



Eating-related quality of life in people who wear complete dentures

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Compromised dental function impairs ability to eat and the edentulous (no natural teeth) may be at increased risk of malnutrition compared with the dentate.⁽¹⁾ However, there are no data on how wearing dentures may impact Eating Related Quality of Life (ERQoL) in Australia. This research aimed to explore how wearing complete dentures affects ERQoL in people living in South Australia. The objective was to collect semi-quantitative and qualitative data using a validated questionnaire.⁽²⁾ Patients wearing complete dentures (n = 44) were recruited from South Australian Dental Services or private clinics in metropolitan Adelaide, between February and June 2021, and invited to complete the Emotional and Social Issues Related to Eating (ESIRE) questionnaire (2), a 24-item instrument comprising six domains, scored on a visual analogue scale (possible score range 0–100 with higher scores relating to better ERQoL) with supplementary open-ended qualitative questions. Descriptive statistics (median and interquartile range (IQR)) and thematic analysis were conducted to describe the ESIRE scores. Twenty-three participants (52.3%) (13 males, 10 females) aged 53–89 years (mean 75 years), completed the questionnaire. The median (IQR) total ESIRE score was 57.3 (43.3–73.0). Scores and qualitative findings for the six ESIRE domains (in increasing order, implying decreasing adverse effect on ERQoL) were: (a) ‘Functional ability to eat’ 44.2 (26.5–54.7)—most participants were dissatisfied with their functional ability to eat hard, tough or sticky foods (e.g. apples, carrots, nuts, steak, and toffee). Most had to modify their eating behaviour. (b) ‘Enjoyment of eating’ 50.4 (24.4–72.5)—most reported their dentures made it less enjoyable to eat, but better experiences were reported with stable dentures. (c) ‘Interruption to meals’ 53.0 (39.0–78.0)—most participants reported foods frequently adhering to dentures (e.g., lettuce, chocolate), or painfully lodging in/under dentures (e.g., seeds) necessitating frequent meal interruptions to clean dentures which caused both inconvenience and embarrassment. (d) ‘Self-consciousness/embarrassment’ 53.3 (46.1–88.7)—participants described how they were increasingly self-conscious when eating with family, friends and in public due to denture movement on eating. Some limited eating outside of their home. (e) ‘Time for eating/ preparation of meal’ 72.0 (49.5–90.8)—participants described longer chewing times and the need to cut food into smaller pieces, which sometimes meant that food became cold. Some felt embarrassed when they were the last to finish a meal. (f) ‘Confidence when eating’ 76.3 (42.3–93.8)—most participants were confident eating. For some, loss of confidence was attributed to the possibility of denture movement and embarrassment. In conclusion, ERQoL is adversely affected in several ways by wearing complete dentures. Understanding these issues will help health professionals, including nutritionists, to better support people who wear dentures to eat well.

References

1. Moynihan P & Varghese R (2021) *JDR Clin Trans Res* **7**, 334–351.
2. Kelly SAN, Hyland RM, Ellis JS, *et al.* (2012) *J Dent* **40** (8), 678–685.