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Research Article

PSYCHOLOGICAL IMPACTS OF IMPLANT PATIENTS

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ABSTRACT

BACKGROUND: Psychology is an academic and applied discipline that involve the scientific study of mental function and behavior. Patient satisfaction and their psychology is related to their personality profiles. Since psychological factor and oral health related quantity of life are related to after and. Enforce dental treatment. (implant placement)

AIM AND OBJECTIVES: The aim of the study is to evaluate patient satisfaction and their oral health related quality of life, after and before the dental treatment (implant placement)

MATERIALS AND METHOD: As a convenience sample of patient aged between 22 to 71 years who were partially edentulous and seeking dental implant therapy were selected. The patients were requested to answer the questionnaire - both before and after dental treatment (implant placement). Data will be collected and statistically analyzed.

CONCLUSION: This study will help us to evaluate patient satisfaction and oral health related quality of life, before and after dental treatment (implant placement)

INTRODUCTION

Dental implant therapy is the most popular methods of replacing missing dentition. Now days, little attention has been paid to the psychosocial effects of implant treatment. Different levels of oral health related quality have varying effects on people's daily living; therefore, the clinical status and psychologic dimensions of patients should be assessed whenever a patient's dental needs are examined. (Leao and Sheiham, 1995; Cushing *et al.*, 1986) Clinicians should be mindful of patients who are not satisfied with their oral condition, even if it is favorable or dissatisfied with any dental treatment received, regardless of the quality of care. On the other hand, some patients are satisfied with their dental treatment, even when these are unfavorable, because of their high level of psychogenic tolerance (Branchi *et al.*, 2001; Allen, 2003). In comparison to conventional prostheses, implant-supported prostheses have better comfort, stability, and esthetics, and have positive effects on patients' oral health-related quality of life (de Grandmont *et al.*, 1994; Feine *et al.*, 1994; Awad and Feine, ?; Vermynen *et al.*, 2003). Patients have considered implant-supported prostheses as an integral part of their bodies that improved their daily lives (Blomberg, 1985).

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The literature includes many studies that have explored the unique and vague relationship between psychologic profiles and satisfaction with dental status in many fields of dentistry. Unfortunately, the literature lacks sufficient valid studies of the relationship between satisfaction with implant-supported prostheses and personality profiles and the impact of this on daily living. Oral related quality of life is defined as an individual's perception of the impact of oral health on their quality of life (OHRQoL) (Leao, 1995). OHRQoL is characterized by the individual's perception of their position in life. Implant can improve denture stability and retention.

However, so far, no clinical studies have measured the impact of implant prostheses on the OHRQoL. Practitioners can rely on a number of question for evaluating OHRQoL, including the Oral Health Impact Profile (OHIP) (Blomberg, 1985). These questionnaires explore the functional, social, and psychological impacts of implant patient. Most of the previous studies showed that implant therapy has a satisfactory effect on patients of oral health-related quality of life. But investigations of the psychological impact on dental implant therapy are still scarce. Psychological factors tell about the role in patient satisfaction with dental status and treatment. But this article tells about the relationship between patients' oral health-related quality of life and personality traits and their impact on the success of dental implant treatment. The valid questionnaire is one of the comprehensive measures of oral health, which has various psychological properties in

different contexts and has been used in several descriptive studies. In large number of OHRQoL studies, only few of them described patients with implant prosthesis and the effects on patients' OHRQoL improvement. Therefore, the present study investigated the relationship between satisfaction with implant-supported prostheses and personality profiles and the impacts of this on daily living using sociodental and psychologic measures. The relationship between patients' oral health-related quality of life and psychologic traits was compared before implant therapy and after implant therapy. The null hypothesis is that there is no impact of psychological profiles on patients' oral health-related quality of life with dental implants either before or after treatment.

MATERIAL AND METHODS

Patients seeking dental implant therapy to replace missing teeth were selected for this study. The patients were referred by specialists to specialized dental implant centers in Saveetha dental college and hospitals that treat dental implant patients from the entire country. Each participant was given a brief explanation of the study, and informed consent was obtained from each participant before inclusion in the study. To be included in the study, a patient has some following criteria: Each patient should understand and score the questionnaires. Patients were reported to have problems in questioner scoring. Each patient must be about to have dental implant treatment. Each patient should understand and give the score to questionnaires. Each patient must be eligible to receive dental implants and no contraindication to implant therapy should exist. Each patient must have successful implant treatment throughout the study.

Gender had no relationship with the scores, before or after implant therapy. Type of prostheses, number of implants, and number of prosthetic units and crowns had no relationship to this scores and patient satisfaction. Instrument and procedure: The series of 19 questionnaires were given to 60 patients who have implants and their reviews were recorded about their oral health related quality of life before and after implant therapy. After providing informed consent, patients performed the OHIP-14it (Italian version of the OHIP-14 questionnaire) in order to investigate the OHRQoL of the participants before the implant prosthetic rehabilitation. The questionnaire (OHIP-14) was filled in by the patients. Every 6 dimension includes two items, yielding altogether 14 (OHIP 1-14). The seven dimensions are functional limitation, physical pain, psychological discomfort, physical disability, psychological disability, social disability and handicap. The five categories of response for each item are never (= 0), hardly ever (= 1), occasionally (= 2), fairly often (= 3) and very often (= 4).

Higher OHIP scores indicate worse, and lower OHIP scores indicate better oral health-related quality of life. The null hypothesis was that patients treated with implant therapy, no relationship could be established between age and psychological traits and patients' satisfaction with before and after implant treatment.

RESULT

Sixty patients were included in this study. Gender has no relationship with the score, either before or after implant therapy. After treatment patient were more satisfied with their appearance, functional limitation, pain, social and physical disability and psychological discomfort when compared to before implant therapy. The score for individual satisfaction dimension is shown in Table 1. Higher OHIP scores indicate worse, and lower OHIP scores indicate better oral health-related quality of life.

DISCUSSION

It is evident that patient satisfaction with oral status is associated with certain personality profiles. Psychologic factors have a role in determining patient satisfaction and compliance of dental status and treatment. Dental researchers have to investigate the effects of different psychologic characteristics on the success and acceptance of conventional dental treatment.

Previous study was conducted by Abu Hantash *et al.*¹⁸. Many previous studies have used different types of questionnaires to rate patients' satisfaction with dental implant therapy and the effects of this treatment on oral health. the long version of the Oral Health Impact Profile³⁴ was shown to be valid and reliable in assessing patients' satisfaction with dental implants. Previous studies have used different psychologic tests to assess the effects of dental implant therapy on patient (Blomberg and Lindquist, 1983; Kiyak *et al.*, 1990). The results of this study demonstrated that implant-supported prostheses improved patients' daily living and satisfaction. Also, a relationship was established between psychologic traits and impacts of implant therapy on patient satisfaction with oral health related quality of life. According to the results of the present study, it can be seen that patients treated with implant therapy were satisfied with the outcome of the treatment when evaluated using the OHIP-14 questionnaire. Before and after implant therapy, it was found that higher scores were associated with less total satisfaction as well as less satisfaction with appearance, oral comfort, and general performance. In contrast, lesser the score, higher the total satisfaction and satisfaction with appearance and general performance.

Table 1. Scores (%) For Individual Satisfaction Dimensions In Study Sample Before And After Implant Treatment

DIDL DIMENSION	NEVER		HARDLY EVER		OCCASIONALLY		FAIRLY OFTEN		VERY OFTEN	
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
FUNCTIONAL LIMITATION	0	100	75	75	100	25	100	0	50	0
PHYSICAL PAIN	0	100	50	50	50	50	50	0	25	0
PSYCHOLOGICAL DISCOMFORT	33.3	100	33.3	66	100	33	66.6	0	66.6	0
PHYSICAL DISABILITY	33.3	100	100	66	100	0	66.6	0	33.3	0
PSYCHOLOGICAL DISABILITY	33.3	100	66	100	100	100	100	66	66	0
SOCIAL DISABILITY	50	100	100	100	100	100	100	0	50	0
HANDICAP	100	100	100	100	100	50	100	0	50	0

Table 2. Correlation of qhip-14 study sample of before and after treatment

	BEFORE TREATMENT (%)	AFTER TREATMENT (%)
0	31.5	100
1	78.9	73.6
2	100	47.3
3	94	10
4	52.6	0

This study tells about the patients concerning their oral health-related quality of life with the aid of OHIP-14 questionnaire available before and after implant treatment. According to the present study, treatment outcome with implant therapy was found to be good and successful when evaluated with the oral health impact profile (OHIP-14). Gender had no relationship with the scores, before or after implant therapy. Type of prostheses, number of implants, and number of prosthetic units and crowns had no relationship to this scores and patient satisfaction. This study demonstrated the interesting finding that a difference did exist in the relationship between personality profiles and oral health related quality of life before and after implant treatment.

From the above result, it is clearly evident that psychological aspects play a vital role in patients' satisfaction with their dentition. Personality profiles is used to explain the levels of patients' oral health-related quality of life present among the study population as well as about the patient satisfaction about before and after implant treatment. This will help in predicting their implant patient regarding the improvement in their oral health-related quality of life before the treatment. This agrees with previous studies that demonstrated a role for personality traits in the prediction of patients' satisfaction and oral health related quality of life with their dental treatment (Al-Omiri, 2002; Leao, 1993; Al-Omiri and Abu Alhaija, 2006; Al-Omiri *et al.*, 2006).

Conclusion

Personality profiles might play a significant role in patients' satisfaction with dental implants. Certain personality profiles were found to be associated with higher levels of patients' satisfaction with implant therapy. In this study, psychological aspects play a role in impacts of implant-supported prostheses on daily living and patients' satisfaction with their dentition. It also provides information about the satisfactory outcomes before and after dental implant treatment. Dentists should be more cautious when they faced with the possibility of a patient's rejection or dissatisfaction of implant therapy. This measure might avoid unnecessary costs and save effort and time for both the dentist and the patient.

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