Dental implants have dramatically changed the scope and outcomes of dental treatment over the past 50 years. Implants have become a routine part of the treatment planning process for all who practice the discipline of dentistry, and many workshops and consensus conferences have been organized to create state-of-the-art decision-making guidelines for various implant indications and conditions. In 2019, a workshop of world experts from multiple disciplines of clinical dentistry was sponsored by the Oral Reconstruction Foundation and held in Prague, Czech Republic. Participants included eminent oral and maxillofacial surgeons, periodontists, orthodontists, restorative dentists, prosthodontists, and dental technologists. This workshop focused exclusively on treatment of the totally edentulous patient, a vulnerable population often in need of oral restorative treatment.

While estimates of edentulism vary greatly among countries and age groups (and among the entities collecting the data), a review of the available data can lead one to estimate that the completely edentulous population worldwide numbers somewhere between 300,000,000 and 800,000,000.1,2 This appears to be a huge “lost” population of people when considering the preventive and therapeutic goals of dentistry. Edentulous people have been shown to be susceptible to a greater incidence of general health risks due to their edentulism.3 It has also been shown that edentulism is specifically related to economic condition,4 and therein lies a fundamental problem.

Treatment of edentulism with dental implants has made dramatic positive changes in quality of life and functionality for many edentulous individuals.5,6 Unfortunately, the condition of edentulism frequently brings with it severe financial limitations regarding the options available to these patients. This 2019 workshop was unique in placing economic considerations at the forefront of the deliberations.

Reports from six working groups follow in this supplement of The International Journal of Prosthodontics. In some cases, the recommendations are limited in scope due primarily to lack of evidence to support strong recommendations. Recommendations for treatment of geriatric patients who present with polypharmaceutical considerations are valuable to the clinician dealing with these types of patients. Similarly, the recommendations for prosthetic space requirements offer sound guidelines to clinicians regarding the need for careful space analysis prior to implant placement and distribution. Finally, the management of patients with implant prostheses must include considerations for future age-related issues, such as decreased dexterity and eyesight for performing oral hygiene procedures and considerations for altering prosthesis type for geriatric patients with reduced capabilities.

The results of this workshop are a valuable addition to the resources available to clinicians involved with the treatment of edentulous patients.

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REFERENCES