

1.

Dentures for Elderly Persons - - from Hard to Soft

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The oral condition of edentulous patients today appears to be different from that of 30 years ago. In particular, the alveolar bone is highly resorbed, the oral mucosa is thinner, and saliva flow and oral perception are deteriorating. About 30 years ago, it was proposed that soft denture base materials should be tissue-friendly, and in fact, a lot of products of this kind have come to meet this requirement.

On the other hand, in clinics, rigid materials have been used in most cases because they have given a high priority to durability. This seemed appropriate as long as the patients are in good health. However, as the number of aged persons has increased, more and more patients have become unable to cope with the hard material.

Under these circumstances, soft lining materials are highly desirable. This was previously commonly denied because of the poor quality of soft materials, -but, modern soft lining materials have recently become much better, so when they are used appropriately, they are much more effective than in the past. It is confirmed that the application of soft liners having viscoelastic properties would lead to the most marked improvement in masticatory function. The improvement in masticatory function compared with hard resin was found to be in the order: acrylic resilient>silicone resilient>acrylic tissue conditioner. The results suggest that the use of materials with higher $\tan \delta$ (loss tangent, viscoelastic property) and G' (shear storage modulus, hardness) provides the most optimum masticatory function for the patients requiring the provision of soft liner on their dentures.

Our goal is to transfer the dentures into the museum during the 21st century. Until we achieve this, soft liners will fill gap between denture and tissue, and between satisfaction and dissatisfaction with the dentures. Although, it is true that edentulism is decreasing, I still believe as well that the soft option is useful and can help to satisfy edentulous patients for 2 or 3 more decades.

2.

Intracapsular TMJ Disorders: Diagnostic and Management Considerations

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Temporomandibular disorders represents a large group of musculoskeletal conditions of the masticatory system. The two most common TM disorders are masticatory muscle pain disorders and intracapsular pain disorders. This presentation will discuss the differential diagnosis and management of intracapsular pain disorders. Functional anatomy of the temporomandibular joint will be reviewed first. This will be followed by a description of the various alterations that can occur in the TMJ and their associated symptoms. Included in this review will be the proper indications and uses of occlusal appliances as determined by the research data collected over the last 20 years. Successful management of intracapsular pain disorders can only be achieved once the clinician appreciates the various types of conditions that can occur in the TMJ as well as the natural course of these conditions.

3.

Occlusion and Other Factors of Importance for Temporomandibular Disorders/TMD

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The relationship between occlusal factors and the health of the masticatory system has been one of the most controversial areas in dentistry. For many years the dental profession believed that occlusal interferences would lead to TMD. However, this opinion has gradually weakened since there is a lack of convincing evidence supporting this relationship. Several treatments not related to dental occlusion have also proved to be effective in management of TMD. At present, most so-called TMD experts deemphasize the importance of occlusion in the etiology of TMD, whereas a majority of practitioners still