

Resin-bonded fixed partial dentures past and present – an overview

Précis

This article aims to provide a general overview, along with guidelines and recommendations for use, of resin-bonded fixed partial dentures in practice.

Abstract

Resin-bonded fixed partial dentures have been in use for over 30 years, since the concept was first introduced in the 1970s. Initial efforts in this field suffered frequent early debond, but advances in metal alloys, treatment of the fitting surface and bonding techniques have made the resin-bonded fixed partial denture a predictable treatment modality. Design principles have also evolved. Originally these restorations were retained purely through adhesion, but now minimal preparation of the abutment teeth may be undertaken to optimise mechanical resistance and retention forms. This facilitates delivery of a more predictable medium- to long-term restoration. Alternative materials such as ceramic, zirconia and fibre-reinforced composite resin have emerged for retainers. While these alternatives show promise, they are not without their disadvantages and do not yet have long-term data regarding their use for this application.

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Oral and overall health: clearing up the confusion

Précis

For several years dental researchers have been studying and reporting on links between oral and overall health, but study evidence often seems to offer conflicting information. This article aims to clear up that confusion.

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Organisational engagement: an examination of members' engagement in the Irish Dental Association

Précis

Differences in perceptions of the IDA are evident due to gender, practice type, loyalty and satisfaction. Members identified factors inhibiting and facilitating engagement in the Association.

Abstract

Statement of the problem: Many members in the IDA are not actively involved in the Association. Therefore, despite representation being a key function of the IDA, members are not equally represented in the Association.

Purpose of the study: This study aimed to examine IDA members' views, with a view to identifying changes that might enhance the members' active engagement.

Materials and methods: A self-report questionnaire was developed following an analysis of interviews and a focus group with IDA members. The IDA distributed the questionnaire to its members by email.

Results: Survey participants (N=240) consisted of 128 male IDA members, 79 female IDA members, and 33 participants who did not report their gender. Analysis yielded differences in terms of perceptions of the IDA due to gender, practice type, loyalty and satisfaction. Key inhibitors of engagement identified include: communication barriers; family commitments; feeling as though time spent involved is unproductive; and, the perception of an old boys' club. Key facilitators of engagement identified include: representation; continuing professional development (CPD); social interaction; and, support.

Conclusions: While differences in terms of perceptions of the IDA were observed in the analysis of gender and practice type, the most profound differences were observed between loyal and less loyal participants, and between satisfied and dissatisfied participants. Loyal and satisfied participants were generally more positive about all aspects of the IDA than less loyal and dissatisfied participants. The IDA should target inhibitors of engagement as identified by less loyal and dissatisfied members. It may be useful to firstly address communication barriers in the IDA in an attempt to increase membership engagement.

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