Marketing of Implant Dentistry: Choose the Words Carefully

Marketing provides many beneficial aspects for both service providers and consumers. It makes consumers aware of what is possible. Dental implant marketing provides the necessary patient flow for implant practices. Clinicians and team members benefit from the revenue marketing efforts generate. Marketing has lead to the placement of over 500 000 dental implants yearly in the United States.[1] With that being said, it is only proper that marketing efforts promote the goodness and benefits of dental implants. Marketing leads to enlightened patients; however, if the benefits are overstated, then those efforts may lead to future problems.

There are advertisements promoting a "permanent solution to existing dental problems with dental implants." The literature has identified and acknowledged dental implant success rates. It is recognized that some patients develop early-onset or late-onset complications with dental implants. The successful history of implant dentistry makes the use of implants an attractive alternative to the often shorter-term survivability and lesser success rates of the traditional dental therapies performed on significantly damaged teeth.[2] However, implant success is not 100%.

In 2012 Jung et al[3] reported that based on a meta-analysis review, the 5 and 10 year survival rates of single tooth implants was: 97.2% at 5 years and 95.2% at 10 years. The survival of implant-supported single crowns was 96.3% at 5 years and 89.4% at 10 years. Reported biological complications were 7.1% for a 5-year cumulative soft tissue complication rate and 5.2% cumulative complication rate for implants with bone loss >2 mm. The technical prosthetic related 5-year complication rate was 8.8%. The cumulative 5-year aesthetic complication rate was 7.1%. These high survival rates offer encouragement for patients and clinicians. Nonetheless, the reality is that the success rate is not 100% due to the occurrence of technical, biological, and aesthetic complications. Clinicians understand that "survival" rates are higher than "success" rates, due to the differences by definition. Unfortunately, most patients do not understand the difference between "survival" and "success." Thus, due to the occurrence of complications, implant treatments occasionally do not match with a patient's expectation of "permanent."

The Merriam-Webster online dictionary defines the noun "permanent" as: "continuing or enduring without fundamental or marked change" and when used as an adjective as "ceaseless, everlasting, perpetual, undying, unending" (https://www.merriam-webster.com/dictionary/permanent). These definitions are most likely what a patient is thinking when they hear or read the word "permanent."

There are multiple reasons for early-onset or late-onset failures of dental implants. Reasons for failure are numerous and include: lack of initial implant stability, experience level of the clinician placing the implant(s), bone quality and volume, use of shorter length implants, a greater number of implants placed per patient, use of the non-submerged technique, placement in fresh extraction sockets, smaller diameter implants, immediate loading, presenting with difficult prosthetic rehabilitation, frequency of tobacco use, and the development of peri-implant disease.[4] Medications that the patient may be taking affect bone remodeling, and consequently, implant success. There is an accepted correlation between increased implant failure rates with the use of proton pump inhibitors and selective serotonin reuptake inhibitors.[5] Clinicians and patients considering implant therapy must be aware that unknown risks associated with medications a patient may need in the future can also affect what had been historically successful implants. Additionally, a patient's ability to maintain good oral hygiene often diminishes with age or complacency.

The issue is that the reasons for not achieving a "permanent" replacement for a patient's failing dentition are numerous. Some reasons are within the clinician's control, while many are not. Why would a clinician want to imply that implant treatment results are "permanent," when we cannot control, nor reliably predict, what will befall a patient as life goes forward? Clinicians must be careful not to create unrealistic expectations when providing information regarding implant treatment. Stating the overall positive facts of 5-year and 10-year "success" or "survival" rates may be a better and more realistic approach.

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