

The ANCOVA showed that intake of vegetables, n-3 fatty acids, calcium, vitamin A, and dietary fiber were significantly higher in RPD wearers when adjusted for age, sex, SES, oral function, and PPD (Table 2).

Discussion

RPD wearers ate more vegetables, n-3 fatty acids, calcium, vitamin A, and dietary fiber than did nonwearers. These nutrients are important for the prevention of cardiovascular disease and cancer. Attitudes toward health were not considered to be remarkably different between the two groups since their SES was not significantly different. Because the number of occlusal units, occlusal force, and salivary flow were not significantly different between the two groups, we suggest that RPDs play a different role in dietary intake. One possibility is that RPDs facilitate bolus formation by separating the oral vestibule and oral cavity proper,⁵ allowing food particles to be carried onto the occlusal surface smoothly and effectively. This would enable RPD wearers to take in more foods considered to be difficult to chew than could nonwearers.

Conclusions

RPDs appear to be effective in improving dietary intake even in participants who have lost a small number of teeth.

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Literature Abstract

Loss of Teeth Opposing Implant-Supported Prostheses in The Posterior Mandible: A Retrospective Survey in Dental Clinics

It may be hypothesized that natural teeth opposing implant-supported prosthetic teeth are more likely to be lost because of increased loading. A natural tooth moves apically more than an implant under similar loads due to the presence of periodontal ligaments, which provide a cushioning effect. The aim of this retrospective study was to investigate the incidence of loss of natural teeth opposing implant-supported prosthetic teeth in the posterior mandible. Surveys were sent to 42 dentists in Japan for information on patients who have had implants placed on one side of the posterior mandible before December 2009. Natural teeth were divided into three groups: opposing teeth, control teeth, and other teeth. Data collected on 383 patients showed that 1.72% of opposing teeth, 1.84% of control teeth, and 0.98% of other teeth were lost during a mean observation period of 72 months post implant prosthesis placement. Opposing teeth loss was significantly higher than other teeth loss; however, no significant differences were found between opposing teeth loss and control teeth loss. This observation may be due to other teeth, such as the incisors, being generally more durable compared to molar teeth. It was concluded that implant-supported prosthesis in the posterior mandibular region are not considered to be a risk factor for opposing natural teeth loss. This study was limited by relatively short observation periods, and its authors suggest that future studies should include a longer-term observation period and also provide more details about pre-existing conditions like periodontal status, chewing patterns, and bruxism.

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