The necessity of appliances as protection in patients with prosthetic rehabilitation

- *A survey among dentists in Sweden*

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Summary
This study aimed to investigate the experiences and habits of dentists when prescribing an appliance as protection in prosthetic therapy in patients. Since there is no published scientific evidence showing that an appliance could be used as a protection in prosthetic therapy it was out of interest to know where dentists obtain their knowledge and if they consider themselves having an adequate competence in this field.

The study is based on a survey that examines general dentists as well as dental specialists through a questionnaire with 22 questions out of mixed nature. The study covered 2771 dentists from different parts of Sweden, retrieved from a database of customer records handed by Unident, a dental company. A total of 588 dentists participated in the questionnaire.

The use of appliances as protection in patients with prosthetic rehabilitation was considered no to be necessary among 67% of the dentists in this study. However, every 4 out of 5 dentists sometimes include an appliance as protection whenever prosthetic therapy is indicated. Today the literature is very sparse in this subject and there is an obvious need for future studies in a different design besides questionnaires, testing the evidence for a potential protective appliance in patients with prosthetic therapy.

Sammanfattning

Studien visade att 67 % av tandläkarutbildade ansåg att bettskenor i skyddande syfte vid protetiska konstruktioner ej var nödvändigt. Dock valde 4 av 5 tandläkare att ändå inkludera en skyddande bettskena till patienter med utförd protetik. Dagens litteratur är väldigt snäv i detta ämne och därmed finns ett behov för framtida studier utöver enkätstudier som påvisar evidens för potentiella bettskenor som agerar skyddande på protetiska konstruktioner hos patienter.
**Introduction**

Prosthodontics is the dental specialty referring to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth. (1) It can appear in the forms of fixed or removable reconstruction either on teeth and/or implants as well as maxillofacial reconstructions. Fixed prosthodontics is the branch of prosthodontics concerned with the replacement and restoration of teeth by artificial dental constructions. (1) In Sweden the dentist offers, whenever prosthetic treatment is carried out, a guarantee for 2 years in order to keep the sustainability for the patient. In an agreement between the Swedish consumer agency and the private practice dentists in Sweden on the 1st of May 2012 it was stated that in cases were the prosthetic treatment needed to be redone within 2 years, the patient had the right to do so without having to pay for it again. (2) This rule is also valid in the public dentist services. (3,4)

To maintain the sustainability of the prosthetic construction some dentists prefer to prescribe an appliance in order to prevent any possible wear or fractures of the material of the prosthetic reconstruction. On the other hand an appliance is mainly used in cases were the patient is suffering from bruxism or temporomandibular disorders (TMD). Bruxism per definition is, involuntary, non-functional, rhythmic or spasmodic gnashing, grinding and clenching of teeth usually during sleep. One indication for treatment with hard acrylic stabilization appliances, as well as with soft appliances, is occlusal wear due to tooth grinding. (5) Patients that are treated with fixed prosthodontics and have a powerful masticatory musculature and history of bruxism, could it be wise to make an occlusal appliance to be worn during periods of stress to reduce the risk of porcelain fractures. (6) Today there is a low level of evidence due to the lack of studies that an appliance is necessary in protecting prosthetic therapy. Thus, there is an obvious need for investigations regarding the effect of occlusal appliances in the purpose of protection of prosthetic reconstructions. The soft appliances are today the most common in treatment for TMD among the general dentists in Sweden, despite the lack of scientific support for their efficacy, as well as effectiveness, compared to hard acrylic stabilization appliances. (5)

The aim of the study was to investigate through a questionnaire, the opinions, habits and experiences of the dentists in prescribing an occlusal appliance in cases where the patient is treated with prosthetic rehabilitation.

The hypothesis is that, a need of a protecting appliance is considered necessary whenever prosthetic construction is carried out. Another hypothesis is that there is no difference in the decision making of which kind of appliance is chosen as protection.

**2. Material**

The study is based on a survey that examines general dentists as well as dental specialists opinions and experiences in protecting patient’s prosthetic treatment with an occlusal appliance through a questionnaire. In Sweden today there are around 7500 active dental professionals (7). The study covered 2771 dentists from different parts of Sweden. The investigated group of dentists in Sweden was retrieved from a database of customer records handed by Unident, a dental company which covers a large database of customers.

The study was approved by the Ethics committee of the Faculty of Odontology, Malmö University the 3rd of September 2012. (Dnr: OD2012/161). The questionnaire was sent in a digital form (see appendix 1) through email to the 2771 dentists on the 24th September 2012. Participation was requested to be made within 10 days
after the first dispatch. A total of 404 questionnaires were received back after 14 days and a reminder was sent out to the non-respondents. An additional 184 dentists participated. The total number of received surveys after the reminder was 588. Overall there were only 12 questionnaires that never reached the participant due to an inactive or default mail addresses. (Figure 1)

First mailing:

![Flowchart of the dispatch and received questionnaires](image)

### Method

*The survey*

The participants were introduced to a short information letter that was included in the questionnaire. This contained the purpose of the study and that the participation was anonymous and voluntarily. The dentists were coded with numbers, which also facilitated any event of a reminder to be sent out if they had not conducted the survey. There was also contact information attached to the student and the supervisors if there were any concerns or questions regarding the survey. The dentists were offered with a lottery ticket as an appreciation for participation in the study.

The questionnaire was created at the faculty of Odontology, Malmö University and was completed in May 2012. The questionnaire consisted of 22 questions of mixed nature related to the subject. In order to get relevant information, the survey was divided into 2 sections. The first section asked about background information such as age and gender, educational background, and what dental profession the participants had. Questions about whether they were working in the private or public sector were asked and whether they had any further training in the areas of prosthetic or orofacial pain and TMD. Questions of clinical
significance e.g. regarding the number of cases of patients they had per week who were in need of prosthetic rehabilitation were asked. (Appendix 1)
The last section consisted of general and specific questions regarding the use of occlusal devices such as an appliance in patients treated with prosthetic treatment. It included, how often they prescribed an appliance after prosthetic treatment and this could be answered with “always, often, occasionally or never”. Questions were asked regarding the type of appliance they prescribed, soft, stabilization appliance, a pre-fabricated one or any other kind of appliance. They had to answer if the appliance was fabricated directly in their clinic, or if it was ordered from a dental laboratory or from a dental company. Whenever the patient is given an appliance there can be an evaluation done in order to see how the usage and the cooperation by the patient has been. The dentists were asked to mention the frequency of this sort of evaluation. It could be answered with “always”, “often”, “sometimes”, “rarely” or “never”. All of these questions were of multiple-choice character and the dentist could only choose one alternative per question. The last 7 questions were open questions regarding the dentist general opinion regarding if using an appliance as a protecting device was necessary and in which cases they prescribed if and when they wouldn’t prescribe it at all. Questions regarding if it was beneficial for the patient with an appliance in protecting purposes or not was carried out and the last questions were about the dentists opinions regarding if they ever had any negative experiences with using an appliance in patients (Appendix 1). This study will only process the 15 questions of multiple-choice character. The seven remaining open question due to its extensive nature will be compiled in future studies.

Pilot study

Before the final questionnaire could be carried out, a pilot study was performed in order to evaluate whether the questions were relevant and could be interpreted correctly. The pilot study took place at the faculty of Odontology, Malmö University and was performed by 5 randomly chosen dentists. A separate evaluation survey (Appendix 2) was created, containing three alternatives for each question that was made for the original questionnaire. The three alternatives were, “comprehensible”, “not comprehensible” and “don’t know”. If the question was considered to be “not comprehensible” the participant were asked to write a comment for further improvement of the question. The responses from the pilot study were positive and only minor corrections were needed to be made to the questionnaire comprehensibility. The final and corrected version of the questionnaire was sent to the contact person at Unident who converted it to a digital form in order to facilitate the participation in the survey.

4. Results
The total number of received questionnaires was 21% after the reminder was sent out. The data of the surveys were compiled in Excel for further analysis.

Demographic data
From the overall collected questionnaires there were 246 females (42%) and 343 males (58%) respondents, whereas the biggest age group were between 56-65 years old. The median number of active years as general dentist among the participants was 15 years and 22 years among the participants who were active dental specialists. (Figure 2)
There were almost equally many dentists educated from each of the four faculties in Sweden where the dentistry education is offered, with a lower response rate for Umeå. Only 17 dentists of all participants were educated abroad. (Figure 3)

**Figure 3.** The cities of the educational faculties where the dentists have attended (n=588)

<table>
<thead>
<tr>
<th>City</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stockholm</td>
<td>28%</td>
</tr>
<tr>
<td>Göteborg</td>
<td>22%</td>
</tr>
<tr>
<td>Malmö</td>
<td>27%</td>
</tr>
<tr>
<td>Umeå</td>
<td>16%</td>
</tr>
<tr>
<td>Abroad</td>
<td>3%</td>
</tr>
</tbody>
</table>

Among the general dentists, two thirds worked in the private sector followed by a quarter of the general dentists working in the public dental service. (Figure 4)

**Figure 4.** Distribution of where the general dentists work (n= 516)
The two largest working field areas for the dental specialists were the specialist clinic in the public dental service and private specialists clinics. (Figure 5)

A small fraction for both general dentists and dental specialists worked in other places such as hospitals, in university or as a dental adviser for the health insurance offices in Sweden. (Figure 4 and 5)

![Figure 5. Distribution of where the specialists worked (n=32)](image)

Geographically more than half of the dentists worked in a larger city and the rest of them worked in a smaller town excluding 5 % of the participant who worked in rural areas. (Figure 6)

![Figure 6. Distribution of dentists into geographical city size (n= 588)](image)

The use of appliances in patients after prosthetic therapy

47 % of the dentists had 5-10 patients every week who were in need of prosthetic therapy. Over a third, 36 % had 5-10 patients every month and the rest 17 % stated that they had 5-10 patient every 6 months in need of prosthetic therapy.
As a follow-up question the dentists were asked “how often do you prescribe appliance after prosthetic therapy?” and 4 out of 5 dentists answered “sometimes” and only 1 % of them always chose to prescribe an appliance. (Figure 7)

Figure 7. How often the dentists prescribe an appliance after prosthetic therapy. (n=584)

The importance of using an appliance as a protection in prosthetic therapy
One of the important questions was whether the dentists considered the protective appliance necessary in prosthetic therapy. 67 % stated that it wasn’t necessary and the rest 33 % considered it completely necessary.

Further the dentists had to rate different factors according to whether they were out of importance or not in the decision making of prescribing an appliance as protection in prosthetic therapy. In figure 8 the different factors are ranged from “no importance” to “determinant factor”. 65 % out of the dentists stated that “the patient suffering from bruxism” is the determinant factor for prescribing an appliance in protective purposes. About 15 % stated that “the sustainability of the prosthetic construction” would be the determinant factor in prescribing an appliance. (Figure 8)

Figure 8. Level of importance in the decision making of prescribing an appliance in patients with bruxism and in order to maintain longer sustainability of the prosthetic construction. (n= 584)
When asked if the dentist sees any negative consequences for the patient with using an appliance as protection in prosthetic therapy 88% answered with “No”.

**The most ordinary type of used appliance in patients**

A large majority, 79% of the dentists prescribing appliances answered that they used the stabilization appliance in patients as protection. The rest of them were using either a resilient or a Relax appliance (Figure). An even larger majority stated they would place the appliance in the upper jaw regardless where the prosthetic construction was made. The overall fabrication of the appliance was made in a dental laboratory and was stated by 96% of those who had answered. The rest had the ability to fabricate it at the clinic.

![Figure 9](image)

**Figure 9.** The most ordinary type of appliance prescribed by the dentists (n= 569)

When the dentists were asked, “when you consider an appliance as a protection for prosthetic constructions, for how long is it prescribed?” 73% answered for a “lifelong use” and only 9% stated “for a short period of time”.

A potential follow up of the appliance was considered as entirely or relatively important by 67% of the dentists. (Figure 10)

![Figure 10](image)

**Figure 10.** The importance of a follow-up of the appliance (n=575)

Approximately one third each of the dentists had a further education in both TMD and prosthetics, only prosthetics as well as those with no further education in any of the two fields. Only 2% had supplementary education in only TMD. (Figure 11)
Figure 11. Further education in TMD and/or prosthetics or not among the dentists (n=577)

As the source of their knowledge 65 % of the dentists stated “dentistry studies” followed by 56 % from a training course. 24 % stated that they followed the recommendations from a colleague. (Figure 12)

Figure 12. Where the dentists obtained knowledge about appliances in protective purposes (n=584)

Half of all the dentists considered themselves having an adequate knowledge about using appliances in protective purposes in patients. A little less than half stated that they had “neither good nor poor” knowledge about it. (Figure 13)
Discussion

This study aimed to investigate the opinions and habits of the dentists in prescribing an appliance in protective purposes in prosthetic therapy. Since there is no published scientific evidence showing that an appliance could be used as a protection in prosthetic therapy it was of interest to know where dentists obtain their knowledge and if they consider themselves having an adequate competence in this field.

Since 67% of the dentists considered the protective appliance not to be necessary in prosthetic therapy the first hypothesis that an appliance is needed is therefore rejected. This could possibly be explained with that there is very little existing evidence behind using an appliance in protective purposes. Surprisingly every 4 dentist out of 5 seem to include this anyway in their therapy “sometimes”.

A prosthetic therapy for the patient is a much-needed treatment for the overall rehabilitation of the oral function. Whenever the patient receives a prosthetic treatment a guarantee is offered to maintain the sustainability of the restoration. In any case of a possible fracture or loss of retention the patient gets a completely new restoration where the dentist is responsible for the costs. Logically to prevent any damage to the restoration the dentist also prevents unnecessary costs as well as time for both the dentist and the patient.

According to a critical review by Johansson, Omar and Carlsson, (8) the survival rate for conventional fixed dental prostheses are after 5 years 94%. One of the most inevitable technical failures of fixed prostheses is fracture of material and loss of retention. Today it is apparent that clenching and grinding of teeth are highly common and studies states that there is a 10% prevalence of manifest nighttime bruxism among the population. (9) Hence, bruxism is regarded as a potentially etiological factor for tooth wear and a contributing factor among others for TMD. However every single individual do brux from time to time. The most accepted and common method to prevent wear of the natural teeth and the prosthetic reconstruction is the use of interocclusal appliance despite the lack of available evidence for its efficacy. (10) The literature is very scarce in this very subject but in one textbook it is proposed that a proactive occlusal appliance should be prescribed to patients with prosthetic treatment in forms of fixed dental prostheses and grave tooth wear. (6) Arguably no
controlled studies of the efficacy of such protective appliance have been published. (8) Interestingly in this study, 65% of the dentists stated that the patient suffering from bruxism was the determinant factor for prescribing an appliance as protection in prosthetic therapy. One explanation to this could be that any intervention must be based on a diagnosis. Surprisingly, little less than half of the dentists actually stated longer sustainability of the prosthetic construction as a relatively determinant factor for prescribing an appliance for the patient.

The most common prescribed appliance among the dentists was the stabilization appliance and the most common placement of the splint was the upper jaw. The reason for this question was to see and investigate the habits of the dentist and if there were any overall differences in their treatment with splints in patients. Therefore the second hypothesis that there is no difference in choosing the type of appliance is rejected. An explanation to this might be that there is more and positive scientific support for the effectiveness as well as efficacy for the stabilization appliance compared to a soft appliance or the Relax appliance regarding TMD, and it is also highly recommended by the Swedish National Board of Health in managing patients suffering from TMDs as well as jaw muscle pain, tension type headache and bruxism. (11) It is also proposed that a hard appliance do not wear as much as the soft appliance due to the on going bruxism(5) More than half of the dentists stated they considered a check up of the appliance as entirely or quite important. The outcome of a check up of the appliance is vital in order to make any readjustment or to further optimize any retention and occlusal stability for a positive therapeutic outcome. (5) Surprisingly the remaining 24% of the dentists that stated a potential check up of the appliance had a certain importance. One explanation might be that different dentists have different traditions in treatment of patients with an appliance. Maybe, there is a difference in general dentists and specialist dentists in managing the type of patients since specialists deal with more complex cases of prosthetic rehabilitation as well TMDs in patients. (5) Hence a further analysis of the study comparing the general dentists and the specialist would be out of importance and is planned in further studies.

Notable here is that more than half of the participants state that they have received their knowledge about protecting appliance in their undergraduate studies as well as post graduate education. Surprisingly is that 31% of the total participants have not even received any further courses in either TMD or in prosthetics. Obviously this knowledge is obtained from several sources and possibly this is the case for most of these dentist. Interestingly the third largest group (23%) of the dentist stated they followed the recommendations from colleagues, which might be recommendations from senior colleagues or specialists since they have broader experiences.

The total response rate from the individuals in the used database rate was 21% and the low response rate among the participants may have been due to the quite extensive questionnaire. The majority of them were out of multiple-choice character but still the 22 questions might be for some a time-consuming task. According to review regarding e-mail response rate, the mean response rate for e-mail surveys year 2000 was 24%. It is mentioned that there is an increased number of surveys in the population today requesting individuals to complete the whole surveys, which diminish the overall attitude towards completing any kinds of surveys.(12) Instead of the conventional method by sending to their postal address the questionnaire was made into a digital version that was sent out by email to their respective email addresses. The reminder after 10 days that was sent out may have
brought back the attention the those participants who hadn’t answered the first time due to that the mail have ended up lower in the mail list due the daily incoming mail.
Another shortcoming of the material was that it was not possible to do any analysis of the dropouts as we only had access to email addresses and no other information about the dentists.

By using a list of dentist customers to the dental company Unident is a selection bias. The negative aspects of this bias might be that the overall dentists in Sweden are not equally balanced or objectively represented in the list. The distributions in terms of gender among the dentist in Sweden are that there are more women (58%) than men (42%). In our study the distribution were the opposite, 42 % and 58% men. Arguably the directory from Unident facilitated the dispatch of the questionnaires considerably cause of the available emails of the dentists. A random selection of the dentists would have been extensively complicated due to the procedure of sending out the questionnaires. Not all the active dentists in Sweden are connected to a dental company or a dental union either.

From this study, new hypotheses have been raised and will be studied in the future regarding the opinions of the dentists regarding appliances in protective purposes of prosthetic therapy and in different subgroups such as specialists and general dentists.

Conclusions
The use of appliances as protection in patients with prosthetic rehabilitation is considered not to be necessary among 67% of the dentists in this study. However, every 4 out of 5 dentists sometimes include an appliance as protection whenever prosthetic therapy is indicated. Today the literature is very sparse in this very subject and there is an obvious need for future studies of different design, testing the evidence for a potential protective appliance in patients with prosthetic therapy.

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The author wishes also to acknowledge the participants of the questionnaire who’s opinions and answers provided the material evaluated in this study.
References


(12) Sheehan KB. E-mail survey response rates: A review. Journal of computer-mediated communication 2001;6(2).
Bästa tandläkare,

Vi är två tandläkarstuderande från Odontologiska fakulteten, Malmö högskola som via samarbete med dentalföretaget Unident, utför en fördjupningsstudie huruvida det är nödvändigt att skydda protetiska konstruktioner med bettskena.

Vi skriver till dig med anledning av den del av vår kandidatuppsats som utgörs av en enkätundersökning. Enkäten är naturligtvis anonym, sifferkombinationen på enkätundersökningen kan inte spåras tillbaka till en enstaka klinik eller tandläkare.

Det bifogade frågeformuläret tar ungefär 10 minuter att besvara och Din medverkan har stor betydelse för utfallet. Vi efterfrågar din egna personliga uppfattning och erfarenhet. Vi är väldigt tacksamma för ditt svar vi får genom denna undersökning.

Enkäten önskas besvarad inom 10 dagar. Svarskuvert medföljer.

Med vänliga hälsningar

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Var vänlig sätt ett kryss i lämplig ruta eller skriv fri text på avsedd linje

Bakgrundsuppgifter

1. Bakgrund
   Kvinnan ☐                  Man ☐

   Ålder:
   ☐ <25
   ☐ 26–35
   ☐ 36–45
   ☐ 46–55
   ☐ 56–65
   ☐ >65

2. Tandläkarutbildning
   Lärosäte: .................................................................

3. Arbete
   Allmäntandläkare ☐                  Specialisttandläkare ☐
   inriktning:................
   Antalet yrkesverksamma år som allmäntandläkare:.....................
   Antalet yrkesverksamma år som specialisttandläkare:.....................

   Folktandvården ☐                  Specialistklinik ☐
   Privat ☐                  Privat specialistklinik ☐
   Övrigt ☐

   Inriktning/Nisch:...............................................................

   Land:             Danmark ☐                  Norge ☐                  Sverige ☐

   Större tätort ☐                  Mindre tätort ☐                  Landsbygd ☐

4. Erfarenhet
   Har du någon vidareutbildning totalt på en vecka eller mer inom:

   Bettfysiologi:       Ja ☐                  Nej ☐

   Protetik:             Ja ☐                  Nej ☐
5. Klinisk verksamhet

Hur många patienter oavsett diagnos/tillstånd och behandling har du per vecka:

Ca 50 ☐ ca 100 ☐ ca 200 ☐ Annat ☐:____________________

Hur många av dina patienter är i behov av protetiska konstruktioner (kronor, broar, proteser):

Minst 5–10/vecka ☐ 5–10 /mån ☐ 5–10/halvår ☐ Annat ☐:________

Allmänna frågor kring bettskenor som protetiskt skydd

6. Hur ofta ger du patienter en bettskena efter protetisk terapi?

Alltid ☐ Oftast ☐ Enstaka gång ☐ Aldrig ☐

7. Det kan finnas olika uppfattningar när man väljer att använda sig av ett skydd för protetiska konstruktioner eller ej. Hur stor betydelse har dessa faktorer för dig?

<table>
<thead>
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<th>Utan betydelse</th>
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<th>Helt avgörande</th>
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<tr>
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<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
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<tr>
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<tr>
<td>Att patient bruxar:</td>
<td>☐ ☐ ☐ ☐</td>
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</tr>
<tr>
<td>Patientens önskemål om bettskena:</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>
8. Vilken är den vanligaste typen av bettskena som du ordinerar som skydd?

Resilenssskena (mjuk) □  Stabiliseringsskena (hård) □

Relax (prefabricerad) □  Annan □…………………………..

9. Placering av bettskena

☐ Alltid i överkäken oavsett var den protetiska konstruktionen är gjord
☐ Alltid i underkäken oavsett var den protetiska konstruktionen är gjord
☐ På den protetiska konstruktionen
☐ Alltid i motsatt käke för den protetiska konstruktioner
☐ ........................................................................................................

10. Var sker tillverkningen av bettskenan:

☐ På din klinik  ☐ Tandtekniskt laboratorium

11. När du anser att en protetisk konstruktion är indicerad, överväger du en skyddande bettskena i första hand:

☐ För en kortare period  ☐ Livslång användning

☐ Annat □ ........................................................................................................

12. Hur vanligt är det att en patient med en skyddande bettskena följs upp eller kommer på utvärdering efteråt?

☐ Alltid  ☐ Oftast  ☐ Enstaka gång  ☐ Aldrig

13. Hur viktigt anser du att det är med en uppföljning av bettskenan?

☐ Utan betydelse  ☐ Viss betydelse

☐ Ganska avgörande betydelse  ☐ Helt avgörande
14. Finns det något fall du alltid skulle kunna använda en bettstena i skyddande syfte? I så fall varför?

………………………………………………………………………………………………………………………………………………………………

15. Finns det något fall du aldrig skulle kunna använda en bettskena i skyddande syfte? I så fall varför?

………………………………………………………………………………………………………………………………………………………………

16. Hur fick du kunskap om att bettskenor kan användas som skydd vid protetiska konstruktioner?

☐ Grundutbildning  
☐ Specialistutbildning  
☐ Kurs  
☐ rekommendationer från tandtekniskt Lab  
☐ Mässa  
☐ Rekommendationer från kollega  
☐ Patientens önskemål  
☐ Reklam/annons i media

17. Har du en god kunskap om skyddande bettskenor?

Tillräckligt □  varken god eller dålig □  Dålig □

18. På vilken diagnos baserar du din terapi med bettstena som skydd av protetiska konstruktioner?

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Övriga synpunkter

19. Ser du risker för patienter som använder sig av en skyddande bettskena?

Ja ☐ Nej ☐

Om ja, vilka i så fall:

• ........................................................................................................
• ........................................................................................................
• ........................................................................................................

20. Tycker du att det är nödvändigt med en skyddande bettskena för patienter med protetiska konstruktioner?

Ja ☐ Varför:........................................................................................
Nej ☐ Varför:........................................................................................

21. Tycker du det är kostnadseffektivt för patienten att ha en skyddande bettskena för sina protetiska konstruktioner?

Ja ☐ Varför:........................................................................................
Nej ☐ Varför:........................................................................................

22. Har du haft patienter som upplevt den skyddande bettskenan som något negativt (oavsett skäl?) i så fall vilka?

• ........................................................................................................
• ........................................................................................................
• ........................................................................................................

Tack för Din medverkan!
Bästa tandläkare

Vi är Susan Sarwari och Alexander Lenander och vi är studenter på tandläkarprogrammet, kurs 4. Vi håller för nuvarande på att arbeta med vår kandidatuppsats, som handlar om huruvida det är nödvändigt att skydda protetiska konstruktioner med bettskena.

Våra handledare för kandidatuppsatsen är Ewa Carin Ekberg och Liselott Lindh.


Enkäten tar upp till 10 minuter att göra och vi är väldigt tacksamma om ni kan tar den tiden att fylla i utvärderingen av enkätundersökningen. Enkäten önskas tillbaka inom 2-3 dagar i bifogat kuvert.

Med vänliga hälsningar Susan och Alexander

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Utvärdering av enkäten

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<th>Vänligen välj det alternativ som passar förståelsen av frågan</th>
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<th>Om frågan är obegriplig vill vi gärna ha Er kommentar</th>
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