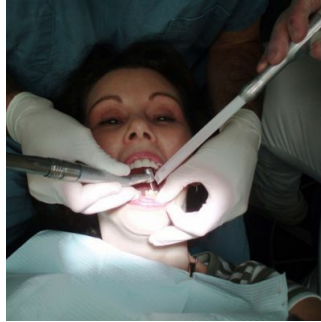


Poor Root Fillings Caused By Stress, Strict Public Funding



Half of all root fillings in the Swedish public dental service are of poor quality and dentists admit these are difficult, associate them with stress and frustration, while good quality root treatment often takes longer than what the dental care tariff pays for.

A new doctoral thesis at [Sahlgrenska Academy](#) has explored these issues.

Previous studies have shown that more than a third of root fillings show signs of encapsulated inflammation of the dentine that can lead to acute symptoms such as pain and swelling and in individual cases, it can spread and become life threatening.

Each year, approximately 250,000 root fillings are done in Sweden and there are at least 2.5 million root filled teeth with root apex inflammation.

Focus group interviews

According to the Sahlgrenska Academy [study](#), the reason why dentists accept technically poor root fillings has been investigated, including through focus group interviews with 33 dentists in the Swedish public dental service.

The interviews showed that the reason can be that dentists find root treatments technically difficult and complex. Treatment was often associated with negative feelings such as stress and frustration and, additionally, it was common that they were performed with an apparent sense of a loss of control.

Due to economy

Another possible cause is that many times treatment takes longer than what the dental care tariff allots as compensation.

“The dentist then finds they are facing a dilemma, to ‘go back’ to the treatment, to optimise quality, or to offer care within the framework of the compensation and, thus, risk accepting an incomplete root filling,” said [Lisbeth Dahlström](#), Senior Dental Officer and Researcher, Sahlgrenska Academy.

What is acceptable?

There was also uncertainty among the interviewed dentists as to what quality was reasonably acceptable. Often they reported that “good enough” was a more realistic goal than optimal quality.

Despite the experienced difficulties, it was clear that the dentists wanted to provide good treatment and that they were very concerned about their patients.

“Therefore, it appears that there is a potential for further improving quality and thus reducing persistent inflammations,” said Dahlström.

Raise the quality

Increased resources and increased room for adapting education, time for discussions and exchange of experiences at the workplace, as well as equipment investments that simplify work with root fillings are examples of measures that should be able to raise the quality of root fillings.

A reduction in the number of technically poor root fillings should be able to contribute to improved dental health, Dahlström’s study concluded.

Published on : Fri, 25 Mar 2016