



Editorial

Psychology of Edentulism: Beyond Bone Loss

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Edentulism, or the complete loss of teeth, continues to pose a significant public health problem over the world, and is especially sobering with the growing world life expectancy. Traditionally, edentulism has been approached as a mechanical and anatomical concern, predominantly regarding problems of bone resorption, occlusal mix-matching, ineffective chewing, and the retention of the prosthesis. Moreover, it is clear, this clinical understanding, although important, profoundly neglects the psychological and emotional suffering most providers endure, and patients usually are subjected to. For some patients, the sight of teeth no longer available for use is symbolic of something much greater – erasure of one's individuality and social sway. As prosthodontists, we have the daunting yet fulfilling task of transitioning from bone rebuilding to compassionate restoration in this society dominated by mechanical rehabilitation.

The emotional impact of losing all the teeth is profound. Edentulous individuals report experiencing myriad negative emotions including embarrassment, diminished self-worth, anxiety, and even depression^{1,2}. Such emotions are further fueled by the loss serving as a distressing indicator of aging, illness, or infirmity. Fiske et al. noted that many edentulous patients not only hide themselves but also suffer

from anger-induced social withdrawal as a result of the stigma associated with wearing dentures as well as noticeable changes to the face and smile¹. Given the dominant role of the mouth in communication, its function and appearance disfigured by edentulism can lead to catastrophic consequences for an individual's self-image and, subsequently, social identity.

Qualitative analyses have examined in greater depth the lived experience of edentulous individuals. Koshino et al. conducted a meta-synthesis of qualitative literature and reported that numerous patients felt phenomena of powerlessness, loss of control, and significant embarrassment post-edentulous². The early phases of tooth loss which is chronic and multifactorial predisposes many to a lingering sense of failure or neglect. Patients may experience what some authors refer to as a 'grief-like' response' when complete and unplanned or abrupt edentulism occurs. Despite clinical assessments revealing very little of this underlying psychological burden, it remains hopelessly wounding to the patients' propensity to pursue treatment or simply adopt prosthetic appliances.

The dynamics of society influence and shape how one experiences edentulous. Younger adults, for

instance, undergo stigma associated with tooth loss and, in most cases, attempt to hide it because of the fear of being labelled as dirty or negligent.² In some societies, edentulism is considered a mundane feature of aging while in others, a great gap of social acceptance and inclusion exists. Individuals with deteriorated oral health are often ashamed of their condition and tend to delay seeking medical attention, further fueling the state of deteriorated health and social isolation. Differences in social class also impact how edentulism is experienced. There is evidence indicating that women report dental appearance related distress relatively more than men and also considering loss of teeth accompanied with social anxiety and depression⁴.

The mental health repercussions of edentulism have been well documented in epidemiological studies. Kumar et al. found a statistically significant correlation between complete tooth loss and higher scores on depression and anxiety assessments in elderly populations⁵. These findings highlight the essential need to incorporate mental health awareness into prosthodontic care. Patients with mood disorders may struggle to adjust to wearing complete dentures, which is alarming. Al Quran and Clifford found that persons with underlying psychological disorders were more likely to report dissatisfaction with their dentures, regardless of technical adequacy⁶. Prosthodontic treatment outcome is heavily reliant on the patient's emotional and psychological preparation.

Despite with this increasing amount of data, psychological evaluation is still not a widely used component of prosthodontic treatment planning. Globally, dental curriculum typically place more emphasis on clinical practice, materials science, and aesthetic principles than they do on psychosocial literacy. However, from the first consultation to the acceptance of the prosthesis and ongoing care, a patient's psychological condition can affect every step of their treatment journey. The biopsychosocial

model, which has become widely accepted in general medicine, offers prosthodontics a helpful foundation as well. This paradigm views social, psychological, and biological variables as interrelated predictors of health outcomes. Applying this to edentulous patients entails examining how social support, mental resilience, and individual expectations influence their recovery process in addition to ridge morphology and retention zones.

There are various practical activities that can be taken to help bridge this gap. First, psychological screening instruments like the Geriatric Depression Scale or the Dental Impact on Daily Living questionnaire might be used at the initial patient assessment. These tools aid in identifying patients at risk of poor prosthesis adaptation due to underlying mental discomfort. Secondly, for enhanced chairside communication, consider empathising with patients, asking open-ended questions, and validating their worries. The clinical interview should focus as much on understanding patient narratives and anxieties as it does on acquiring clinical data. Interdisciplinary collaboration with psychologists or mental health counsellors can be quite advantageous, especially in complex or treatment-resistant cases. Finally, education programs for prosthodontic residents should incorporate modules on behavioural dentistry and patient psychology to develop doctors capable of providing holistic treatment.

Editorial boards and academic institutions are also essential in reframing the narrative of prosthodontic success. Metrics including stability, retention, and aesthetics—all significant but constrained—have historically been used to gauge the effectiveness of treatment. Restoring one's mental health, social function, and dignity are all essential components of true rehabilitation. Research that examines these non-technical facets of care should be promoted and published by journals. Randomised controlled trials should be valued in conjunction with mixed-methods research, qualitative interviews, and patient-reported

outcome measures (PROMs). Practitioners can also gain valuable insights from case reports that highlight psychological issues and how to manage them.

The implications of ignoring the psychological aspects of edentulism are profound. Ignoring these demands might lead to patient non-compliance, dissatisfaction, and disengagement. Patients may feel their pain is overlooked or dismissed by the clinical system. Patients who feel heard, understood, and supported are more likely to follow their treatment plan, accept their prostheses, and report contentment beyond mechanical function.

Addressing the psychological effects of edentulism fits with public health objectives pertaining to ageing populations, the management of chronic diseases, and mental wellness in the larger framework of global oral health. As the population of elderly people rises, the burden of edentulism will progressively overlap with concerns of cognitive decline, frailty, and loneliness. Therefore, prosthodontists need to present themselves as both knowledgeable technicians and proponents of patient-centered, respectful, and compassionate care. This paradigm shift is not only ethically essential but also clinically necessary.

In conclusion, edentulism is a condition that affects the entire body, not only the mouth. The psychological

effects are significant, widespread, and frequently overlooked. Prosthodontics should incorporate emotional healing as part of its rehabilitation approach. Adopting a psychologically informed approach can not only restore teeth, but also boost confidence, identity, and overall quality of life. It is time to recognise that every edentulous grin conceals a human narrative that deserves to be understood, respected, and restored.

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