

## THE SOCIAL IMPLICATION OF TOTAL EDENTULOUS PATIENT

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### Abstract

*Introduction: total edentulous is mostly elderly patients who for various reasons come to this situație. Situația is difficult both because of physical repercussions (unable to feed, talk, etc.) and the aesthetically and psychologically by default hence the social component of edentulous.*

*Methods: For the study done our history and applied questionnaires to 100 total edentulous patients during 2012-2015. Răspunsurile were summarized in tables after 5 criteria harmed sociale. S integration results were calculated and expressed as a percentage They've made graphics.*

*Results and Conclusions: The analysis of data revealed that patients' social life is affected to a large part of the edentulous totală. În they mainly affected women because of their psychological components and life experience.*

**Key words:** social, edentulous total elderly patient

### INTRODUCTION

Modern man lives in a world where personality and examples chosen it shall determine the criteria for clothing, behavior and activity in their leisure time. They incite imitation. Many people want to change their appearance resembled chosen idol.

The company, with its criteria, decide what must be regarded as firmos. The desire to look good or better has become a necessity imposed by social relations, economic and sexual.

The face is the most representative body and lips, protruding formations. Therefore when teeth bared in an irresistible draw attention. Recognize facial physiognomy three factors: facial, dental and dental-facial gingival. The last two in particular are interested dentist.

Every dentist should know the importance of psychological mouth. He must master the fundamental aspects of aesthetic treatment and problems that they raise or aggravates the patient.

Any dentist who makes changes in facial appearance, should know the consequences both psychological and purely physical ones.

Consequences must be considered not only treatment, but also reasons for the patient to undergo treatment with aesthetic background. Psychological aspects of representation, the image that the patient has of himself and his body, plays a decisive role in aesthetics, says Bums.

The importance of psychological treatment aesthetic sphere is based on the observation that oral manifestation is the primary site of many emotional conflicts. It is the component through which man takes the first contact with the surrounding world. It expresses the joy, anger, sorrow and pleasure.

Each patient is an individual and needs individual treatment. It can not be stressed enough the need for the dentist to observe each patient to critically analyze even non-verbal reactions in order to gain his trust.

This will reinforce positive component ambivalent position that patients have towards a man who hopes to help, but they can also cause pain.

The patient is an elderly patient who requires special treatment due to physiological characteristics, associated disease and progressive degradation of neuro-cognitive system.

Ageing is a physiological process, the entire body following a period of development, the last period of biomorfozei. The aging is characterized by changes in both physiological and psychological and social changes in behavior, thinking, attitude and interpersonal relations.

Elderly patient quality of life depends on its oral health, appearance which reflects both the life and psychological fizce.

Because elderly patients involution process is in a state of instability both physically (age-associated diseases) and psihologic. Partially edentulous extended or total edentulous patient have an impact on both physical (failure chewing food lead to digestive problems, malabsorption, etc.) and psychological (old man's physical appearance, avoiding social contact, depression, etc.)

A patient who keeps his mouth shut when you laugh, without words gives us a very important information. Strong lips stretched over his teeth, sagging cheeks or tongue pressed for a diastema represents signals it emits unconscious patient. They demonstrate the direct or indirect interest of the patient manifests to his appearance.

The motivations may be the major factor in aesthetic dental treatment request. People associate beauty with success, happiness, friendship. Even many practitioners aesthetic dentistry offers special rewards that are valued by patients. .

The progress in the introduction of new materials and increased chances therapeutic procedures to ensure aesthetic treatments.

Expanding its area of operations as require the patient to be considered an individuality and to put greater emphasis on effective communication.

Personality, motivation, desires, expectations, autoestimarea ability to accept change and willingness to cooperate are important factors for successful treatment.

Sometimes problems can occur not always find resolution:

- wishes, the patient's expectations are unrealistic;
- patient is not satisfied with the results, which in technically and aesthetically correct (the phenomenon is not me) \
- patient expects the dental treatment to reduce or even solve his psychological problems;
- patient may be satisfied with the result, but not family and friends.
- patient does not want to improve their aesthetics, but wants dentist.

If the patient wants at all costs to remain primitive, simple, unattractive, it is better to leave him in peace, is a defense mechanism; patient was acquainted with him and help him.

Widespread application of psychological and sociological principles can improve restorative practice, which focuses on aesthetics.

#### **MATERIAL AND METHOD**

The study was conducted on a sample of 115 patients edentulous total, distributed evenly by gender, aged 60 and 75 years. In the dental office and clinic Faculty of Medicine and Pharmacy Oradea, Department of Dentistry in 2012-2015.

They were eliminated in the studio 15 patients who were not cooperating.

Please note that patients have the same average, social environment (urban), no significant differences in terms of their socio-economic situation and fall in the same age category.

Patients were applied questionnaires asking them to answer .The questionnaire were made to confirm the hypothesis.The questions were made to verify the degree of impairment of social integration of the edentulous patient.

6 months after the treatment of prosthetic rehabilitation, patients were again called to the same control to answer questions.

Such assumptions from which we started is:

*Hypothesis 1:* Total edentulous patient presents difficulties with social integration.

*Hypothesis 2:* The difficulties of social integration improves after solving edentulous

The responses were summarized in tables, on which were calculated the percents.The dates were processed by statistical methods matematice.We also realized, based on these results compiled charts.

## RESULTS AND DISCUSSION

The questionnaire responses were summarized and listed in tables on which were compiled charts.

Table 1

SOCIAL CRITERIA	SEX		TOTAL
	M	F	
1.Reluctant in public speaking	27 (54 %)	40 (80%)	67 ( 67 %)
2.Reluctant in public eating	29 (58%)	42 (84%)	73 (73 %)
3.Embarrasment tied himself	25 ( 50%)	45 (90%)	70 ( 70%)
4.Avoid social contact	20 (40%)	40 (80%)	60 (60 %)
5.Depression	11 (22%)	24 (48%)	35 (35 %)

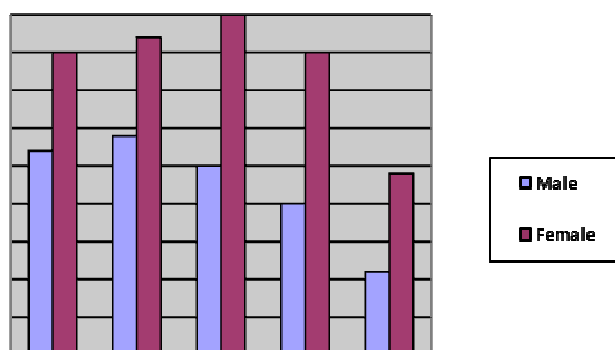


Fig. 1-Graphical representation of responses to questionnaire before treatment

Where:

- 1 = reluctant public speaking
- 2 = reductant public eating
- 3 = embarrassment related to self
- 4 = Avoiding social contact
- 5 = Depression

In the second part of our study, total edentulous following treatment at 6 months was resumed medical history and reapplied the initial

questionnaire to see if the criteria have changed Inti restore relations after mastication and aesthetic.

The responses were summarized in the table again, based on this chart is making up.

Table 2

Summary totally edentulous patients criteria after treatment			
SOCIAL CRITERIA	SEX		TOTAL
	M	F	
1 Reluctant in public speaking	11 (22 %)	17 (34%)	28 ( 28 %)
2. Reluctant in public eating	15 (30%)	21 (42%)	26 (26 %)
3. Embarrasment tied himself	17 ( 34%)	15 30%)	32 ( 32%)
4.Avoid social contacts	18 (36%)	35 (70%)	53 (53 %)
5.Depression	10 (20%)	20 (40%)	30 (30 %)

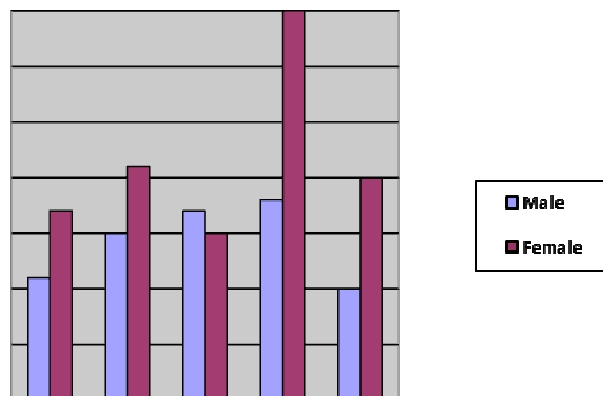


Fig. 2-Graphical representation of responses to questionnaire after treatment

Impairment in social terms is present in the vast majority of pacienților. That can be found in the dental treatment of edentulous total. Total edentulous patient presented to cabinet withheld even from dentist.

The doctor often tries to the extent that excuses and justifications are: own fault, periodontitis, personal problems, etc.

If we try to have a discussion with the patient's admissions in most cases negative effects on his life sociale. Aceste edentulous effects range

from simple reluctance to speak or eat up to avoid social isolation and even depression in -a final.

In general, women are more susceptible to these reactions, mostly because for them the physical aspect is important at any age.

If we analyze the pooled data and graph we find that over 80% of women and only 54% of men have trouble speaking in public, the percentage increased slightly 84% in women and 58% men when it comes to feed in public.

The issues in this case arise due to changes in phonation, inability to pronounce certain sounds that lead to distortion of words and when it comes to eating edentulous patient total is limited to food very soft or cut very finely what induce a state of embarrassment to the rest people.

Also we find that 90% of women and only 50% of men have an embarrassment to themselves, which is explained by the fact that most women were ordinary whole life to valorise themselves and the moment edentulous of not being able to face. 80% of women and only 40% of men avoid the social contact the reasons listed above.

In extreme cases it can lead to depression in our study 48% of women and 22% of men.

We mention that the total edentulous patients, who are mostly elderly, depression can be given by specific age and regress of related factors (chronic diseases, feeling of worthlessness, widowhood, etc.) and because of this cause for depression can not be attributed solely to the edentulous, it came just to emphasize a fact in many patients.

Also we insist to mention the fact depression is present in several degrees can range from feelings of worthlessness, sadness, excessive concern or contrary to prescribed treatments disinterest in extreme cases suicidal tendencies.

After total edentulous treatment, improvement is observed in all the analyzed criteria. The first three criteria (talked, ate and embarrassment to himself) have suffered significant declines about 50%, achieving scores improved in this area.

Last 2 criteria (avoiding social contact and depression) were less significant improvements inregistrat, only about 10%. This could also be made on account of problems associated edentulous patient's total, namely: age characteristics, associated diseases, etc. and the relatively short (6 months) from the date of treatment.

## CONCLUSIONS

From the results we can conclude that:

-The total edentulous social life affects a large percentage of people, one hypothesis is confirmed

-The woman are more prone to damage social life

-In patients who have followed the evolution of this view after solving the total edentulous found improved quality of life in the short term and improve the medium and long term, confirm the hypothesis 2 is partially or completely 1,2,3 Criteria and criteria 4, 5 need filling by introducing the study and other dependent variables (age characteristics, associated diseases, time factor, personality, etc.)

-The importance consideration of the findings from our study in order to improve the quality of life of elderly patients, because the total edentulous has repercussions not only functionally and aesthetically mastication but also in terms of social and psychiatric disorders.

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