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**SDA CONCEPT AND ORAL HEALTH RELATED QUALITY OF LIFE OF LOCAL  
INDIAN POPULATION OF MELMARUVATHUR**

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**ABSTRACT**

Loss of teeth and their replacement has been the holy grail of Dentistry in general and Prosthodontics in Particular. On making a comparative evaluation between the dentition of early man versus that of modern man, the question arises, "Does modern man need all his 32 teeth?" Loss of teeth shortens the dental arch; hence this condition is described as a "Shortened Dental Arch" (SDA). So the loss of how many teeth can be accepted by a human without compromising on his or her Quality of Life? This question is of importance when we need to estimate the "Prosthodontic treatment Needs" of a population. To answer this question the following study was proposed. The study was designed to examine the relationship between oral function and the number of opposing pairs of posterior teeth. Oral Health Related Quality of Life (OHRQoL) was measured using questions assessing TMJ problems, social assessment, chewing ability and Occlusal stability. In this study 150 subjects were randomly selected. They were categorized into 8 groups based on the number of opposing occlusal contacts. Data collected by questionnaire method, interviewed by a single operator. Subjects were questioned for Comfort, Occlusal stability, Chewing efficiency and Temporomandibular Joint Disorder. TMJ was assessed by asking the subject for discomfort of TMJ like pain, clicking etc. Subjects were questioned about the appearance and phonetics of their teeth in the social environment and comfort of chewing and subject was also examined for their Occlusal scheme, wear facets etc. Analysis of the data showed that the subjects were comfortable with even extreme loss of teeth as long as they were bilaterally so. Subjects with unilateral loss of teeth exhibited the greatest discomfort. So it can be surmised that, minimal treatment is necessary for bilateral missing teeth, but the treatment needs of subjects with unilateral missing teeth were greater. Shortened dental arch concept is basically not a treatment option for every subject. A re emphasis is thus made on proper case selection and treatment planning keeping in mind that a bilaterally equalized SDA that is symmetrical in form and function may require no prosthodontic rehabilitation as against an asymmetrical SDA. The mere conversion of an Asymmetrical SDA to a symmetrical SDA is the foremost goal and not one of restoring a full complement of dentition.

**Key words:** SDA, Prosthodontic treatment needs, Teeth loss, OHRQoL.