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Georg Isbaner

Editorial Manager



A good year for ceramic implants

2018 has been a successful year for ceramic implantology in many ways. To begin with, the companies which are active in the field of ceramic implantology continue to prove the field's potential for innovation. Today, there are a great number of modern two-piece systems available for dental patients to choose from, which come close to the prosthetic possibilities of titanium implants. Moreover, the micro-rough surfaces of the new systems have already proven themselves. Recent patient surveys show that both the general demand for ceramic implants and the patient's interest in this regard is steadily increasing. I am delighted that both Dr Michael Gahlert, who is part of the Editorial Council of this very magazine, as well as Dr Stefan Röhling, Vice President of the just recently founded European Society for Ceramic Implantology (ESCI), contributed to the topic of ceramic implantology by providing us with an extensive article (see page 06). In regard to implant therapy, the article shows that there are patient groups who prefer ceramic implants over titanium implants—even if it might lead to higher expenditures.

In addition to that, the educational developments in the field of ceramic implantology have become increasingly diverse: Led by their President Dr Sammy Noubissi, the International Academy of Ceramic Implantology (IAOCI) was celebrating already their seventh International Annual Congress in San Diego, USA, whereas the International Society of Metal Free Implantology (ISMI) was successfully hosting their fourth Annual Congress in Hamburg, Germany. Headed by Dr Karl Ulrich Volz, the event was welcoming far more than 200 participants.

Admittedly, the large and well-established expert associations are not able to do without lectures or spe-

cial podiums with respect to ceramic implantology anymore—one needs to look no further than to either the EuroPerio held in Amsterdam, Netherlands, the congress of the European Association for Osseointegration (EAO) recently held in Vienna, Austria, or the first Future Congress of the German Association of Dental Implantology (DGZI) held in Duesseldorf, Germany.

Under the leadership of Dr Jens Tartsch, the European Society for Ceramic Implantology, which was founded at the end of 2017, primarily aims to foster the scientifically based discourse in close collaboration with the dental industry. In this regard, the ESCI published an initial statement in October formulating the current state of dental implantology including ceramic implants (see page 46).

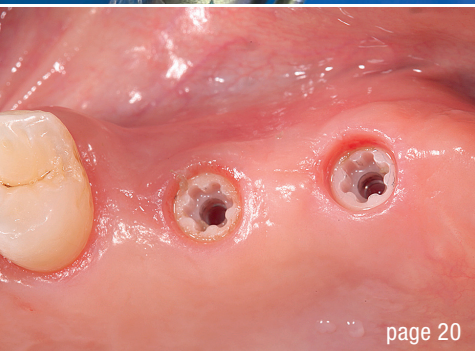
In the coming year, both the IAOCI, as well as the ISMI will, again, each be hosting an International Annual Congress. In addition, the ESCI will be holding its very own Annual Congress for the first time. The education offerings in the form of congresses for practitioners continue to grow, and so, too, does the general demand for information about ceramic implantology.

In the light of these various developments, the actual task for us as publicists is to provide our readers with a comprehensive outlook which reflects the diversity of ceramic implants initiatives. We hope to live up to this claim in publishing this new issue of ceramic implants—international magazine of ceramic implant technology. I sincerely hope that you enjoy the read. Until next time.

Yours, Georg Isbaner



page 16

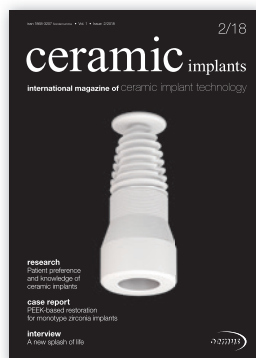


page 20



page 44

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editorial

A good year for ceramic implants 03
Georg Isbaner

research

Patient preference and knowledge of ceramic implants 06
Dr Michael Gahlert, Prof. Heinz Kniha, Prof. Henriette Wölfler,
Prof. Claude Jaquiéry & Dr Stefan Röhling

overview

Zirconia dental implants: An overview 10
Dr Paulo Leme

case report

PEEK-based restoration for monotype zirconia implants 16
Dr Saurabh Gupta & Dr Sammy Numbissi

Elimination of a free-end gap in the maxilla 20
Dr Detlef Hildebrand

Bone management and ceramic implants 26
Dr Karl Ulrich Volz

industry

“All that glitters ain’t gold” 32
Dr Dirk U. Duddeck

Ceramic implant vs endodontic treatment 34
Dr Dr Johann Lechner, PhD

Why choose a zirconia implant? 36

interview

A new splash of life 42

events

The patients’ demand for ceramic implants is growing 44

First European council for ceramic implantology held 46

news

manufacturer news 38

news 48

about the publisher

imprint 50

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Patient preference and knowledge of ceramic implants

Dr Michael Gahlert, Prof. Heinz Kniha, Prof. Henriette Wölfler, Germany;
Prof. Claude Jaquiéry & Dr Stefan Röhling, Switzerland

This investigation aimed to gather information from two dental patient populations on preferences regarding ceramic or metallic implants, and the factors that influence those preferences. Patients at dental centres in Switzerland and Germany received a 22-point questionnaire on knowledge of and preferences for implant materials. Patient demographic information was also gathered and used as the reference basis for multivariate logistic regression models. Subsequent steps considered knowledge of implant materials and acceptance of statements on strength, preference and allergenicity of implants. Four main questions were considered regarding preference of material and willingness to accept treatment costs. The overall response rate was 45.3 per cent. Age and gender had little effect on choice of implant material, but patients who viewed ceramic implants more positively (e.g. regarding strength and aesthetics) were more likely to prefer such an implant. Patients with higher incomes and greater education level were more likely to accept higher treatment costs for ceramic implants.

Introduction

The use of ceramic materials for restorative purposes in dentistry dates back to the early 1900s; however, dental implants made from ceramic materials are a relatively new phenomenon (i.e. in the last 40 years). The unsatisfactory biomechanical performance of early aluminium oxide implants led to the modern wave of zirconia (zirconium dioxide, ZrO_2) ceramic implants, with promising osseointegration, biomechanical strength and clinical outcomes.¹⁻⁸

Development has particularly been driven by increasing patient requests for metal-free restorations and more demanding aesthetic standards.¹ Despite this, however, there is very little information on patient opinions and knowledge of ceramic implants, and patient questionnaires regarding ceramic implants in the literature are limited to outcome measurements or satisfaction,^{9,10} or include only a small number of participants.¹¹ The aim of this investigation, therefore, was to survey patients at two clinical centres on their knowledge and opinions regarding ceramic dental implants and to determine the

social and demographic factors that may affect their preferences and decisions regarding such implants.

Materials and methods

A questionnaire was administered to 300 patients in Basel, Switzerland, and Munich, Germany, respectively, between June 2012 and April 2013. Participating patients had either recently received or were due to undergo dental implant treatment at one of two centres: the Clinic for Oral and Cranio-Maxillofacial Surgery at the University Hospital Basel or at Praxis Drs Kniha and Gahlert, a private practice in Munich. The questionnaire, completed by the patients themselves, consisted of 22 main questions that were broken down into detailed sub-questions, covering existing dental prostheses, how the patients had obtained their information on dental implants and the importance of such information, knowledge about different implant materials, aesthetic considerations, and treatment considerations. In addition, important information on socio-demographic factors was gathered, that is age, gender, level of education and monthly household net income. These socio-demographic factors were used as the reference categories for the logistic regression models.

The statistical analysis was based on a heuristic model in which these socio-demographic factors were considered using multivariate logistic regression models in the first step. In these, the probability that a particular statement would be accepted was divided by the probability that the statement would not be accepted ($P(X = 1) / 1 - (P(X = 1)) = \text{odds ratio}$) as a linear function of demographic characteristics. The second step also considered knowledge about implant materials, and the third step considered the acceptance of certain statements, such as:

1. "ceramic implants have a longer lifespan than metallic implants";
2. "ceramic implants have higher strength than metallic implants";
3. "ceramic implants are more aesthetic than metallic implants";
4. "I would rather have a ceramic implant than a metallic implant in the body";

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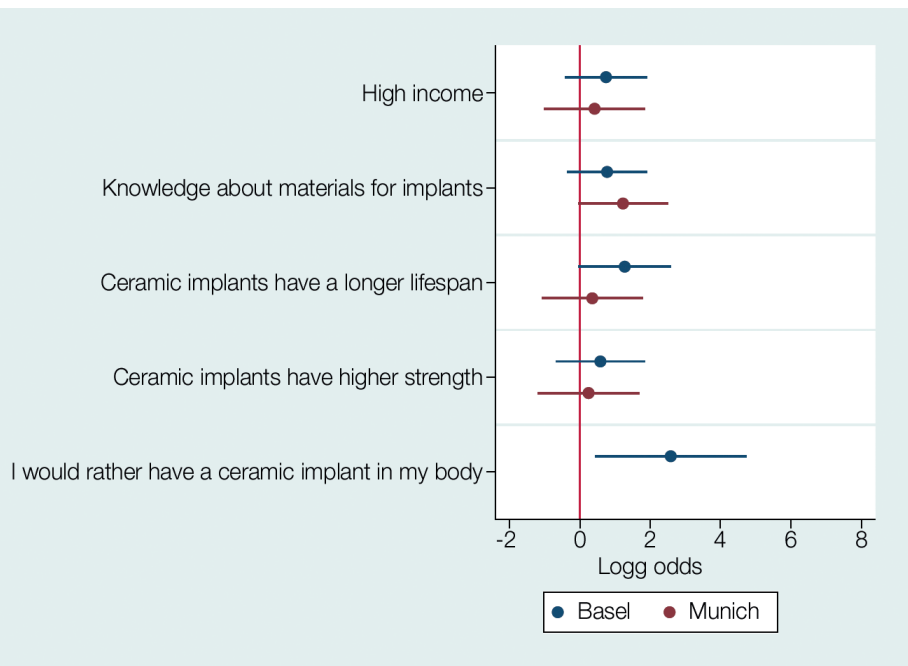


Fig. 1: Estimated odds ratios for the answer “rather ceramic implant” to the question “Would you prefer a ceramic or a metallic implant?”.

- 5. “metallic implants can cause allergies”; and
- 6. “ceramic implants can cause allergies”.

For the estimated coefficients of the logistic model, a value of 1 indicated no effect, > 1 indicated a higher probability of agreement than in the reference category, while < 1 indicated a lower probability of agreement than in the reference category.

This short report focuses on the responses to four main questions:

- A) Would you prefer a ceramic or a metallic implant?
- B) Are you willing to accept higher treatment costs for an implant with a natural tooth colour?
- C) Are you willing to accept higher treatment costs for an implant that is not made of metal?
- D) Are you willing to accept a longer treatment duration for an implant with a natural tooth colour?

Results

Completed questionnaires were returned by 172 patients in Basel and 100 patients in Munich (response rates of 57.3% and 33.3%, respectively; average: 45.3%). Most patients (70.9% in Basel and 83.0% in Munich; average: 77.0%) already had some form of tooth restoration, mostly crowns and/or previous dental implant treatment. Most also had received some information about dental implants, mainly from their dentist (85.5% in Basel and 89.3% in Munich; average: 87.4%); relatively few had gained information from implant company websites (20.7% and 25.0%, respectively) or neutral websites (13.1% and 28.6%, respectively).

The analyses were stratified by sex into male (reference category) or female; by age group into 18–39 years, 40–59 years (reference category) or 60–87 years; by education level into primary (minimum mandatory education), secondary (reference category; beyond minimum but not university level) or tertiary (university attendance); and by income level into low, medium (reference category) or high. The income levels in each country were calculated by splitting the range between the minimum and maximum reported incomes into equal thirds.

A) Would you prefer a ceramic or a metallic implant?

Of the patients who wished to have an implant (or additional implant), 29.5% of patients in Basel would choose a ceramic implant, compared with 14.7% for a metallic implant. In Munich, the preference was 52.6% for a ceramic implant versus 1.3% for a metallic implant. Overall, 38.9% of patients at both centres would thus choose a ceramic implant, compared with 9.3% who would choose a metallic implant. The probability of choosing a ceramic implant did not vary significantly between men and women or according to age and income, although there was a slightly greater preference for ceramic implants in 18- to 39-year-old patients in Basel and 60- to 87-year-old patients in Munich, and lower-third income patients in Munich.

Knowledge of dental implant materials showed no significant effect on the results (Fig. 1). The Basel patients who agreed with statements 1 and 2 on longer lifespan and higher strength of ceramic implants, as well as statement 4’s preference for a ceramic versus a metallic implant in the body, showed greater probability of choosing a ceramic implant. These effects were not observed in Munich, but Munich patients who agree with statement 5, that metallic implants can cause allergies, were more likely to choose a ceramic implant.

B) Are you willing to accept higher treatment costs for an implant with a natural tooth colour?

Most patients (51.6% in Basel and 51.7% in Munich; average: 51.7%) were prepared to accept higher treatment costs for a tooth-coloured implant. Gender, age, education level and income did not appear to have a significant influence on willingness to accept greater treatment costs for a tooth-coloured implant, although the upper-third income patients in both Basel and Munich showed a slightly greater likelihood, as did Munich patients with a tertiary education. Basel patients with a knowledge of dental implant materials showed a greater likelihood of accepting increased treatment costs for a

tooth-coloured implant. Munich patients who agreed with statement 4, that they would prefer a ceramic implant in their bodies, were more likely to accept higher treatment costs for a tooth-coloured implant, but none of the other statements showed any significant influence for the patients at either centre.

C) Are you willing to accept higher treatment costs for an implant that is not made of metal?

A total of 39.0% in Basel and 47.1% in Munich (average: 43.1%) were prepared to accept higher treatment costs in this case. In both Basel and Munich, patients in the upper-third income group were more likely to accept higher treatment costs for a non-metal implant, but age, gender and education level showed no significant influence. Knowledge of implant materials showed no significant influence, though Basel patients who knew about implant materials were slightly more likely to accept increased treatment costs in this case. None of the statements had a significant influence on the likelihood of accepting higher treatment costs in this case, though a slightly greater likelihood was shown by Munich patients who agreed with statement 5, that metallic implants can cause allergies.

D) Are you willing to accept a longer treatment duration for an implant with a natural tooth colour?

Most patients (65.1% in Basel and 63.5% in Munich; average: 64.3%) were prepared to accept a longer treatment duration. Gender, education and income had no significant effect, but there was a significant age effect in Basel.

Discussion

The results of this survey indicated that patients were generally well informed about different implant materials, and that age and gender had little influence on choice of material. Ceramic implants were viewed as just as strong and stable as metallic implants, if not more so, and were also seen as more aesthetic. Interestingly, the potential of allergies caused by metallic implants was not generally seen as a major concern by the patients in Basel, indicating that most preferences towards ceramic implants were motivated from the perspective of aesthetics. Higher-earning patients were more likely to accept greater treatment costs associated with ceramic implant placement.

To our knowledge, this is the first multicentre survey with reasonable patient numbers to give an indication of the most important perspectives regarding choice and knowledge of dental implant materials from the patients' point of view.

Despite these important strengths, several potential limitations must be acknowledged. It should be noted that

the number of questionnaires returned by the patients at the Basel clinic was much greater than those at the Munich clinic. Since the Munich centre is a private practice, the patient population is narrower and tends to consist of those with higher incomes. This introduces a potential bias in the results, not least because these patients are generally less willing to respond to surveys. The Basel centre, however, is part of the university hospital and therefore includes a more heterogeneous patient population. Cultural differences and differences in terms of types of treatment and insurance practices may also have contributed to differences in results between the two centres.

Overall, ceramic implants are viewed as an attractive option for patients, particularly in terms of aesthetics, and they are generally viewed in a positive light regarding strength and lifespan. Interestingly, on average, four times more patients would prefer ceramic over metal implants. Any additional treatment cost associated with treatment using ceramic implants is not viewed as a deterrent to choosing them over metallic implants.

Declaration of conflicting interests: The survey was funded by the Straumann Group.



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