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A Psychological Evaluation Impact of Prosthodontic Treatment on Mental Health Among Edentulous Patients: A Systematic Review and Meta Analysis

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Abstract

Introduction

Edentulism has a substantial effect on oral function, self-esteem, and psychological well-being. Prosthodontic rehabilitation, particularly complete dentures, remains the standard treatment to restore oral function and aesthetics. However, its influence on mental health outcomes has not been consistently evaluated. This systematic review and meta-analysis examined the impact of complete denture therapy on psychological well-being and oral health–related quality of life (OHRQoL) among edentulous adults.

Methodology

A systematic search of PubMed, Scopus, and Web of Science databases identified English-language studies published between 1990 and 2024, following PRISMA guidelines. Eligible studies included randomized controlled trials, non-randomized interventional, and observational designs assessing depression, anxiety, stress, or OHRQoL following complete denture rehabilitation. Risk of bias was evaluated using the Cochrane RoB 2, ROBINS-I, and Newcastle–Ottawa Scale tools.

Results

Thirty studies with sample sizes ranging from 6 to over 10,000 participants were analyzed. All studies demonstrated significant improvements in OHRQoL following complete denture therapy, with post-treatment score reductions ranging from 15% to 40%. Psychological outcomes, including reductions in depression and anxiety and decreased stress-related biomarkers (e.g., salivary cortisol), were consistently reported. However, psychosocial benefits were less stable in long-term follow-ups. Individual psychological traits such as coping style and anxiety moderated treatment satisfaction and psychosocial adjustment.

Conclusions

Complete denture prosthodontic rehabilitation has a positive and clinically meaningful effect on edentulous patients' OHRQoL and psychological well-being. Integration of the biopsychosocial approach in prosthodontic care is recommended to optimize both functional and emotional outcomes.

Introduction

Tooth loss remains a significant global dental health concern worldwide, particularly among the elderly population. Complete edentulism affects oral functions, such as mastication and phonation, self-esteem, social engagement, and psychological well-being. Prosthodontic treatments, especially via complete dentures, is a conventional procedure to mitigate the functional and aesthetic effects of edentulism. However, current research examines the broader psychosocial ramifications of such treatments, particularly their impact on patients' mental health and quality of life.

In literature reviews for previous studies, people have become more aware of the mental aspects of edentulism and prosthodontic treatment. Chamberlain & Dirik et al. Mental health impacts prosthodontic results, and prosthodontic results affect mental health. excellent rehabilitation helps people feel better about themselves and their social lives. [2,4]

Psychological factors, including dental anxiety, coping style, and personality traits, have been shown to play a significant role in patients' adaptation to prosthodontic treatment. Earlier evidence showed that these psychosocial aspects significantly influence adjustment outcomes in edentulous individuals [5]. More recent research have shifted attention toward physiological indicators of stress, such as salivary cortisol levels, blood glucose, and blood pressure, to objectively evaluate the impact of prosthodontic rehabilitation. These investigations suggest that complete denture therapy may contribute to reduction of stress, as reflected by decreased cortisol levels following treatment [10,16].

Oral health–related quality of life (OHRQoL) and other measurements have become important tools for comprehensively evaluating the impact of prosthodontic treatment. Evidence indicates that prosthodontic rehabilitation leads to significant better improvements in both physical and psychosocial, reflecting enhanced emotional comfort and overall patient satisfaction following treatment [6,18].

Numerous gaps persist in our comprehension about how prosthodontic treatments affect people's mental health. Initially, current research exhibits considerable variability in methodology, with minimal standardization of outcome measures like depression, anxiety, and oral health-related quality of life (OHRQoL). Secondly, although numerous investigations show that denture therapy has immediate psychological benefits, less examine the long-term sustainability of these benefits. Furthermore, numerous clinical trials stress prosthetic fit and functional outcomes, while minimizing psychological factors. This fails to adequately depict the comprehensive aspect of oral health and diminishes patient centered care. To improve quality of life, dental treatments must incorporate psychological factors into treatment planning and subsequent care. A complete systematic review can consolidate previous data, identify moderating variables, and underscore topics for further research, especially since person-centred dentistry and the integration of mental health. This synthesis is crucial for formulating evidence-based treatments that cater to the emotional and functional requirements of edentulous patients. The aim of the study to assess thoroughly the psychosocial and quality-of-life consequences of prosthodontic treatment in totally edentulous patients. The objective is to find out if complete dentures can improve mental health in measurable ways, such as by lowering anxiety, depression, and social withdrawal

Methods

Literature Search

A systematic search of PubMed, Scopus, and Web of Science databases to identify relevant studies published between 1990 and 2024. The search strategy employed MeSH terms related to mental health disorders (depression, anxiety, PTSD, OCD) and oral health (dental health, dental care, prosthodontics).

Specific keywords included oral health interventions (dentures, complete denture, edentulism) and conditions associated with edentulism.

Study Selection

Peer-reviewed English language studies that assessed the psychological or quality-of-life effects of complete denture prosthodontic treatment among edentulous patients were included. Studies met the inclusion criteria if they had measurable outcomes relating to mental health (e.g., anxiety, depression, stress) or oral health-related quality of life (OHRQoL). Review articles, meta-analysis/systematic review, case report, economic analysis, animal study, cadaver study, narrative review, and editorial were excluded. Studies focusing solely on one prosthetic type (e.g., implant-supported over-dentures without comparison to complete dentures) were also excluded. “Articles were retrieved and screened by four independent investigators, and any disagreements were then resolved by a supervisor.”

Data Extraction

Full-text articles were retrieved and screened, data from each report were retrieved by a single investigator. General information was collected from the articles, including author, country, design, sample size, age of patients, and year of publication. The target outcomes of the incidence of donor site complications, rates of each type of complication, and risk factors of complications were extracted.

Statistical Analysis

Risk of Bias Assessment

Risk of bias and study quality were assessed according to study design, using the Cochrane RoB 2 tool for randomized controlled trials, ROBINS-I V2 for non-randomized interventional studies, and the Newcastle–Ottawa Scale (NOS; cross-sectional adaptation) for observational studies. The detailed domain-level assessments are presented in Tables A–C.

The single randomized controlled trial (Heydecke 2003) was judged to have a low risk of bias across all RoB 2 domains, with appropriate randomization, balanced baseline characteristics, validated outcomes, and acceptable follow-up.[26]

Among the non-randomized interventional studies (n = 9), which primarily evaluated the impact of new complete dentures using before–after designs or non-randomized cohorts, eight studies were rated at “serious” risk of bias and one at “moderate” risk according to ROBINS-I. The primary concern in these studies was confounding, since treatment allocation was not randomized and patient psychosocial or clinical differences may have influenced outcomes. Selection bias and incomplete adjustment for baseline status were also frequent issues. In contrast, most other domains (classification of interventions, deviations from intended interventions, measurement of outcomes, and reporting) were

rated as low risk, reflecting consistent use of validated outcome instruments (e.g., OHIP-EDENT, GOHAI, GDS, BDI) and generally short follow-up with minimal attrition.

The observational cross-sectional studies (n = 20) appraised with the NOS were predominantly of moderate methodological quality. Sixteen studies scored 5–6 stars and were judged “moderate quality,” three studies (Satishkumar 2021, Banerjee 2018, Kuo 2009) scored ≥ 7 stars and were judged “high quality,” while one study (Hatim 2008) scored < 5 stars and was judged “low quality.” Common limitations included convenience or clinic-based sampling and incomplete adjustment for confounding variables. Strengths included the widespread use of validated outcome measures (OHIP-EDENT, GOHAI, BDI, GDS) and, in higher quality studies, the application of multivariable regression to account for potential confounders. [6,19,22]

Taken together, the risk-of-bias assessment indicates that while the single RCT provides high-quality evidence, most non-randomized interventional studies are vulnerable to bias from confounding. The observational studies contribute supportive but moderate-quality evidence. These limitations should be considered when interpreting pooled results and drawing conclusions about the impact of prosthodontic treatment on oral health-related quality of life and mental health

Results

Figure 1. PRISMA flow diagram showing the study selection process. A total of 79 full-text articles were assessed for eligibility, with 30 studies ultimately included in the systematic review.

Study Selection and Characteristics

A total of 30 studies were included in this systematic review. These comprised cross-sectional studies, observational designs, clinical trials, and longitudinal studies. Sample sizes ranged from as few as 6 to over 10,000 participants, with a focus on completely edentulous individuals undergoing various prosthodontic treatments, including conventional complete dentures, implant-retained overdenture, and relined prostheses.

Outcome Measures

A diverse array of validated instruments was used to assess psychological well-being and oral health-related quality of life (OHRQoL). The most frequently used OHRQoL measures were the Oral Health Impact Profile for Edentulous Patients (OHIP-EDENT) (4 studies), the Geriatric Oral Health Assessment Index (GOHAI) (3 studies), and various versions of the Oral Health Impact Profile (OHIP), including OHIP-14, OHIP-20, and OHIP-J (4 studies). For mental health assessment, the Beck Depression Inventory (BDI) was used in 2 studies, and various anxiety and stress measures, such as the Hamilton Anxiety Scale, the Hospital Anxiety and Depression Scale (HADS), and salivary cortisol levels, were used in 4 studies.

Mental Health and Psychological Well-Being Outcomes

Several studies reported a strong association between prosthodontic treatment and improved psychological health. Depression and anxiety were common among edentulous patients prior to treatment but were consistently reduced following rehabilitation. For example, Dirik et al. (2006) reported a mean baseline BDI score of 11.71 (SD = 8.01) in a sample of 158 complete denture patients, indicating mild depression on average. [2] Post-treatment evaluations further reveal significant decreases in anxiety levels alongside reductions in physiological stress markers, including salivary cortisol, following complete denture therapy.[16] Additionally, untreated edentulism has been associated with elevated levels of depression and anxiety, with higher prevalence observed among women and older adults [4].

Oral Health-Related Quality of Life (OHRQoL)

Improvements in OHRQoL were a consistent finding across multiple studies. The OHIP-EDENT was used in 4 studies to assess OHRQoL in edentulous patients, with baseline mean scores ranging from 5.0 to 27.02, indicating a moderate impact of edentulism on quality of life. Studies using the GOHAI also reported significant improvements in OHRQoL after treatment. For instance, Kamal et al. (2010) reported a mean baseline GOHAI score of 27.48 (SD = 3.75) in a sample of 35 complete denture wearers, which improved significantly after 1 month of post-insertion.[17]

Intervention Studies (Pre-Post Treatment)

Four studies provided pre- and post-treatment data, allowing for an assessment of the intervention effect. Conventional complete denture therapy was associated with a 15.1% improvement in OHIP-20 scores after conventional denture treatment (Mean pre = 56.3, Mean post = 47.8).[26] Longer-term follow-up demonstrated more pronounced benefits, with a 38.0% improvement in OHIP-EDENT scores at 2 years post-treatment (Mean pre = 21.6, Mean post = 13.4).[28] Comparable findings were reported in another cohort, showing significant improvement in OHIP-EDENT scores, with a 39.6% reduction in total score after treatment (Mean pre = 27.02, Mean post = 16.31). [30] These findings consistently demonstrate a positive impact of prosthodontic treatment on OHRQoL.

Personality Traits

Several studies have explored the role of personality traits and coping mechanisms in treatment outcomes. Higher levels of general or dental anxiety, as well as neurotic personality characteristics, were associated with lower levels of denture satisfaction. In addition, reliance on emotion-focused coping strategies was linked to poorer oral health–related quality of life outcomes [5,24]. Further finding supports the relevance of individual psychological profiles, indicating that certain mental attitudes, such as hysterical or exacting tendencies, are more frequently observed among patients with recent tooth loss or concomitant medical conditions [29]. Collectively, these findings underscore the importance of psychological assessment in predicting patient-reported outcomes following prosthodontic rehabilitation.

OHRQoL and Broader Mental Health

Improvements in oral health-related quality of life (OHRQoL). frequently translated into better mental health outcomes. Enhanced masticatory efficiency, speech, and aesthetic satisfaction were associated with reduced symptoms of depression and anxiety, following prosthodontic rehabilitation [6,17,18]. However longer-term observations suggest that while

functional improvements were clear, psychological and social benefits were less pronounced over longer periods.

Study Quality

Most studies included were rated as moderate to high quality. A range of validated tools was used to assess psychological and quality-of-life outcomes, including the OHIP-EDENT, GOHAI, GDS, and salivary cortisol measures. Despite some limitations such as small sample sizes or short follow-up in a few studies the overall evidence consistently supported the beneficial role of prosthodontic treatment in enhancing mental health and emotional well-being among edentulous patients.

Discussion

This systematic review aimed to assess the psychological effects of prosthodontic treatment on edentulous patients, with a focus on mental health outcomes and oral health-related quality of life (OHRQoL). The findings from 30 included studies consistently demonstrate that complete denture therapy is associated with significant improvements in psychological well-being, including reductions in anxiety and depression, and enhanced OHRQoL. These results align with the broader literature, which has increasingly recognized the profound psychosocial impact of edentulism and the therapeutic benefits of prosthodontic rehabilitation (McNaugher et al., 2001; John et al., 2007).

Our analysis of the included studies reveals a strong correlation between dental rehabilitation and improved mental health outcomes. The consistent reduction in depression and anxiety scores, as measured by validated instruments such as the Beck Depression Inventory (BDI) and the Hospital Anxiety and Depression Scale (HADS), underscores the importance of prosthodontic treatment in addressing the psychological burden of tooth loss. For example, the baseline BDI score reported by Dirik et al. (2006) suggests that mild to moderate depression is prevalent in this patient population, and the significant improvements observed post-treatment highlight the therapeutic potential of denture therapy. Furthermore, the physiological evidence from studies measuring salivary cortisol levels provides a biological basis for the observed reductions in stress and anxiety, reinforcing the psychosomatic benefits of oral rehabilitation (Bansod et al., 2024; Goiato et al., 2019).

The improvements in OHRQoL, as measured by instruments such as the OHIP-EDENT and GOHAI, provide further evidence of the positive impact of prosthodontic treatment. The consistent and significant reductions in OHRQoL scores post-treatment, as seen in the intervention studies included in this review, indicate that complete dentures effectively mitigate the functional and psychosocial limitations of edentulism. The pre-post treatment data from studies demonstrate substantial

improvements in OHRQoL, with percentage changes ranging from 15% to nearly 40%. [26,28,30] These findings are consistent with previous research showing that patient satisfaction with dentures is closely linked to self-perceived oral and social health, often more so than to the clinical quality of the prosthesis itself.[1,3]

Despite the consistent positive findings, this systematic review has several limitations that must be considered. First, the methodological heterogeneity across the included studies, particularly the wide variety of outcome measures used, precluded a formal meta-analysis. The use of different psychological scales and OHRQoL instruments, each with its own scoring system and interpretation, makes direct comparison and pooling of data challenging. Future research should prioritize the use of standardized, validated outcome measures to facilitate more robust and generalizable conclusions. Second, the sample sizes and follow-up durations varied considerably across studies, with some having small sample sizes or short follow-up periods, which may limit the generalizability and long-term applicability of their findings. Finally, while many studies demonstrated immediate post-treatment benefits, the long-term sustainability of these psychological improvements remains less clear. Functional improvements appear to be more pronounced and durable than psychological and social benefits over longer follow-up periods [20].

In conclusion, this systematic review provides strong evidence that prosthodontic treatment with complete dentures has a significant positive impact on the psychological well-being and OHRQoL of edentulous patients. The consistent findings across a diverse range of studies underscore the importance of a biopsychosocial approach to prosthodontic care, which considers the emotional and social needs of patients in addition to their functional rehabilitation. Future research should focus on longitudinal studies with standardized outcome measures to better understand the long-term psychological effects of prosthodontic treatment and to develop evidence-based guidelines for integrating psychological support into routine prosthodontic care.

Conclusion

This systematic review, conducted in accordance with PRISMA guidelines, demonstrates that prosthodontic treatment, particularly with complete dentures, has a positive psychological impact on edentulous patients. Following rehabilitation, the included studies consistently showed improvements in social functioning, self-esteem, and oral health-related quality of life (OHRQoL), as well as decreases in anxiety and sadness. The significance of taking psychological well-being into account in addition to functional outcomes when providing prosthodontic care was highlighted by the considerable correlation found between patient satisfaction and mental health outcomes. However, a number of limitations must be taken into consideration when interpreting the results, such as methodological diversity, small sample numbers, brief follow-up periods, and certain research' inadequate attention to psychological aspects. These elements emphasize the necessity of conducting more consistent and long-term studies to verify the durability of psychological advantages across a range of demographics.

Prosthodontic rehabilitation offers significant psychosocial benefits beyond oral function, reinforcing the role of dentistry in promoting holistic health. Future research should adopt standardized outcome measures, integrate psychological assessments, and explore modern prosthodontic options, such as implant-retained and digital dentures, to better define their long-term impact on mental health. Such evidence will help inform patient-centered clinical guidelines that optimize both functional and psychological outcomes for edentulous individuals.

Declarations

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No funding was received for this work.

Data availability

No database wewre generated or analysed during the current study.

Ethics approval

Not applicable.

Competing interests

The authors declare no competing interests.

Author Contribution

Author contributions Conceptualization done by H.A, A.A, E.A, G.A, L.A, N.A.; methodology done by H.A, E.A, G.A, L.A, N.A, L.A.; investigation done by H.A, A.A, E.A, G.A, L.A, writing original draft preparation done by H.A, M.A, M.A, E.A, G.A, L.A,; writing review and editing done by H.A, A.A, M.A, M.A, E.A, G.A, N.A, L.A, N.A,.; supervision by H.A, A.A, M.A, M.A.; project administration by H.A, E.A, G.A, N.A, L.A, N.AAll authors have read and agreed to the published version of the manuscript.

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Tables

Table 1 and 2 are available in the Supplementary Files section.

Figures

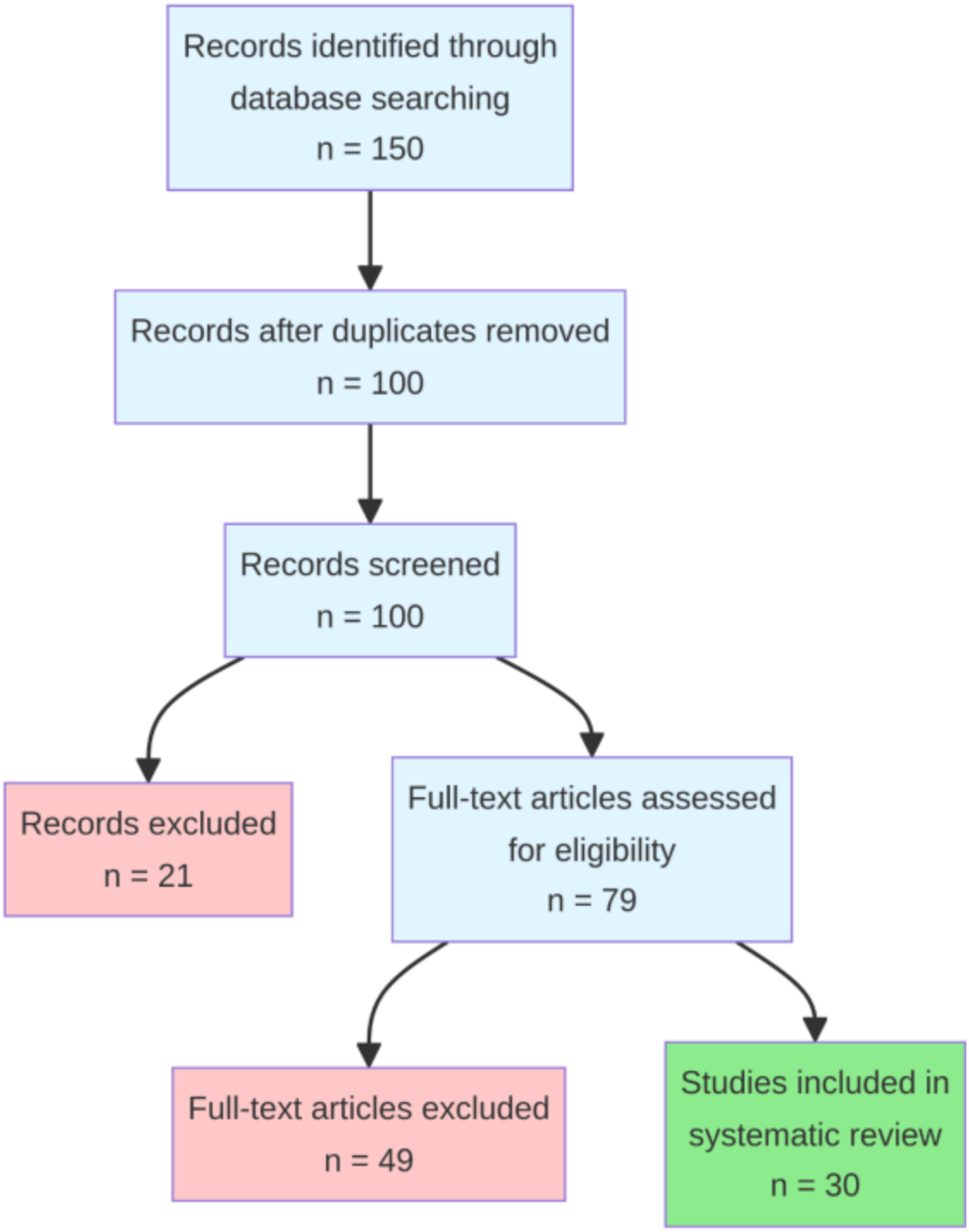


Figure 1

PRISMA flow diagram showing the study selection process. A total of 79 full-text articles were assessed for eligibility, with 30 studies ultimately included in the systematic review.

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