

DISCUSSION OF "TREATING COMPLETE DENTURE PATIENTS"*

JEROME M. SCHWEITZER, D.D.S.

New York, N. Y.

THERE is very little that I can disagree with in Doctor Brewer's paper. There is much that indicates that he is a man of broad experience in dealing with patients. He makes many interesting statements, such as, "I found out that once I had refined my mechanical skills I was able to construct successful dentures regardless of the technique or instruments used. Frequently this was in spite of the technique or instruments used." This statement requires courage, and I agree with it.

Doctor Brewer stresses the psychobiologic approach and points up the differences between the physical and the psychologic problems in denture service. In this approach, the patient's position and background play a role in the varying degrees of success which are obtained.

I was interested in his statement, "Let the patient talk." Regardless of the area of prosthodontics, it is of considerable help to permit the patient to talk. In designing dental appliances, we must think of the current conditions of the tissue in the patient's mouth. We must also recall and recreate, if possible, all of the forces that operated to produce the conditions that we see. Because the patient is an extension of the past, it is important in treatment planning. It helps us to visualize what may take place with our appliances in the future. Allowing the patient to talk enables us to look backward. It is another form of history taking, while looking forward is the prognosis.

I agree entirely with Dr. Brewer's remarks relative to the removal or retention of teeth, but I would go even further and apply this not alone to actors, but to patients in general. The removal of all of the teeth is so final. There is no turning back. I prefer to retain as many teeth as possible for all patients if I have any choice, rather than to risk failure with complete dentures. I have seen patients for whom the retention of only two lower teeth would have made the difference between an intolerable condition, and one which the patient could face with some degree of equanimity, because of the retention the two lower teeth provided.

We are told that finances should be considered and that we should not ignore the socioeconomic factors. Young "people in the lower income bracket expect to wear complete dentures at a relatively early age. Those in the higher income

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*Brewer, A. A.: J. PROS. DEN. 14:1015, 1964.

brackets often consider the mere suggestion that they have their teeth removed is an insult." I would even go further. It may seem out of place to make reference to the economic system, but inasmuch as man does not function in a vacuum but is buffeted by economic forces in his environment, we must give consideration to all of the stresses that are placed upon him.

If a man is unemployed, worry and fear may make eating unpleasurable. With emotional tensions, digestive disturbances and nutritional imbalances may result. These can have their effects on the oral mucosa, and, while this may be considered to be a psychologic manifestation, the underlying irritant is of economic origin.

Dr. Brewer spends more time on esthetics than any other phase of denture construction. This is in light of our present thinking. Dentistry, in the past, has emphasized healthy supporting structures while relegating to esthetics a less important position. We are living at a time when we are deeply concerned with the individual personality. The relation of the individual to the stresses of his environment are being emphasized. While we strive for clinically healthy oral structures, the esthetic values which our appliances create are of primary subjective concern to the patient's emotional well-being.

The five factors which can complicate the construction of dentures are interesting. This is especially true of the fifth factor that concerns the attitude of the patient. Dr. Brewer states that the main body of his paper is concerned with assessing and influencing the attitude of the patient.

I would like to include some other thoughts on the performance of dental procedures against a background of psychobiologic awareness, because the more we consider this subject, the more likely we are to have our greatest degree of success. You will recall Doctor Brewer's statement "I no longer have failures. I have varying degrees of success."

Dentists should make every effort to see patients in the wholeness of their being rather than in the separableness of their dental disease. We must combine the biologic approach with the psychologic approach. This is a subject which is rarely found in dental curricula, and it is not often found on dental programs. Only on rare occasions do we read about this approach in the literature, yet all of us are aware that we "think" a little and "feel" a great deal. We are occupied so intimately with man that we should spend some time studying his nature and his psychic reactions and judgments, as well as his physical and biologic requirements.

Dr. Brewer's meaning is clear and his implications cannot be misunderstood. Dental successes and failures are not always the result of the technique used. They may be explained partly on the basis of the quality of tissue upon which we build. This "tissue tonus" varies in the different age groups. The young patients who lose their teeth because of caries tolerate dentures better than the elderly people who were made edentulous because of periodontal pathology. Exactly the same techniques would produce different results for young and old because the soft tissues are influenced by the general metabolic processes.

With young denture wearers, the tissue tonus is favorable while their psyche has to be prepared to accept the denture. The trouble, therefore, is in advance of treatment. It is the opposite with the older group. With them the tissue tonus is

often unfavorable which makes the degree of functional unawareness difficult to obtain. Here the trouble is met after the insertion of dentures.

The soft tissues can also be affected by the sex hormones. Therefore, diseases of the climacteric must be considered. Patients suffering from these conditions may be noncooperative as a result of the imbalance of the endocrine system. Even very slight changes produced in the mucous membrane may influence their toleration of local irritations.

With the elderly, there is a loss of neuromuscular controls and an increased difficulty in the use of their dentures. There is a resorption of residual alveolar bone. These people are not good prospects for complete dentures, and they might well be advised in advance of the poor prognosis. Conservative treatment should be used for them because the biologic mechanism is now running down toward the termination of function.

Dr. Brewer definitely gives us the feeling that he has high regard for sound mechanics. His plea is that the psychologic preparation of the patient should be supportive and not substitutive. We are aware that most dental disease, regardless of cause, must be treated by sound mechanical methods.

I would like to quote my good friend, the late Edward J. Ryan.¹ "At best all we can do is to make the senescent patient comfortable in psyche and soma. These two components are actually one, welded together at birth and inseparable throughout life. There is never, from the moment of birth to the moment of death, a separation of the psyche and the soma. Together they are life. What one experiences the other expresses . . . No treatment can be either psychic or somatic. Every treatment is both."

Finally, my thanks to you Dr. Brewer, for a paper well written and well illustrated. You were modest in stating that you have given us no scientific facts. That is simply a matter of interpretation. As we are able more and more to explain the unknown, the magic disappears and the facts clearly stand out. Your paper contains many such facts. Modern dentistry makes its greatest contribution when it cares for the total health of the human being and your paper is another step in that direction.

REFERENCE

1. Ryan, E. J.: *Psychobiologic Foundations in Dentistry*, Springfield, Ill., 1946, Charles C Thomas, Publisher, p. 119.

730 FIFTH AVE.
NEW YORK 19, N. Y.