A partially dentate patient is someone who has an incomplete natural dentition. One or more teeth are congenitally absent or have been extracted due to disease, trauma, or surgery. This definition applies to different age groups.

**Continuum of care**

As a dentist, you understand that caring for a partially dentate patient is a longitudinal process that extends over a long period of time and includes three main pillars: a pre-treatment assessment phase, a treatment phase, and a post-treatment and long-term care phase. This guide is here to help you consider each of these three pillars as equally important and to organize your patients’ treatment and care plan along this continuum.

The next pages provide you with key elements to help you organize your patients’ continuum of care.
Preparatory Care

As a dentist, I am responsible for leading and coordinating the definitive care and the long-term care and maintenance of my patient. I understand that the treatment and care of a partially dentate patient does not fit into a one-size-fits-all model. The best treatment option, as well as the most adequate supporting technology, depend on the personal situation of each patient. Therefore, I will find the right balance between purely clinical elements and my patient’s needs, concerns and expectations. The checklist below will help you consider all these aspects before coordinating your patient’s best care plan.

Checklist before implementing the definitive care plan:

- Identify the personal situation of your patient:
  - patient’s oral/periodontal health status;
  - patient’s oral disease risk;
  - patient’s motivation and participation;
  - patient’s willingness to undertake complex treatments over a longer period;
  - patient’s norms and values/cultural acceptance;
  - Initial costs and long-term maintenance costs.

- Identify patient perspectives and preferences

- Ensure the patient understands the different implications of the treatment chosen, i.e. duration, limited lifespan of all restorations and protheses and personal involvement of each patient in terms of oral hygiene and follow up.

- Identify the main risks and main benefits of the different technologies available.

Checklist before undertaking definitive care:

- Assess patient’s overall health condition;
- Assess patient ownership;
- Ensure stability of primary oral disease;
- Assess compliance or cooperation to review risk;
- Review definitive care plan (rehabilitation and long-term maintenance);
- Secure patient’s informed consent.

- If you have chosen to share the care between a generalist/primary care dentist and a specialist clinician, stabilization of disease and ongoing maintenance will most likely be managed by the generalist/primary care dentist.
**Patient-dentist communication**

- An interactive patient-dentist communication will help your patients understand what is best for them and choose the most appropriate treatment plan.

**INDICATIONS**

- NO RESTORATION
- RPD; tooth-supported
- Combined options: implant-supported denture (RPD)
- Fixed partial
- Varies according to individual situations.

**MAIN BENEFITS**

- High degree of non-compliance with use, in 'removable bridge'.
- Often not perceived as a 'denture'
- Potentially improves oral function and QoL to normal levels. They overestimate function and appearance, function and QoL to normal levels.
- Lay people tend to have high expectations.

**MAIN RISKS**

- May compromise future rehabilitation of natural teeth. Should this occur, you should consider attempting to whiten the natural teeth. If orthodontics only, may require life-long retention/fixed retainers.
- Increase in caries risk on abutment teeth.
- Losing abutment teeth may lead to functional limitation. Abutment teeth for removable partial dentures are most vulnerable to disease risk.

**AVERAGE LIFESPAN**

- Long-term care: Planning systematic review after treatment will help shape a better-made treatment and care plan for my patients.

**MANAGING FAILURE: WHAT’S NEXT?**

- Revise plan of care RPDs

**Contraindication of fixed prosthesis (RPD)**

- Monomers or non-bonded resin cement/other adhesives are used instead of porcelain.
- Failure of existing restoration.
- For decementation, attempt replacement, need to ensure removal of adhesive from both the bridge and its abutments, followed by reattachment of prosthesis.
- For partial decementation, remove the overlying wing and treat underlying caries if detected; leave remaining structure as a cantilevered bridge.
- For full decementation, remove both wings and prosthesis; prepare abutment teeth for direct retention.

- Restoration of supported dentures

- Biocompatibility
- Potentially improves oral function and QoL to normal levels. They overestimate function and appearance, function and QoL to normal levels.
- Lay people tend to have high expectations.
Patient education

As a dentist, you understand that a thorough dialogue with your patients will ensure they have sufficient information to properly maintain their restorations and take ownership of the long-term care and maintenance that is needed. Your discussion should focus on risk awareness, treatment lifespan, managing failure together, and oral hygiene instructions.

Well-informed patients will be better equipped to monitor risks, take ownership of their treatment, not feel cheated, understand that there are no “forever solutions”, and call on their dentist in case of need. Depending on the type of treatment performed, specific oral hygiene routines may apply. These routines have been outlined below to support your communication with your patients.

- Reinforce oral hygiene and dietary advice to reflect the caries and periodontal risk status of the individual for their remaining natural teeth. Review oral hygiene on specified interval of recall.
- Daily toothbrushing with a toothpaste containing at least 1,100 ppm fluoride for a patient with low caries risk. Consider 5,000 ppm fluoride toothpaste daily and professional application of fluoride gels or varnish or the use of silver diamine fluoride or chlorhexidine varnish every three months if the patient has a high caries risk status, has a history of recurrent root caries, or has a tooth-supported overdenture.
- Interdental cleaning aids such as dental floss or brushes.
- Thorough cleaning of the denture outside of the mouth with a soft-bristled toothbrush and recommend immersion in a suitable denture cleaner. Metal-based dentures should not be immersed in cleaners containing hypochlorite solutions.
- Ensure an adequate understanding of the need to maintain hygiene of the prosthesis and oral soft tissues. Advise the patient to consider removing the denture overnight and soak it in a denture cleaner.
- Ensure the patient understands the need for routine recall for oral health screenings, even when edentulous.
- Annual recall for low-risk patients, 3-6 month recall for moderate- to high-risk patients. Recall is every 3-6 months due to a higher risk of tooth loss in patients wearing removable partial dentures.
- Monthly follow-up appointments for prosthesis adjustment.