

although the majority of their pain in fact originated from the masticatory muscles. This gap might partly contribute to their cognitive error.

Table 3 shows the effects of CBT. Three weeks after the first medical interview, following administration of CBT only, symptoms had disappeared in 59 patients and improved in 64 patients. Other additional treatments, such as splint therapy, nonsteroidal anti-inflammatories, or occlusal adjustment, were required in 19 patients, including 13 patients with improved symptoms. After 2 months, symptoms had disappeared in 89 patients and improved in 23 patients, again with CBT only. No patient reported worsened symptoms after 2 months.

By viewing the result according to subgroup (TMJ, muscle pain, and TMJ and muscle pain), the most significant effect of CBT was observed in the TMJ subgroup followed by the muscle pain and the TMJ + muscle pain subgroups (Table 4).

Conclusion

Of 134 TMD patients, symptoms had disappeared and improved in 112 patients (83.6%) within 2 months following treatment with CBT only. It was suggested that most subjective TMD symptoms can be relieved by CBT alone, with no need for additional treatment.

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References

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Literature Abstract

A prospective 3-year study of fixed bridges linking Astra Tech ST implants to natural teeth

Connecting teeth and osseointegrated implants in fixed reconstructions is not generally recommended because of differences in their response to loading. The aim of the present study was to assess the clinical and radiographic performance of the teeth and implants used to support 3-unit fixed partial dentures subjected to normal functional loads. Nineteen subjects (10 males, 9 females, age range 27 to 65 years) with an edentulous posterior free end saddle in either maxilla or mandible (Kennedy Class 2), and opposing natural teeth or a tooth-supported fixed bridge were treated and completed the 3-year trial. An Astra Tech ST implant (length: 9 mm ($n = 2$), 11 mm ($n = 9$) or 13 mm ($n = 8$); diameter: 4.5 mm) was placed immediately distal to the last tooth (6 cases) or leaving a single premolar sized space (13 cases). The distal tooth received a gold coping and the implant was restored with a customised Preapable abutment (Astra Tech Profile BiAbutment: diameter 5.5 or 7 mm). A fixed partial denture was placed linking the gold coping and implant abutment either with the pontic as a distal cantilever ($n = 6$, length 7 to 8 mm) or as a fixed-fixed design ($n = 13$, length 6 to 12 mm). Standardized radiographs and clinical records were taken at delivery of the prosthesis cemented with TempBond (baseline BL) and annually. Plaque scores at implant sites increased between BL and subsequent years ($P < .02$). Statistically significant increases in probing depth were observed at both abutment teeth and implants between baseline and subsequent years ($P < .001$). Marginal bone levels (mm) at the implant and tooth were stable between BL, 1-, 2-, and 3-year examinations (implant: BL 0.65 ± 0.42 , 1 year 0.63 ± 0.47 , 2 years 0.88 ± 0.55 , 3 years 0.78 ± 0.64 ; tooth: BL 2.29 ± 0.82 , 1 year 2.41 ± 0.8 , 2 years 2.38 ± 1.02 , 3 years 2.68 ± 0.86). No signs of the intrusion of the abutment teeth were detected. One case of abutment screw loosening occurred. Eight bridges required re-cementation with a permanent cement in place of the temporary cement. There were 8 subjects presenting with fractures/chips to the composite component of the bridges. The authors concluded that the 3-year results demonstrate fully functional successful restorations with no evidence of tooth intrusion and with stable bone levels at both teeth and implants.

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