

# A Lifespan Perspective on Edentulism: Psychologic, Functional, and Esthetic Effects

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- The global demographic of aging is an “irreversible truth” and poses unprecedented difficulties that threaten national economies and social cohesion. It is also a major concern in countries with wealthy economies but inequitable distribution of health care services. Society is bound to judge the dental profession firmly over the next few decades on how well it addresses the oral health care needs of people who are frail, dependent, and poor.
- The abuse of sugar, tobacco, alcohol, and medications, along with chronic inflammation, infection, and other disease, disturb both oral and general health. Consequently, the translation of knowledge about sugar addiction, for example, is no less important for dentists managing caries than for cardiologists managing hypertension or endocrinologists managing diabetes. The challenge of managing chronic oral disorders, such as edentulism, is already favorably met via provision of complete dentures. In fact, such traditional prosthodontic therapy preceded the dental implant era and provided a relatively simple and effective treatment that satisfies most edentulous patients’ functional needs and psychologic expectations.
- A lifespan perspective on edentulism helps to explain how the personal and social environments in which people live influence and are influenced by how they adapt and cope with the loss of teeth over a lifetime. It is particularly relevant to how edentulism contributes to the increasing complexity of comorbidity from chronic disorders in old age, especially since we now recognize multimorbidity as the most serious challenge to the effectiveness of health care systems everywhere.
- Edentulism is compounded further by the uncertainty pervading our knowledge of this predicament. We do not understand clearly how tooth loss influences personal and social behaviors, although we know that ugly or missing teeth can cause depression in

young adults and in older people. There is also much uncertainty about the distribution of edentulism in Western societies and about the pathogenesis of residual ridge resorption and the long-term effects of tooth loss on residual jaw bones.<sup>2</sup>

- The biotechnology that ushered in implant therapy expanded the dentist’s ability to manage diverse forms of tooth loss. However, this expansion of treatment options must be judged in the broader context of our patients’ age, systemic and psychologic health, and, of course, economic realities.
- Uncertainty continues to pervade clinical practice in dentistry as it does in medicine.<sup>5</sup> It limits how we define and diagnose disease, select treatments, observe outcomes, assess probabilities, identify treatment preferences, and plan treatment. Nonetheless, as a profession, dentists have managed edentulism quite successfully, and the quality of life over the lifespan of many edentulous people has been enhanced by complete dentures made competently with or without implants.<sup>2</sup> Somehow, people have an optimistic ability to adapt and cope with a loss of body parts as they age, probably reflecting a resilience drawn from the experience of coping with the cumulative effects of loss over a lifetime.<sup>3</sup> Unfortunately, this healthy perspective is not always achieved, and, as prosthodontists, we need to simply and effectively supplement the resilience of our patients so that edentulism does not contribute unnecessarily to the comorbidity of chronic disorders in old age.

## References

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