

16. ESPE M. Website communication to dental professionals. [http://solutions.3m.com/3MContentRetrievalAPI/BlobServlet?lmd=1357744363000&locale=en\\_WW&assetType=MMM\\_Image&assetId=1319230699460&blobAttribute=ImageFile](http://solutions.3m.com/3MContentRetrievalAPI/BlobServlet?lmd=1357744363000&locale=en_WW&assetType=MMM_Image&assetId=1319230699460&blobAttribute=ImageFile). Accessed March 17, 2015.
17. Sriamporn T, Thamrongananskul N, Busabok C, Poolthong S, Uo M, Tagami J. Dental zirconia can be etched by hydrofluoric acid. *Dent Mater J* 2014;33:79–85.
18. Scherrer SS, Quinn GD, Quinn JB. Fractographic failure analysis of a Procera AllCeram crown using stereo and scanning electron microscopy. *Dent Mater* 2008;24:1107–1113.
19. Kim B, Zhang Y, Pines M, Thompson VP. Fracture of porcelain-veneered structures in fatigue. *J Dent Res* 2007;86:142–146.
20. Green DJ, Hannink RH, Swain MV. Transformation Toughening of Ceramics. Boca Raton, Florida: CRC, 1989.
21. Garvie RC, Hannink RH, Pascoe RT. Ceramic steel? *Nature* 1975;258:703–704.
22. Piconi C, Maccauro G. Zirconia as a ceramic biomaterial. *Biomaterials* 1999;20:1–25.
23. Chevalier J, Gremillard L, Virkar AV, Clarke DR. The tetragonal-monoclinic transformation in zirconia: Lessons learned and future trends. *J Am Ceram Soc* 2009;92:1901–1920.
24. Chevalier J, Grandjean S, Kuntz M, Pezzotti G. On the kinetics and impact of tetragonal to monoclinic transformation in an alumina/zirconia composite for arthroplasty applications. *Biomaterials* 2009;30:5279–5282.
25. Roualdes O, Duclos ME, Gutknecht D, Frappart L, Chevalier J, Hartmann DJ. In vitro and in vivo evaluation of an alumina-zirconia composite for arthroplasty applications. *Biomaterials* 2010;31:2043–2054.
26. Abi CB, Emrullahoglu OF, Said G. Microstructure and mechanical properties of MgO-stabilized  $ZrO_2$ - $Al_2O_3$  dental composites. *J Mech Behav Biomed Mater* 2013;18:123–131.
27. Claussen N. Fracture toughness of  $Al_2O_3$  with an unstabilized  $ZrO_2$  dispersed phase. *J Am Ceram Society* 1976;59:49–51.
28. Kern F, Palmero P. Microstructure and mechanical properties of alumina 5 vol% zirconia nanocomposites prepared by powder coating and powder mixing routes. *Ceram Int* 2013;39:673–682.
29. Naglieri V, Palmero P, Montanaro L, Chevalier J. Elaboration of alumina-zirconia composites: Role of the zirconia content on the microstructure and mechanical properties. *Materials* 2013;6:2090–2102.
30. Tanaka K, Tamura J, Kawanabe K, et al. Ce-TZP/ $Al_2O_3$  nanocomposite as a bearing material in total joint replacement. *J Biomedical Mater Res* 2002;63:262–270.
31. Ban S. Reliability and properties of core materials for all-ceramic dental restorations. *Jpn Dent Sci Rev* 2008;44:3–21.
32. Takano T, Tasaka A, Yoshinari M, Sakurai K. Fatigue strength of Ce-TZP/ $Al_2O_3$  nanocomposite with different surfaces. *J Dent Res* 2012;91:800–804.
33. Zhang Y, Sun MJ, Zhang D. Designing functionally graded materials with superior load-bearing properties. *Acta Biomater* 2012;8:1101–1108.
34. Zhang Y, Chai H, Lawn BR. Graded structures for all-ceramic restorations. *J Dent Res* 2009;89:417–421.
35. Zhang Y, Kim JW. Graded structures for damage resistant and aesthetic all-ceramic restorations. *Dent Mater* 2009;25:781–790.
36. Zhang Y, Ma L. Optimization of ceramic strength using elastic gradients. *Acta Mater* 2009;57:2721–2729.
37. Kim JW, Liu L, Zhang Y. Improving the resistance to sliding contact damage of zirconia using elastic gradients. *J Biomed Mater Res B Appl Biomater* 2010;94:347–352.
38. Ahlberg JP, Kovero OA, Hurmerinta KA, Zepa I, Nissinen MJ, Könönen MH. Maximal bite force and its association with signs and symptoms of TMD, occlusion, and body mass index in a cohort of young adults. *Cranio* 2003;21:248–252.
39. Denry IL. Restorative materials—Ceramics. In: Powers JM, Sakaguchi RL (eds). *Craig's Restorative Dental Materials*, ed 12. St Louis: Mosby, 2006:253–275.
40. Gehrt M, Wolfart S, Rafai N, Reich S, Edelhoff D. Clinical results of lithium-disilicate crowns after up to 9 years of service. *Clin Oral Investig* 2013;17:275–284.
41. Ries S, Wolz J, Richter EJ. Effect of design of all-ceramic resin-bonded fixed partial dentures on clinical survival rate. *Int J Periodontics Restorative Dent* 2006;26:143–149.
42. Kern M, Sasse M. Ten-year survival of anterior all-ceramic resin-bonded fixed dental prostheses. *J Adhes Dent* 2011;13:407–410.
43. Sasse M, Eschbach S, Kern M. Randomized clinical trial on single retainer all-ceramic resin-bonded fixed partial dentures: Influence of the bonding system after up to 55 months. *J Dent* 2012;40:783–786.
44. Sailer I, Bonani T, Brodbeck U, Hammerle CH. Retrospective clinical study of single-retainer cantilever anterior and posterior glass-ceramic resin-bonded fixed dental prostheses at a mean follow-up of 6 years. *Int J Prosthodont* 2013;26:443–450.

### Literature Abstract

#### Tooth loss and atherosclerosis: The Nagahama study

Cardiovascular disease (CVD) has been associated with oral disease in several studies that have shown a link, although a significant relationship could not be elicited in several other studies. Inflammation is central to the pathogenesis of both CVD and oral disease, such as periodontal disease, which can cause tooth loss. Therefore, this study attempted to investigate the relationship between tooth loss and arterial stiffness, which is a measure of CVD, using baseline survey data from a Japanese cohort. Cross-sectional data were collated from 8,124 adult residents (30 to 74 years of age) of Nagahama City. The cardio-ankle vascular index (CAVI) was used to assess arterial stiffness, while tooth loss was assessed with examination of the oral cavity by one of two dentists. Congenitally missing, impacted, and third molar teeth were excluded from counts, and subjects who reported tooth loss due to orthodontic treatment, malpositioning, and trauma were excluded. The association between CAVI and tooth loss was assessed using general linear models adjusted for age, sex, body mass index, smoking, elevated glycated hemoglobin levels (HbA1c), and insulin or hypoglycemic use. Results of multiple regression analysis showed a significant correlation between CAVI and tooth loss only for males. This may be explained by estrogen and its beneficial effects on the cardiovascular system. Due to limitations of a cross-sectional study, such a correlation should not be taken to be a causal relationship.

**Asai K, Yamori M, Yamazaki T, et al.** *J Dent Res* 2015 Mar;94(suppl 3):52S–58S. **References:** 35. **Reprints:** K. Asai, Department of Oral and Maxillofacial Surgery, Graduate School of Medicine, Kyoto University, Kyoto, Japan. Email: yamori@kuph.kyoto-u.ac.jp—Debbie P.M. Hong, Singapore

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