As a dental student several decades ago, I was taught that prosthodontic therapy was an important part of the profession. At that time, prosthodontic departments in dental schools were powerful and influential, and major portions of curriculum time were devoted to fixed and removable prosthodontics. As the years have passed, emphasis on prosthodontics has diminished in dental schools. 

Enrollment in prosthodontic graduate programs has decreased. In my opinion, some de-emphasis of prosthodontics has been related to the educators’ feeling that dental caries is under control, more teeth are being retained and edentulism will continue to decrease. There is no question that there has been a decline in the degree of tooth loss in the United States, and many more people are retaining their teeth for their entire lives.

Two recent articles in the Journal of Prosthetic Dentistry explained other factors that may have been overlooked by the prosthodontic doomsayers. These articles explain that the need and demand for prosthodontic therapy actually may grow because of increased life expectancy predictions and a growth in the population aged 65 and older. After calculating the potential need for complete dentures in a sophisticated and thorough manner, Douglass and colleagues stated that “the number of people in the United States who need complete dentures will increase over the next 20 years despite an anticipated decline in the age-specific rates of edentulism.” Concerning fixed and removable partial prosthodontics, they warned in another article that “the unmet prosthodontic need will increase and exceed the supply of services for the foreseeable 20-year future.”

As a practicing prosthodontist, I have seen a marked change in the needs for and types of prosthodontic therapy compared with those of 40 years ago. In my opinion, the emphasis has shifted from removable complete prosthodontics to fixed, implant and removable partial prosthodontics. However, when I take an overview of the profession, I observe that the need for prosthodontic services has not decreased with this change—it has increased. Fixed prosthodontics is the single largest producer of income in a typical general practice. About 40 million units of fixed prosthodontic therapy were accomplished each year by practitioners in the United States, according to a report published in 1999.

In this article, I will discuss several other reasons why prosthodontic services will increase, in addition to those reasons presented by Douglass and colleagues in their various articles.

THE ESTHETIC DENTISTRY REVOLUTION

Public health predictions usually are based on physiological need for services. Using the data presented by Douglass and colleagues, it is obvious that the need for prosthodontic therapy will increase as predicted on physiological need only. However, in my opinion, the tremendous increase in fixed prosthodontic services during the past 20 years has been related largely to patients’ desire for better-looking smiles, which leads to the placement of crowns, fixed prostheses and ceramic veneers. There is no question that much of this therapy has been elective and not based on physiological need.

Is this trend likely to decrease? No. Many older people have discolored, cracked, broken-down, malpositioned teeth that are easily beautified by crowns of various types of veneers. They want and can afford to upgrade their oral appearance. I do not consider such therapy to be irrational or unnecessary. In fact, improving a person’s smile often is far more life-changing and positive than placing a crown or bridge.
in a location where a posterior tooth is missing.

It is impossible to estimate what percentage of fixed prosthodontic therapy now accomplished in the United States is elective. After observing many practices nationally and speaking with practitioners everywhere, I estimate that there are as many elective fixed prosthodontic procedures being accomplished as there are mandatory procedures.

**IMPLANT PROSTHODONTICS**

Implant dentistry has caused a major change in dentists’ ability to replace teeth without cutting down adjacent teeth. Patients who can afford implant dentistry are accepting implant placement and implant prostheses in situations wherein they might have avoided such treatment in the past.

Implant-supported removable prostheses are remarkably more adequate in function and appearance than conventional removable prostheses. However, the clinical procedures are more difficult and expensive than are conventional techniques. Expert clinical prosthodontic services and laboratory support are needed for this therapy. I predict that this area of dentistry will increase and continue to require advanced educational programs and competent practitioners.

**AFFLUENCE OF THE AMERICAN PUBLIC**

As I sat at a stoplight in southern California recently, I was aware that waiting with me were two Porsches, several Mercedes Benzes, a half-dozen Lexuses and very few older automobiles. With available credit and proper education, how many of these drivers would like to upgrade their mouths? You know the answer. Physiological or public health need is only one factor in the overall demand for prosthodontic services. Patients who need or want prosthodontic therapy usually are past middle age. Their children have moved out of the family home. Their home loans are paid. The life stage of striving for money is over. The children’s college education is complete. There is discretionary money to be spent, and whom better to spend it on than themselves?

**THE NEED FOR PROSTHODONTIC EDUCATION AND SERVICES**

The several subdivisions of prosthodontics—fixed, removable complete, removable partial, and implant prosthodontics, as well as maxillofacial prosthetics—must be included in this discussion of education and services.

I find it ridiculous to hear some administrators state that there is a need to reduce the amount of time spent on prosthodontic education. I encourage these people to spend a few days in busy practices to see the quantity of American dentistry that includes highly complex prosthodontic services. Is there any area of prosthodontic activity that is decreasing? Is there any less demand for prosthodontic services? Is the aesthetic emphasis in dentistry likely to stop? Is prosthodontic therapy so simple that education is not necessary? Is there currently enough time spent in prosthodontic education in dental schools to develop adequate clinical ability in new graduates? In my opinion, the answer to all of these questions is a resounding “No!”

**SUMMARY**

Prosthodontics in all of its various sub specialties is in high demand in the United States. It represents a major portion of a typical dentist’s income. On the basis of data recently obtained about the projected increase in the physiological need for prosthodontic services and the extensive involvement of U.S. dentists in all areas of prosthodontics, one cannot deny the need for continued and increased predoctoral, doctoral and postgraduate education in prosthodontics.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the American Dental Association.

Educational information on topics discussed by Dr. Christensen in this article is available through Practical Clinical Courses and can be obtained by calling 1-800-223-6569.