" Comparative evaluation of quality of life in first time denture wearer vs second time wearer: A questionnaire based study"

Dissertation

Submitted to

BABU BANARASI DAS UNIVERSITY

LUCKNOW, UTTAR PRADESH

In the partial fulfillment of the requirements for the degree

of

MASTER OF DENTAL SURGERY

In

PROSTHODONTICS, CROWN & BRIDGE

By

DR. NAINA SINGH

Under the guidance of

DR. PRAVEEN RAI

Reader

DEPARTMENT OF PROSTHODONTICS

BABU BANARASI DAS COLLEGE OF DENTAL SCIENCES, LUCKNOW
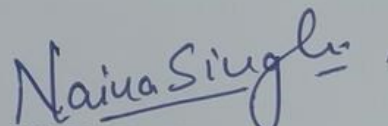
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DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled "**Comparative evaluation of quality of life in first time denture wearer vs second time denture wearer: A questionnaire based study.**" is a bonafide and genuine research work carried out by me under the guidance of **DR. PRAVEEN RAI** reader , Department of Prosthodontics, Crown & Bridge, Babu Banarsi Das College of Dental Sciences, Lucknow, Uttar Pradesh.

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CERTIFICATE BY THE GUIDE

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ENDORSEMENT BY THE HEAD OF THE DEPARTMENT

This is to certify that the dissertation entitled "Comparative evaluation of quality of life in first time denture wearer vs second time denture wearer: A questionnaire based study." is a bonafide work done by **DR. NAINA SINGH,** under the supervision of **DR. SWATI GUPTA,** Head of the Department of Prosthodontics, Crown & Bridge in partial fulfillment of the requirement for the degree of Master of Dental Surgery (MDS) in Department of Prosthodontics.

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This is to certify that the dissertation entitled **"Comparative evaluation of quality of life in first time denture wearer vs second time denture wearer: A questionnaire based study. "** is a bonafide work done by **DR.NAINA SINGH**, under the supervision of **DR. PRAVEEN RAI** reader of the Department of Prosthodontics, Crown & Bridge in partial fulfillment of the requirement for the degree of Master of Dental Surgery (MDS) in Department of Prosthodontics

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"A mother is she who can take the place of all others but whose place no one else can take."

DEDICATED TO MY PARENTS
MR. ANIL SINGH
MRS. SHOBHA SINGH

ACKNOWLEDGEMENT

" mor sudhari so sab bhati jasu kripa nahi kripa aghati "

*With a deep sense of sincerity and appreciation, I take the opportunity to express gratitude and indebtedness to my guide, **Dr.Praveen Rai**, reader, Department of Prosthodontics, Crown & Bridge, Babu Banarasi Das College of Dental Sciences, Lucknow. My guide is endowed with remarkable foresight and the ability to attain excellence via his wealth of Knowledge. His support and advice throughout the research project, as well as his guidance, have always helped me in my studies and in my clinical work to improve myself and rectify my mistakes. I consider myself blessed for this opportunity & I sincerely thank you sir for always being an inspiration, support, and kindness & believing in me even when I didn't believe in myself. Thank you, sir, for always being there whenever I was in need.*

*I will always be grateful to **Dr. Swati Gupta ,** Professor, Department of Prosthodontics, Babu Banarasi Das College of Dental Sciences. she is one of the finest teachers, it is her gentleness and scientific bend of mind, which has helped me at the juncture of my work. Her keen surveillance and unflinching support have always helped in my studies. I sincerely thank you maam for always supporting & encouraging me & to stand with me whenever I was in need.*

*It brings me great pleasure to express my gratitude to my respected principal **Dr. Puneet Ahuja**, for his permission and advice over the course of this project.*

*I am deeply indebted to my beloved teachers, professor **Dr. Manoj Upadhyay** and reader **Dr. Garima Agarwal** for helping me throughout my studies.*

*I'm thankful to the Reader **Dr. Shikha Gupta**, an epitome of beauty, knowledge, and positivity, she has always been there, believed, and supported me.*

*I would like to extend my gratitude to Senior Lecturers **Dr.Ruquaya Bashir, Dr. Arun Tiwari, , Dr. Amrita Upadhyay, Dr.Indu Yadav, Dr. Kaushitaki Bhaumik, Dr. Barkha bhoneja ,Dr. Rehana , Dr. Ankita and Dr Deepak** for their unwavering support and excellent ideas whenever I sought them.*

*I would like to extend my gratitude to **Dr. Amrit Tandan** for always guiding me and supporting me unconditionally .*

*I am grateful to **Dr. Rakhi Raveendran** and **Dr. Mohita chaudhary** for providing immense support with love and care.*

*I would like to express my gratitude to my co-pgs **Dr. Rashmika Kapoor ,Dr. Aishwarya gunjan ,Dr. Namra Kausar,Dr.Deeksha & Dr. Khirod** for their immense support.*

*I would like to express my gratitude to all my seniors **Dr. Rakhi , Dr. Roopali , Dr. Charu & Dr Rusa** for always cheering me up and helping me in the clinical procedures by being there. I thank my juniors **Dr. Abhijeet Patra**, **Dr.Chirag , Dr.Roma Roy, Dr.Dipanwita, Dr.Mayuri, Dr.Prithu & Dr.Lipika** for their support and assistance in my most critical moments.*

*I am always indebted to my mother MRS.**Shobha singh** whose innumerable sacrifices have brought me to the position where I stand today and my father **Mr.Anil singh** whose blessings have always been on my head. I would deeply thank my beloved siblings **Nupur, Payal & Shivank singh. I would also like to thank my brother in law Mr vikas Pratap singh.**, who always believed in me and stood beside me, for making me realize my own potential so that I could take up any & every work confidently.*

Best regards

Dr. Naina singh

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Aim: The present study was done for Comparative evaluation of quality of life in first time denture wearer vs second time denture wearer.

Setting and Design: In vivo comparative study.

Materials and Methods: The study was conducted on fifty patients divided into two groups: Group A and Group B.

In Group A, 25 completely edentulous patient with previous denture history and in Group B, new denture wearer. Based on a thorough evaluation process, a validated clinical evaluation form was created to evaluate the existing dentures in an objective way.

Statistical Analysis used: The data for the present study was entered in the Microsoft Excel 2007 and analyzed using the SPSS statistical software 23.0 Version. The descriptive statistics included frequency and percentage, mean and standard deviation.

The level of the significance for the present study was fixed at 5%.

The ordinal and nominal variable will be compared using Chi Square test.

Results

The overall quality of life was significantly better in the old denture wearers as compared to new denture wearers with 84% of the subjects responding in affirmative manner to question- (Has your quality of life improved after wearing dentures?) as compared to 56% response in new denture wearers.

CONCLUSION

Within the limitations of this study, it was concluded that the overall quality of life was significantly better in the old denture wearers as compared to new denture wearers.

The Oral Health Related Quality of Life (OHRQoL) is a multifaceted, self-reported evaluation that assesses the impact of oral health problems on activities of daily living. [1]

Quality of life is a multidimensional, subjective, phenomenological concept that is dependent on an individual's internal frame of reference, according to the World Health Organization (WHO). Globally, the number of elderly patients is projected to rise in the next decades. A number of studies have examined the impact complete dentures have on edentulous patients' quality of life a month after they are received.

The authors discovered an overall improvement in patient's satisfaction and expressed great level of happiness with their daily. Several studies in the literature have used the Oral Health Impact profile (OHIP) questionnaire to assess OHRQL in complete denture wearers.

Impaired masticatory function, pain, dietary inadequacies, poor oral health, psychological and social incapacity are some of the immediate effects of edentulism.[2]

Conventional complete denture treatments are still widely utilized, and their use is not anticipated to decrease anytime soon, particularly in populations that are less developed and have limited financial resources. After losing a tooth, a patient's rehabilitation with dentures may have a significant impact upon society. Dentures can also aid in the patient's confidence to communicate with others.

Those who have lost teeth are primarily served by prosthetic rehabilitation, which aims to restore oral health, function, comfort, and appearance. Oral function and patient self-esteem can be enhanced by maintaining healthy supporting tissues, according to clinicians, through the use of properly fitting dentures.

Among the most significant objectives of prosthodontic treatment is considered to be patient satisfaction. The quality of the dentures, oral health, the patient's acceptance of the dentures, the patient's personality, and the patient-dentist interaction are the primary components that

affect the stomatognathic system. Assessing how patient expectations affect their level of satisfaction is necessary since it plays a critical role in the treatment's outcome. When these criteria were looked at, different research produced varied outcomes.

A number of factors influence the success of complete dentures; one crucial element is the patient's opinion of the treatment. Not only might biologic and technological factors that are taken into consideration during the fabrication of complete dentures affect patient satisfaction, but other factors may also be significant. These consist of psychological variables, age, gender, level of education, economic situation, marital status, and patient/professional interactions.

Many variables also influence patient satisfaction. The patient's age and previous denture experience are considered as significant variables. According to the results of one study, people above sixty had greater trouble adjusting to their new complete set of dentures than those under sixty.

Oral fungal infections, traumatic ulcers, angular cheilitis, and denture stomatitis are among the oral mucosal conditions that are widely associated with aging and denture wear.

Between 10% and 15% of full denture patients reported being dissatisfied with their brand-new, well-made prosthesis in a number of studies done over the previous 30 years. It was shown that in the initial years following insertion, the level of pleasure dropped. According to research by Fenlon and Sherriff, a patient's pleasure and use of their dentures two years after insertion was not significantly influenced by the quality of the complete dentures at insertion.[4]

Sharafat et al. reported that the attitude toward wearing of a denture can be used as a prospective tool to measure satisfaction. Studies have shown that submandibular/sublingual salivary flow rate helped clinicians to predict denture satisfaction. Berg found that

deterioration in overall satisfaction was mainly a reflection of patient opinion of the mandibular denture. Elderly females were less satisfied with conventional dentures than elderly males with respect to esthetics and ability to chew. This was proposed due to factors such as hormonal alterations, blood pressure, and psychological factors. Studies have also been conducted to assess satisfaction levels if influenced by fabrication techniques such as using different neutral zone concepts.[5]

AIM

The aim of this study to compare the patients quality of life.

 OBJECTIVES

The evaluation of oral health related quality of life in first time denture wearer vs second time denture wearer.

AIM

A structured review of scientific publications in English literature related to the dissertation topic **"Comparative evaluation of quality of life in first time denture wearer vs second time denture wearer: A questionnaire based study"** was done.

1. Steven Bernier, Jeffrey Shotwell, Michael Razzoog (1984) In this study Criteria were developed to clinically evaluate denture base stability and retention. Evaluation of stability and retention for maxillary and mandibular complete dentures worn during weeks 1 and 2 were compared with the evaluations made at the delivery appointment for each denture. In tabulation of the data, the criteria considered reliable were mandibular denture retention, maxillary denture retention evaluated unilaterally, and maxillary denture stability. In each category most examiners rated the judgments the same or better when compared with the delivery appointment data for each patient.

2. Yoshida, M., Sato, Y., Akagawa, Y., Hiasa, K. (2001) This study was done to clarify the correlation between the quality of life (QOL), defined as overall satisfaction with daily life, and denture satisfaction in elderly complete denture wearers. They concluded that Edentulous elderly people who are well satisfied with their daily lives are also satisfied with their complete dentures.

3. Allen, F. Locker, D (2002) The aim of this study was to develop a shortened version of the Oral Health Impact Profile (OHIP) appropriate for use in edentulous patients and to evaluate its measurement properties. They concluded that this modified shortened version of the OHIP derived in this study has measurement properties comparable with the full 49-item version. This modified shortened version may be more appropriate for use in edentulous patients than the current short version (OHIP-14).

4. Asja C elebic et al (2003) The aim of this study to evaluate Factors Related to Patient Satisfaction With Complete Denture Therapy they concluded that Level of education, self-perception of affective and economic status, and quality of life are all related to patient satisfaction. However, the quality of dentures shows the strongest correlation with patient satisfaction. Not only the quality of the denture-bearing area but the denture-wearing experience itself seems to be more important in determining patient satisfaction with mandibular CDs.

5. Hosein Masoudi Rad , et al (2003) The purpose of this study to investigate the Effect of Complete Denture Therapy on Oral Health-Related Quality of Life of Edentulous Patient. Within the limitations of this study, it may be concluded that according to the OHIP-14 score, the OHRQOL of patients significantly improved after complete denture therapy; the only exception was the physical pain domain.

 6. Razia zulfikar adam (2006) The purpose of this study was to investigate the relationship between gender, age, socioeconomic status and denture satisfaction and oral health-related quality of life. On conclusion this study shows that levels of denture satisfaction are significantly related to oral health-related quality of life and that new complete dentures influence the oral health-related quality of life of patients. **7. HD ozdemir , NT Polat, M Turgut,**

8. Michael Robert Fenlon, Martyn Sherriff and Jonathan Tim Newton (2007) The purpose of this study to evaluate the influence of patient personality on satisfaction with and use of complete dentures. They concluded that Neurotic patients were significantly less

satisfied with complete dentures. Personality traits did not influence patients' use of dentures. .

9. Rasmi Paturu et al (2011) . The purpose of this study was to suggest that every complete denture wearer has to be periodically counseled by a registered Dietician and Dentist for check up to avoid malnutrition and disease. This study was emphasizesd that every complete denture wearer needs to be periodically counseled by a registered dietician and dentist for checkup to avoid malnutrition and disease.

10. Abdulaziz M. AlBaker (2011) The Objective of this study to compare the oral health-related quality of life (OHRQoL) between patients with both maxillary and mandibular complete denture and those with either the maxillary or the mandibular complete denture. They concluded that Patients with complete dentures in both jaw (Group I) were less satisfied than patients with single complete denture (Group II). The result obtained in this study shows dissatisfaction with conventional dentures among edentulous patients.

11. Ana Paula Viola, Aline Satie Takamiya ,Douglas Roberto Monterio, Debora Barros Barbosa (2012) They conducted a study to evaluate the impact of treatment with new complete denture on oral health – related   quality of life and satisfaction of edentulous patients with their complete dentures were also included. After rehabilitation with new complete dentures, all domains of OHIP-EDENT showed significant improvements. They concluded that a significant improvement in patient satisfaction after placement of new complete dentures may have a positive impact on oral health-related quality of life and satisfaction of edentulous patients. .

12. M. C. Goiato et al (2012) The objective of this study was to evaluate and correlate quality of life (QoL), and stimulus perception of complete denture users, before and after the

insertion of new prostheses. They concluded that the treatment was effective with respect to the patients' QoL and their adaptation to the new prostheses.

13. Shaimaa M. Fouda et al (2014) This study was conducted to asses effect of Patient's Personality on Satisfaction with Their Present Complete Denture and after Increasing the Occlusal Vertical Dimension: A Study of Edentulous Egyptian Patients. They concluded that personality traits affect patients' acceptance of a complete denture. Patients with a high score on neuroticism were less satisfied with their original dentures and after relining and an increase in the OVD compared with patients with an average score on that trait. A high psychoticism score was found to be related to patients' dissatisfaction after restoration of the OVD.retention problems, then other miscellaneous problems, pain and discomfort, and finally esthetics. As for the difference in the overall satisfaction level among both groups, there was no significant difference between patients treated by dental students and those treated by specialized prosthodontists.[13]1

14. Vinaya S. Bhat et al (2014) This study was done to evaluate the relationship between patient satisfaction and the newly constructed denture prostheses, as it would indicate the degree of success of the treatment given. They were concluded that a patient can either make or break a dental practice. During a patient's management, an operator may be satisfied with the quality of work done by him/her, but it is the amount of patient satisfaction that determines the success of the treatment. Hence assessment of patient satisfaction should be a routine part of any practice after the treatment is complete. This will help in constant improvement in the quality of services provided by healthcare workers.

15. Arcelino farias neto et al (2015) The authors investigated whether changes in patient satisfaction and masticatory efficiency may be observed between 3 and 6 months after the insertion of new conventional complete dentures. The study included 24 edentulous patients requiring new complete dentures. Masticatory efficiency and patient satisfaction were

evaluated at 3 and 6 months post-insertion. They concluded that reduction in pain and improvements in adaptation of the lower denture may be observed between 3 and 6 months after insertion of new conventional complete dentures.

16. Sara A. Alfadda, Hayam A. Al-Fallaj, Hajar A. Al-Banyan, Ruba M. Al-Kadhi (2015) The purpose of this study was to determine whether there is a correlation between the clinical quality of conventional complete dentures and patient quality of life. They concluded that the stability of the maxillary and mandibular dentures is the denture quality parameter that can most significantly affect patient quality of life.

 17. Jatan Patel, Rajesh Sethuraman, Paranjay Paranjay, ayanti Patel (2016) The purpose of this study to evaluate the effect of complete denture rehabilitation on OHRQoL in completely edentulous patients. They concluded that the GOHAI is an example of a patient-based assessment of oral health problems commonly affecting older adults. The GOHAI assessment indicates improvement in chewing. The highest change between pre- and postinsertion scores was 92.75% for biting or chewing any kind of food.

18. Dr. Aakanksha Sharda , Dr. Artika Sharma, Dr. Avantika Negi (2016)   They conducted a study to evaluate the development of oral health-related quality of life (OHRQoL) in patients with modified complete dentures and the association between OHRQoL and overall patient satisfaction. They concluded that evidence for improved quality of life of patients with modified complete dentures and Significant improvements were recorded in almost all domains.

 19. Davinderjit Kaur Shergill(2017) The purpose of this study was to investigate denture satisfaction and oral health-related quality of life. They resulted that a vast majority of the

dentures had a wrong vertical dimension and especially the high vertical dimension caused a significant decrease in patient satisfaction concerning chewing and speech ability.

20. Kiran Kaushik, Pankaj Dhawan, Piyush Tandan, Meena Jain (2018) The aim of the present study was to assess and compare the effect of complete denture insertion on OHRQoL at three points of time, i.e., preinsertion and 6 and 12 months postinsertion using a prevalidated Hindi GOHAI questionnaire. They concluded that OHRQoL in patients improved after complete denture rehabilitation. There was an upward shift in score for each item in GOHAI from preinsertion to 6 and 12 months postinsertion of dentures, reflecting improvement in OHRQoL of the sample.

21. Nareudee Limpuangthip DDS,Tewarit Somkotra ,Mansuang Arksornnukit (2018) The purpose of this clinical study was to determine the association between professionally based assessment of complete denture quality, evaluated by conventional and Chulalongkorn University (CU)-modified Kapur criteria and multiple patient-based outcomes: oral health-related quality of life (OHRQoL), eating satisfaction, and masticatory performance. The sensitivity and specificity of these criteria in estimating the outcomes were investigated. They concluded that Retention and stability were important indicators in estimating the masticatory ability and OHRQoL of complete denture wearers. The CU-modified Kapur criteria can identify impaired masticatory ability and OHRQoL in complete denture wearers better than conventional criteria.

22. . Deepa Subramanian et al (2019) The aim of the study was to evaluate the patients' expectation and satisfaction with complete dentures before and after the treatment concerning retention, mastication, phonetics, esthetics, and comfort among the first-time denture wearers and already denture wearers and to find the correlation between duration of denture-wearing experience and satisfaction.

23. Madhan Kumar Seenivasan(2019) The purpose of this study to investigate the Effect of Complete Dentures on the Quality of Life of Edentulous Patients in the South Indian Population Based on Gender and Systemic Disease. They concluded that Based on functionality, patients with a non-systemic disease have a higher complete denture treatment satisfaction level and higher masticatory ability as compared with non-systemic disease patients.

24. Sarah et al (2019) They conducted a study to asses the evidence on the impact of treatment with conventional complete dentures on health related quality of life and oral health related quality of life. And they concluded that the treatment with complete denture presented a positive impact on health related quality of life and oral health related quality of life.

25. Eijiro yamaga, yusuko satu, hitomi soeda, shunsuke minachuki (2019) This study was conducted to investigate the relationship between oral health related quality of life and usage period of complete dentures. They concluded that the age of the dentures had a significant relationship with oral health related quality of life in complete denture wearers when denture quality and mandibular ridge form were controlled for.

26. Nareudee Limpuangthip, Tewarit Somkotra, and Mansuang Arksornnukit (2019) The purpose of this study to investigated denture and patient related factors associated with oral health-related quality of life (OHRQoL) of complete denture wearers and their association with general health and happiness. They were concluded that Unacceptable complete denture retention and stability are substantial risk factors for impaired OHRQoL in complete edentulism. Maintaining optimal denture retention

and stability in denture wearers is essential for good oral health and well-being with the goal of enhancing happiness.

27. Bidhan Shrestha , Bishal Babu Basnet and Galav Adhikari (2020) This study aimed to determine whether complete dentures improve the oral health-related quality of life (OHRQoL) of edentulous patients, and to assess any associations related to age, gender, and OHRQoL. And they concluded that:

1. The study showed that complete dentures improved the OHRQoL of patients. Significant improvements were recorded in most domains except physical pain and social disability. These results are relevant for clinicians in drawing evidence about the benefits of treatment when advising patients about whether treatment will improve their oral function and everyday lives.

2. Age and gender had a weak relationship with OHRQoL. However, the small number of female participants in the study may be considered as a limitation as a clearer relationship between gender and OHRQoL could not be drawn.

28. Zarah Afreen et al (2020) The aim of this study to determine the mean satisfaction score for patients with complete dentures and to compare the mean satisfaction score of patients with complete dentures and without past denture experience. They were concluded that Past denture experience has significant effect on patient satisfaction with their new complete dentures.

29. MR Athira, Shenoy VK , Mehendale A, Kamath M , Zaheer A , Rodrigues S (2020) They conducted a study to assess the oral health related quality of life (OHRQoL) and patient satisfaction after complete denture therapy. There was a statistically significant change in the mean OHIP score of patients before and after rehabilitation. Across the seven domains used for measuring the denture quality, stability and retention of mandibular denture showed

statistically significant reduction after one month. They concluded that OHRQL improved significantly in first time denture wearers.

30. Kiran Fatima Mehboob Ali Bana1, Sumaira Shadab2 , Saman Hakeem2 and Farnaz Ilyas2(2021) The purpose of this study to measure impact of oral health in complete denture wearers and its effects on masticatory efficiency with new complete dentures over the period of three months. They concluded that : Statistically significant improvement was observed in both quality of life and masticatory efficiency after 3 months of treatment with conventional complete dentures. Masticatory efficiency was highly correlated with all subscales of OHIP-14 after treatment.

31. 2Uyiosa J Eregie1 , Julie O Omo2 , Matthew A Sede3 , Temitope A Esan4(2021) The aim and objective of this study to compare the oral health-related quality of life (OHRQoL) of patients seeking complete denture treatment before rehabilitation with that of completely edentulous patients not seeking treatment using the Geriatric Oral Health Assessment Index (GOHAI) scale. They concluded that OHRQoL of completely edentulous non-denture wearers was observed to be higher than that of the completely edentulous denture wearers before rehabilitation. However, following rehabilitation with complete dentures, the OHRQoL of complete denture wearers was significantly higher than that of non-denture wearers.

32. Dana Gabriela Budală, Elena Raluca Baciu , Dragos, Ioan Virvescu , Adina Armencia, Mihaela Monica Scutariu et al (2021) They conducted a study to investigate the relationships between attitudes and behavior regarding oral health, oral health status, and quality of life related to oral health in the case of patients with conventional dentures and those with dentures improved with vitamin B1. They concluded that improving denture material by introducing vitamin B12 in a polymerizing process can enhance the quality of

denture wearers' lives, leading to less pain sensation and discomfort and reduced numbers of cases of denture stomatitis and candidiasis.

33. Kiran Fatima Mehboob Ali Bana[1], Sumaira Shadab[2], Saman Hakeem[2], Farnaz Ilyas (2021). This study was conducted to measure impact of oral health in complete denture wearers and its effects on masticatory efficiency with new complete dentures over the period of three months. They concluded that Statistically significant improvement was observed in both quality of life and masticatory efficiency after 3 months of treatment with conventional complete dentures. Masticatory efficiency was highly correlated with all subscales of OHIP-14 after treatment.

34. Ramya Srinivasan, Naveen gopi Chandran, Jetti Ramesh reddy & muthu kumar bala Subramaniam (2021) The objective of this parallel randomized control trial was to determine the difference in quality of life and patient satisfaction between the nonbalanced and bilaterally balanced occlusal schemes. The study detected no significant differences between the 2 occlusal schemes in quality of life or patient satisfaction.

35. Sibel Dikicier, Arzu Atay & Cumhur Korkma (2021) This study aimed to assess Oral Health-Related Quality of Life (OHQoL) and satisfaction in patients who had complete denture treatment and were diagnosed with systemic diseases. that systemic diseases might not affect and predict patients' satisfaction with their complete dentures and OHQoL. DM is an independent risk factor for oral health. Satisfaction with the prosthesis might concern a patient's level of OHQoL. They concluded that systemic diseases might not affect and predict patients' satisfaction with their complete dentures and OHQoL. DM is an independent risk factor for oral health. Satisfaction with the prosthesis might concern a patient's level of OHQoL.[12]

36. Angela Maria Couto Martins et al (2022) The purpose of this study to assess oral health–related quality of life (OHRQoL) in edentulous subjects before and after 3, 6, 9, and 12 months of oral rehabilitation with conventional complete dentures (CDs) and to compare their OHRQoL to dentate subjects. Oral rehabilitation with conventional CDs in one or both arches improved OHRQoL in edentulous patients after 3 months of prosthesis use, and its effect was maintained for up to 12 months.

37. Moharamzadeh, K., Martin, R. et al (2022) The purpose of this questionnaire-based service evaluation investigation was to assess patient satisfaction with complete dentures provided in a dental teaching hospital. The conclusion was: Denture replacement positively impacts the satisfaction of patients and improves complete denture acceptance.

38. Dhaded et al (2022) The aim of the present study was conducted to evaluate differences in Oral Health-Related Quality of Life (OHRQoL) in denture wearers based on psychological classification and patient satisfaction. They concluded that Psychological attitude of denture wearers must be considered by the prosthetic specialist for effective adaptation and acceptance by the edentulous patient.

39. Yara Oweis et al (2022) The aim of this study was to compare patient satisfaction with complete dentures provided by fourth and fifth year dental students and prosthodontists with a minimum of 5 years' experience at the University of Jordan Hospital 8 weeks after insertion. They concluded that patients who had previous dentures could adapt more easily and were generally more satisfied with their newly inserted dentures especially with regard to their chewing ability and comfort with their mandibular dentures. Gender also influenced patient satisfaction with complete dentures especially the part related to psychological and social disability.

40. Oweis Y, Ereifej N, Al-Asmar A, Nedal A (2022) The aim of this study was to compare patient satisfaction with complete dentures provided by fourth and fifth year dental students and prosthodontists with a minimum of 5 years' experience at the University of Jordan Hospital 8 weeks after insertion. They concluded that patients who had previous dentures could adapt more easily and were generally more satisfied with their newly inserted dentures especially with regard to their chewing ability and comfort with their mandibular dentures. Gender also influenced patient satisfaction with complete dentures especially the part related to psychological and social disability.

41. Una Soboleva , Irena rogovska (2022) The aim of the study to evaluate Edentulous Patient Satisfaction with Conventional Complete Dentures. They concluded that Age, sex, and degree of resorption were not associated with patient satisfaction with complete dentures. Overall, patient satisfaction with both maxillary and mandibular complete dentures was related to their comfort level and denture aesthetics, and patient comfort itself was associated with stability of the mandibular denture.

42. Asrul Romdani Bujang Saili1, Mohd Aliff Haidin1, Karimah Wahida Zulkifli (2022) The purpose of this study was the Assessment of satisfaction in patients with existing complete dentures issued from International Islamic University Malaysia (IIUM) Kuantan Dental Polyclinic. They were concluded that Overall, our study indicates that majority of patients receiving complete denture treatments from IIUM Kuantan Dental Polyclinic are satisfied in all 10 parameters ranging from 69% to 90.5% who scored at least satisfied or very satisfied. Only minimal number of patients who were not satisfied with their denture and mostly due to fitting of lower denture 14.3% and mastication 9.5%. Within limitation of our study, we can conclude female patients are more concerned with aesthetic appearance of denture compared to male patient. We also find out that first-time denture wearer is

significantly more satisfied with retention of upper denture. Furthermore, the study's findings revealed that patients who met the exclusion criteria did not continue to wear complete dentures due to discomfort and most of them did not return for follow-up visits.

43. Seham Mohamed (2022) The aim of this study is to identify the preponderant dimension of patient satisfaction, with special concern for patient perception toward the dentist's experience and professionality. It was concluded that the most common problem experienced by the patients generally was eating difficulties .

44. Renata Poljak-Guberina ,Tina Poklepović-Peričić, Marko Guberina, Asja Čelebić (2022) . They proposed the study to asses the duration of adaptation to new complete dentures (CD) and changes for 5 years based on patients' self-reported outcomes. They concluded that the highest scores were obtained for orofacial esthetics and speech, the lowest for chewing function. Participants needed 30 days to adapt to new CDs. The adaptation lasted one year and decreased significantly the 3rd and the 5th year.

MATERIALS AND METHODOLOGY

The study was conducted in the Department of Prosthodontics and Crown & Bridge, at Babu Banarasi Das College of Dental Sciences, Lucknow, to compare and evaluate patient's quality of life in first time denture wearer vs second time denture wearer.

STUDY SAMPLE AND SIZE

- The sample size for this study is 50 completely edentulous patient.
- Completely edentulous patients who had been rehabilitated by conventional complete denture .
- Group A: Old Denture wearer
- Group B: First time denture wearer

Completely edentulous patients reporting to the Department of Prosthodontics, desiring replacement of missing teeth, and willing for conventional complete denture fabrication. Treatment were selected for the study as per the inclusion and exclusion criteria. They were provided with a written consent form and a written explanation regarding the nature of the study, treatment procedures, and the benefits of the follow-up protocols.

MATERIALS :

OHIP based questionnaire in English and hindi.

The study was approved by the ethical Committee of Babu Banarasi Das College of Dental Sciences, BBD University, Lucknow, Uttar Pradesh.

The number allotted to the study is IEC CODE: 41

SELECTION CRITERIA

INCLUSION CRITERIA

- Male and female patients.

- Completely edentulous patient of any 45 to 65 age group.

- Denture wearer patients of any 45 to 65 age groups.

- Able to communicate with clinician.

EXCLUSION CRITERIA

- Partially edentulous patients.

- Implant supported complete denture patients.

- Tooth supported over denture patients

- Immediate complete denture patients.

- Patients unable to communicate with clinician.

METHODOLOGY

A. Patient enrollment and examination

The patients reporting to the Department of Prosthodontics and Crown and Bridge, Babu Banarasi Das Dental College, Babu Banarasi Das University, Lucknow for restoring the edentulous arch with conventional complete denture were evaluated clinically and were categorized into two: group A & group B

As per the eligibility criteria mentioned above, the patients requiring complete dentures

Group		Number of Sample
A	First time denture wearer	25
B	Old denture wearer	25

Table 1: study sample & size

Every patient who arrived at the hospital was screened at the outpatient department (OPD) as per protocol, and those who met the requirements were referred to the prosthodontic department, where a specialist prosthodontist would provide complete dentures.

Based on the previously stated criteria, 50 patients in total were chosen for this study and looked into about their prior history of denture use.

They were all the student of prosthodontics department who made the dentures. Every participant was told to wear their dentures while they were awake and take them off before going to bed.

There were advice for oral hygiene. After a week from the date of insertion, all patients were asked to come back for an interview with the principal investigator.

Based on a thorough evaluation process, a validated clinical evaluation form was created to evaluate the existing dentures in an objective way. The clinical examination form consisted of the following seven criteria: (1) balanced occlusion (Watt and MacGregor, 1976, Heartwell and Rahn, 1986, Barrett, 1978, Bernier et al., 1984); (2) retention of the maxillary and mandibular dentures; (3) stability of the maxillary and mandibular dentures; and (4) esthetics (lip support and lower lip line) (Brunton and McCord, 1993). Every single clinical parameter has been accurately described and assessed using a one-point scale (satisfactory = 1 and unsatisfactory = 0). An individual subject could receive a maximum score of seven and a minimum score of zero.

Patients were provided with a modified short version of the Oral Health Impact Profile (OHIP-20), which is used to assess health-related quality of life for patients who are edentulous, after completing the clinical examination (Allen and Locker, 2002). There are 21 items in this questionnaire, all of which were created with edentulous patients in mind. Functional limitation, physical pain, psychological discomfort, physical disability, psychological disability, social impairment, and handicap are the seven domains that are covered by the questions. Likert scales, ranging from 1 ("never") to 6 ("always"), are used to rate responses. A minimum total score of 20 and a maximum total score of 120 are possible. A higher score denotes a lower quality of life.

Have you had ?	Always	Very often	often	occasionally	rarely	never
1.Do you have trouble chewing food due of issues with your dentures?						

2. Do you find it difficult to chew food because of problems with your dentures?					
3. Does food get stuck in your dentures?					
4. Do you think your dentures don't fit quite right?					
5. Is there a sharp pain in your mouth? 6. Uncomfortable eating experience as a result of denture issues?					
7. Are you experiencing oral sores? 8. Do your dentures hurt? 9. Have you ever felt self-conscious about your denture?					

10. To refrain from consuming particular meals due to denture issues?			23			
11. Have issues with your dentures prevented you from eating with them?						
12. To stop eating because of denture issues?						
13. Have you experienced mental distress as a result of denture issues?						
14. Have you ever felt a little self-conscious about denture issues?						
15. Did issues with yourdentures prevent you from going out?						

16. Have you experienced some annoyance from others due to denture issues? 17. Had denture-related issues that have made it harder to socialize with others?			24			
18. Did you feel that issues with your dentures made living less fulfilling overall? 19. Completely unable to work as a result of denture issues? 20. Are your dentures fulfilling your needs? 21. Has wearing dentures made you live a better life?						

Table 1: OHIP Based questionnaire in English

	हमेशा	अक्	कभी-कभी	कभी-कभा्	कभी नहीँ	
1. आपके बतीती की तमसााय काॏ काा् ॸ ककती भी खाद पदार् को चबाने मे कॿकॏन ॏई?						
2.आपकॏ बतॏतॏीमॏ तमसॏ कॏ कॏॏTॏॏॏT ॏॸ ॸकतॏॏTॏी भी शब कॏॏTॏ उचॏॏॸ कॏ मॏ तमसॏ?						
3. आपके बतीती मे खाना पकड ॏॏॏ हा है?						

4. यह महता त का ्ना कक आपका ेे बतीती के ेे ोि ो ि ेीक त ो ेे ककाट नहा ी हाो ेेक्ृ हा ेे है?		26					

26

5. आपके मुह मे दद् हो ००१०० हा है?						
6. आपके बतीती की तमसाय						

के कारखाने मे अतहज अनुभव?			28			
7.आपके मुह मे छाले हो गए है?						
8.अताुे कवधााजनक बतीती ?						
9.अपने नकली दात के का ंआत-जागरक हो गए?						
10. अपने बतोीतोी केी तमसोाय के केीं कुे छ खोद पदोरे खाने ताोो बचनाोो कलए?काोो						
11.अपने बतीती के तार तमसाय के कांर खाने मे अतमर है?						

12. बतीती की तमसा के काा्‍ॗभोजन बाकधत का्‍ना?						

29

13. बतीती की तमसा के काा् ␜ मानकतक रप ताेे पा॒ ेेाेे शाान रे?					
14. बतीती की तमसा के काा्␜रोडा शकममदा हो गए हाेै ?					
15. बतीती की तमसा के काा␜ बाहॖ जाने ते पहेज ककयाा?					
16. का आप दातो की तमसा के काा␜ अन लोगो तेे रोडे कचडकचडाेे हो गए हाेे ?					
18. महता त ककयाा कक आपकाेे बतीती की तमसाय के काा␜ तामान रप ते जीवन कम ततोषजनक रा?					
19.आपके बतीती की तमसाय					

काेेे काा॒ङ्क काया॒ काॣ नाेेे काेेे कलएपा ेेोेॢ ेेोेी ता॒ह ताेेे असाेेोेॢ ?					
20.का आप अपने बतीती ते खुश है?					
21. का बतीती पहनने के बाद आपके जीवन स॒ मे तुधा॒ हआ है?					

Table 3: OHIP based questionnaire in hindi

B. STATISTICAL ANALYSIS

The data for the present study was entered in the Microsoft Excel 2007 and analyzed using the SPSS statistical software 23.0 Version. The descriptive statistics included frequency and percentage, mean and standard deviation . The level of the significance for the present study was fixed at 5%.

The ordinal and nominal variable will be compared using Chi Square test

<u>Mean</u>

$$\bar{X} = \frac{\Sigma X}{N}$$

Where:

$\overline{X}$ = the data set mean

$\sum$ = the sum of

X = the scores in the distribution

N = the number of scores in the distribution

Range

$$range = X_{highest} - X_{lowest}$$

Where:

$X_{highest} =$ largest score

$X_{lowest} =$ smallest score

Variance

$$SD^2 = \frac{\Sigma(X - \overline{X})^2}{N}$$

The simplified variance formula

$$SD^2 = \frac{\Sigma X^2 - \frac{(\Sigma X)^2}{N}}{N}$$

Where:

SD^2 = the variance

$\sum$ = the sum of

X = the obtained score

$\overline{X}$ = the mean score of the data

N = the number of scores

Standard Deviation (N)

$$SD = \sqrt{\frac{\Sigma(X - \overline{X})^2}{N}}$$

The simplified standard deviation formula

$$SD = \sqrt{\frac{\Sigma\left(X^2 - \frac{{}^2}{N}\right)}{N}}$$

Where:

SD = the standard deviation

Σ = the sum of

X = the obtained score

$\overline{X}$ = the mean score of the data

N = the number of scores

Independent t-test

Independent t Test can be used to determine if two sets of data are significantly different from each other, and is most commonly applied when the test statistic would follow a normal distribution. The independent samples t-test is used when two separate sets of independent

and identically distributed samples are obtained, one from each of the two populations being compared

$$t = \frac{\overline{X}_1 - \overline{X}_2}{\sqrt{\left(\frac{(N_1 - 1)s_1^2 + (N_2 - 1)s_2^2}{N_1 + N_2 - 2}\right)\left(\frac{1}{N_1} + \frac{1}{N_2}\right)}}$$

Where X1 =Mean of the first Group, X2 =Mean of the Second Group.

Chi Square Test

Chi-square is a statistical test commonly used to compare observed data with data we would expect to obtain according to a specific hypothesis. When an analyst attempts to fit a statistical model to observed data, he or she may wonder how well the model actually reflects the data. How "close" are the observed values to those which would be expected under the fitted model? One statistical test that addresses this issue is the chi-square goodness of fit test. This test is commonly used to test association of variables in two-way tables, where the assumed model of independence is evaluated against the observed data. In general, the ***chi-square test statistic*** is of the form

$$X^2 = \sum \frac{(\text{observed - expected})^2}{\text{expected}}$$

If the computed test statistic is large, then the observed and expected values are not close and the model is a poor fit to the data.

Mean score of function, comfort, appearance and total satisfaction was greater among the patients with past denture experience as compared to new denture wearers with no past experience of denture wearing.

	Male	Female	
New	09 (36%)	16 (64%)	
Old	10 (40%)	15 (60%)	
	Illiterate	High School	Graduate
New	8 (32%)	10 (40%)	7 (28%)
Old	7 (28%)	9 (36%)	9 (36%)

Table 4: SOCIO DEMOGRAPHIC CHARACTERSTICS OF STUDY SUBJECTS
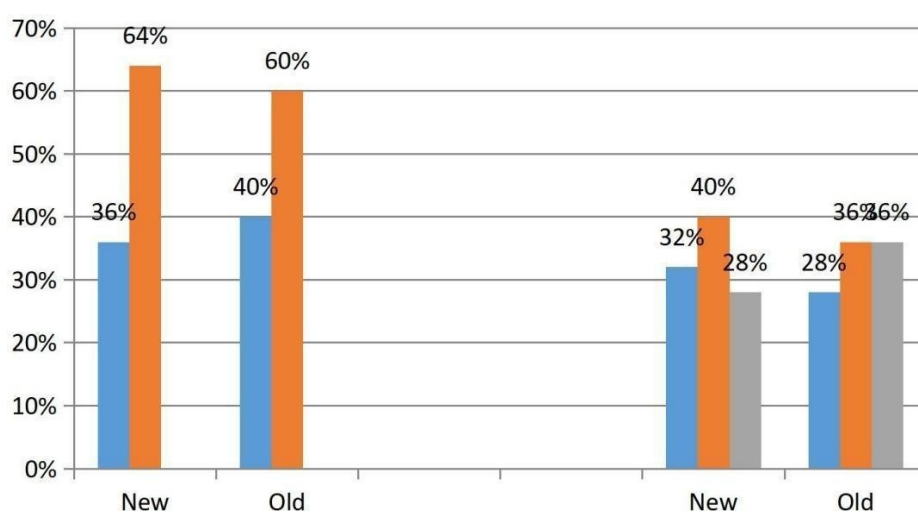
The questionnaire was answered by a total of 50 edentulous patients in which 25 were old denture wearers and 25 were new denture wearers . Among the old denture wearers (36.0%) were male and 64% were female. Among the new denture wearers,40% were males and 60% were females. Among the old denture wearers, 32% were illiterate, 40% were high school and 28% were graduates. Among the new denture wearers, 28% were illiterate, 36% were high school and 36% were graduates (Table -4)

		Always	Very Often	Often	Occassionaly	Rarely	Never	P value	Always
Difficulty chewing any food because of problems of your denture?	New	5 (20%)	4 (16%)	3 (12%)	2 (8%)	2 (8%)	9(36%)	0.001	
Trouble pronouncing any words because of problems with your dentures?	New	4 (16%)	3 (12%)	2 (8%)	2 (8%)	3 (12%)	10 (40%)	0.001 (Sig)	
	Old	0 (0%)	2 (8%)	1 (4%)	1 (4%)	7 (28%)	15 (60%)		
Food Catching in your dentures	New	5 (20%)	4(16%)	3 (12%)	3 (12%)	3 (12%)	7 (28%)	0.001 (Sig)	
	Old	0 (0%)	0 (0%)	1 (4%)	1 (4%)	6 (24%)	17 (68%)		
Feeling that your dentures have not been fitting properly?	New	6 (24%)	1 (4%)	2 (8%)	2 (8%)	7 (28%)	7 (28%)	0.001 (Sig)	
	Old	0 (0%)	0 (0%)	0 (0%)	2 (8%)	11 (44%)	12 (48%)		
Painful aching in your mouth	New	5 (20%)	4 (16%)	5 (20%)	3 (12%)	6 (24%)	2 (8%)	0.001 (Sig)	
	Old	0 (0%)	2 (8%)	2 (8%)	2 (8%)	9 (36%)	10 (40%)		
Uncomfortable experience to eat because of problems with your dentures?	New	8 (32%)	6 (24%)	4 (16%)	0 (0%)	2 (8%)	5 (20%)	0.001 (Sig)	
	Old	0 (0%)	0 (0%)	2 (8%)	3 (12%)	10 (40%)	10 (40%)		
Sore spots in your mouth	New	2 (8%)	3 (12%)	3 (12%)	1 (4%)	8 (32%)	8 (32%)	0.001 (Sig)	
	Old	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (8%)	23 (92%)		
Uncomfortable dentures?	New	5 (20%)	4 (16%)	4 (16%)	5 (20%)	6 (24%)	1 (4%)	0.001 (Sig)	
	Old	1 (4%)	1 (4%)	3 (12%)	3 (12%)	7 (28%)	10 (40%)		
Been self-	New	2 (8%)	4 (16%)	3 (12%)	1 (4%)	7 (28%)	8 (32%)	0.001	

							(Sig)
conscious because of your dentures	Old	0 (0%)	0 (0%)	2 (8%)	2 (8%)	10 (40%)	11 (44%)	
Are you not happy with your dentures	New	0 (0%)	1 (4%)	2 (8%)	4 (16%)	6 (24%)	12 (48%)	0.001 (Sig)
	Old	0 (0%)	0 (0%)	0 (0%)	3 (12%)	10 (40%)	12 (48%)	
To avoid eating some foods because of problems with your dentures?	New	2 (8%)	2 (8%)	1 (4%)	3 (12%)	6 (24%)	11 (44%)	0.001 (Sig)
	Old	0 (0%)	0 (0%)	0 (0%)	2 (8%)	5 (20%)	18 (72%)	
Been unable to eat with your dentures because of problems with them?	New	6 (24%)	5 (20%)	5 (20%)	2 (8%)	5 (20%)	2 (8%)	0.001 (Sig)
	Old	4 (16%)	2 (8%)	2 (8%)	1 (4%)	10 (40%)	6 (24%)	
To interrupt meals because of problems with dentures	New	6 (24%)	5 (20%)	5 (20%)	2 (8%)	5 (20%)	2 (8%)	0.001 (Sig)
	Old	4 (16%)	2 (8%)	2 (8%)	1 (4%)	10 (40%)	6 (24%)	
Been mentally upset because of problems with dentures	New	0 (0%)	3 (12%)	3 (12%)	2 (8%)	8 (32%)	9 (36%)	0.001 (Sig)
	Old	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (12%)	22 (88%)	
Been a bit embarrassed because of problems with dentures	New	2 (8%)	2 (8%)	1 (4%)	3 (12%)	6 (24%)	11 (44%)	0.001 (Sig)
	Old	0 (0%)	0 (0%)	0 (0%)	2 (8%)	5 (20%)	18 (72%)	
Avoided going out because of problems with dentures?	New	0 (0%)	1 (4%)	4 (16%)	4 (16%)	6 (24%)	10 (40%)	0.001 (Sig)
	Old	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	25 (100%)	

Been a bit irritable with other people because of problems with dentures?	New	1 (4%)	2 (8%)	2 (8%)	4 (16%)	6 (24%)	10 (40%)	0.001 (Sig)
	Old	0 (0%)	0 (0%)	0 (0%)	1 (4%)	3 (12%)	21 (84%)	
Been unable to enjoy other people's company as much because ofproblems with dentures?	New	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (8%)	23 (92%)	0.001 (Sig)
	Old	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	25 (100%)	
Felt that life in general was less satisfying because of problems with your dentures	New	0(0%)	1 (4%)	2 (8%)	4 (24%)	6 (24%)	12 (48%)	0.001 (Sig)
	Old	0(0%)	0(0%)	0(0%)	3 (12%)	10 (40%)	12 (48%)	
Totally unstable to function because of problems with your dentures?	New	1 (4%)	3 (12%)	5 (20%)	6 (24%)	3 (12%)	7 (28%)	0.001 (Sig)
	Old	0(0%)	1 (4%)	2 (8%)	3 (12%)	7 (28%)	12	

Table 5: OHIP SCORES AMONG OLD AND NEW DENTURE WEARERS
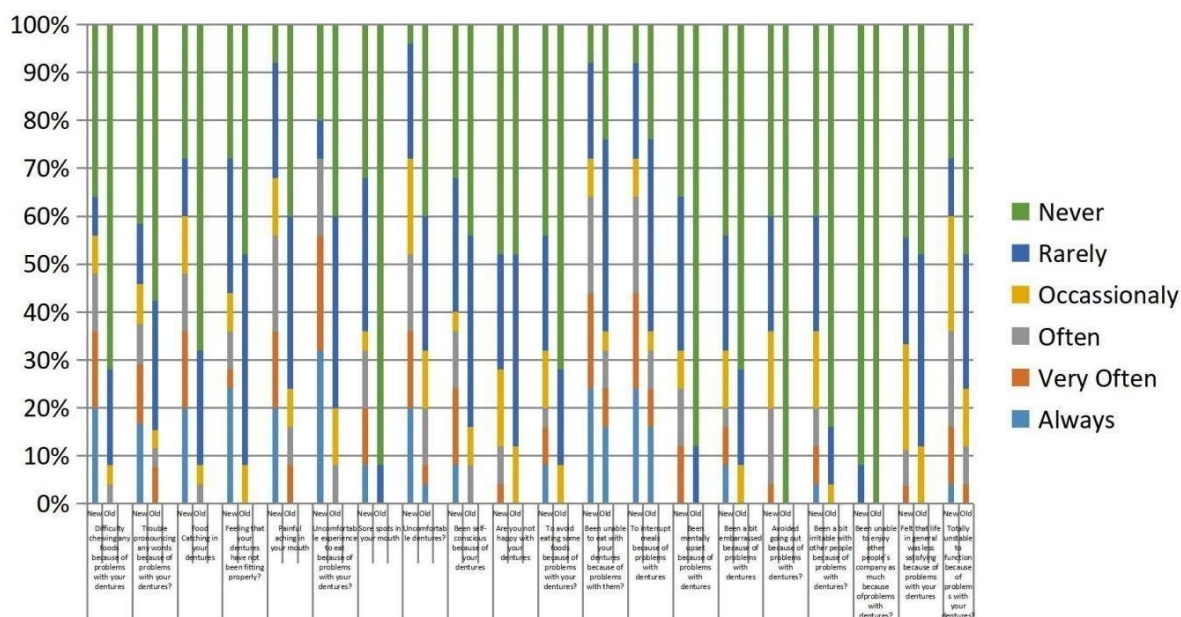
		Mean	Std dev	Std error	P value
Difficulty chewing any foods because of problems with your dentures	New	3.24	1.02	0.046	0.001 (Sig)
	Old	1.4	0.37	0.012	
Trouble pronouncing any words because of problems with your dentures?	New	2.76	1.02	0.012	0.001 (Sig)
	Old	1.84	0.61	0.034	
Food Catching in your dentures	New	3.36	1.23	0.046	0.001 (Sig)
	Old	1.44	0.38	0.049	
Feeling that your dentures have not been fitting properly?	New	3.04	1.01	0.054	0.001 (Sig)
	Old	1.6	0.46	0.042	
Painful aching in your mouth	New	3.72	1.21	0.041	0.001 (Sig)
	Old	2.08	0.75	0.0421	

Uncomfortable experience to eat because of problems with your dentures?	New	4.12	1.36	0.047	0.001 (Sig)
	Old	1.88	0.65	0.035	
Sore spots in your mouth	New	2.64	0.86	0.035	0.001 (Sig)
	Old	1.08	0.42	0.021	
Uncomfortable dentures?	New	3.76	1.02	0.032	0.001 (Sig)
	Old	2.24	0.91	0.035	
Been self-conscious because of your dentures	New	2.76	0.89	0.026	0.001 (Sig)
	Old	1.8	0.67	0.028	
Are you not happy with your dentures	New	1.96	0.48	0.034	0.001 (Sig)
	Old	1.64	0.42	0.041	
To avoid eating some foods because of problems with your dentures?	New	2.32	0.82	0.034	0.001 (Sig)
	Old	1.36	0.46	0.045	
Been unable to eat with your dentures because of problems with them?	New	3.96	1.12	0.028	0.001 (Sig)
	Old	2.84	0.93	0.024	
To interrupt meals because of problems with dentures	New	3.96	1.22	0.028	0.001 (Sig)
	Old	2.84	0.98	0.023	
Been mentally upset because of problems with dentures	New	2.32	0.91	0.027	0.001 (Sig)
	Old	1.12	0.35	0.028	
Been a bit embarrassed because of problems with dentures	New	2.32	0.94	0.038	0.001 (Sig)
	Old	1.36	0.71	0.035	

Avoided going out because of problems with dentures?	New	2.2	0.71	0.024	0.001 (Sig)
	Old	1	0.34	0.038	
Been a bit irritable with other people because of problems with dentures?	New	2.32	0.57	0.037	0.001 (Sig)
	Old	1.2	0.31	0.034	
Been unable to enjoy other people's company as much because ofproblems with dentures?	New	1.08	0.28	0.039	0.001 (Sig)
	Old	1	0.29	0.041	
Felt that life in general was less satisfying because of problems with your dentures	New	1.96	0.51	0.045	0.001 (Sig)
	Old	1.64	0.45	0.049	
Totally unstable to function because of problems with your dentures?	New	2.88	0.71	0.063	0.001 (Sig)
	Old	1.92	0.47	0.074	

Table6: MEAN OHIP SCORES AMONG OLD AND NEW DENTURE WEARERS

Regarding the responses to the question of Oral Health Impact profile OHIP-20 questionnaire was used to assess the quality of life in old and new denture wearers .Majority of subjects who were old denture weares rarely or never faced problems related to chewing food, trouble pronouncing words, Food Catching in dentures, fit of denture, Painful aching in your mouth, sores /ulcers, difficulty in eating food, self-conscious, embarrassment due to dentures, irritability with dentures, overall satisfaction and functionality /Among the subjects with new denture wearing the subjects responded to these questions/dimensions in always and very often cataegory and difference between old and bewtween denture wearers was statistically significant (Table 5 and Table -6)
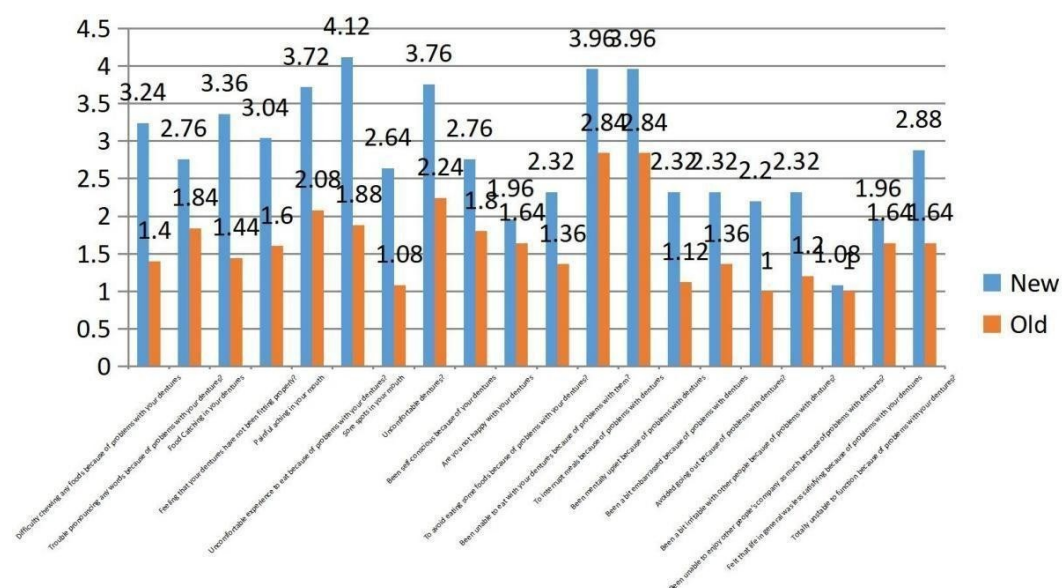
	New Denture Wearers	Old Denture Wearers	P value	Significance
Functional limitation	12.40±2.98	6.28±1.38	0.001	Significant
Physical Pain	14.24±2.87	7.20±1.67	0.001	Significant
Psychological Discomfort	4.72±1.58	3.44±0.98	0.001	Significant
Physical Disability	10.24±2.37	7.04±1.57	0.001	Significant
Psychological Disability	4.64±1.53	2.48±0.65	0.001	Significant
Social disability,	5.60±1.78	3.30±0.98	0.001	Significant
Handicap	4.84±1.67	3.56±1.22	0.001	Significant

TABEL -7 DIMENSION-WISE SCORES AMONG OLD AND NEW DENTURE WEARERS
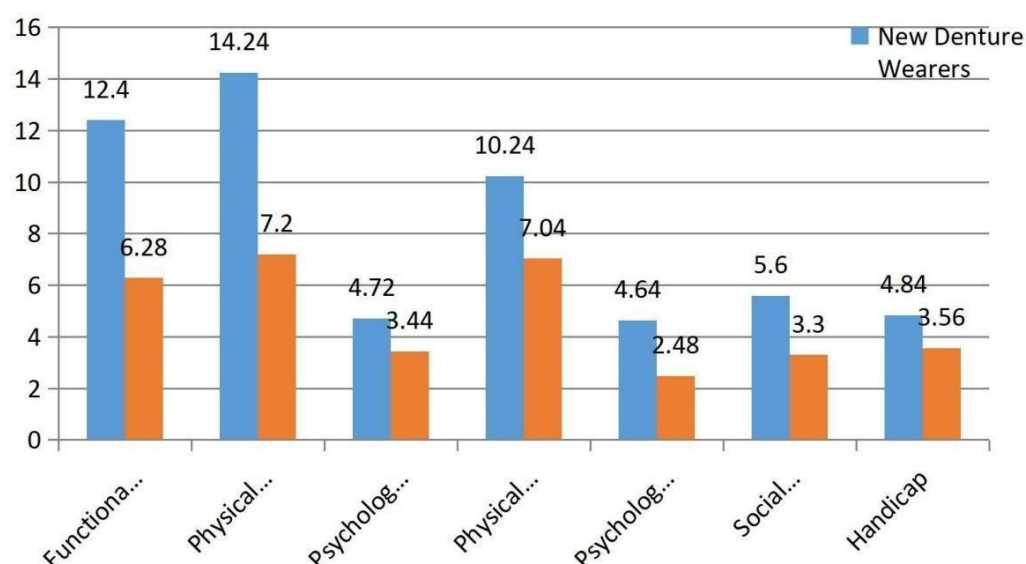
Patient age ranged from 37 to 86 years (median 63.8 years), and the majority of the subjects (68.6%) aged from 60 to 86 years. A comparison was made between the OHIP scores between old and new denture wearers. The results indicated that in all domains there were significant between old and new denture wearers with significantly higher scores in the new denture wearers as compared to old denture wearers (Table 7). Subjects reported significantly higher OHIP scores in new denture wearers functional limitation (P < 0.0001), physical pain (P < 0.0001), psychological discomfort (P < 0.0001), physical disability (P < 0.0001), social disability (P = 0.0113) and handicap (P < 0.0001).

(Has your quality of life improved after wearing dentures?)

	Always	Very Often	Often	Occassionaly	Rarely	Never
New	14 (56%)	07 (28%)	3 (12%)	1 (4%)	0 (0%)	0 (0%)
Old	21 (84%)	03 (12%)	1 (4%)	0 (0%)	0 (0%)	0 (0%)

TABLE -8 OVERALL QUALITY OF LIFE AMONG OLD AND NEW DENTURE WEARERS
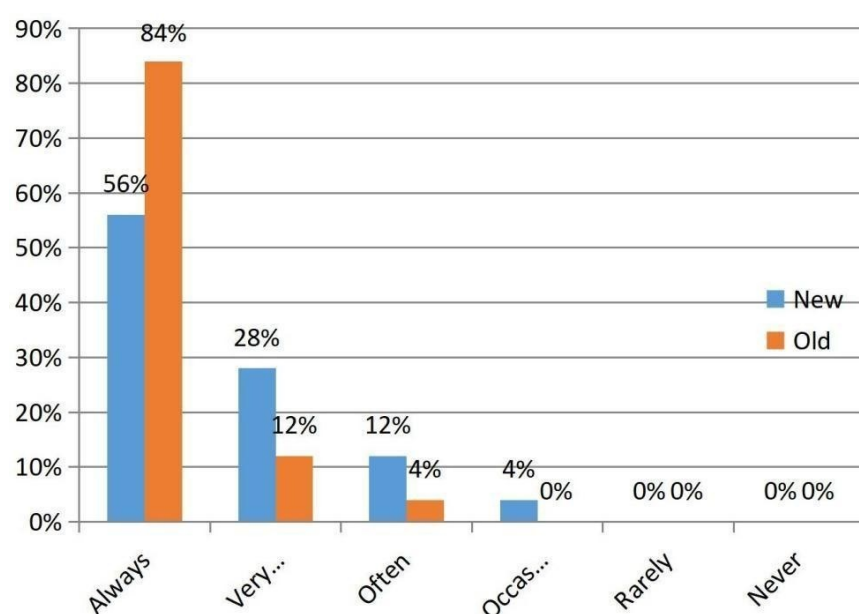
The overall quality of life was significantly better in the old denture wearers as compared to new denture wearers with 84% of the subjects responding in affirmative manner to question- (Has your quality of life improved after wearing dentures?) as compared to 56% response in new denture wearers (Table -8)

- The complex phenomena of patient satisfaction with their dentures is influenced by a number of parameters. Apart from psychological disorders, there exist additional aspects that can impact patient satisfaction. Patients and dentists had various views on what defines a successful denture. The dentist believe that technical specifications are necessary for the success of dentures. On the other hand, patients assess them based on their level of personal satisfaction. Patients with substantial levels of life satisfaction also tend to have higher levels of denture satisfaction. A patient self-assessment questionnaire is utilized in this study because it gives patients a chance to communicate with their clinician about their opinions.

- A study by Samara RM found that gender variance had no effect on a patient's acceptance of a new set of dentures, although females seem to be a little more particular about their dentures than men are, especially when it concerns their aesthetics.

- A considerable divergence was observed in the overall satisfaction score between the male and female participants in our study.

- The study's limitations consisted of choosing patients from a larger age range—35 to 80 years—without considering the state of the residual alveolar ridge and failing to assess or consider the quality of previous complete dentures in subjects who had worn dentures for an extended period of time. Patients with a spare set of teeth report better prosthesis function and stability. Their dentures may have more developed neuromuscular control, which explains reason. These individuals often have more acceptable expectations for appearance, and speaking seems to be improved.

- Regarding the responses to the question of Oral Health Impact profile OHIP-21 questionnaire was used to assess the quality of life in old and new denture wearers

- According to Shweta Choudhary, Ajit Kumar, Himanshu Arora the results of the current investigation demonstrated that overall satisfaction with dentures was considerably higher for male patients than for female patients.[10] On line with the findings of Taylor and Doku25, who noted that male patients were more satisfied with dentures than female patients. According to Singh et al., male patients expressed greater satisfaction with their full dentures in terms of speech, looks, mastication, and overall health. Our findings ran counter to those of Jonkman et al. and Berg , who found no relationship between gender or age and denture satisfaction.

- Another investigation was carried out at Liaquat University Hospital in Jamshoro and Hyderabad to assess the variables influencing patients' satisfaction with detachable dentures. There were sixty-six patients total, both male and female. Over half of the patients expressed satisfaction with their dentures. Regarding speech, taste, chewing, communication, stability, retention, and speaking, 65–80% of the patients expressed pleasure. When using dentures, 86.7% of participants reported no pain or discomfort, and 60% reported not feeling like they were wearing a foreign body. Additionally, 53.3% of respondents said they would suggest the treatment to others. This study found that patients who received their dentures for the first time had significantly greater satisfaction scores.

- In this present study questionnaire was answered by a total of 50 edentulous patients in which 25 were old denture wearers and 25 were new denture wearers . Among the old denture wearers (36.0%) were male and 64% were female. Among the new denture wearers,40% were males and 60% were females. Among the old denture wearers, 32% were illiterate, 40% were high school and 28% were graduates. Among the new denture wearers, 28% were illiterate, 36% were high school and 36% were

graduates (Table -1) . Graph shows the high satisfaction level in old denture wearer whether patient satisfaction level is not based on only gender.

- In this study, the average total dissatisfaction score for individuals using dentures was 6.28±1.38for those wearing them older than for those wearing them recently 12.40±2.98 . This difference was statistically significant, in line with the results of another study, and was also determined to be meaningful.[10] This study indicated that the dissatisfaction score of older denture users was less (6.28±1.38) than that of younger denture wearers (12.40±2.98). A statistically significant result is obtained. This result is also in line with another study that found that the mean function score of those wearing older dentures was higher (19.30±1.436) than that of individuals wearing fresh dentures (17.23±2.54).

- In one study according to Zarah Afreen Older denture wearers' mean comfort score was found to be higher (17.85±1.76) than that of new denture wearers (14.05± 2.05). This outcome is similarly similar to another study where the mean comfort score for those wearing older dentures was higher (24.40±0.836) than for those wearing fresh dentures (22.56±2.39). Old denture wearers had a mean appearance score of 11.61±1.26, significantly higher than that of new denture wearers (8.80± 2.21). The mean appearance score for those wearing old dentures was 14.84±.561, while the mean score for those wearing modern dentures was 14.59± 10.959.Even while the value was discovered to be higher among those who wear old dentures as opposed to those who wear new ones, this result did not align with the findings of our investigation.

- Based on Carlsson's hypothesis that patient-centered outcome scores are influenced by patient-related psychological and emotional elements in addition to dentists' ability to practice. [11]

- Regarding the responses to the question of Oral Health Impact profile OHIP-21 questionnaire was used to assess the quality of life in old and new denture wearers. The majority of participants who wore dentures in the past never or never experienced issues with chewing food, pronouncing words, Denture catching, fit, painful mouth aching, sores or ulcers, trouble eating, self-consciousness, embarrassment about wearing dentures, irritation with dentures, overall satisfaction and functionality /The patients who wore new dentures answered to these questions/dimensions in the always and very often categories, and there was a statistically significant difference between those who wore new dentures and those who did not (Table 2 and Table -3).

- Patient age ranged from 37 to 86 years (median 63.8 years), and the majority of the subjects (68.6%) aged from 60 to 86 years. A comparison was made between the OHIP scores between old and new denture wearers. The results indicated that in all domains there were significant between old and new denture wearers with significantly higher scores in the new denture wearers as compared to old denture wearers (Table 4). Subjects reported significantly higher OHIP scores in new denture wearers functional limitation (P < 0.0001), physical pain (P < 0.0001), psychological discomfort (P < 0.0001), physical disability (P < 0.0001), social disability (P = 0.0113) and handicap (P < 0.0001).

- The overall quality of life was significantly better in the old denture wearers as compared to new denture wearers with 84% of the subjects responding in affirmative manner to question- (Has your quality of life improved after wearing dentures?) as compared to 56% response in new denture wearers (Table -5).

- The study's shortcomings were the selection of patients from a broader age range—35 to 80 years old—not taking into account the condition of the residual alveolar ridge, and the quality of individuals who have worn complete dentures in the past were not

assessed or taken into consideration. Patients who have an extra pair of dentures can observe improved prosthesis stability and function. They may have better neuromuscular control over their dentures as a result. Speaking skills seem to have improved, and these patients typically have more reasonable demands when it comes to appearance.

LIMITATIONS

- Limited sample size.
- Fabrication of complete denture is not confined to one region of the jaw.

FUTURE SCOPE OF STUDY

- Longer observation interval
- Larger sample size

The overall quality of life was significantly better in the old denture wearers as compared to new denture wearers with 84% of the subjects responding in affirmative manner to question- (Has your quality of life improved after wearing dentures?) as compared to 56% response in new denture wearers.

This study concluded that Patients' comfort with their new complete dentures is significantly influenced by their prior denture experiences.

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ANNEXURE- I

BABU BANARASI DAS UNIVERSITY
BBD City, Faizabad Road, Lucknow – 226028 (INDIA)

BBD UNIVERSITY

Dr. Lakshmi Bala
Professor and Head, Deptt of Biochemistry and
Member-Secretary, Institutional Ethics Committee (IEC) of BBD University, Lucknow

Communication of the Decision of the VIIIth Institutional Ethics Committee Meeting

IEC Code: 41

BBDU/MDS/41/2024

Date: 27/02/2024

Title of the Project: Comparative Evaluation Of Quality Of Life In First Time Denture Wearer Vs Second Time Denture Wearer: A Questionnaire Based Study.

Principal Investigator: Dr. NAINA SINGH   **Department: Department of Prosthodontics**

Name and Address of the Institution: BBD University, Lucknow
Type of Submission: Modified, MDS Dissertation proposal

Dear Dr. Naina Singh,
The meeting of the Institutional Ethics Committee (IEC) was held on 06-02-2024 in Conference room, First Floor, BBDCODS, BBD University, Lucknow. Following members were present:

1	Dr. Chandishwar Nath, Rtd. Chief Scientist, CDRI, Lucknow.	Chairman
2	Dr. JS Srivastava, Rtd. Chief Scientist, CDRI, Lucknow.	Member
3	Dr. Manodeep Sen, Professor, Department of Microbiology, RMLIMS, Lucknow	Member
4	Dr. Shaleen Chandra, Professor & Dean, Dental Sciences, Atal Bihari Vajpai Medical University (ABVM University), Lucknow	Member
5	Dr. Manuka Khanna, Professor, Deptt. of Political Science, Lucknow University, Lucknow	Member
6	Mr Abhishek Chaudhary, Advocate, Lucknow	Member
7	Dr. Puneet Ahuja, Professor of Oral Pathology and Principal, BBD College of Dental Sciences, BBD University, Lucknow	Member
8	Dr. Lakshmi Bala, Professor & Head, Department of Biochemistry, BBD College of Dental Sciences, BBD University, Lucknow	Member-Secretary

The committee reviewed and discussed your submitted documents of the research proposal in the meeting. Following comments were suggested and communicated.

Page No. 1 of 2

Comments:
1. PID & Consent to be taken from patients.
2. In questionnaire to include line: "My participation is purely voluntary in the study."and I understand that Privacy & Confidentiality will be maintained.

Thereafter, the proposal was revised by Principal Investigator and duly approved by the Supervisor and Head of the Department.

Decisions: The committee approved the above proposal from ethics point of view.

Lakshmi Bala
27/02/24

(Dr. Lakshmi Bala)
Member-Secretary IEC
BBD University
Ethics Cell (Vth Floor, BBDCODS)
ethics@bbdu.ac.in

DR. LAKSHMI BALA
Member-Secretary
Institutional Ethics Committee
BBD University, Lucknow-28

Page No. 2 of 2

ANNEXURE -II

Babu Banarasi Das College of Dental Sciences

(Babu Banarasi Das University)

BBD City, Faizabad Road, Lucknow – 227105 (INDIA)

<u>Consent Form (English)</u>

Title of the Study …… Comparative evaluation of quality of life in first time denture wearer vs second time denture wearer: A questionnaire based study.

Study Number……..

Subject's Full Name……….

Date of Birth/Age ………

Address of the Subject…………………….

Phone no. and e-mail address………………

Qualification ………………………………

Occupation: Student / Self Employed / Service /

Housewife/ Other (Please tick as appropriate)

Annual income of the Subject………………

Name and of the nominees(s) and his relation to the subject ....(For the purpose of compensation in case of trial related death).

1. I confirm that I have read and understood the Participant Information Document dated......... for the above study and have had the opportunity to ask questions. OR I have been explained the nature of the study by the Investigator and had the opportunity to ask questions.

2. I understand that my participation in the study is voluntary and given with free will without any duress and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.

3. I understand that the sponsor of the project, others working on the Sponsor's behalf, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in

relation to it, even if I withdraw from the trial. However, I understand that my Identity will not be revealed in any information released to third parties or published.

4. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).

5. I permit the use of stored sample (tooth/tissue/blood) for future research. Yes / No

6. I agree to participate in the above study. I have been explained about the complications and side effects, if any, and have fully understood them. I have also read and understood the participant/volunteer's Information document given to me.

Signature (or Thumb impression) of the Subject/Legally

Acceptable Representative……….

Signatory 's Name……………. Date ……….

Signature of the Investigator………………… Date……….

Study Investigator 's Name.......................... Date………..

Signature of the witness…………………… Date………..

Name of the witness…………………………

Received a signed copy of the PID and duly filled consent form

Signature/thumb impression of the subject or legally

Date…

…..

Acceptable Representative

ANNEXURE -III

Participant Information Document (PID)

Study title: comparative evaluation of quality of life in first time denture wearer vs second time denture wearer: A questionnaire based study.

You are being invited to take part in a research study, it is therefore important for you to understand why the study is being done and what it will involve. Please take time to read the following information carefully. Ask us for any clarifications or further information. Whether or not you wish to take part is your decision. The purpose of this study is to assess comparative evaluation of quality of life in first time denture wearer vs second time denture wearer .

You have been chosen for this study as you are fulfilling the required criteria for this

study. Your participation in the research is entirely voluntary. If you do, you will be given this information sheet to keep and will be asked to sign a consent form. During the study you still are free to withdraw at any time and without giving a reason..

There are no side effects on patients of this study.

If additional information becomes available during the course of the research you will be told about these and you are free to discuss it with your researcher, your researcher will tell you whether you want to continue in the study. If you decide to withdraw, your researcher will make arrangements for your withdrawal. If you decide to continue in the study, you may be asked to sign an updated consent form.

This research study is organized by the academic institution. You do not have to pay for any additional procedures involved apart from the usual cost of treatment.

Signature of PI…………………………………………………………………
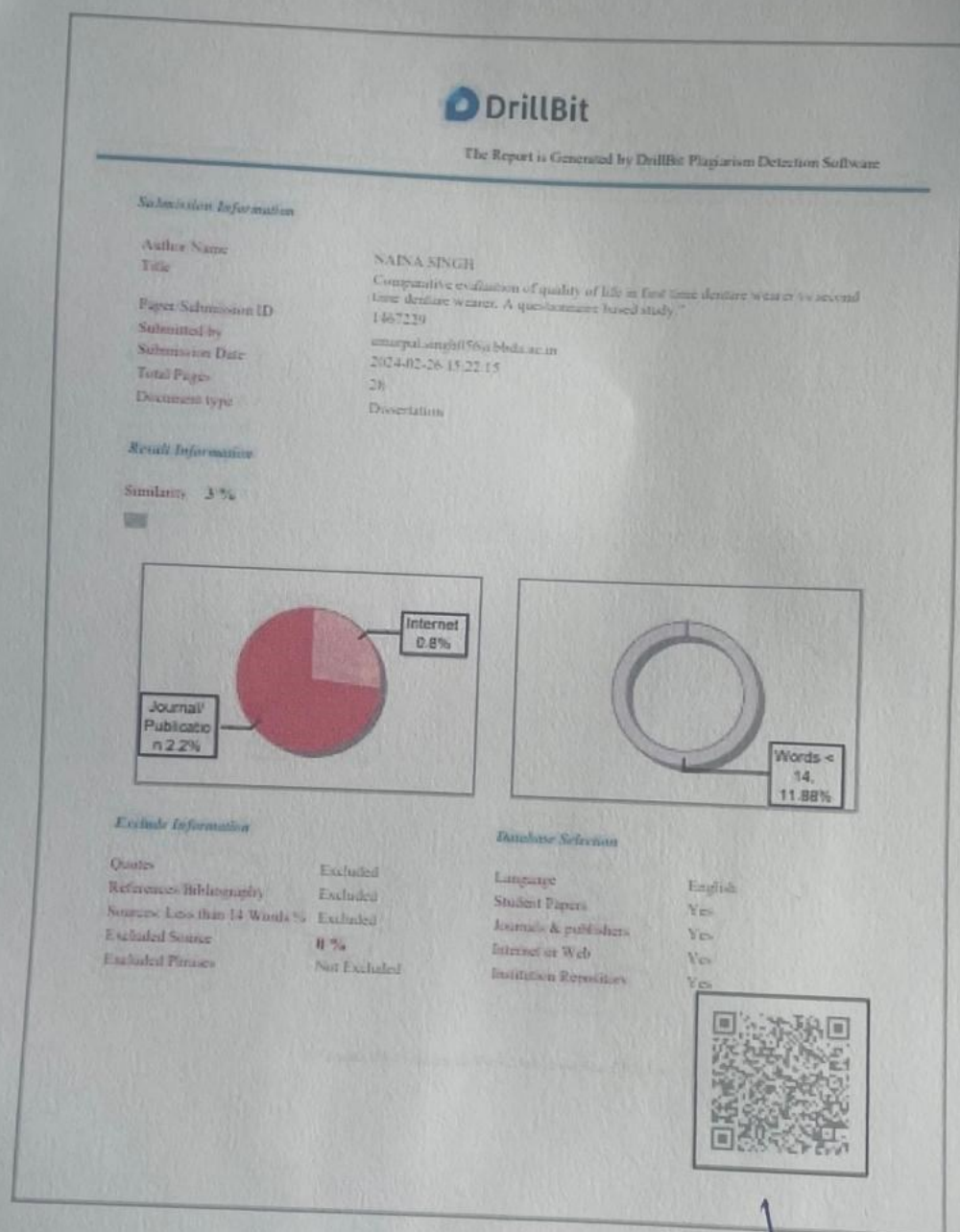
Name……………………………………………………………………………

Date …………………………………………………

ANNEXURE- IV

MASTER CHART

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21
NEW	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4
NEW	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	3	4	4
NEW	5	5	5	5	4	5	5	5	5	4	5	4	4	4	3	4	3	4	3	4	4
NEW	5	5	5	4	4	4	5	4	5	4	4	4	3	4	3	4	3	3	2	3	4
NEW	5	4	5	4	4	4	4	4	4	4	4	4	3	3	2	3	3	3	2	3	3
NEW	4	4	4	4	3	4	4	4	4	4	4	3	3	3	2	3	2	3	1	3	3
NEW	4	4	4	4	3	4	4	3	4	3	4	3	0	3	1	3	2	2	1	0	3
NEW	4	3	4	3	2	3	4	3	4	3	3	2	0	2	1	2	1	2	1	0	2
NEW	4	3	4	3	2	3	3	2	3	3	3	2	0	2	1	2	0	1	0	0	2
NEW	3	2	3	3	1	3	3	2	3	2	3	1	0	1	0	2	0	0	0	0	1
NEW	3	2	3	2	1	0	3	1	3	2	2	1	0	0	0	1	0	0	0	0	0
NEW	3	1	3	2	1	0	2	1	2	1	2	1	1	0	0	1	3	0	0	1	0
NEW	2	1	2	1	0	0	2	1	2	0	1	0	3	0	0	1	3	3	2	3	0
NEW	2	1	2	0	0	0	1	0	2	0	0	0	3	0	0	0	3	3	2	3	0
NEW	1	0	2	0	0	0	0	0	1	0	0	0	3	0	0	0	0	3	1	3	0
NEW	0	0	1	0	0	1	0	0	1	3	0	0	2	0	0	0	0	0	0	2	0
NEW	0	0	1	3	2	3	0	0	1	3	3	2	2	0	0	0	0	0	0	2	0
NEW	0	0	1	3	2	3	0	0	0	3	3	2	2	0	0	0	0	0	0	2	0
NEW	0	0	0	3	1	3	0	0	0	0	3	1	1	0	0	0	0	0	0	1	0
NEW	0	0	0	0	0	2	0	0	0	0	0	0	1	1	0	0	1	0	0	1	1
NEW	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	5	5	5	5
NEW	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	5	5	5	5
NEW	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	4	5	5	5
NEW	0	0	0	0	0	1	1	0	0	1	0	0	1	1	0	0	0	0	0	0	0
NEW	1	0	0	1	0	1	0	0	1	3	3	2	2	0	0	0	0	0	0	2	0
OLD	2	1	2	1	0	0	2	1	2	0	1	0	3	0	0	1	3	3	2	3	0
OLD	2	0	2	0	0	0	0	0	1	0	0	0	3	0	0	0	0	3	1	3	0
OLD	0	0	1	0	0	1	0	0	1	3	0	0	2	0	0	0	0	0	0	2	0
OLD	0	0	1	3	2	3	0	0	1	3	3	2	2	0	0	0	0	0	0	2	0
OLD	0	0	1	3	2	3	0	0	0	3	3	2	2	0	0	0	0	0	0	2	0
OLD	0	0	0	3	1	3	0	0	0	0	3	1	1	0	0	0	0	0	0	1	0
OLD	0	0	0	0	0	2	0	0	0	0	0	0	1	1	0	0	1	0	0	1	1
OLD	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	5	5	5	5
OLD	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	5	5	5	5
OLD	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	4	5	5	5
OLD	0	0	0	0	0	1	1	0	0	1	0	0	1	1	0	0	0	0	0	0	0
OLD	1	0	0	1	0	1	0	0	1	3	3	2	2	0	0	0	0	0	0	2	0
OLD	1	0	2	0	0	0	0	0	1	0	0	0	3	0	0	0	0	3	1	3	0
OLD	0	0	1	0	0	1	0	0	1	3	0	0	2	0	0	0	0	0	0	2	0
OLD	0	0	1	3	2	3	0	0	1	3	3	2	2	0	0	0	0	0	0	2	0
OLD	0	0	1	3	2	3	0	0	0	3	3	2	2	0	0	0	0	0	0	2	0
OLD	0	0	0	3	1	3	0	0	0	0	3	1	1	0	0	0	0	0	0	1	0
OLD	0	0	0	0	0	2	0	0	0	0	0	0	1	1	0	0	1	0	0	1	1
OLD	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	5	5	5	5
OLD	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	5	5	5	5
OLD	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	4	5	5	5
OLD	0	0	0	0	0	1	1	0	0	1	0	0	1	1	0	0	0	0	0	0	0
OLD	1	0	0	1	0	1	0	0	1	3	3	2	2	0	0	0	0	0	0	2	0
OLD	2	1	2	1	0	0	2	1	2	0	1	0	3	0	0	1	3	3	2	3	0

ANNEXURE - V

PLAGIARISM REPORT

○ DrillBit

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Title	Comparative evaluation of quality of life in first time denture wearer vs second time denture wearer. A questionnaire based study."
Paper Submission ID	1467239
Submitted by	amarpal.singh156@bbdu.ac.in
Submission Date	2024-02-26 15:22:15
Total Pages	28
Document type	Dissertation

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