want something for the lowest possible fee, perhaps they're covered by Medicaid; and they may fail to show for appointments.' So I was pleased to see that 46% said they were interested in increasing their caseload of full dentures."

Dr. Ewoldsen believes some of these same obstacles, along with perceptions that dentures are not profitable, have caused a decrease in the number of recent dental school graduates with strong knowledge and skills in the areas of full and partial dentures. "They've really cut back (on education). I saw a survey suggesting that in 18 of the 55 dental schools, students could fulfill graduation requirements without ever doing a complete or partial-denture case."

DPR's survey revealed that close to 63% either "strongly agree" or "agree" that denture patients generally are more difficult to satisfy than other patients, while almost 48% said they think denture cases are less profitable than other procedures. Conversely, only a few GPs claim to be too busy with other procedures to provide denture services; feel they don't have enough training/experience to be comfortable with providing full dentures; or complain about getting consistent quality lab work with full-denture cases.

Dr. McLean, clinical associate professor, State University of New York at Buffalo School of Dental Medicine and director pre-clinical complete denture laboratory, added, "The difficulty level associated with complete denture cases often exceeds the compensation level. The unpredictability of the post-

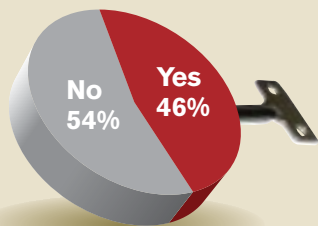
Demand for dentures is growing. The question is: Do GPs want to do more dentures? DPR's survey checks out GPs' concerns about providing appropriate denture services to an aging population.

By Stan Goff

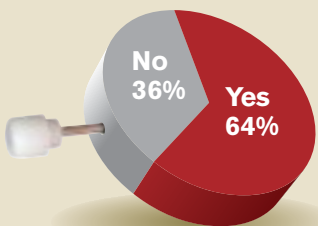
DENTAL PRODUCTS REPORT SURVEY

WANT MORE DENTURE CASES?

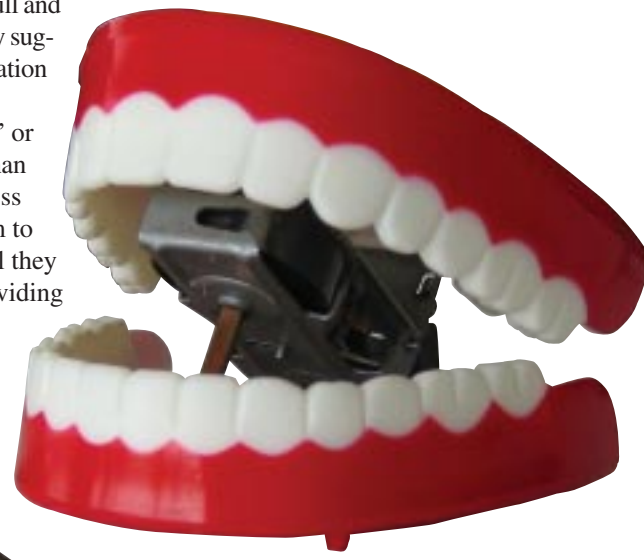
Are you interested in increasing your caseload of full-denture cases?



Are you interested in increasing your caseload of partial-denture cases?



Source: May 2004 Dental Products Report Denture Survey



Photos courtesy of Michael Sharkey

PARTIAL-DENTURE SERVICES

Approximately what percentage of your chairtime per month is devoted to partial-denture cases?*

None	3%
1% to 5%	53%
6% to 10%	32%
11% to 20%	10%
More than 20%	3%

*Totals do not equal 100% due to rounding.

What types of partial dentures do you provide?†

Metal framework	99%
Rigid acrylic framework	55%
Flexible non-metal framework	51%
Other	6%

†Multiple responses accepted.

Source: May 2004 *Dental Products Report* Denture Survey

insertion phase can cause great consternation to practicing dentists. Partial-denture treatment, on the other hand, is normally more predictable due to significant differences in support, stability, and retention of the prosthesis fabricated.”

Number of visits

The typical treatment protocol for patients new to full dentures has evolved. There has been a steady, if not rapid, growth in accelerated three-visit procedures, as opposed to the traditional five-visit procedures. More than one-fifth of the respondents to this latest survey are going with the three-visit procedure (see “Number of visits” chart, page 16). That’s a healthy jump from last year’s figure of 17%.² Another 8% of GPs this year checked “Other” on the questionnaire, with many indicating a four-visit procedure as their typical treatment protocol.

“I was pleased to see that the five-appointment denture is still overwhelmingly the most popular,” Dr. Ewoldsen said. “Patients tend to go where they can get the whole service done in the fewest number of appointments at the lowest price. This attitude limits the schools’ abilities to attract patients because a school clinic typically requires more time.

“My typical protocol is the five-appointment procedure, but sometimes I will do accelerated, three-visit procedures. For example, if the patient has a broken denture that’s been repaired a couple of different times and it needs a relin, we’ll make a replacement denture in three appointments. That broken, repaired denture has a lot going for it. We know where to put the teeth; we know where the midline is; and we understand how the patient wants to look. So it’s a denture that isn’t so worn out that it can’t be used as a template to do an accelerated procedure.”

The uncertainty surrounding time-consuming full-denture cases can be a turn off to students and dentists alike, but Dr. Ewoldsen adds that the perception that these cases are not profitable is a false one.

“Dentures are tough because there’s a psychological element,” he said. “And it’s difficult to predict success at the sec-

ond, third, and fourth appointments based on what you see at the first appointment. And ultimately, at that delivery appointment, you’re working with a trial denture that’s very loosely fitting, so there are inaccuracies in how this denture seats itself in the mouth. You’re trying to get very accurate bites or jaw relation records, and

you’re using denture adhesives to secure these trial dentures. Then, at the delivery appointment, the patient says, ‘Well I like the way it looks, but it doesn’t fit right.’ ”

One thing Dentsply Trubyte has researched is appointments, sequencing, and using materials that provide the founda-

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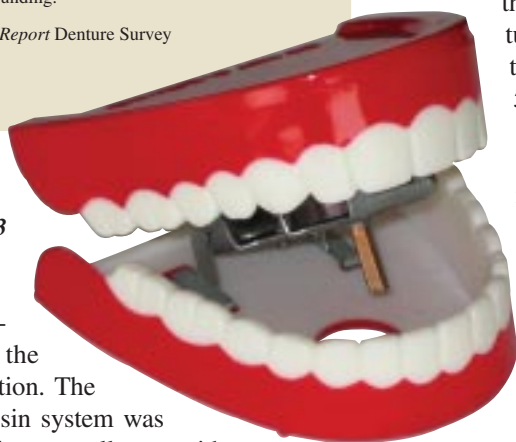
FULL-DENTURE REPLACEMENTS

Approximately what percentage of your total full-denture caseload is replacement dentures?*

None	1%
1% to 25%	41%
26% to 50%	24%
51% to 75%	20%
76% to 99%	15%
100%	0%

*Totals do not equal 100% due to rounding.

Source: May 2004 Dental Products Report Denture Survey



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tion of the denture first, so the dentist knows that it fits before starting to put the teeth on that foundation. The Eclipse prosthetic resin system was developed. Eclipse dentures all start with a processed baseplate that fits like the final denture will fit. The baseplate is the foundation onto which the teeth will be placed allowing the teeth to be positioned and checked so that they're not destabilizing the denture or causing the patient to bite the cheek or tongue. "There are some technique changes when Eclipse is used," Dr. Ewoldsen said.

"I'm finding in York (Pa.) that patients are willing to pay between \$1,600 to \$2,500 for a complete denture," Dr. Ewoldsen said. "When you look at the amount of

"Dentures are tough because there's a psychological element!"

-Dr. Nels Ewoldsen



chairtime required, dentures appear to be in line with other dental services. But many dentists still would rather do a veneer case than worry about making a denture. And, I think students find it frustrating because when everything's said and done and something isn't right, they don't know where along the path they got off course. It can be the same with dentists."

Partial dentures

When we asked about partial dentures, 3% of the GPs said they devote none of their chairtime to such cases, while another 3% devote more than 20% of their caseload each month (see "Partial-denture services" chart, page 13). The majority of the respondents (53%) devote between 1% and 5% each month to partial cases.

For those providing partial dentures, almost all are using metal frameworks, while more than half (55%) also are using rigid acrylic or flexible non-metal frameworks.

Dr. Ewoldsen said the flexible, non-metal partials are well received by patients, but that long-term they could lead to some trouble with surrounding tissues. "A lot of times, the partial dentures that we make are provisional; they are only intended to fill a missing space while a graft is healing or an implant is integrating," he said. "And I think that's why you see so many of the flexible, non-metal partial dentures. Patients love them. They flex themselves into place, so you don't have to do much mouth-prep modification, and they're easy to deliver. Some flexible partial dentures are not really tooth-supported so the longer the patient wears them, the more they may accelerate loss of tissue around the teeth. So clinically we need to understand that class of materials better and how patients respond to it long term."

Recall a tough sell

According to the survey numbers, most denture patients are not too keen on returning to the dentist to follow a periodic recall schedule. More than six in 10 GPs report that less than 10% of their full-denture patients follow their periodic recall schedule (see "Few patients right on schedule" chart, page 16).

"Denture delivery is looked upon by many patients as an end procedure, meaning once it's done nothing more needs to be attended to," Dr. McLean said.

"Denture problems tend to be more insidious than tooth problems. It is easier for a denture patient to ignore a denture problem or develop a coping strategy than it is to ignore a toothache. It is our failure as dentists not to convince our denture patients of the need for regular follow-up."

A look ahead

"As society embraces the need for cosmetic perfection through medical and dental procedures, denture wearers are sure to develop a genuine appreciation for a natural personalized denture," said Kreyer of Kreyer Dental Prosthetics.

"In order to meet these esthetic demands of the 'baby boom' generation for alternative treatment, prosthetic dentistry and technology must develop advanced prosthetic dental team continuing education training courses," Kreyer said. "Since denture curricula have been cut back or virtually eliminated in most dental schools, experienced denture technicians find their role expanding to 'prosthetic consultant' for recent dental graduates. Denture technicians must be financially compensated for their professional skills and recognized

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“As society embraces the need for cosmetic perfection, denture wearers are sure to develop a genuine appreciation for a natural personalized denture.”

—Robert Kreyer, lab owner/operator

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for their part in removable prosthodontics. The path for advancement of dental prosthetic technology is through prosthodontic educational programs, which will enable the technician to learn advanced techniques with their colleagues in a prosthodontic dental team format.”

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DENTAL PRODUCTS REPORT SURVEY

FEW PATIENTS RIGHT ON SCHEDULE

Approximately what percentage of your total full-denture patients follow their periodic recall schedule?*

Less than 10%	62%
10% to 25%	15%
26% to 50%	12%
51% to 75%	8%
More than 75%	4%

*Totals do not equal 100% due to rounding

NUMBER OF VISITS TO PROVIDE FULL DENTURES

What is your typical treatment protocol for providing full dentures for first-time wearers?*

Traditional five-visit procedure	72%
Accelerated three-visit procedure	21%
Other	8%

*Totals do not equal 100% due to rounding.

Source: May 2004 *Dental Products Report* Denture Survey

Both Drs. Ewoldsen and McLean are hopeful for a bright future in removable prosthetics. “With regard to the future of complete denture treatment, I feel that the longevity and activity of our aging population demands the highest level of competence from our profession,” Dr. McLean said. “There won’t be fewer complete denture patients, but more. We must do everything within our power, from our dental schools to our manufacturers and our labs, to provide the highest level of treatment possible for our patient population.”

Dr. Ewoldsen believes an aging dentist population may have a smooth transition into serving an older patient base. “As dentists age, they naturally become more comfortable with elderly patients. And the practice matures as the dentist matures. Rather than a wiggly child in the chair, older dentists may prefer a senior citizen. They’re fun to talk to, it’s easy to communicate with them. And that is where you start building your repertoire that will help you predict your clinical outcome and success.”

Dr. Ewoldsen also believes that a number of patients are more than willing to pay for premium dentures, and many of these patients may someday be in line for implants as well. “If dentists looked at what the educated patient wants, and communicated the functional advantages, then we can use esthetics to sell dentures just like the veneer and crown and bridge cli-

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“Denture delivery is looked upon by many patients as an end procedure, meaning once it’s done, nothing more needs to be attended to.”

—Dr. Terrence McLean

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nicians sell smile makeovers,” he said. “And the elderly will listen, and they will pay for that service. Dentists can make this a profitable part of their practice.

“Denture patients can be fussy and hard to satisfy. Some of them may want to go with implants rather than continu-

ally wear a removable prosthesis. If you work them into an implant prosthesis, it can be very rewarding for the dentist and the patient. It’s more a matter of letting the patient know what to expect and setting the guidelines.”

But for those patients who stick with dentures, he believes they deserve quality, affordable denture treatment. “I envision a pre-fabricated denture that could be modified to fit the custom characteristics of the patient’s mouth and lip and bite. I envision some type of pre-fabricated blank that could be quickly delivered to a patient who only wants a removable prosthesis. Such material science advances are on the horizon as are technologies such as CAD/CAM dentures.

“It would be nice if we had an \$800 denture that really was functional and reasonably esthetic. The other side of that is the high-end \$1,500 to \$2,500 complete denture. When well done, either can become the esthetic blueprint for the implant-supported prosthesis that the patient may eventually have. So for complete denture wearers, you get their smile right, you get them comfortable, then place a couple of implants and join the denture to the implants with a retrofitting procedure. That’s how I think dentistry can best serve the aging population; the people who still want to enjoy eating a piece of steak can do so.”

In other results:

- More than six in 10 GPs (62%) answered “Yes” when we asked if they plan patient treatment together with their lab(s) for removable prosthodontic cases.

“According to this survey, the dental team concept has been adopted by the majority of general dentists practicing prosthetic dentistry,” Kreyer said. “The prosthetic dental team (clinician and technician) concept has been embraced by the American Dental Association, American College of Prosthodontists, and The American Prosthodontic Society. In 1986, Dr. Kenneth Rudd wrote, ‘Problems with complex cases can be minimized if the technician is involved in the treatment planning phase,’ and ‘many failures of dental prosthesis can usually be traced to a breakdown in communication between members of the dental team.’ To achieve predictable and consistent results the prosthetic dental team members must have a thorough understanding of the clinical and technical prosthetic procedures involved in the design and creation of a personalized denture.”

- Study models are the most popular communication tools for denture cases, used by 80% of the doctors and the labs. Pre-printed prescription forms were next at 73%, while two-thirds of the respondents use the telephone and shade tabs.

“As prosthetic technical artisans, we must have enough information to envision the completed prosthesis during the design and treatment planning phase,” Kreyer said. “We must utilize all forms of

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communication including written, verbal, vision, pictorial, instrumentation, and study models to meet the demands of today's denture wearer."

As the experts state in this article, there looks to be a great demand for dentures in the future, and for those GPs

who can properly delivery good removable prostheses, it can be a very rewarding experience for both the doctor and the patient. **DPR**

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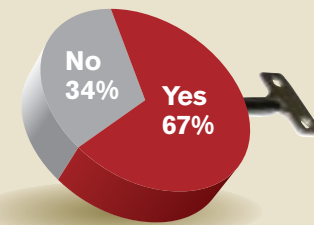
References

1. A DPR survey on removable prosthodontics was sent to 2,000 GPs in May 2004. The results were tabulated from 347 returned questionnaires for a response rate of 17.35%.
2. A DPR survey on removable prosthodontics was sent to 2,000 general practitioners in November 2002. The results were tabulated from 396 returned questionnaires for a response rate of 19.8%.

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**PRODUCT
SUGGESTIONS**

Do you suggest specific products to patients for home maintenance of their full or partial dentures?*



*Totals do not equal 100% due to rounding.

Source: May 2004 Dental Products Report Denture Survey

**Home maintenance
denture products**

Dr. Ronald L. Rupp is well aware of the studies that indicate that edentulism is down. But the senior manager of professional relations for GlaxoSmithKline Consumer Healthcare also knows that this does not mean there will be less demand for dentures.

"If you look at the current published research and statistics, you'll see that although edentulism is declining, there has also been a large increase in the adult population over age 55," he said. "This group represents the fastest growing segment of the U.S. population and, as such, will lead to an increased need for dentures. Denture care is an ongoing process, and it should be emphasized that dentures require regular home as well as professional maintenance."

Educating patients

That's why Dr. Rupp believes it's important for doctors to know what works and for patients to share this information with their patients. Just more than two-thirds of the survey respondents suggest specific products to patients for home maintenance of their full or partial dentures (see chart above).

"The key is to educate themselves in order to make appropriate recommendations," he said. "In particular, they should understand the use of home maintenance products so they can in turn pass this knowledge on to their patients or, in many cases with the elderly, the patient's caregiver."

Dr. Rupp said oral healthcare companies always look to develop innovative products that will improve dentures and also patient comfort. "Recent developments have been aimed at improving patients' satisfaction and comfort," he said. "For example, denture adhesives have been shown to improve denture retention and newly designed nozzles provide more controlled delivery and ease of application. Denture cleansers, offering patients a fresh taste, have helped strike the balance between cleaning where brushing can miss and not corroding metal denture components. GlaxoSmithKline continues to look for ways to provide new products that can help dentists provide better care for their patients."