

## Engaging the Overdenture Patient Starts in the Front Office

**Nita Weissman Okamoto**

*Vice President of Marketing, Dentatus USA, Ltd, New York, New York*

*It is surprising* to hear from dentists and their staff that many practices do not have denture patients in their chairs, given that an estimated 37 to 50 million Americans wear dentures. One likely reason is that, until recently, there have been few solutions to the day-to-day problems and discomforts of the average denture wearer. It is not uncommon to hear stories of suffering from loose dentures, dentures that hurt, sore spots, and the displeasure of denture adhesives.

Until now, the standard of care for edentulous mandibular patients was a two-implant overdenture. However, the existence of such a treatment does not guarantee that patients know about it, can afford it, or will accept it. Of the global population who might benefit from implants, approximately 5% actually receive them; in the United States close to 18% receive them.<sup>1</sup> This is of great significance to the dental community, because it indicates that in the United States alone, approximately 82% of edentulous Americans are not receiving the recommended dental healthcare they should.

Let us analyze the three primary reasons. First, many patients do not have

adequate bone for most of the larger, conventional implants. Second, the patient may not be physically or psychologically able to undergo the lengthy dental procedures associated with implant placement. Third, many denture patients may not be able to afford the traditional two-implant overdenture treatment. If we consider that in the United States 50% of potential implant candidates earn less than \$40,000 annually, it is evident that financial considerations represent a significant obstacle to garnering patient acceptance of implant-supported overdentures.<sup>2</sup>

### **A REASONABLE ALTERNATIVE**

In 2001, the US Food and Drug Administration (FDA) approved the use of small-diameter dental implants (eg, Atlas™ Denture Comfort™, Dentatus USA, Ltd, New York, NY). These small implants may be the breakthrough solution for the underserved denture patient population who has experienced discomfort for almost as long as they have been wearing dentures.

The narrow diameter (1.8 mm to 2.8 mm) of small implants enables their placement into a far greater number of narrow ridges associated with long-term denture

wearers. Not only is there a greater application potential for small-diameter implants, the insertion procedures are less invasive because they do not require a surgical flap, and they are generally completed within an hour. Finally, the small implants are typically two to three times less expensive than their larger, conventional-diameter implant counterparts.

With FDA approval and prominent thought leaders, such as Gordon J. Christensen, DDS, MSD, PhD, advocating the use of narrow-diameter implants with mandibular overdentures, the message about the useful indications for this treatment alternative is getting out.<sup>3</sup> Evidence is suggesting that denture comfort is having an impact on the “whole” patient. When conventional dentures are replaced with implant-retained overdentures, patients enjoy a higher quality of life, greater self-confidence, and a better nutritional state.<sup>4</sup>

Other studies indicate additional benefits: improved facial appearance with greater support of the cheeks and lips and easier and simpler oral home care.<sup>5</sup>

Fortunately, evidence suggests that increasing numbers of general practitioners accept the fact that placing narrow-diameter implants is within their level of expertise. Given the sheer number of edentulous patients experiencing pain, discomfort, and an otherwise limited quality of life as a consequence of their lower dentures, general practitioners who can offer the narrow-diameter implant option to suitable denture patients will be providing a new standard of healthcare to their patients.

Given that the two-implant overdenture is the standard of care, how do you

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