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The Satisfaction with the Removable Partial Denture Therapy in the Croatian Adult Population

D. Knezović Zlatarić¹, A. Čelebić¹, M. Valentić-Peruzović¹, R. Čelić¹,
I. Filipović-Zore² and M. Baučić³

¹ Department of Prosthodontics, School of Dental Medicine, University of Zagreb, Zagreb, Croatia

² Department of Oral Surgery, School of Dental Medicine, University of Zagreb, Zagreb, Croatia

³ Public Health Center »Črnomerec«, Zagreb, Croatia

ABSTRACT

Little is known about the outcomes of treatment and patient's satisfaction with removable partial dentures in adult Croatian population. Therefore patient's satisfaction with their partial dentures in relation to some socio-economic variables was studied. Patient's satisfaction with denture retention, speech, aesthetics, comfort of wearing dentures, chewing ability was also studied in relation to different denture classification, construction, material, denture base shape (major connectors), denture support and the number of missing teeth. A total of 165 patients, 59 males and 105 females between 38 and 87 years took part in this study. A questionnaire, devised for a purpose of the study, was divided into three parts. In the first part, patients answered questions about age, gender, marital status, education, general health, socio-economic status, self-supporting life, period of tooth loss and number of previous denture experiences and in the second part, patients graded their partial dentures, depending on the level of satisfaction, by using a scale from 1 to 5. In the third part a dentist determined Kennedy classification and their modifications, denture material and denture support, denture base shape and the number of missing teeth and graded a denture construction. Influence of these factors on patient's satisfaction was analyzed. A majority of the examined patients were satisfied with the partial prosthesis, but a small amount of dissatisfaction existed. More than half of them scored all the examined parameters to the best score category. Considering chewing with lower partial dentures, women were more satisfied than men ($p < 0.05$). Patients with more missing teeth gave lower grades for the comfort of wearing dentures ($p < 0.05$). Patients of higher education gave lower grades ($p < 0.05$) for the aesthetics. Patients were not satisfied with speech if the dentist graded a construction of a

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lower partial denture low ($p < 0.05$). Dissatisfaction was related to mastication, aesthetics, number of missing teeth and ability of speech. These findings can aid a clinician in discussing a treatment plan and help a patient understand the risk of dissatisfaction in the presence of certain factors.

Introduction

It is a traditional opinion in prosthodontics that the missing teeth in upper and/or lower jaw should be replaced by a prosthodontic appliance^{1,2}. Therefore, for more than half a century, missing teeth have been replaced by fixed or removable prosthodontic appliances³.

Satisfaction with dentures seems to have multicausal character^{4–8}. In addition to the factors directly associated with the functioning of the dentures, presumably patient-related factors also influence the final result. In addition to the patients' satisfaction patient's attitude towards dentures prior to receiving them appears to play an important role. Those who thought negatively, were more often dissatisfied^{9,10}. However, very important factors are the influence of patient's personality, patient's attitude towards dentures and patient's motivation for wearing dentures^{11–13}. According to Frank^{14,15}, dissatisfaction related to the partial dentures was bigger in patients who had no prior experience with the partial dentures, in patients who had been wearing opposing partial dentures, in patients younger than age 60, and in patients with poorer health.

Patients adapt to the partial dentures individually, depending on their prior experience, expectations, emotional and general health state, as well as on the state of the oral cavity^{16–24}. Success of removable denture treatment, however, is often judged differently by dentists and patients²⁵. Dentists consider dentures to be successful when they meet certain technical standards, whereas the patients eval-

uate them from the viewpoint of their personal satisfaction²⁵.

The aim of the study was to assess patient's satisfaction with their partial dentures generally, as well as their satisfaction with retention, speech, aesthetics, chewing and comfort of wearing dentures. The aim was also to assess the influence of factors, such as socio-economic factors, classification, construction, material, denture base shape, denture support and the number of missing teeth on the level of the patient's satisfaction.

Material and Methods

A total of 165 patients with partial upper, lower, or upper and lower dentures were examined at the Department of Removable Prosthodontics, School of Dental Medicine, University of Zagreb. There were 59 males and 105 females, in the age between 38 and 87 years. Examined patients had 113 of upper removable partial dentures (URPD) and 130 of lower removable partial dentures (LRPD).

A questionnaire was devised for a purpose of the study, divided in three parts and was completed by the patients and the dentist. In the first part, patients were required to answer questions on gender, age, marital status, self-supporting life, smoking habits, chronic diseases, education, socio-economic status, period of the tooth loss and the previous experience with the denture. Then, in the second part of the questionnaire they graded their dentures, depending on the level of satisfaction. They first graded their dentures in general and then they graded separately retention of their dentures,

aesthetics, speech, mastication and comfort of wearing dentures. Patients graded their dentures by using a scale from 1 to 5, as it is common in our society. The mentioned scale is used in all schools and Universities. In the third part of the questionnaire the dentist determined Kennedy classification and their modifications, material (metal/ acrylic), denture support (mucosa supported/ tooth supported), upper denture base shape (palatal plate-type/ U-shaped/ single palatal bar/ anterior and posterior palatal bar type), lower denture base shape (linguoplate/ half-pear-shaped lingual bar) and the number of missing teeth (three groups: 1. from 1 to 5 teeth missing, 2. from 6 to 10 teeth missing and 3. more than 10 teeth missing). The dentist also evaluated the denture construction by using the same scale from 1 to 5.

Statistical analysis was made by using the statistical software SPSS 10.0 for Windows. Descriptive statistics were made (distribution of frequencies for tested variables, mean, standard deviation, median, mode) and the normality of distribution was tested by the one-way Kolmogorov-Smirnov test. To test the significance of the differences between different variables the Kruskal-Wallis test was used.

Results

In this study, there were 36% (59) males (group 1) and 64% (106) females (group 2). Forty-three percentage of the patients were married (group 1), 12.7% of the patients were divorced (group 2), 10.9% were singles (group 3) and 32% were widows or widowers (group 4). Twenty percent of the patients were smokers (group 1) and 80% were non-smokers (group 2). The biggest number of the patients were able to live by themselves (69%) (group 1), 7% of the patients had a help from their family (group 2), while

32.6% of the patients were not able to live alone and were in the Geriatric Institution (group 3).

The most of the patients had at least one chronic disease (67.3%): cardiovascular, degenerative, gastro-intestinal, diabetes mellitus, cancer or any other disease (group 2), while 33.7% were healthy (group 1).

The biggest percent of the patients had medium or higher level of education (Gymnasium or High school) (41.2%) (group 3), 29.7% of the patients had low level of education (Elementary school) (group 1), 10.9% of the patients had finished vocational school (elementary school + three years of vocational school) (group 2) and 18.2% of the patients had the highest level of education (University grade) (group 4).

According to the number of the previous dentures, 51.5% of the patients had the first partial denture (group 1), 32.7% of the patients had the second partial denture (group 2), 13.3% had the third partial denture (group 3), 1.8% had the fourth and 0.6% had the fifth partial denture (group 4).

The examined patients assessed their socio-economic status from 1–5. The best socio-economic status (5) had only 3.6% of the patients (group 5), 26.7% of the patients graded their socio-economic status as 4 (group 4), 35.8% of the patients graded their socio-economic status as 3 (group 3), 33.9% of the patients graded their socio-economic status as 2 (group 2) and none of the patients graded the socio-economic status as 1 (group 1).

Depending on how old the existing partial dentures had been, they were divided into 3 groups: 1. – less than one year, 2. – from 1 to 5 years and 3. – more than five years. There were 38.8% of the upper partial dentures less than one year in function and 37% of lower partial dentures in the same group (group 1). Second

group, which comprised partial dentures from 1 to 5 years in function, had 41.8% of upper and 46.7% of lower partial dentures and the third group (more than 5 years) had 19.4% of upper and 16.4% of lower partial dentures.

Histograms of the frequencies, as well as standard deviations (SD), modes and medians for the variables assessed by the patients (scale from 1 to 5), depending on how satisfied they had been with their partial dentures are shown in the Table 1. More than half of the examined patients scored all the examined variables to the best score category (5) and only 3.2% of the patients were absolutely unsatisfied with their partial dentures.

Kennedy classification, number of missing teeth in upper or/and lower jaw (divided in 3 groups), denture material and support and a denture base shape is shown in the Table 2.

Histograms of the frequencies, as well as standard deviations (SD), modes and medians for partial denture construction assessment (scale 1–5), graded by the dentist are showing the Table 3.

Normality of the distribution for the patient's assessment of their partial dentures in general, retention, speech, mastication and comfort was different from the normal distribution ($p < 0.05$), as tested by the one-way Kolmogorov-Smirnov test. Therefore the non-parametric statistical test had to be applied for the further analysis, i.e. Kruskal-Wallis test, which is the same as the one-way analysis of variance in the parametric statistics. Kruskal-Wallis test compares categories of ranks for testing the significance of the differences and it was compared if any significant difference in the level of satisfaction exists between patients of different age, gender, marital status, self-supporting life, smoking habits, existence of chronic diseases, education, socio-economic status, period of the tooth loss and

the previous experience with the denture. Results revealed no significant differences in general satisfaction with the partial denture, as well as in satisfaction with speech, chewing, retention and comfort between patients of different age, gender, marital status, self-supporting life, smoking habits, existence of chronic diseases, education, socio-economic status, period of the tooth loss and the previous experience with the denture ($p > 0.05$), except for the significant difference for the mastication with lower partial denture between male and female patients ($p < 0.05$, table 4) and the significant difference for the aesthetics between patients of different level of education ($p < 0.05$, table 4). Kruskal-Wallis test also revealed no significant difference in the level of satisfaction between patients having partial dentures of different Kennedy classification, construction, material, denture base shape, denture support and number of missing teeth ($p > 0.05$), except for the significant difference for the comfort of wearing a lower partial denture between patients of different number of tooth loss in mandible ($p < 0.05$, table 4) and the significant difference for the speech with a lower partial denture and construction assessment ($p < 0.05$, table 4). In the table 4, only the variables and their ranks with significant differences are listed ($p < 0.05$).

Discussion

Many different factors may influence patients' satisfaction with their dentures. Including psychological factors, other factors that depend upon patient are as follows: quality of a denture bearing area, quality of oral mucosa, influence of surrounding muscles to denture flanges, viscosity of saliva, patient's age and ability to get used to a denture, state of abutments, state of other teeth in the mouth, relation between horizontal and vertical

TABLE 1
HISTOGRAMS FOR VARIABLES ASSESSED BY
PATIENTS USING THE SCALE FROM 1 TO 5

<p>Grades of assesment of upper removable partial dentures</p> <p>0.9% 1 ■ 4.4% 3 ■■ 20.4% 4 ■■■ 74.3% 5 ■■■■</p> <p>X=4.67; Median=5.0; Mod=5.0; SD=0.647</p>	<p>Grades of assesment of lower removable partial dentures</p> <p>2.3% 1 ■ 1.5% 2 ■ 3.1% 3 ■ 34.6% 4 ■■■ 58.5% 5 ■■■■</p> <p>X=4.45; Median=5.0; Mod=5.0; SD=0.827</p>
<p>Grades of aesthetics of upper removable partial dentures</p> <p>0.9% 1 ■ 0.9% 2 ■ 0.9% 3 ■ 17.5% 4 ■■■ 79.8% 5 ■■■■</p> <p>X=4.74; Median=5.0; Mod=5.0; SD=0.607</p>	<p>Grades of aesthetics of lower removable partial dentures</p> <p>0.8% 1 ■ 1.5% 2 ■ 1.5% 3 ■ 20.0% 4 ■■■ 76.2% 5 ■■■■</p> <p>X=4.69; Median=5.0; Mod=5.0; SD=0.657</p>
<p>Grades of retention of upper removable partial dentures</p> <p>1.8% 2 ■ 2.7% 3 ■ 31.0% 4 ■■■ 64.6% 5 ■■■■</p> <p>X=4.58; Median=5.0; Mod=5.0; SD=0.637</p>	<p>Grades of retention of lower removable partial dentures</p> <p>1.8% 2 ■ 2.7% 3 ■ 31.0% 4 ■■■ 64.6% 5 ■■■■</p> <p>X=4.58; Median=5.0; Mod=5.0; SD=0.637</p>
<p>Grades of fonation with upper removable partial dentures</p> <p>0.9% 2 ■ 1.8% 3 ■ 22.1% 4 ■■■ 75.2% 5 ■■■■</p> <p>X=4.71; Median=5.0; Mod=5.0; SD=0.542</p>	<p>Grades of fonation with lower removable partial dentures</p> <p>0.8% 1 ■ 1.5% 2 ■ 3.1% 3 ■ 26.9% 4 ■■■ 67.7% 5 ■■■■</p> <p>X=4.59; Median=5.0; Mod=5.0; SD=0.701</p>
<p>Grades of mastication with upper removable partial dentures</p> <p>0.9% 1 ■ 0.9% 2 ■ 7.1% 3 ■■ 27.4% 4 ■■■ 63.7% 5 ■■■■</p> <p>X=4.52; Median=5.0; Mod=5.0; SD=0.745</p>	<p>Grades of mastication with lower removable partial dentures</p> <p>2.3% 1 ■ 2.3% 2 ■ 12.3% 3 ■■ 31.5% 4 ■■■ 51.5% 5 ■■■■</p> <p>X=4.26; Median=5.0; Mod=5.0; SD=0.963</p>
<p>Grades of comfort of wearing upper removable partial dentures</p> <p>89.5% 0 ■■■■■ 5.3% 2 ■ 4.4% 3 ■ 0.9% 4 ■</p> <p>X=0.27; Median=0.0; Mod=0.0; SD=0.823</p>	<p>Grades of comfort of wearing lower removable partial dentures</p> <p>76.2% 0 ■■■■■ 0.8% 1 ■ 8.5% 2 ■■ 11.5% 3 ■■■ 3.1% 4 ■</p> <p>X=0.64; Median=0.0; Mod=0.0; SD=1.213</p>

TABLE 2
HISTOGRAMS OF KENNEDY CLASIFICATION, DENTURE MATERIAL, SUPPORT AND NUMBER OF MISSING TEETH IN MAXILLA AND MANDIBLE





























<p>Base shape of upper removable partial dentures</p> <p>44.2% 1 </p> <p>27.4% 2 </p> <p>27.4% 3 </p> <p>0.9% 4 </p> <p>1= palatal plate-type 2= U-shaped type 3= single palatal bar 4= anterior and posterior palatal bar type</p>	<p>Base shape of lower removable partial dentures</p> <p>64.6% 1 </p> <p>35.4% 2 </p> <p>1= lingulate 2= half-pear-shaped lingual bar</p>
<p>Kennedy clasification for upper removable partial dentures</p> <p>56.4% 1 </p> <p>30.8% 2 </p> <p>11.5% 3 </p> <p>0% 4</p> <p>1.3% 5 </p> <p>1= Kennedy class I 2= Kennedy class II 3= Kennedy class III 4= Kennedy class IV 5= Kennedy class V</p>	<p>Kennedy clasification for lower removable partial dentures</p> <p>74% 1 </p> <p>19% 2 </p> <p>6% 3 </p> <p>1% 4 </p> <p>1= Kennedy class I 2= Kennedy class II 3= Kennedy class III 4= Kennedy class IV 5= Kennedy class V</p>
<p>Missing teeth in maxilla (three groups)</p> <p>7.3% 1 </p> <p>29.7% 2 </p> <p>63% 3 </p> <p>1= from 1 to 5 teeth missing 2= from 6 to 10 teeth missing 3= more than 10 teeth missing</p>	<p>Missing teeth in mandible (three groups)</p> <p>7.3% 1 </p> <p>32.7% 2 </p> <p>60 % 3 </p> <p>1= from 1 to 5 teeth missing 2= from 6 to 10 teeth missing 3= more than 10 teeth missing</p>
<p>Support of upper removable partial dentures</p> <p>68.1% 1 </p> <p>31.9% 2 </p> <p>1= tooth support 2= mucosa support</p>	<p>Support of lower removable partial dentures</p> <p>70.8% 1 </p> <p>29.3% 2 </p> <p>1= tooth support 2= mucosa support</p>
<p>Denture material of upper removable partial dentures</p> <p>44.7% 1 </p> <p>55.3% 2 </p> <p>1= acrylic 2= metal</p>	<p>Denture material of upper removable partial dentures</p> <p>37.4% 1 </p> <p>62.6% 2 </p> <p>1= acrylic 2= metal</p>

TABLE 3
HISTOGRAMS FOR CONSTRUCTION ASSESED BY A DENTIST (USING THE SCALE FROM 1 TO5)







<p>Grades of construction of upper removable partial dentures</p> <p>18.4% 3 </p> <p>40.4% 4 </p> <p>41.2% 5 </p> <p>X=4.22; MEDIAN=4.0; Mod=5.0; SD=0.741</p>	<p>Grades of construction of lower removable partial dentures</p> <p>6.3% 3 </p> <p>41.1% 4 </p> <p>42.6% 5 </p> <p>X=4.26; MEDIAN=4.0; Mod=5.0; SD=0.724</p>
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TABLE 4
KRUSKAL-WALLIS TEST FOR THE SIGNIFICANCE OF THE DIFERENCE BETWEEN VARIABLES

Gender: Grades for mastication with lower removable partial denture					Level of Education: Grades of aesthetics of upper removable partial denture				
Mean ranks		Number			Mean ranks		Number		
76.41		46	GENDER = 1		55.99		35	EDUCATION = 1	
59.52		84	GENDER = 2		69.00		14	EDUCATION = 2	
	–				61.15		44	EDUCATION = 3	
			130 Total		44.71		21	EDUCATION = 4	
Corrected					–				
NUMBER	X-square	Significance	X-square	Significance	113 Total				
130	5.9742	.0145	7.1987	.0073	Corrected				
					NUMBER	X-square	Significance	X-square	Significance
					113	5.4464	.1419	11.2066	.0107

Number of missing teeth in mandible: Grades for comfort of wearing lower removable partial denture					Grades for construction of LRPD: Grades for speech with lower removable partial denture				
Mean ranks		Number			Mean ranks		Number		
50.00		4	MISSING TEETH = 1		46.93		21	CONSTRUCTION = 3	
73.30		47	MISSING TEETH = 2		64.18		53	CONSTRUCTION = 4	
61.65		79	MISSING TEETH = 3		72.69		55	CONSTRUCTION = 5	
	–					–			
			130 Total					130 Total	
Corrected					Corrected				
NUMBER	X-square	Significance	X-square	Significance	NUMBER	X-square	Significance	X-square	Significance
130	3.5180	.1722	6.3249	.0423	130	7.2609	.0265	10.7843	.0046

dimension of occlusion, hygiene habits, diet, existence of chronic diseases, position of patient's teeth in the mouth, quality of a fixed prosthodontic appliance, etc.

Influence of patient's age, gender, self-supporting life, number of previous dentures, economic status, marital status, etc. on patient's satisfaction has already been studied in a few papers, as well as the influence of a denture retention and aesthetics and similar factors^{26,27}.

Denture quality depends on the knowledge and the skills of the therapist and the technician as well²⁸.

In the results of this study, it is clear that the distributions of patients' assessment of their partial dentures (using a scale from 1 to 5) are completely asymmetrical towards the highest scores (grades), i.e. the most of the patients (more than 60%) gave the biggest grades to their dentures. This fact points out

that the most of the patients are completely satisfied with their therapy with partial dentures. This result is in agreement with similar studies in our country on the patient's satisfaction with complete dentures and fixed prosthodontic restorations^{29–34}.

There was no significant differences between men and women in a level of satisfaction with their partial dentures in general, aesthetics, speech, etc. ($p > 0.05$), except for the mastication with lower partial dentures ($p < 0.05$) where men were less satisfied than women, as they had more medium and low ranks, which is in agreement with Frank^{14,15} and Wong³⁵.

According to Frank^{14,15} and Wong³⁵, patients who had experience with previous partial dentures were more satisfied than the patients with the first partial denture. In this study, no difference was found in patients' satisfaction with partial dentures between patients with the

first partial denture and patients who had previous experience. In this study no significant difference existed between patients who had the existing dentures being in mouth for a different period, between patients who were self supporting and those who were not, between the patients with different socio-economic status, between patients with different marital status, smoking habits and the level of general health ($p > 0.05$). According to Frank, less healthy patients reported less general satisfaction and less satisfaction with speech, which was not found in this study. It was thought that patients of higher economic state would be more satisfied, supposing they could afford more expensive construction, but the results were opposite, which was attributed to the fact that the most expenses of the removable partial denture is completely covered by the insurance in Croatia.

None of the factors, such as the Kennedy classification, denture base shape, sort of the material or the denture support, were statistically related to the patient's satisfaction ($p > 0.05$).

Although we supposed to find that the patients with metal frameworks, tooth supported dentures and palatal bar mayor connectors should be more satisfied, that was not found in the results. But if we consider the highest percent of the scores 4 and 5 for the construction (given by the dentist), then it means that the correct indication was set for almost all the patients. If it was possible to make a tooth-supported denture and metal framework denture then it was done, and where it was impossible, larger acrylic denture base, or mucosa-supported denture was made. Adequate construction was done to almost all the patients, therefore there was no differences between their satisfaction.

According to the results, statistically significant difference ($p < 0.05$) was found between the patients' evaluation of lower

denture comfort and the number of missing teeth in the lower jaw. It shows that the patients with bigger number of the missing teeth in the lower jaw (group 3–more then 10 missing teeth) had more uncomfortable dentures (scores 4 or 5 given by patients in judging the quantity of the uncomfort) in comparison with patients with less missing teeth.

There was also statistically significant difference between the patients' grades for speech and the dentist's evaluation of the lower denture construction ($p < 0.05$). In denture constructions of lower dentist's scores patients were also less satisfied with the speech with their partial dentures.

Patients of higher level of education have probably higher criteria for the aesthetics appearance as they assessed their partial denture aesthetics with lower grades than patients of lower level of education. Males with lower partial denture were less satisfied with chewing ($p < 0.05$) than females.

Conclusions

Upon the statistical analysis the following conclusions were made:

Patients are mostly satisfied with their partial dentures (the distribution of the scores of the patients' assessments was asymmetrical towards the highest scores in all examined categories). Only 3.2% of the patients are not absolutely satisfied with their partial dentures. More then half of the examined patients scored all the examined variables to the best score category (5).

There was no significant difference in patients' assessments of the quality of their partial dentures between the different age groups, the ability of self-supporting life, the social and economic status, the marital status, the smoking habits, the presence of the chronic dis-

eases, the number of previous dentures and the age of the present dentures ($p>0.05$). The Kennedy classification, the material, the denture base shape and the denture support did not make any influence on the patient's satisfaction with the denture retention, the ability to speech, the mastication, the aesthetics and the comfort of wearing the dentures ($p>0.05$).

Patients of higher level of education assessed their partial denture aesthetics with lower grades than patients of lower level of education. Males with lower partial denture were less satisfied with

chewing ($p<0.05$) than females. Lower teeth missing in the mandible, more problems with comfort of a lower partial denture appeared. Lower construction assessment of a lower partial denture, lower the patients' satisfaction with speech ($p<0.05$) was.

These four factors were found to be associated with dissatisfaction in removable partial denture wearers and can aid a clinician in discussing a treatment plan and help the patient understand the risk of dissatisfaction in the presence of certain factors.

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D. Knezović Zlatarić

*Department of prosthodontics, School of Dental Medicine, University of Zagreb,
Gundulićeva 5, 10000 Zagreb, Croatia*

ZADOVOLJSTVO PACIJENATA DJELOMIČNIM MOBILNIM PROTEZAMA U HRVATSKOJ POPULACIJI

S A Ž E T A K

Nema dovoljno podataka o tome koliko su pacijenti zadovoljni djelomičnim protezama u hrvatskoj populaciji. Svrha rada bila je ocijeniti zadovoljstvo pacijenata djelomičnim protezama u odnosu na socio-ekonomske čimbenike, i čimbenike kao što su: retencija proteza, fonacija, estetika, žvakanje i žuljanje proteza. Svrha je, također, bila ocijeniti zadovoljstvo pacijenata s djelomičnim protezama različite konstrukcije, klasifikacije, različitog materijala, različite veličine baze i vrste opterećenja te različitog broja preostalih zuba u čeljusti. U istraživanju je sudjelovalo 165 pacijenata, nosilaca gornje, donje, ili gornje i donje djelomične proteze, (59 muških i 105 ženskih pacijenata, u dobi od 38 do 87 godina). U svrhu procjene uspješnosti terapije uporabljen je upitnik, podijeljen u tri dijela. U prvom dijelu, pacijenti su dali podatke o spolu, dobi, bračnom stanju, sposobnosti samostalnog življenja, edukaciji, pušenju, kroničnim bolestima, socijalnom statusu, koja je po redu djelomična proteza. U drugom dijelu, pacijenti su ocjenjivali svoje djelomične proteze ovisno o stupnju zadovoljstva protezama, pomoću skale od 1 do 5. U trećem dijelu, stomatolog je odredio Kennedy klasifikaciju, potklase po Kennedyju, vrstu materijala i opterećenja proteza, veličinu baze proteze, broj nedostajućih zuba, te je ocijenio konstrukciju proteza. Analiziran je utjecaj čimbenika na zadovoljstvo pacijenata. Većina ispitivanih pacijenata bila je zadovoljna protezama, a samo je manji broj bio nezadovoljan. Više od polovice pacijenata ocijenilo je svoje proteze najvišim ocjenama. Žene su bile zadovoljnije žvakanjem donjim djelomičnim protezama od muškaraca ($p < 0,05$). Pacijenti s većim brojem nedostajućih zuba lošije su ocijenili udobnost nošenja proteza ($p < 0,05$). Pacijenti višeg stupnja edukacije lošije su ocijenili estetiku svojih proteza ($p < 0,05$), a kod pacijenata koji su bili manje zadovoljni fonacijom donjim djelomičnim protezama, stomatolog je dao nižu ocjenu za konstrukciju proteza ($p < 0,05$). Nezadovoljstvo protezama bilo je povezano sa sposobnošću žvakanja protezama, estetikom, brojem nedostajućih zuba te fonacijom. Rezultati istraživanja od velike su pomoći stomatologu u planiranju tretmana, ali i pacijentu u lakšem razumijevanju rizika nošenja proteza.