



Title	Prosthetic Rehabilitation of Partially Dentate or Edentulous Patients
Agency	SBU, Swedish Council on Health Technology Assessment Olof Palmes gata 17, Box 3657, SE103 59, Stockholm, Sweden; Tel: +46 8 412 32 00, Fax: +46 8 411 32 60; www.sbu.se
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Aim

To evaluate scientific support for the following questions:

- How do people perceive losing their teeth and living with varying degrees of tooth loss, and how do people respond to rehabilitation of this condition?
- How do people perceive oral quality of life influenced by rehabilitation of tooth loss of varying severity?
- What effects do the current methods of rehabilitation have after 5, 10, and 15 years?
- How effective is immediate loading of dental implants compared with conventional treatment?
- What complications, risks, and side effects are associated with the methods investigated?
- How cost effective are the different methods, and what is the present distribution of the different treatment methods in the population?

Conclusions and results

- Tooth loss is associated with deterioration in quality of life. Many people with tooth loss experience loss of self-esteem, lower social status, and functional deterioration.
- Treating tooth loss signifies a return to normal lifestyle and improved quality of life.
- Patients with single tooth loss can be rehabilitated by tooth-supported bridges, resin-bonded bridges, or implant-supported crowns (5-year survival for crowns and implants is >90%).
- Rehabilitation of extensive tooth loss can be achieved by bridgework supported by the natural teeth or implants, or with a removable partial denture (95% of implant bridges can be expected to survive 5-10 years). Rehabilitation of patients who have lost teeth is mainly in the form of fixed-tooth or implant-retained prostheses,
- Patients with edentulism, or maxillary or mandibu-

lar edentulism, can be rehabilitated with complete dentures supported by the oral mucosa, or implant-supported constructions (5-year survival is >90% for implant-retained bridges and mandibular overdentures).

- The evidence is insufficient to determine which treatment method yields the best results in terms of esthetics and function, or is the most cost-effective.

Methods

The conclusions of the report are based solely on human studies. Studies were restricted to randomized controlled trials, controlled clinical trials, and cohort studies. A special protocol was used to scrutinize study quality. The initial analysis sorted study data by themes. Results of the selected studies were merged in a secondary qualitative analysis.

Further research/reviews required

- Studies of different patient groups need to compare different methods of treating varying severity of tooth loss. Observation periods of 5 years or longer are needed.
- Studies need to analyze treatment outcomes in different patient groups and methods, particularly treatment outcome from the patient's perspective.
- Little is known about the cost-effectiveness of methods used to treat tooth loss. Studies need to disclose the benefits and costs of treatment methods from an economic perspective. Epidemiological studies on oral health should estimate the need for treatment resources and analyze the effects of allocated resources.
- There is insufficient analysis of financial aspects of rehabilitation in patients with tooth loss. Patients' willingness to pay for such treatment also needs to be addressed.