ABSTRACT
Aims and Objectives: To examine difficulties experienced by a group of complete denture wearers with their new complete dentures. Setting: A retrospective study was conducted in the department of Prosthodontics, Armed Forces Institute of Dentistry Rawalpindi from January 2009 to March 2010. Materials and Method: One hundred patients consist of sixty-six men and thirty-four women with a mean of 55.7 years were participated in this study. Information regarding patient age, gender, medical histories and information pertaining to the dentures was derived from patient records. The data collected was statistically analyzed with SPSS v16. Results: It was observed that 71% of patients complained of problems relating to pain and discomfort; 52% stated that they had difficulty eating their food; 42% stated that their dentures were loose; and only 19% complained of food accumulating around or under their appliances. A total of 17% of the patients in the sample said they had difficulties with their speech while wearing their denture. Conclusion: This study suggests that in most instances, complete denture patients present with complaints only when there is a real design fault or a tissue problem.

Key Words: Complaints; Complete Denture; Satisfaction

Introduction
A complaint is defined as an utterance of pain, discomfort, or dissatisfaction. The complete denture service cannot be adequate unless patients are cared for after the dentures are placed in the mouth. The patients generally expect new dentures to fit and function better than their existing ones, i.e., most patients anticipate that their new dentures will bring an improvement compared to their previous dentures, but are resigned to understand that compromises may be necessary.

The most frequent complaints with complete dentures are those pertaining to retention and stability, esthetics, comfort while eating, and the accumulation of food under the appliance. The most crucial time is the patient's perception of success or failure of the dentures is the adjustment period. It has been stated that these high expectations of dentures are more prevalent in older age groups. Moreover, systemic medical conditions and local physical factors may make successful wearing of a removable prosthesis difficult. Medication required for systemic or local disease can adversely affect oral tissues and the quantity and quality of saliva produced. The purpose of this study was to examine 100 complete denture patients experiencing difficulties with their prosthesis and determine the most frequent complaints so that it will be rectified at fabrication stage of complete denture.

Materials and Method
A retrospective study was conducted in the department of Prosthodontics, Armed Forces Institute of Dentistry Rawalpindi from January 2009 to March 2010. A verbal consent was taken from every participant. There were 66 men and 34 women in the sample. Their ages ranged from 50 to 60 years with a mean of 55.7 years. Information regarding the patients’ general medical condition, derived from the records in the patient’s hospital files. The same Prosthodontist examined and treated each of the study patients for the length of their treatment period. Notes on assessment and subsequent treatment were recorded methodically and systematically in the record files. At the time of examination, the patients’ comments regarding the adequacy of their dentures were recorded.

Five divisions were used to group the various complaints the patients presented with. Those patients who stated that they experienced pain and discomfort on inserting or removing the dentures or pain while at rest or in function were grouped under “Pain.” Those patients who experienced difficulties incising and masticating their food or instability when in such function were grouped under “Eating.” Complaints of loose dentures or dropping dentures or complaints attributable to insufficient retention were grouped under “Looseness.” Finally, patients whose complaints related to food accumulation around or under the appliance and those whose complaints related to lisping, whistling, or distorted phonetics were grouped under “Food” and “Speech,” respectively. Patients with multiple complaints were listed under more than one grouping. Recording summarized the information collected from patient files with a “tick the box” method onto a standardized data sheet. Data had been analyzed using SPSS Version 16. Descriptive statistics were used to describe the data. Chi-square test used to investigate differences between groups. The level of statistical significance chosen was a = 0.05.

Results
All patients had at least one complaint; many patients had multiple complaints. It was observed that 71% of patients complained of problems relating to pain and discomfort; 52% stated that they had difficulty eating their food; 42% stated that their dentures were loose; and only 19% complained of food accumulating around or under their appliances. A total of 17% of the patients in the sample said they had difficulties with their speech while wearing their dentures (Table I).
This study found that complete denture patients experiencing difficulties with their dentures most frequently complained of pain and discomfort, difficulty with eating, and looseness of their dentures. There were no significant relationships between the patient's age, gender, and the type or number of complaints.

**Authors Affiliations**
1. Muhammad Amjad BDS FCPS-II Resident, Department of Prosthodontics, Armed Forces Institute of Dentistry, Rawalpindi, Pakistan.
2. Azad Ali Azad BDS MCPS FCPS Professor, Department of Prosthodontics, Armed Forces Institute of Dentistry, Rawalpindi, Pakistan.
3. Rabia Shafique BDS, Demonstrator, Department of Oral Pathology, Liaquat College of Medicine & Dentistry, Karachi, Pakistan.

**Discussion**
Growth of the aging population will also presumably increase the edentulous population in need of care with complete denture prostheses. Complete dentures are the most common form of prosthetics rehabilitation for edentulism. A major challenge in dental practice continues to be the successful management of the complete denture patient who experiences ongoing difficulty with his or her dentures. Often there is no total agreement between the patient and the dentist as to the adequacy of their dentures. This differing perception of patient needs makes management more difficult. The fact that a denture of poor quality may be well tolerated in one person, while a well-made one may be a failure in another has been a frequent source of confusion and frustration.

It is our opinion that this has led many dentists away from taking proper care in the construction and provision of good quality dentures in the belief that the patient will adapt to almost anything, irrespective of the quality. The most common complaints of the complete denture patients in our study were Pain and Generalized Discomfort (71%), Difficulty in Eating (52%), and Looseness of the dentures (42%). This result supports the findings of Brunello and Mandikos (Pain 75%, Eating 61%, Looseness 59%) Kotin, (Pain 45%, Eating 40%, Looseness 80%) and Smith and Hughes, (77% Pain, 55% Looseness, 15% Eating). Interestingly, there were no complaints from the patients in this sample regarding the appearance of the dentures, which is in strong contrast to most other reports. Laurina and Soboleva found that in most instances, complete denture patients present with complaints only when there is real design fault. Clinician must carefully evaluate the denture for faults in denture base extension and horizontal and vertical jaw relationships.

**Conclusion**
This study found that complete denture patients experiencing difficulties with their dentures most frequently complained of pain and discomfort, difficulty with eating, and looseness of their dentures. There were no significant relationships between the patient's age, gender, and the type or number of complaints.

**References**
13. Magnusson T. Clinical judgement and patients’ evaluation of complete dentures five years after treatment. A follow-up


How to cite this article

Address for Correspondence
Dr Muhammad Amjad BDS,
FCPS-II Resident
Department of Prosthodontics,
Armed Forces Institute of Dentistry,
Rawalpindi, Pakistan.
Email: drbds001@gmail.com

Source of Support: Nil
Conflict of Interest: None Declared