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Effect of Socioeconomic Status on Awareness and Expectations Among Completely Edentulous Patients Regarding Conventional Complete Dentures

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Research Article

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Abbreviations: %: Percentage, CD: Complete Denture, p value: Probability value

ABSTRACT

Purpose: The purpose of this study was to determine the relationship between socioeconomic status of Patients with regard to their awareness and expectation regarding conventional complete denture treatment through a questionnaire based survey.

Material and Methods: The Present study was conducted in region of Delhi. 1500 completely edentulous patients of different socioeconomic status with age group of 63-74 years who report to Dental OPD first time are taken for the study from the period of January 2015 till January 2016. The sample questionnaire to determine awareness and expectation of conventional complete denture therapy was formulated. Results were statistically evaluated.

Results: The percentage of patients believing in dissimilarity between natural and artificial teeth was decreasing as moving from Upper to Lower class. Upper class and Upper middle class patients feel that artificial teeth may create problem initially whereas Lower class and Upper Lower class patients feel vice versa. Upper ,Upper middle and Lower middle class patients feel that they need to visit dentist after getting dentures made whereas Upper lower and lower class patients feel otherwise. Majority of patients in all socioeconomic groups feel that CD lasts for Lifelong. Percentage of Upper, Upper middle, Lower middle and Upper Lower and Lower class who had higher expectations from treatment was greatest. Percentage of patients with no expectation from treatment were highest in Upper Lower and Lower classes.

Conclusion: Socioeconomic status has a definite relationship on awareness and expectation of patients regarding complete denture treatment. This should be considered as one of the major factor affecting success of conventional complete denture treatment.

INTRODUCTION

There is growing population of elderly patients in India. Although the elderly population in India is 7.4% of total population, but this is expected to increase [1,-3] up to 19% by the year 2025. Delhi is capital of India and has population of 18 million people (Delhi Census-2011).

Complete dentures satisfaction is related with several factors. General health, age, gender, personality traits, experiences with previous dentures and patient expectation regarding treatment are among the most common reasons. Pain, loose dentures, difficulties in speaking and eating, and diminished chewing ability are also held responsible for Dissatisfaction. Sometimes this all happens inspite of all best efforts of the Dentist [4-10]. Psychological component of the patient cannot be neglected for the successful treatment [11]. It is important to judge psychological aspect of the patient before start of the treatment.

Prior information the patient regarding the treatment may reveal the bias of patient towards the treatment and level of co-operation of the patient. Sometimes the dentist may not realize that he is going to treat a patient with irrelevant and strange expectations with complete denture therapy [12-15]. Socioeconomic status of patients should bear definite impact on variables like Expectation, awareness and reason for seeking the treatment on complete denture therapy [12,13,16-18].

The purpose of this study was to assess the effect of socioeconomic status in consideration with their awareness and expectation for complete denture therapy through the Questionnaire based survey [8,19].

MATERIALS AND METHODS

The Present study was conducted in region of Delhi. The nature of study was Observational and Cross-sectional.

1500 completely edentulous patients [20] with age group of 63-74 years [1] who report to Multispecialty dental Centers/ Charitable hospital, in region of Delhi, for the first time are taken for the study from the period of January 2015 till January 2016 **(Table 1).**

Table 1. Patients were distributed in following age intervals.

Age (years)
63-65
66 - 68
69 - 71
72-74

The Data collection tool was a questionnaire. The sample questionnaire to determine awareness of patient was formulated. The questionnaire was tested on a few patients to test validity and reliability of the questions through pilot study.

The examiners for the patients [one for each centre] were trained for asking questions and recording the observations to minimize error in filling questionnaire which may arise due to Inter-examiner variability. Confidence level of the study was set at 95%. Margin of error of the study was 5% with response distribution of 50%.

The Questionnaire had namely 3 parts:

1. Socioeconomic background and sex based on Kuppuswamy classification of socioeconomic status scale revised for 2015 using real time update.

2. Question regarding the prior knowledge of complete denture therapy. Following Questions were used to analyze prior knowledge:

A. Do you think artificial teeth will be similar to natural teeth in all aspects? Yes/No/Do not know

B. Do you think artificial teeth may create problems initially? Yes/No/Do not know

C. How many visits are required for getting one CD fabricated? A few times (2-3)/Many times (4-8)/Do not know

D. Do you think that you may need to visit the dentist again after getting Dentures? Yes/No/Do not know

E. How many years CD will last? A few years (2-6)/Many years (7-12 years)/Life long

3. Question regarding expectations of the patient from the therapy. Based on which they were divided in to: High expectation, Medium expectation, Low expectation, No expectation.

Along with Questionnaire, Informed consent form was prepared.

SPSS software 2016 [version 22] was used to analyze the result.

Descriptive Analysis for the study was done using following methods:

1. Frequency Distribution Tables

2. % Distribution Table

3. Mean Standard Deviation Tables

4. Bar Diagrams

Statistical Evaluation of the Study was performed by Biomedical Statistician. Results of the study were statistically analyzed.

RESULTS

Total number of 1500 patients in age group of 63–74 years were considered for the study. Maximum 33.2% of patients were between 63-65 Years. Minimum of 16.2% patients were between 69-71 years. 58% of patients for the study were males and 42% of patients were females **(Table 2 and Figure 1).**
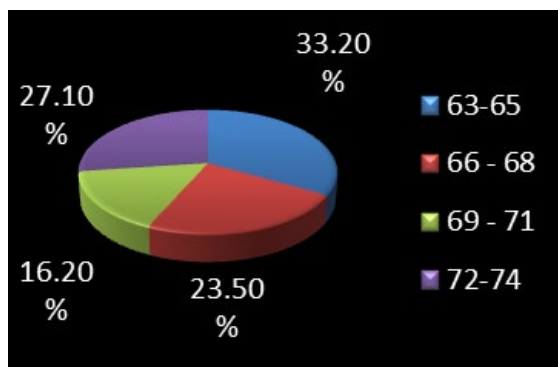
Figure 1. % Frequency distribution by the age of the Patients.

Table 2. % Frequency distribution by age of patients.

Age (years)	Frequency	Frequency (%)	Mean	SD	SEM
63-65	498	33.2			
66 - 68	353	23.5			
69 - 71	243	16.2	68.74	3.525	.091
72-74	406	27.1			
Total	1500	100.0			
Values are expressed in numbers, Mean, SD [Standard Deviation] and SEM [Standard error of Mean]					

Maximum % of males was in Upper class 55% and minimum was in Lower class 3%. % of females was also maximum in upper class 47.9% and minimum in Lower class 2.8% **(Table 3).** % of Upper class patients was highest 52% and Lowest in Lower classes and 3% **(Table 4).**

Table 3. Sex distribution of patients based on socioeconomic status.

Sex	Upper No. %	Upper middle No. %	Lower middle No. %	Upper lower No. %	Lower No. %	Total %
M	478 55	148 17	130 15	87 10	27 3	870 58
F	302 47.9	152 24.2	110 17.5	48 7.6	18 2.8	630 42
[χ^2 = 16.522, df = 4, p = 0.0024, So , p < 0.05 Significant]						
Values are expressed in numbers, χ^2 [Standard deviation], df [Degree in freedom] and p						

Table 4. Distribution of patients based on their socioeconomic status.

Socioeconomic class	Number of patients	Percentage of patients
Upper	780	52
Upper middle	300	20
Lower middle	240	16
Upper Lower	135	9
Lower	45	3

Total % of Patients having high expectation from the treatment was greatest followed by medium, low and no expectation from treatment. Total % of patients having high expectation from treatment was greatest in Upper Class 58% and lowest in Lower class 42%. Total % of patients having medium expectation was highest in Lower class 27% and lowest in Upper class 21%. Total % of patients having low expectation from treatment was greatest in Lower Class 20% and lowest in Upper class 12%. Total % of patients having no expectation from treatment was greatest in Upper Lower Class 15% and lowest in Upper 9% and Upper middle class 9% **(Table 5 and Figure 2).**

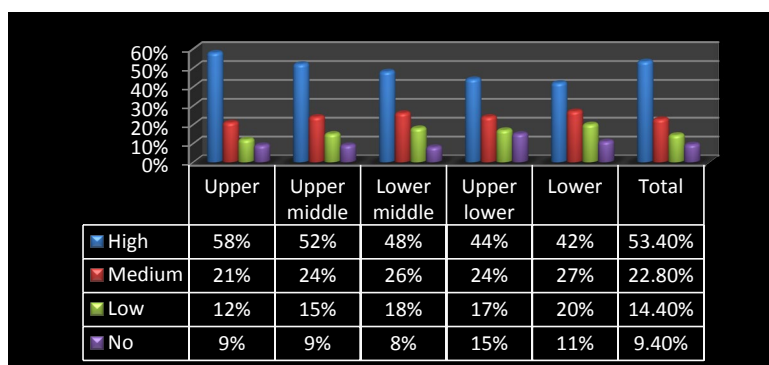|	Upper	Upper middle	Lower middle	Upper lower	Lower	Total
High	58%	52%	48%	44%	42%	53.40%
Medium	21%	24%	26%	24%	27%	22.80%
Low	12%	15%	18%	17%	20%	14.40%
No	9%	9%	8%	15%	11%	9.40%

Figure 2. % distribution of patients based on their response on expectation from the treatment.

Table 5. Distribution of patients based on their response on expectation from the treatment.

S. no	Socio-economic group	N	High Expectation	Medium expectation	Low Expectation	No Expectation	Mean Rank	Chi – Square Variate	df	P value
1	UPPER	780	452	164	94	70	715.90			
2	UPPER MIDDLE	300	156	72	45	27	758.22			
3	LOWER MIDDLE	240	115	62	43	20	786.64	17.213	4	0.002
4	UPPER LOWER	135	59	32	24	20	839.95			
5	LOWER	45	19	12	9	5	837.68			

There was high significance correlation between Upper and Upper lower class with p value of 0.001 and ManWhitney U value of 4.407. There are statistical significant results between Upper and Lower Middle Class with P value 0.013. Also there is significant co-relation between Upper and Lower Class with p value of 0.41. Upper Middle and Upper Lower class also showed significant co-relation with p value of 0.047 **(Table 6)**.

Table 6. Intergroup comparison based on patients response to expectation from treatment [*p<0.05, statistical significance, € p<0.01 = high significance, £ p<0.001= very high significance].
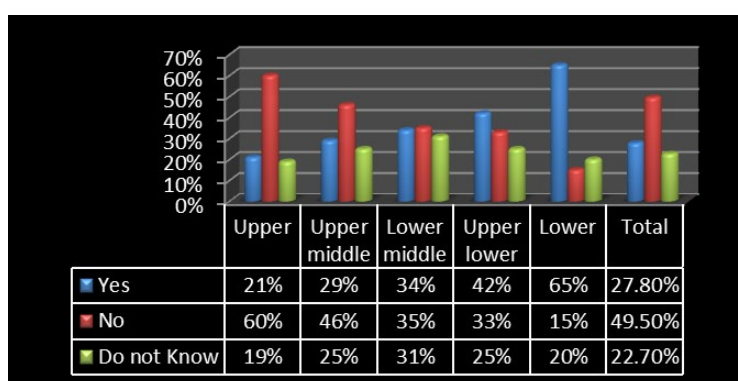
	UPPER	UPPER MIDDLE	LOWER MIDDLE	UPPER LOWER	LOWER
UPPER	1	Mann-Whitney U 1.103 P value .107	Mann-Whitney U 8.469 P value .013*	Mann-Whitney U 4.407 P value .001€	Mann-Whitney U 1.471 P value .041*
UPPER MIDDLE		1	Mann-Whitney U 3.462 P value .449	Mann-Whitney U 1.801 P value .047*	Mann-Whitney U 6.027 P value .209
LOWER MIDDLE			1	Mann-Whitney U 1.497 P value .193	Mann-Whitney U 5.019 P value .421
UPPER LOWER				1	Mann-Whitney U 3.012 P value .930
LOWER					1
[* p<0.05 = statistical significance , € p<0.01 = high significance ,£ p<0.001= very high significance]					

% response of patients to whether natural and artificial teeth are similar in all aspects was no in Upper [60%] and Upper middle class [46%] and yes in Lower [65%] and Upper Lower class [42%] **(Table 7 and Figure 3)**.

Table 7. Distribution of patients based on their response to whether natural and artificial teeth are similar in all aspects.

S. no	Socio-Economic Group	N	yes	No	Don't know	Mean Rank	Chi – Square Variate	df	P value
1	UPPER	780	164	467	149	770.50			
2	UPPER MIDDLE	300	87	138	75	756.20			
3	LOWER MIDDLE	240	82	84	74	757.81	20.347	4	0.000
4	UPPER LOWER	135	56	45	34	684.87			
5	LOWER	45	29	7	9	523.74			

	Upper	Upper middle	Lower middle	Upper lower	Lower	Total
Yes	21%	29%	34%	42%	65%	27.80%
No	60%	46%	35%	33%	15%	49.50%
Do not Know	19%	25%	31%	25%	20%	22.70%

Figure 3. % Distribution of patients based on their response to whether natural and artificial teeth are similar in all aspects.

There was very high significant co-relation between Upper and Upper Lower class with p value of 0.0015. Also, a very high significant relation was established between Upper and Lower class with p value of 0.000 **(Table 8)**. The response of patients to whether artificial teeth may create problems initially was yes in Upper [57%] and Upper middle class [43%] and no in Lower [54%] and Upper Lower class [47%] **(Table 9 and Figure 4)**.

Table 8. Intergroup comparison between patients based on their response to whether natural and artificial teeth are similar in all aspects.

	UPPER	UPPER MIDDLE	LOWER MIDDLE	UPPER LOWER	LOWER
UPPER	1	Mann-Whitney U 1.149 P value 0.610	Mann-Whitney U 9.232 P value 0.723	Mann-Whitney U 4.467 P value 0.0015£	Mann-Whitney U 1.151 P value 0.000£

UPPER MIDDLE		1	Mann-Whitney U 3.590 P value .955	Mann-Whitney U 1.838 P value .099	Mann-Whitney U 4.716 P value 0.000£
LOWER MIDDLE	-	-	1	Mann-Whitney U 1.438 P value 0.134	Mann-Whitney U 3.884 P value 0.000£
UPPER LOWER				1	Mann-Whitney U 2.424 P value 0.028*
LOWER					1
[* p<0.05 = statistical significance , € p<0.01 = high significance ,£ p<0.001= very high significance]					

Table 9. Distribution of Patients based on their response to whether artificial teeth may create Problems initially.

S. no	Socio-Economic Group	N	Yes	No	Do not know	Mean Rank	Chi – Square Variate	df	P value
1	UPPER	780	445	117	218	689.27			
2	UPPER MIDDLE	300	129	75	96	780.15			
3	LOWER MIDDLE	240	75	86	79	846.22	43.527	4	0.000
4	UPPER LOWER	135	40	63	32	817.84			
5	LOWER	45	8	24	13	901.59			
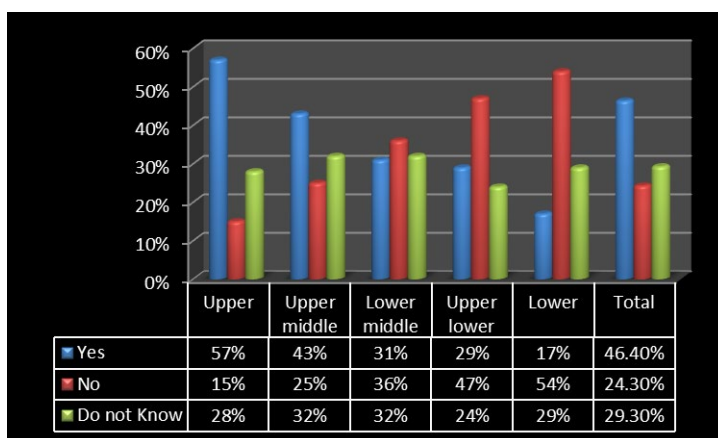
Figure 4. Distribution of patients based on their response to whether artificial teeth may create problems initially.

High significant relationship was established between Upper and Upper Middle class with p value of 0.001. Upper and Lower middle class showed very high significant relationship. Upper and Upper Lower class also showed a very high significant results. Similar a very high co-relation was found between Upper and Lower class also. Upper and Upper Lower class also showed a very high significant result **(Table 10). Table 11 and Figure 5** show distribution of patients based on their response to how many visits are required for getting one CD Fabricated. There was no much variation in responses of all socioeconomic classes.
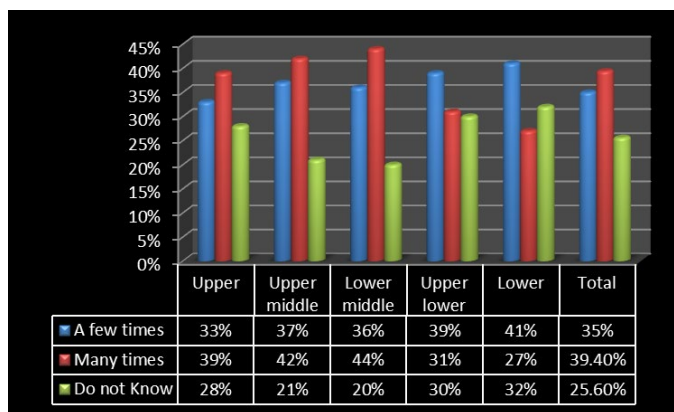
Table 10. Intergroup comparison between Patients based on their response to whether artificial teeth may create Problems initially.

	UPPER	UPPER MIDDLE	LOWER MIDDLE	UPPER LOWER	LOWER
UPPER	1	Mann-Whitney U 1.031 P value 0.001€	Mann-Whitney U 7.420 P value 0.000£	Mann-Whitney U 4.321 P value 0.000£	Mann-Whitney U 1.251 P value 0.000£
UPPER MIDDLE		1	Mann-Whitney U 3.294 P value .071	Mann-Whitney U 1.937 P value .439	Mann-Whitney U 5.712 P value .077
LOWER MIDDLE	-		1	Mann-Whitney U 1.535 P value .369	Mann-Whitney U 5.062 P value .478
UPPER LOWER				1	Mann-Whitney U 2.652 P value .168
LOWER					1
[* p<0.05 = statistical significance , € p<0.01 = high significance ,£ p<0.001= very high significance]					

Table 11. Distribution of Patients based on their response to how many visits are required for getting one CD Fabricated.

S. no	Socio-Economic Group	N	A few times(2-3)	Many times (4-8)	Do not know	Mean Rank	Chi – Square Variate	df	P value
1	UPPER	780	257	305	218	773.26			
2	UPPER MIDDLE	300	111	126	63	716.81			
3	LOWER MIDDLE	240	86	106	48	718.45	6.076	4	0.194
4	UPPER LOWER	135	52	42	41	755.39			
5	LOWER	45	19	12	14	736.91			

Figure 5. Distribution of patients based on their response to how many visits are required for getting one CD fabricated.

Table 12 shows intergroup comparison between patients based on their response to how many visits are required for getting one CD fabricated. It shows a significant co-relation between Upper and Upper Middle Class with p value of 0.039. % of Patients, whose response to whether they need to visit dentist after getting dentures was yes in Upper [67%] and Upper middle class [62%] and no in Lower [52%] and Upper Lower class [56%] **(Table 13 and Figure 6).**

Table 12. Shows intergroup Comparison between Patients based on their response to How many visits are required for getting one CD Fabricated.

	UPPER	UPPER MIDDLE	LOWER MIDDLE	UPPER LOWER	LOWER
UPPER	1	Mann-Whitney U 1.081 P value 0.039*	Mann-Whitney U 8.667 P value 0.0164	Mann-Whitney U 5.150 P value 0.001	Mann-Whitney U 1.675 P value 0.584
UPPER MIDDLE		1	Mann-Whitney U 3.590 P value 0.950	Mann-Whitney U 1.927 P value 0.386	Mann-Whitney U 6.59 P value 0.795
LOWER MIDDLE	-		1	Mann-Whitney U 1.545 P value 0.424	Mann-Whitney U 5.291 P value 0.818
UPPER LOWER				1	Mann-Whitney U 2.966 P value 0.802
LOWER					1
[* p<0.05 = statistical significance , € p<0.01 = high significance ,£ p<0.001= very high significance]					

Table 13. Distribution of patients based on their response to whether they need to visit dentist after getting dentures.

S. no	Socio-Economic Group	N	yes	No	Don't know	Mean Rank	Chi – Square Variate	df	P value
1	UPPER	780	523	195	62	701.68			
2	UPPER MIDDLE	300	186	78	36	747.32			
3	LOWER MIDDLE	240	144	55	41	775.57	58.090	4	0.000
4	UPPER LOWER	135	45	70	20	947.33			
5	LOWER	45	17	25	3	893.77			
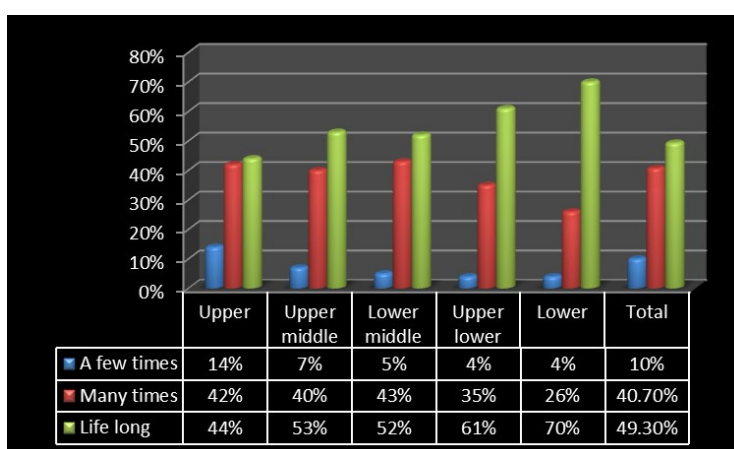
Figure 6. Distribution of patients based on their response to whether they need to visit dentist after getting Dentures.

A very high significant co-relation could be established between upper and upper lower class. Also similar very high significant relationship could be established between Upper and Lower class. Upper Middle and Upper Lower class also showed a very high significant results. Lower Middle and Upper Lower showed similar kind of a very high co-relation **(Table 14).** Maximum % of People whose response to how many years will CD last was life-long in all socioeconomic groups **(Table 15 and Figure 7).**

Table 14. Intergroup comparison between Patients based on their response to whether they need to visit dentist after getting dentures.

	UPPER	UPPER MIDDLE	LOWER MIDDLE	UPPER LOWER	LOWER
UPPER	1	Mann-Whitney U 1.100 P value 0.063	Mann-Whitney U 8.471 P value 0.008*	Mann-Whitney U 3.512 P value 0.000£	Mann-Whitney U 1.290 P value 0.000£
UPPER MIDDLE		1	Mann-Whitney U 3.467 P value 0.396	Mann-Whitney U 1.492 P value 0.000£	Mann-Whitney U 5.448 P value 0.017*
LOWER MIDDLE	-		1	Mann-Whitney U 1.276 P value 0.000£	Mann-Whitney U 4.630 P value 0.089
UPPER LOWER				1	Mann-Whitney U 2.758 P value 0.304
LOWER					1
[* p<0.05 = statistical significance , € p<0.01 = high significance ,£ p<0.001= very high significance]					

Table 15. Distribution of Patients based on their response to how many Years will CD last.

S. no	Socio-Economic Group	N	A few years(2-6)	Many years (7-12 years)	Life long	Mean Rank	Chi – Square Variate	df	P value
1	UPPER	780	109	328	343	699.22			
2	UPPER MIDDLE	300	21	120	159	786.65			
3	LOWER MIDDLE	240	12	103	125	788.06	33.724	4	0.000
4	UPPER LOWER	135	6	47	82	848.61			
5	LOWER	45	2	12	31	903.61			
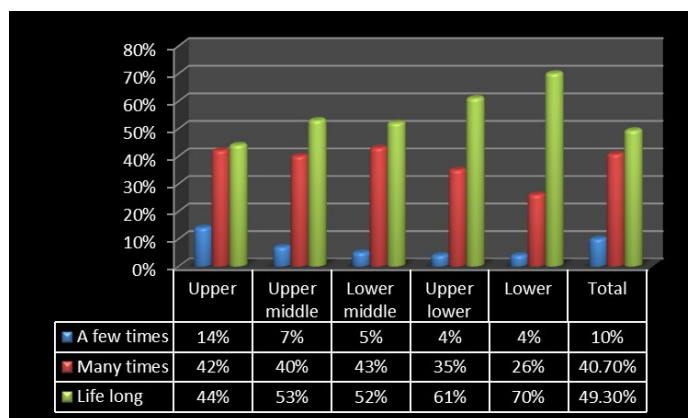
Figure 7. Distribution of patients based on their response to how many years will CD last.

A very high correlation between upper and upper lower class. Upper and Lower class showed high significance relationship. Upper and Lower Middle class showed high significant relationship. Upper and Upper middle also showed similar results. Upper Middle and Lower class showed significant relationship with p value of 0.005. Lower middle and Lower class showed significant relationship with p value of 0.049. Upper Lower and Lower class also showed significant relationship with p value of 0.0356 **(Tables 16-18 and Figure 8).**

Table 16. Intergroup comparison between patients based on their response to how many years will CD last.

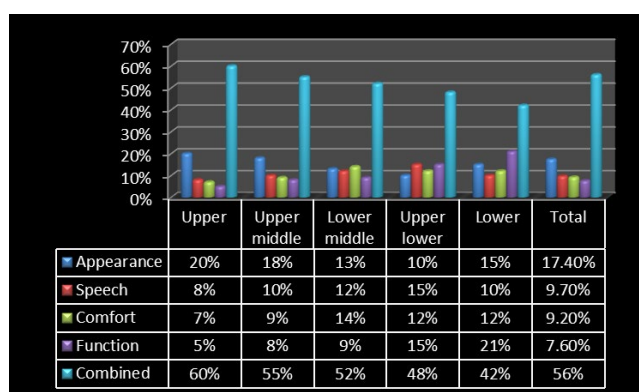|	UPPER	UPPER MIDDLE	LOWER MIDDLE	UPPER LOWER	LOWER
UPPER	1	Mann-Whitney U 1.033 P value 0.001€	Mann-Whitney U 8.236 P value 0.001€	Mann-Whitney U 4.424 P value 0.000£	Mann-Whitney U 1.285 P value 0.001€
UPPER MIDDLE		1	Mann-Whitney U 3.597 P value 0.984	Mann-Whitney U 1.855 P value 0.111	Mann-Whitney U 5.672 P value 0.050*
LOWER MIDDLE	-		1	Mann-Whitney U 1.482 P value 0.119	Mann-Whitney U 4.524 P value 0.049*
UPPER LOWER				1	Mann-Whitney U 2.801 P value 0.356*
LOWER					1
[* p<0.05 = statistical significance , € p<0.01 = high significance, £ p<0.001= very high significance]					

Table 17. Distribution of patients based on their response on reasons for replacement of teeth.

S. no	Socio-economic Group	N	Appearance	Speech	Comfort	Function	Combined	Mean Rank	Chi – Square Variate	df	P value
1	Upper	780	156	62	55	39	468	765.53			

2	Upper Middle	300	56	28	27	24	165	741.85			
3	Lower Middle	240	31	29	34	22	124	739.25	3.615	4	0.361
4	Upper Lower	135	14	21	16	19	65	728.12			
5	Lower	45	7	5	6	9	18	674.86			

Table 18. Intergroup Comparison of patients based on their response on Reasons for replacement of teeth.

	UPPER	UPPER MIDDLE	LOWER MIDDLE	UPPER LOWER	LOWER
UPPER	1	Mann-Whitney U 1.133 P value 0.370	Mann-Whitney U 9.033 P value 0.358	Mann-Whitney U 5.023 P value 0.338	Mann-Whitney U 1.151 P value 0.121
UPPER MIDDLE		1	Mann-Whitney U 3.589 P value 0.946	Mann-Whitney U 1.998 P value 0.808	Mann-Whitney U 6.153 P value 0.297
LOWER MIDDLE	-		1	Mann-Whitney U 1.603 P value 0.857	Mann-Whitney U 4.947 P value .338
UPPER LOWER				1	Mann-Whitney U 2.810 P value 0.427
LOWER					1

	Upper	Upper middle	Lower middle	Upper lower	Lower	Total
Appearance	20%	18%	13%	10%	15%	17.40%
Speech	8%	10%	12%	15%	10%	9.70%
Comfort	7%	9%	14%	12%	12%	9.20%
Function	5%	8%	9%	15%	21%	7.60%
Combined	60%	55%	52%	48%	42%	56%

Figure 8. % Distribution of patients based on their response on reasons for replacement of teeth.

DISCUSSION

There has been studies regarding awareness [12–14], expectation and satisfaction [4,5,7,8-11,21-23] needs [13,24,25] for the Patients for Complete dentures. But a study based on Indian Population co-relating socioeconomic status with awareness and expectation of patients with large sample size to predict outcome with substantial significance was lacking. 1500 completely edentulous patients were evaluated through questionnaire for their awareness and expectation regarding complete dentures. Delhi was chosen for place of study as it is the capital of India and sample size of 1500 patient with age group of 63-74 was chosen seeing 18 million Population in Delhi and out of which 19% is edentulous [1,2,20,24]. Socioeconomic status of patients was taken in to consideration for classifying patients for the study as it was expected to had great impact on the awareness and expectation of patients regarding complete denture therapy [12-14,18,22]. A sample Questionnaire was used for study 1. Larger % of patients were of Upper class. This is expected as Delhi is metropolitan city mainly comprising of Urban and educated class population .Upper middle ,Lower middle and Upper lower class male and female patients % were in decreasing order respectively .It is expected as patients were of Higher income group in Delhi. Only lesser % were of lower class who sought for the treatment.

Larger % of patients in all socioeconomic groups had higher expectation from treatment and least % of patients in all socioeconomic groups had no expectation from treatment. This is in co-relation with earlier studies [9,10,14] and also is expected because Delhi is cosmopolitan city. Upper class patients are more concerned with treatment outcome and have high expectation and willing to pay more for this. Even Lower class patients in metropolitan cities demand best treatment results due to increased peer pressure and increased exposure to materialistic aspects of life. Results have higher significance and are decisive in nature. We can predict that Patients of any socioeconomic class in Metropolitan city has higher expectation from the treatment. % of Patients with low and no expectation from treatment were highest in Upper Lower and Lower classes. These are the classes with minimal income group. This can be related to psychosocial attitude of these groups. This is in contrast to Upper and Upper middle classes positive psychosocial attitude where patients with Low and No expectation were least. % of Patients with Medium expectation were lowest in Upper class and Highest in Lower class. This was in accordance with expected trend and reason for the same has been discussed above.

Majority of % of Upper class and Upper middle believe that artificial teeth are not similar to natural teeth .This can be explained as these classes are expected to be more educated and know that artificial and natural teeth are dissimilar. Majority of Upper lower and lower class believe that artificial and Natural teeth are similar. This can be explained as these classes are expected to be less educated and are unaware of difference between artificial and natural teeth. Also we should expect decreasing education level as moving from Upper to Lower class. Therefore % of patients believing in dissimilarity between natural and artificial

teeth is also decreasing as we are moving from Upper to Lower class. Majority of Upper class and Upper middle patients feel that artificial teeth create problems initially. This can be explained because of their education levels and higher level of awareness for treatment. Majority of Upper lower and Lower class patients feel that artificial teeth do not cause any problem initially. This is expected as their education level is low and awareness level for treatment is also poor. Response of Upper Lower class is more closely related to Lower class because of same reasons. Response of patients for how many visits are required to get one CD fabricated is almost equally divided between a few times, many times and do not know between all socioeconomic groups. This comes as surprise and trend breaker. No specific explanation can be attributed for this except cosmopolitan nature of the study. Interestingly 41% of Lower class patients have said a few visits. This can be explained only by the fact that % of patients in this group was very less and is not representative of this group. Majority of patients in Upper, Upper middle, Lower middle and Upper lower said many times as the response .This shows that there is a common belief among patients that they need to visit dentist many times after getting dentures made. Upper, Upper middle and Lower middle class responded that they need to visit dentist after getting dentures made. This co-relates to their better education background, increased awareness and greater compliance of these socio-economic groups [2,12,13,25,26]. Whereas Lower and Upper Lower socio-economic group responded that they need not visit dentist after getting dentures. This is explained because of poor education background and less awareness of these groups [27]. % of Upper, Upper middle and Lower middle patients who said that they need not visit dentures after getting dentures were very less. This is well attributed to their education background [28]. Response of majority of socioeconomic groups for how many years CD will last is life-long. This shows common myth among Population that CD are meant for lifelong. Majority of Lower Class followed by Upper lower, upper middle, Lower middle and upper groups feel that CD lasts lifelong [29]. Total 49.3% of total patients feel that CD lasts for lifelong. So this could be established that there is a myth in patients of all classes that CD lasts for lifetime or for many years [30-32].

Same design of study can also be used for Implant supported complete denture therapy as nowadays it has become the recent treatment modality for treating completely edentulous patients.

CONCLUSION

It can be concluded from the study that majority of patients who seek complete denture therapy were from Upper class in metropolitan city like Delhi. Larger % of Patients in all socioeconomic groups have higher expectation from the treatment. Upper class Patients responded that artificial and natural teeth are dissimilar. Majority of Lower class patient responded that artificial teeth and natural teeth are similar. The % of patients believing in dissimilarity between natural and artificial teeth was also decreasing as moving from Upper to Lower class. Upper class and Upper middle class patients feel that artificial teeth may create problem initially whereas Lower class and Upper Lower class patients feel that artificial teeth do not create any problem initially. Upper ,Upper middle and Lower middle class patients feel that they need to visit dentist after getting dentures made whereas Upper lower and lower class patients feel that they need not visit dentist after getting dentures made. Majority of Patients in all socioeconomic groups feel that CD lasts for Lifelong. Thus, it can be concluded that there is definite and strong relationship between socioeconomic status of complete denture patients with their awareness and expectation regarding the treatment. This should be considered as one of the major factor affecting success of conventional complete denture treatment.

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