LETTERS

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BOOMERS AND REHABS

We very much enjoyed Dr. Gordon J. Christensen's personal observations in his October JADA column, "Too Many Crowns?" (JADA 2013;144[10]:1174-1176). As a boomer, I would like to give a point of view from my generation.

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. Medical advances have kept folks alive who would have died only 20 to 30 years ago.

It can be said that the boomer generation will be the first fully dentate generation in history. As the first of 76 million boomers turned 65 on Jan. 1, 2011, this generation will be concerned about how to retain these teeth into their 90s.[1] Most of these boomers have grown up in the prefluoride/prebraces generation. Their teeth, especially the molars, have been beaten up by life pretty well. 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.

When placing full-coverage restorations in the 1980s and 1990s, many of us were still in the zinc phosphate and polycarboxylate "cement" generation. These products are not even considered "cements" by today's standards. In our experience back then, crowns were expected to last 10 to 15 years, and insurance companies would fully pay for replacement at five years. In our practice, which is predominantly 50-year-olds and older, those crowns that were expected to last 10 to 15 years are now in the mouth 20 to 30 years. Moreover, the patient still may have 20 to 30 years left in their life spans during which they will need those teeth to chew. Replacement crowns have now become just a part of the normal aging process.

As the boomers were in the prebraces generation, we see many patients today with uncorrected Class II malocclusions. This type of occlusion is considered a risk factor for sleep apnea.[2] Bruxing has been recognized as normal as the patient struggles to find the best jaw position to increase airway space as he or she enters rapid eye movement sleep, often creating even more severe wear patterns.[3] This becomes the circular dilemma as nighttime bruxism continually diminishes the vertical dimension of occlusion, and the airway space is even more compromised.

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

As proud boomers, we and our staff members 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 one-half of the face. Once shown what the new vertical looks and feels like, boomers have only one question before agreeing to rehabs: "How much?"

And therein lies the conundrum. If crowns could be fabricated at the same or close to the same cost of a "very large filling," I would not be writing this letter, as we would be too busy doing rehabs on boomers who are seeking all of the above benefits to quality of life for their extended life expectancy.

Robert J. Oro, DMD
Debra A. Oro, DMD
Oro Valley, Ariz.

1. Barry D. Boomers hit new self-absorption milestone: age 65. The New York Times. Dec. 31, 2010. www.nytimes.com/2011/01/01/us/01boomers.html?pagewanted=all&_r=0. Accessed Jan. 3, 2014.
2. Lavigne G, Cistulli PA, Smith MT, eds. Sleep Medicine for Dentists: A Practical Overview. Hanover Park, Ill.: Quintessence; 2009:87.
3. Singh GD. On the etiology and significance of palatal and mandibular tori. Cranio 2010;28(4):213-215.