

Friday, November 15, 2013

Why do I Have to Lose my Teeth to Get the Benefits of Dentures?



As a baby boomer, I would like to give a point of view from my generation as a dentist and as a patient. It can be said that the boomer generation will be the first fully-dentate generation in the history of man. As the first of 76 million boomers turned 65 on Jan. 1, 2011, this generation will be concerned about how to retain their teeth into their 90s.

If we look at dentistry as the greatest success story never told, it is easy to see why crowns may be on the rise. First, the number of teeth being retained is at an all-time high, and they are being retained for an ever-increasing life expectancy. According to Dr. Don Mays, the average 65-year-old had seven teeth and lived about 72 years in 1965. In this new century, the number of retained teeth is in the 20s and life expectancy is in the late 70s. There are many folks easily living into their 90s with most, if not all, of their teeth. Medical advances have kept folks alive who would have died only 20 or 30 years ago.

Most boomers grew up in a pre-fluoride/pre-braces generation. Their teeth, especially the molars, have been beaten up by life. Remembering that enamel is the only tissue in the body that does not heal itself, the resultant permanent chips, cracks, wear and caries have taken their toll on these teeth.

Placing full-coverage restorations in the 1980s and 90s, many of us were still in the zinc phosphate and polycarboxylate cement generation. Those are not even considered cements by today's standards. Crowns back then were expected to last seven to 10 years, and the insurance companies would pay benefits. Those crowns are now in the mouth for 20 to 30 years. Moreover, the patient still may have 20 to 30 years left in their lifespan during which they will need those teeth to chew. Replacement crowns have now become just a normal part of the aging process.

We see many boomer patients with uncorrected Class II malocclusions, which is considered a risk factor for sleep apnea. Bruxing is considered normal as the patient struggles to find the best jaw position to increase airway space as they enter REM sleep, often creating even more severe wear patterns. This becomes the circular dilemma as nighttime bruxism continually diminishes the VDO and the airway space is even more compromised.

Many of these Class II patients are seeking full-mouth rehabilitations to reestablish their jaw position in the three-dimensional planes. This is beneficial to airway/sleep apnea issue, and restores the facial structures of cheeks, lips and nose-to-chin distance, which used to occur by fabrication of full dentures.

As a proud boomer, we and the members of our staff have experienced the benefits of full rehabilitations to establish our vertical dimension in a position that is more favorable to airway, skeletal positioning and the reestablishment of the facial features of the lower half of the face. Once shown what the new vertical looks and feels like, boomers only have one question before agreeing to rehabs. "How much?"

And therein lies the conundrum. If crowns could be fabricated for about the same cost as a very large filling, I would not be writing this blog; we would be too busy doing rehabs on boomers seeking all of the above benefits from teeth and not full dentures.

Enjoy the journey,

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