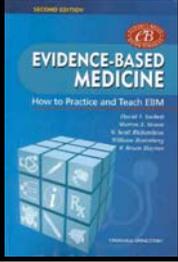


Concepts of occlusal form in restorative treatment for stability and optimal function

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The EBM process



Sackett et al. Evidence-based Medicine. 2nd ed. Churchill Livingstone, 2000

- Information need
- Question formulation
- Literature searching
- Critical appraisal
- Application
- Evaluate Your Performance

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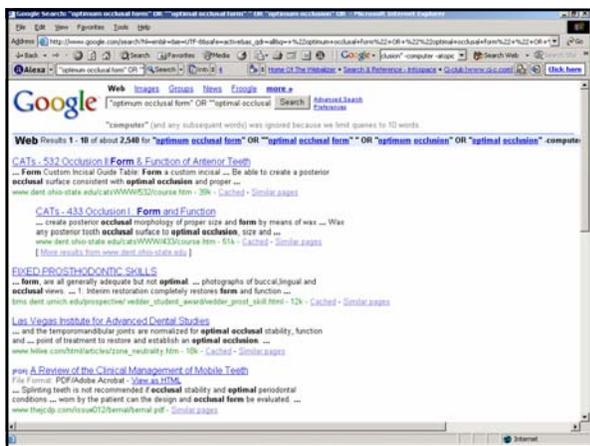
Anatomy of structured questions

P = Population (Among)
I = Intervention (Does)
C = Comparator (v.s.)
O = Outcome (Affect)

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EBM critical appraisal process

Patient / Clinical Problem	Intervention	Comparative intervention	Outcomes
1. Types of "restorative treatment" a) Single teeth b) Partial, FPDs/RPDs c) Full Fixed Removable d) Implant-retained 2. Fabrication process	"Concepts of occlusal form" - Canine vs group function - Tooth types - Shorten Dental Arch - Intermaxillary relationship - ...		What is "optimal function"? Which category of outcome criteria is "stability and optimal function"? a) Surrogate? b) Clinical? c) Patient-relevant? d) Societal?



Google search results for "optimal occlusion".

Web Results 1 - 10 of about 2,548 for "optimal occlusion form" OR "optimal occlusal form" OR "optimum occlusion" OR "optimal occlusion" complete.

... Create posterior occlusal morphology of proper size and form by means of wax ... Wax any posterior tooth occlusal surface to optimal occlusion, size and ...

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... point of treatment to restore and establish an optimal occlusion ...

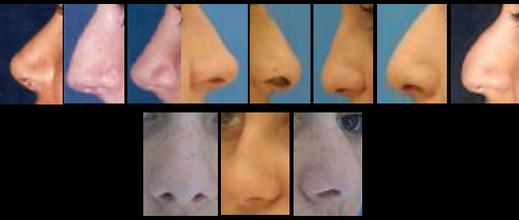
"Optimal"

Oxford English Dictionary Online:

Best, most favourable, esp. under a particular set of circumstances

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An "Optimal" Nose?



Criteria?:

- Smell?
- Breathing obstruction?
- Hairy?

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The "Optimal" Ear?

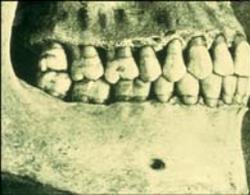


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The "optimal" occlusion ?

"Best, most favourable, esp. under a particular set of circumstances"

Defined according to morphological deviations from the skull named "Old Glory" on Angle's bookshelf in the 1890s



Category of outcome criteria?

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Therapy outcomes

- Surrogate
- Clinical
- Patient relevant
- Societal

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Clinical trials on occlusion issues in context with oral rehabilitation (1980 ->)

	Denture	RPD&FPD	Implant-retained
Cuspid v.s. Group function	Gausch, 1986 Hofmann ea, 1990 Grubwieser ea, 1999 Peroz ea, 2003		Jemt ea, 1982
Tooth type (Cusp angle)	Lamoureux ea, 1999		Khamis ea, 1998
Intermaxillary relations	Fenlon ea, 1999		
Fabrication process	Hickey ea, -69/ Douglas ea.-93 Fahmy ea, 1990		
Other	Molar width	Canti-levers	Abutment resilience (IMZ)

*Randomised Controlled Trial

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Fabrication process (1980 ->)

Study	Methods	Participants	Interventions	Outcomes	Results
Hickey ea 1969/ ++/ Douglas ea 1993	Parallel RCT 20 yrs	Edentulous patients. 2x32 enrolled	a. complex (facebow) b. standard	a. Patient satisfaction b. mucosa c. function tests d. bone loss	No differences
Fahmy et al., 1990	Crossover RCT. Trial period: 2 weeks, no transition period	Edentulous patients. 10 enrolled	a. Conventional complete dentures b. Dentures made with the neutral zone impre. concept	a. Patient comfort & Mastication performance e. peanuts	a. Patient comfort: all preferred type b dentures b. Mastication performance: no difference

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Canine vs group occlusion (1980 ->)

Study	Study Method	Participants	Interventions	Outcomes
Peroz ea (2003)	Parallel RCT	22	Denture	Clinical & Subjective
Grubwieser ea (1999)	Experiment	17	Denture	EMG
Hofmann ea (1990)	Experiment	3	Denture	Jaw tracking Dent. retention
Miralles ea (1989)	Experiment	9	Denture	EMG
Manns ea (1987)	Experiment	6	Denture	EMG
Gausch (1986)	Anecdotal	1235 (2125)	Denture	Anecdotal
Jemt ea (1982)	Experiment	17	Implant FPD	Tracking

Tooth type (cusp angle) (1980 ->)

Study	Methods	Participants	Interventions	Outcomes	Results
Lamou reux ea (1999)	Crossover RCT. Trial period: 8 weeks, no transition period	Patients with problem dentures. 22 enrolled	New dentures w/ 4 occl. surfaces. Morph 6°(a) & 10°(b), .20°(c) 30°(d).	1. Patient preference	No differences
Khamis et al (1998)	Crossover RCT. Trial period: ? weeks, no transition period	Patients with bar-retained overdenture on implants. 8 enrolled	3 occl. surfaces. Morph 0°(a) & 30°(b) + lingual occlusion.(c)	1. Patient preference & 2. 5 test foods, 1cm3. # cycles (& sec.) to first swallow + to mouth empty	1: a. 0 - b. 57 - c 43% prefs. 2: # cycles > 0-degree morphology

Intermaxillary relations (1980 ->)

Study	Methods	Participants	Interventions	Outcomes	Results
Fenlon et al (1999)	Cross-sectional examination & Postal survey 3 mths later	Patients fitted with new dentures. 523 enrolled, 429 completed questionnaire	Denture	1. CR-MIP distance 2. OVD vs. Patient usage	Strong association between intermaxillary relations and usage

Summary – evidence for occlusal design

Cuspid v.s Group function	1 RCT (small) + anecdotal data & experiments, surrogate outcomes
Tooth type (& cusp angle)	2 RCTs (small), short-term
Intermaxillary relations	No RCTs, 1 survey
Fabrication process	2 RCTs (dentures), 1 long-term
Other	None found

Therapy:

No evidence of effect is not equivalent to: evidence of no effect

1. WHAT IS IMPORTANT IN CLINICAL PRACTICE?
 2. IS THERE EVIDENCE FOR A PARTICULAR OCCLUSAL SCHEME?
 1. occlusal scheme design?
 2. lateral guidance and mediotrusive balance?
 3. anterior tooth arrangement
- To few well-designed clinical trials to provide unbiased answers