

From the Editor's Desk



Since the millennium change, we have observed several trends in the field of implant dentistry, which have had a significant impact on daily practice. The most significant trends are (a) the clear dominance of partially edentulous implant patients with single tooth replacement as the most frequent indication of implant therapy, (b) the increasing dominance of baby boomer patients in daily practice, (c) the reduction of healing periods due to major progress in surface technology of titanium implants, (d) the improvements in 3D radiology with the development of cone beam computed tomography (CBCT), which offers today a much more precise radiographic analysis and, hence, a much better identification of anatomic risk factors, (e) the steep increase of post-extraction implant placement with three treatment options: immediate, early or late implant placement, (f) the development of new

abutment designs and abutment materials including zirconia, and last but not least (g) the progress of digital implant dentistry, which will change our profession in the next 5 to 10 years and which is based on CBCT data, intra-oral scans, sophisticated treatment planning software programs and CAD-CAM technology for the production of dental prostheses. Some of these trends have been discussed in previous issues, and some will be presented in the current and future issues of *Forum Implantologicum*.

In the present issue, the topic of implant therapy in elderly patients will be discussed in four papers, since this topic is becoming more and more important in daily practice due to demographic changes, in particular in first- and second-world countries. At the millennium change, the percentage of implant patients aged 70+ made up roughly 7% at the University of Bern. Last year, this part of the patient pool reached more than 20%, demonstrating a steep increase in elderly implant patients. Patients in this age category often need special consideration during the treatment planning phase, the treatment itself and most importantly in the aftercare and maintenance of peri-implant tissues and the prosthesis. There are several objectives of therapy such as to eliminate infections in the oral cavity, to reestablish or improve chewing function and oral comfort for the patient, and to keep the patient in a maintenance care program, which can be especially demanding in nursing homes. Esthetic aspects are important as well, but most often not of primary concern.

The first paper discusses medical conditions and age-related risk factors in elderly patients. That's a very important topic since most of the patients have medications,

and often present with polypharmacy. The second paper addresses the surgical aspects. Most importantly, the surgical procedures selected should offer reduced or minimal morbidity or pain for the patient and a low risk of complications. The frequency and extent of bone augmentation procedures should be kept as minimal as possible. Standard implant placement without bone grafting is highly preferred, if possible with a flapless approach. Various strategies and procedures are presented to achieve these goals. The third paper discusses all aspects of prosthetic rehabilitation, offering a wide variety for removable or fixed implant supported prostheses. The planned prosthetic solution must be optimized for the patient and should offer optimal home care possibilities to keep the peri-implant tissues healthy over time. Finally, the last paper discusses sociological considerations and maintenance care aspects in elderly patients.

This issue will be of great value to clinicians in private practice and to postgraduate students, since the four papers give a comprehensive clinical overview of this clinically relevant topic in implant dentistry.

Along with our regular series on presentation and photography, we also have a report on the 2018 André Schroeder Research Prize winners and the popular "Ask the Experts" feature which this time asks: Tapered vs. Cylindrical Implants: What is your Clinical Preference?

I wish you happy and informative reading.

Daniel Buser
Editor-in-Chief