

Original Research Article

Level of Satisfaction among Patients who Received Anterior Composite Restorations in Saudi Arabia.

Hawra AlSenan¹, Fatima Al-Jawad¹, Zayan Al-Saif¹, Basima Alobaid¹, Alaa Alaskari¹,
Abrar Almuhandeb¹, Shahzeb Hasan Ansari^{2*} and Enaam Abdulkarim²

¹Dental Interns, Riyadh Elm University, Saudi Arabia.

²Faculty of Preventive Dentistry, Riyadh Elm University, Saudi Arabia.

Accepted, 28th June, 2018.

Introduction: Dentists can expect differences in satisfaction with dental appearance and aesthetics depending on the age, gender, and level of education of the patients. And there should be a close communication between the patient and the dentist when planning an aesthetic treatment and they concluded as well that aesthetic improvement will improve the quality of life. **Materials and methods:** This is a pilot study. An interview questionnaire-based survey was conducted to 132 patients conveniently. Each patient was requested to sign an informed consent and the security of their personal data was guaranteed. **Results:** Male and female participants exhibited a significant difference in a few variables including current satisfaction level, confidence in smiling after receiving the treatment, change in texture and opting for future esthetic treatments. **Conclusion:** Males were reported to be more confident in showing their teeth and smiling freely as compared to the females. This difference was statistically significant.

Keywords: Dental patients, Satisfaction, Dental esthetics, Appearance.

INTRODUCTION

Dental appearance is an important feature in determining the beauty of a face and thus plays a key role in human social interactions. Assessment of dental appearance, which is one of the most important aspects of dental aesthetics, mainly refers to the six maxillary anterior teeth as they are the most visible ones during communication, speech, functioning and smiling. Among the significant factors affecting overall dental appearance are tooth color, shape, position, quality of restoration and the general arrangement of the dentition. Tooth color is found to be one of the most important factors in determining satisfaction with dental appearance. Furthermore, untreated dental caries, non-aesthetic or discolored anterior teeth restorations and missing anterior teeth usually lead to dissatisfaction with dental appearance. Previous studies have shown that, age has one of the most important influences on a patient's dental perception.

Due to the recent focus of many advertisements on the influence that an esthetic smile has on everyday life, many patients' esthetic needs and dental treatment. Shah, Malek & Agarwal (2014) in their study stated that aesthetic attitudes towards the maxillary anterior teeth appearance and color differed between different age groups and different maxillary anterior teeth status groups. Dissatisfaction with tooth color, protruding teeth, and unaesthetic fillings were common and

females were more dissatisfied than males in appearance. Tooth whitening was the most desired treatment to improve the aesthetics. A survey questionnaire in Turkey investigated the factors that influence patient's satisfaction with their present dental aesthetic, received precious dental treatments on anterior teeth and basic treatment that they want to undergo to improve their dental appearance. Many of the Turkish patients surveyed in the study were dissatisfied and desired the improvement of dental esthetic. Therefore, dentists should consider this as an important dimension in their practice (Akarslan et al, 2009).

Dentists can expect differences in satisfaction with dental appearance and aesthetics depending on the age, gender, and level of education of the patients. And there should be a close communication between the patient and the dentist when planning an aesthetic treatment and they concluded as well that aesthetic improvement will improve the quality of life (Ljiljana et al, 2016).

Another study was conducted to evaluate the factors influencing patients' satisfaction with their dental appearance and with the results of esthetic treatment. After a surveyed questionnaire was distributed regarding satisfaction with current dental esthetics and previous esthetic treatments, the author reported that tooth color was a major factor with regard

to dental esthetics. Most subjects were interested in improving their appearance and whitening their teeth (Samorodnitzky, Geiger & Levin, 2007). Change in color and loss of marginal adaptation of tooth-colored restorative materials is not acceptable so that bleaching is commonly used for treating discolored teeth. A study was to determine the effect of bleaching on color change and marginal adaptation of direct and indirect composite laminate veneers CLVs over a period of time when exposed to the oral environment. After bleaching, indirect CLVs performed better in terms of color stability whereas direct CLVs performed better in terms of marginal adaptation (Jain et al, 2015).

There are significant factors which affect the dental appearance of maxillary anterior teeth in patients were found to be the color of the restorations and the composite material. And his study result showed that there is a difference in patient's assessment of color and surface texture for composite fillings proven by statistics and the all average scores.

Women were not satisfied with the general impression of their restoration on the upper teeth compared to men (Zoric, Zagar & Zlataric, 2014). One more study focused on the problem of discoloration of modern composites by investigating their susceptibility to being stained by normal diet and food dyes as well as by assessing reactions to various physical-chemical conditions of clinical relevance. Under conditions and within the limitations of the present *in vitro* study, it can be concluded that staining procedures used in this study affected the color stability of tested composite resins (Poggio et al, 2012).

Persistent fulfillment can affect a patient's probability of picking a dental practitioner, making and keeping arrangements, and conforming to dental specialists' suggestions. In this way, quiet fulfillment is an essential segment of medicinal services and one that can possibly affect general dentistry treatment results. Fulfillment can be viewed as a mix of the error between patients' desires and their encounters. A complete survey by Newsome and Wright reasoned that five nonexclusive issues influence dental patient fulfillment: 1) specialized nature of care; 2) relational elements; 3) accommodation; 4) monetary issues; and 5) office condition (POYSER et al., 2007).

It is legitimate that levels of fulfillment may contrast contingent upon which dental methods are performed, and also which clinical populaces are being served. Shockingly, most investigations of dental patient fulfillment have concentrated on dental visits when all is said in done and have tested from the group without respect to time slack or the idea of the dental care got by the subjects. Numerous investigations have evaluated understanding fulfillment in college dental centers, a setting for which generalizability to other practice settings might be flawed. Therefore, except for prosthetic and orthodontic methodology, there is little data about dental patient fulfillment among patients who have gotten a homogenous arrangement of dental strategies. The position or substitution of dental rebuilding efforts is the most normally performed technique by general dental practitioners and little is thought about patient fulfillment with reclamation visits (Al-Khayatt et al, 2013).

Upkeep and changes of style among patients have been a standout amongst the most huge signs of dental treatment over a drawn-out stretch of time. Traditionalist stylish dentistry underlines the aesthetic part. Stylish dentistry is the specialty of dentistry in its purest shape. Thusly, it is the want of each dental practitioner to make tasteful changes to their patients and abandon them with delightful grins (Funda & Engin Volkan,

2015). Feel the extent that preservationist dentistry is concerned involves having a rebuilding that is vague from regular tissues of teeth. Certain essential aesthetic components must be considered to guarantee an ideally tasteful outcome. These include; Shape or frame, symmetry, arrangement, surface, shading and translucency. Notwithstanding being tasteful, rebuilding efforts should likewise be useful. Style and capacity go as an inseparable unit. The better the style, the better the capacity is probably going to be and the other way around. Hence, impediment and physiologic shapes that advance great gingival wellbeing ought to be surveyed before any preservationist tasteful technique (Poyser et al, 2016).

Stylish dental treatment is impartially intended to amend chipped, split, stained and unevenly divided teeth. From guide reclamations like composite fillings to roundabout rebuilding efforts like porcelain facade, patients can browse an assortment of dental answers for reestablishing the wellbeing and imperativeness of their grin. Cases of basic tasteful dentistry choice are: immediate tooth hued rebuilding efforts, gum shaping to reshape the gum line, aberrant reclamations like porcelain facade to cover breaks, chips and make a more white appearance, lastly teeth brightening by blanching. Different variables have been appeared to impact patients' fulfillment with tasteful dental reclamations.

For example, age of the patient assumes a critical part in patients' fulfillment with teeth shading. Studies have demonstrated that youthful patients, matured in the vicinity of 19 and 39 had higher disappointment rates contrasted and patients matured 40 and over. More youthful individuals have more prominent inclinations for more white teeth. This might be connected with the way that more youthful individuals could be more affected by media. It could be contended that more youthful individuals are attempting to look more wonderful and solid; in the learning that there is a solid connection amongst appearance and economic wellbeing communicated by better employment and social agreeableness (Juan Carlos, Edson & Luiz, 2015).

Patients' level of instruction has additionally been appeared to influence their fulfillment. With the expansion in training level, disappointment with tooth shading has fundamentally lessened. Training is one route by which confidence might be improved. Along these lines, it is conceivable that the accomplishment of advanced education may by implication enhance vanity with tooth shading. Studies have demonstrated that dental stylish fulfillment was connected with training level, yet not with age and sexual orientation. What's more, an awesome abatement in the level of patients concealing teeth while grinning was seen with the expansion in instruction level, demonstrating that training is an imperative factor for feeling certain while grinning (Meijering, Roeters, Mulder & Creugers, 1997).

The fulfillment that patients get after tasteful rebuilding efforts is significantly impacted by the dental practitioner's method and material properties. For example, dampness is unwanted amid a situation of stylish dental materials like composites and along these lines ought to be seclusion. Shade choice for composite reclamations ought to be done under proper conditions in order to accomplish the right tooth shading. These systems rely upon the abilities of the dental specialist and thusly the more adroit a dental specialist is, the better the result (Meijering et al, 1995).

Patient's information of the distinctive kinds of stylish reclamations is essential also. This will impact their inclination for a specific rebuilding over another. Learning of the properties of these materials will give patients understanding

about the care required to keep up their reclamations in great condition. Moreover, they can spending plan suitable for the different tasteful therapeutic techniques. Attention to the different tasteful dental treatment choices among patients will edify them to use these administrations. Studies have demonstrated that the greater part of the populace knows about the accessible dental administrations. Just 46.5% have used dental administrations amid their lifetime. People with direct to abnormal amounts of mindfulness have used dental administrations more than those with low levels of mindfulness (Pinar & Filiz, 2016).

Before remedial dentistry thought about generally utilitarian requests, however, with the reduction in caries predominance, enthusiasm for dental style has expanded quickly among the two patients and dental specialists. These days, open appearance assumes a critical part in both publicizing industry and media when all is said in done since it influences other individuals' recognition in various everyday circumstances. In this manner over the most recent two decades style in dental practice has turned out to be similarly as imperative as useful, auxiliary and natural attributes (Zuhre Zafersoy et al, 2009).

Dental appearance is the main element in deciding the general allure of one's face, accordingly assuming a critical part in basically all individual social associations. Chief components which characterize the dental appearance are tooth shading, its shape and position, nature of reclamation, and the general situating of the teeth in March, which is particularly imperative in the foremost area. The general appearance of the dentition might be affected by sexual orientation, age, and instruction level. Besides, sexual orientation related contrasts assume a significant critical part in tasteful dentistry since it has been exhibited that ladies and men appear to have changed methodologies and needs in their quest for a more ideal dental appearance. Thus, it is exceptionally hard to address singular needs with particular rules or a novel methodical approach that will without a doubt prompt reliable outcomes (Roeters, 2015).

When all is said in done, patients need white Hollywood teeth. In this manner, tooth shading is totally a standout amongst the most critical variables deciding patient fulfillment with their grin. Indeed, brilliant teeth have been identified with high social aptitudes, knowledge, distinction, capacity to adjust clashing necessities, and relationship status. Then again, untreated dental caries stained front teeth reclamations and missing teeth in the foremost district are wellsprings of disappointment and absence of fulfillment (Gili, Selly & Liran, 2007).

Malocclusion is a typical oral finding. Notwithstanding its high recurrence, treatment needs and requests fluctuate contingent upon social and individual contrasts. In a few populaces, tooth misalignments are not viewed as genuine deformities which would require treatment, either orthodontic or prosthetic 18 while, in different populaces, with exclusive expectations of dental appearance the requirement for orthodontic treatment may correspondingly be very articulated. There is a general understanding in the writing that individuals who are inspired to look for orthodontic treatment of malocclusion do as such incited by its negative physical, mental and social effects. Notwithstanding, the examinations concentrating on the impacts of malocclusion and outcomes of its treatment on individuals' lives have offered conflicting and confounding outcomes (Alan M. & Roger J., 1991).

As specified some time recently, the amicable grin is characterized not just by the dental stylish components – shape, position, and shade of the teeth – yet in addition by the gingival (delicate) tissues. Gingival wellbeing characterized by

shading, edges, and perceivability is the basic part of an alluring grin.

AIMS OF THE STUDY

The purpose of this research is to investigate factors influencing patients' satisfaction with their present dental esthetic treatments on anterior teeth and their desire to improve their dental appearance.

RESEARCH HYPOTHESIS

Patient's satisfaction, attitudes and perceptions towards dental treatment after an esthetic restoration differ among individuals in a population depending on various factors:

- Age of the patient.
- 2- Gender.

MATERIALS AND METHODS

- This is a pilot study. An interview questionnaire-based survey was conducted to 132 patients conveniently. Each patient was requested to sign an informed consent and the security of their personal data was guaranteed.
- The questionnaire targeted a group of patients who received previous anterior composite restorations and direct composite veneers. Those patients will be divided into 2 groups depending on gender (male and female patients) and age (middle and advanced aged patients). The questionnaire will consist of questions on socio-demographic items including gender and age.
- Patients were also asked about their satisfaction with tooth color and perceived mal-alignment of teeth (poorly aligned or protruding) of their maxillary anterior teeth using a "Likert" with three-point scale possible answers 'dissatisfied', 'moderately satisfied', or 'completely satisfied'.
- Remaining questions included nominal options. The team members conducted a face-to-face interview to have accurate screening and make sure the patient is fully focused and totally understand the point of the question.

The collected data was subjected to statistical analysis using Statistical Package for the Social Sciences (SPSS0 version 16. Descriptive statistics were done including frequencies and Chi-square test to determine the value of significance, which was kept under 0.05.

RESULTS

- This pilot study involved 132 patients having a history of esthetic treatment before.
- Male participants were 29%, whereas females constituted 71% of the study participants.
- The sample was divided into different age groups as well. It was noticed that a large majority of participants belonged to the age group of 18-30 (70%), 16% from 31-40, 10% from 41-50 and 4% from 50+ age group.
- Male and female participants exhibited a significant difference in a few variables including current satisfaction level, confidence in smiling after receiving

the treatment, change in texture and opting for future esthetic treatments.

- Similarly, some significant comparisons were also found among the different age groups including longevity of restorations, change in shape etc.

DISCUSSION

This study aimed to assess and compare the levels of satisfaction among different groups of participants. We focused on the satisfaction levels right after the restoration as well as current levels. We also targeted various perceptions and experiences of dental patients regarding sensitivity, color, shape, texture, longevity of restorations and confidence in smiling after receiving their new fillings.

Multiple studies have been done related to this topic. A study done in Aligarh, India pointed out that tooth color was the most common smile component causing dissatisfaction amongst the subjects, a large proportion of participants were confident in smiling and showing their teeth (Afroz et al, 2013). Similar findings were reported in our study with 45% of the general public feeling confident when smiling.

Another study done in Turkey by Akarslan et al (2009) revealed a considerable dissatisfaction of general public from their esthetic appearance. There was a significant difference between genders and age groups when it came to the desire to receive esthetics treatment in future. Young females were highly interested and eager to undergo esthetic treatment options, whereas this number was significantly higher in the males as far as our study are concerned. However, there was no significant difference among the age groups.

This was a pilot study and we want to improve the results of our study by expanding our sample size during the internship. Smaller sample size may not be the true representative of the total population. This limitation will be kept in mind and a statistically calculated sample size will be utilized in future.

Another investigation inspected fulfillment evaluations of patients who had gotten treatment for a damaged reclamation. The measure of patient fulfillment was produced particularly for therapeutic systems and the extensive example permitted the utilization of complex factual methodology to test for various segments inside the patient fulfillment information. The three segments recognized were an arrangement of relational relationship-comfort traits, material decision esteem factors, and tangible evaluative highlights, and each mirrors a mind-boggling set of target and subjective components. By and large, the patient's fulfillment levels were high, and our evaluations are like those revealed by another examination utilizing comparable reaction decisions. Fascinating discoveries incorporated that patients were more fulfilled when the reclamation was repaired as opposed to supplanted and when the reestablished tooth was a premolar or foremost tooth and not a molar (Alan M. & Roger J., 1991).

Other two investigations that have estimated persistent fulfillment with any immediate relationship to dental rebuilding visits were found. Among the top of the line 10, three were identified with a dental reclamation: "Your teeth close well after a filling has been made, so the filling isn't too high"; "The filling in a front tooth is undetectable"; and "Dental rebuilding efforts should wait for no less than four years". Abrams et al. looked at the patient's impression of the nature of past dental care, an institutionalized record of reclamation quality, and review of general fulfillment with past visits. Neither patient fulfillment nor the thing about the nature of past treatment were related with the reclamation list score. The Abrams ponder is the special

case that has tried patient's exactness in assessing dental specialist's specialized aptitudes (Gulamali et al, 2011).

Various variables are affecting fulfillment with its own dental style and this examination may help dental practitioners to give careful consideration to the elements of patients' worry. A few elements are to some degree interrelated, supplemented, share a similar difference, or diminish the impacts of the other factor. Along these lines they ought to be investigated at the same time in an expansive der display. Various relapses give us this open door. This is exhibited in introduce think about. Despite the fact that there is an alternate fulfillment with teeth appearance between sexes in some age bunches in univariate models, when all is said in done sex and age are not primary, huge or even very persuasive components of fulfillment in various models. Dental appearance is antagonistically influenced by variations from the norm and deviations in the oral locale. In this examination, we explored fulfillment with dental appearance in connection to age, sexual orientation, nearness/nonappearance of composite fillings and crowns, plaque file and tooth break (Redman, Hemmings & Good, 2003).

As opposed to our discoveries some confirmation exist that separated from obvious dental highlights, view of dental appearance is adjusted by social variables and individual inclinations, shifting amongst people and societies and changing after some time and with age. It gives the idea that men see dental appearance as more imperative than ladies, however, females have a tendency to be more happy with the outward presentation of their teeth. After effects of our examination demonstrated that in the age assemble in the vicinity of 36 and 54 years, men are essentially less happy with the dental appearance, tooth shape and tooth position and accomplished a fundamentally bring down score on the normal fulfillment of teeth in connection to ladies.

This is likely because of solid effect of the media which depict men and ladies of any age as expecting to look more youthful and more alluring. To be sure, an investigation of 160 individuals of six diverse age strata running from 13 to 64 years demonstrated that individual fulfillment with tooth shading was age-autonomous. Albeit more youthful more often than not have more advantageous teeth, and less frontal reclamation and stains they might be more worried about slight flaws. On opposite more seasoned individuals, when all is said in done, will probably be happy with their dental appearance, recommending that the presence of their teeth isn't as critical to more established as to more youthful people (Jan W. V., 1986).

Dental appearance is antagonistically influenced by variations from the norm and deviations in the oral locale so those obvious qualities must be principally wellsprings of disappointment. Our model included and researched a few prevailing dental qualities – nearness/nonattendance of composite fillings and crowns, tooth shape, nearness of plaque and tooth crack. As it is exhibited the nearness of composite fillings and plaque on maxillary foremost teeth are central point impacting disappointment with dental style, yet in addition not to a substantial degree (Ulla & Vibeke, 2003).

Another study stated that composite fillings are the most widely recognized rebuilding efforts in maxillary foremost teeth as a result of their low cost in contrast with the prosthetic reclamations.

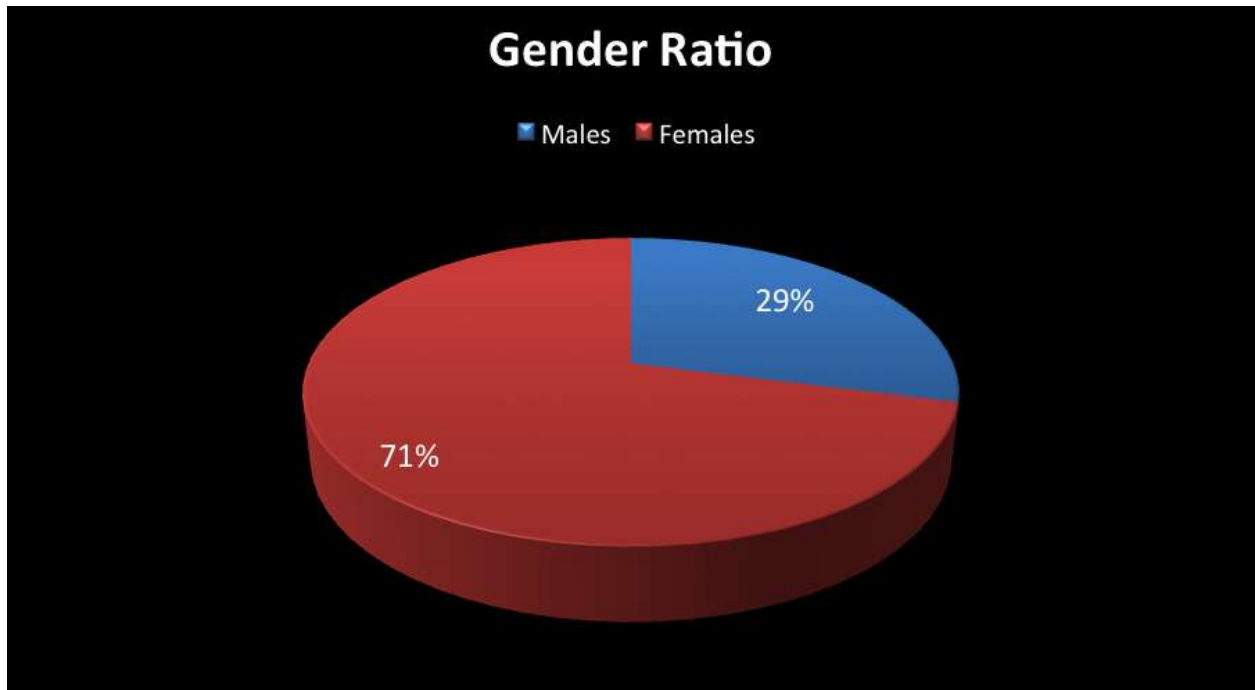


Figure 1: Male to female ratio participating in this study

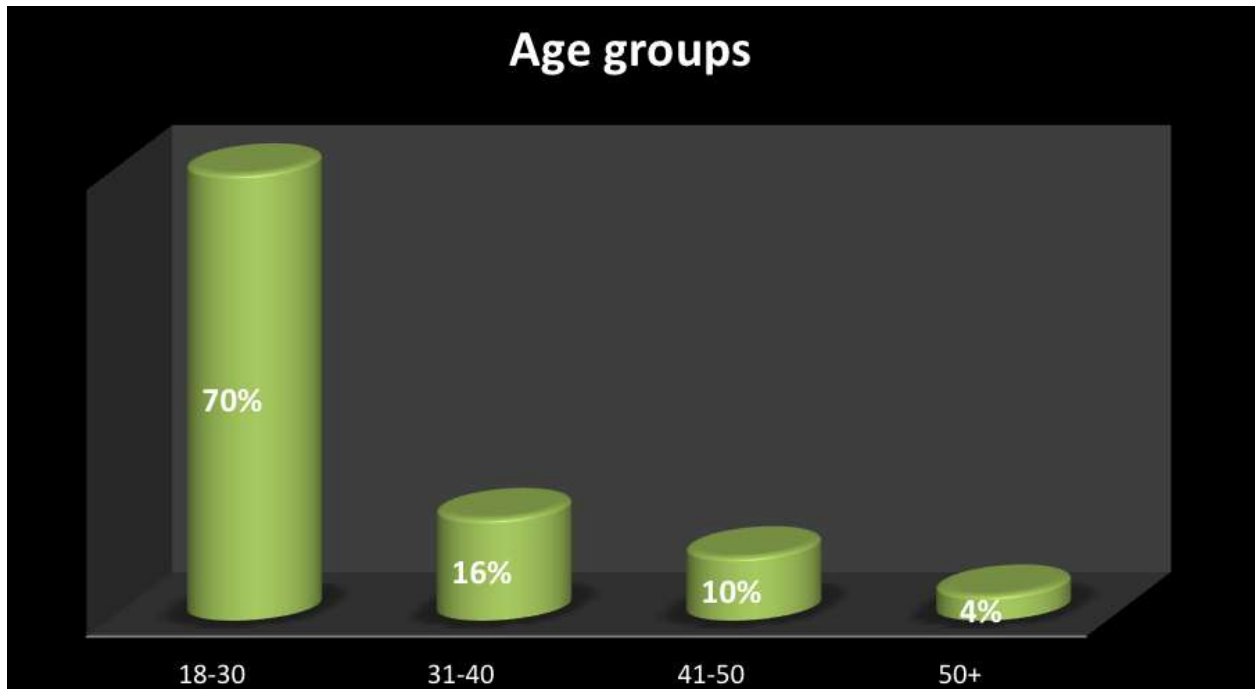


Figure 2: Age groups distribution of participants in the study

Variables	Responses With Percentage					p-value
Reason for previous composite restoration?	Esthetics Males 16% Females 23%	Caries Males 54% Females 45%	Fracture Males 22% Females 22%	RCT Males 5% Females 6%	Other Males 3% Females 3%	0.902
Satisfaction with restoration after a week	Satisfied Males 54% Females 67%	Moderately Satisfied Males 41% Females 24%	Dissatisfied Males 5% Females 9%			0.182
Current satisfaction level with restoration	Satisfied Males 38% Females 45%	Moderately Satisfied Males 49% Females 27%	Dissatisfied Males 13% Females 28%			0.040
Usually how long a restoration lasts?	2 years Male 19% Females 29%	5 years Males 38% Females 30%	10 years Males 43% Females 41%			0.462
How often do you smile after restoration?	Always Males 50% Females 36%	Usually Males 38% Females 23%	Often Males 4% Females 24%	Rarely Males 8% Females 17%		0.032
Sensitivity after restoration?	Hot drinks Males 8% Females 9%	Cold drinks Males 17% Females 24%	On Biting Males 19% Females 9	Cold air Males 19% Females 12%	No Sensitivity Males 36% Females 47	0.266
Change in color after restoration?	Mismatching Males 19% Females 17%	Darker Males 11% Females 12%	Brighter Males 6% Females 9%	Changed with time Males 3% Females 22%	No change Males 36% Females 31%	0.813
Change in texture after restoration?	YES Males 21% Females 40%	NO Males 79% Females 60%				0.012
Change in shape after restoration?	Mismatching Males 24% Females 23%	Wider Males 19% Females 9%	Smaller Males 8% Females 10%	Satisfactory Males 49% Females 59%		0.384
Experienced any defect in restoration?	Broken Males 12% Females 18%	Fallen out Males 34% Females 43%	Chipped Males 18% Females 10%	None Males 34% Females 39%		0.632
Alignment noticed?	Protruding Males 8% Females 14%	Spacing Males 5% Females 11%	Crowding Males 43% Females 27%	Satisfactory Males 27% Females 36%		0.314
Your dentist is qualified to practice esthetics dentistry?	YES Males 81% Females 79%	NO Males 19% Females 21%				0.505
Will you opt for further esthetic treatment?	YES Males 90% Females 72%	NO Males 10% Females 18%				0.027

Table 1: Gender comparison for the questions related with esthetics satisfaction

Variables	Responses With Percentage					p-value
Reason for previous composite restoration?	Esthetics 18-30: 22% 31-40: 10% 41-50: 33% 50+: 30%	Caries 18-30: 48% 31-40: 70% 41-50: 22% 50+: 30%	Fracture 18-30: 22% 31-40: 9% 41-50: 41% 50+: 30%	RCT 18-30: 6% 31-40: 10% 41-50: 2% 50+: 5%	Other 18-30: 3% 31-40: 10% 41-50: 2% 50+: 5%	0.694
Satisfaction with restoration after a week	Satisfied 18-30: 62% 31-40: 73% 41-50: 66% 50+: 33%	Moderately Satisfied 18-30: 28% 31-40: 27% 41-50: 33% 50+: 66%	Unsatisfied 18-30: 10% 31-40: 0% 41-50: 1% 50+: 1%			0.635
Current satisfaction level with restoration	Satisfied 18-30: 41% 31-40: 54% 41-50: 56% 50+: 33%	Moderately Satisfied 18-30: 38% 31-40: 18% 41-50: 11% 50+: 0%	Unsatisfied 18-30: 22% 31-40: 27% 41-50: 33% 50+: 67%			0.279
Usually how long a restoration lasts?	2 years 18-30: 29% 31-40: 18% 41-50: 0% 50+: 0%	5 years 18-30: 33% 31-40: 0% 41-50: 44% 50+: 100%	10 years 18-30: 38% 31-40: 81% 41-50: 56% 50+: 0%			0.005
How often do you smile after restoration?	Always 18-30: 58% 31-40: 54% 41-50: 56% 50+: 0%	Usually 18-30: 30% 31-40: 18% 41-50: 22% 50+: 100%	Often 18-30: 10% 31-40: 9% 41-50: 22% 50+: 0%	Rarely 18-30: 2% 31-40: 9% 41-50: 0% 50+: 0%		0.039
Sensitivity after restoration?	Hot drinks 18-30: 6% 31-40: 18% 41-50: 12% 50+: 0%	Cold drinks 18-30: 24% 31-40: 27% 41-50: 12% 50+: 0%	On Biting 18-30: 10% 31-40: 18% 41-50: 12% 50+: 33%	Cold air 18-30: 14% 31-40: 0% 41-50: 22% 50+: 33%	No Sensitivity 18-30: 44% 31-40: 36% 41-50: 44% 50+: 33%	0.773
Change in color after restoration?	Mismatching 18-30: 17% 31-40: 18% 41-50: 22% 50+:	Darker 18-30: 10% 31-40: 27% 41-50: 0% 50+:	Brighter 18-30: 9% 31-40: 9% 41-50: 0% 50+:	Changed with time 18-30: 10% 31-40: 25% 41-50: 33% 50+:	No change 18-30: 32% 31-40: 25% 41-50: 45% 50+:	0.847
Change in texture after restoration?	YES 18-30: 41% 31-40: 36% 41-50: 15% 50+: 25%	NO 18-30: 59% 31-40: 64% 41-50: 85% 50+: 75%				0.034

Table 2: Age groups response to the survey questions

Albeit composite rebuilding efforts can be finished in a solitary treatment session with no additional lab cost, this material is by and by constrained by a few limitations – failure to totally repeat common tooth in shading and changes prompted amid time because of polymerization-initiated shrinkage, low wear protection and surface porosity, which may impact the patient's level of fulfillment. Those impediments of composite materials may add to poorer style in time and incite decline of fulfillment with dental appearance. Consequently, these materials need to enhance their exhibitions. More youthful individuals and ladies tend to uncover more maxillary teeth than more seasoned and men (Milosevic & Burnside, 2016).

The inadequacy of certain examinations was that it didn't evaluate the nature of reclamations as a component that could impact fulfillment. All things considered, presumably, individuals in some cases surmise that when they have some dental reclamation their dental appearance is adjusted or less common and they are to some degree disappointed. Dental appearance may impact social communications and add to social choice. It additionally may reflect monetary status. Wealthier individuals, even with more terrible oral wellbeing, are probably going to have better frontal reclamation, brighter and straighter teeth and a higher red-white style. Maybe that is the reason the nearness of composite reclamations, even well-made, might be a higher wellspring of a disappointment than nearness of settled prosthetic rebuilding efforts (Paul et al, 2013).

Fulfillment with teeth appearance may consider general demeanor wellbeing, especially oral wellbeing. That clarifies why nearness of plaque is a respected second-arrange factor in disappointment. The nearness of gingivitis was not evaluated in this investigation, but rather plaque list profoundly decidedly relates with gingivitis. Thusly it can be a marker of periodontal wellbeing and oral social insurance. Expectedly, the expansion of the level of plaque file diminishes the appraisal of fulfillment with dental appearance. The members who had a higher level of plaque file revealed a lower level of fulfillment with dental appearance. The plaque file was a factually critical negative indicator of general fulfillment with their teeth (Opdam et al, 2013).

CONCLUSION

- There was a significantly higher satisfaction level of restorations and esthetics among the male participants as compared to the females.
- Males were reported to be more confident of showing their teeth and smiling freely as compared to the females. This difference was statistically significant.
- A majority of the female participants had experienced significantly more texture related changes and dissatisfaction from their restorations.
- Knowledge related with the longevity of restorations was much better in the older adults as compared with the younger sample, which was statistically significant.
- Younger participants complained more about the change in the texture of their restorations over a period of time.

CONFLICT OF INTEREST

There is no conflict of interest among the authors or any personnel or organization with the publication of this study.

REFERENCES

- Shah RJ, Malek FJ, Agarwal P.A Study of Patient Satisfaction with Maxillary Anterior Teeth Restorations and Desirable Esthetic Treatment Options. *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*. Oct. 2014, pp. 79-86.
- Akarslan ZZ, Sadik B, Erten H, Karabulut E. Dental esthetic satisfaction, received and desired dental treatments for improvement of esthetics. *Indian Journal of Dental Research*, 2009 vol. 20, pp. 195-200.
- Ljiljan S, Dijana B, Lvica S, Rada Z. Self-perception and satisfaction with dental appearance and aesthetics with respect to patients' age, gender, and level of education, *SrpArhCelokLek*, 2016, vol. 144 (11-12), pp. 580-589.
- Samorodnitsky-NavehGR, Geiger SB, Levin L (2007). Patient's satisfaction with dental esthetics. *Journal of American Dental Association*, 2007, vol. 138(6), pp. 805-8.
- Jain V, Das TK, Pruthi G, Shah N, Rajendiran S. Comparative evaluation of effects of bleaching on color stability and marginal adaptation of discolored direct and indirect composite laminate veneers under in vivo conditions. *Journal of Indian Prosthodontics Society*, 2015, vol. 15, pp. 46-52.
- Zoric E, Zagar M, Zlataric D. Influence of gender on the patient's Assessment of Restorations on the Upper Anterior Teeth. *International Journal of Oral Science and Dental Medicine*, 2014, vol. 48(1), pp. 33-41.
- Poggio C, Beltrami R, Scribante A, Colombo M, Chiesa M (2012). Surface discoloration of composite resins: Effects of staining and bleaching. *Dental Research Journal*. 2012;9(5):567-573.
- Akarslan, Z., Sadik, B., Erten, H. and Karabulut, E. (2009). Dental esthetic satisfaction, received and desired dental treatments for improvement of esthetics. *Indian Journal of Dental Research*, 20(2), p.195.
- Al-Khayatt, A., Ray-Chaudhuri, A., Poyser, N., Briggs, P., Porter, R., Kelleher, M. and Eliyas, S. (2013). Direct composite restorations for the worn mandibular anterior dentition: a 7-year follow-up of a prospective randomised controlled split-mouth clinical trial. *Journal of Oral Rehabilitation*, 40(5), pp.389-401.
- BAYINDIR, F. and DIKEÇ, E. (2015). INDIRECT FIBER-REINFORCED RESIN COMPOSITE RESTORATIONS FOR MANDIBULAR ANTERIOR DENTITION (18 MONTH FOLLOW UP). *Atatürk Üniversitesi Diş Hekimliği Fakültesi Dergisi*, 25(1).
- Broughton, A. and Smales, R. (1991). Comparison of dental needs with the treatments actually received. *Australian Dental Journal*, 36(3), pp.223-230.
- Broughton, A. and Smales, R. (1991). Comparison of dental needs with the treatments actually received. *Australian Dental Journal*, 36(3), pp.223-230.
- ÇEVİK, P. and AYKENT, F. (2016). THE MODIFIED LAMINATE VENEER RESTORATIONS WITH COMBINED PROSTHODONTIC RESTORATIONS ON TRAUMATIC TEETH (CASE REPORT). *Atatürk Üniversitesi Diş Hekimliği Fakültesi Dergisi*, 25(2).
- Composite restorations for worn teeth. (2016). *Dental Abstracts*, 61(4), pp.192-193.
- Gulamali, A., Hemmings, K., Tredwin, C. and Petrie, A. (2011). Survival analysis of composite Dahl restorations provided to manage localised anterior tooth wear (ten year follow-up). *British Dental Journal*, 211(4), pp.E9-E9.
- Hamburger, J., Opdam, N., Bronkhorst, E. and Huysmans, M. (2014). Indirect restorations for severe tooth wear: Fracture risk and layer thickness. *Journal of Dentistry*, 42(4), pp.413-418.
- King, P. (2003). Research Summary: Performance of resin-based composite restorations to manage anterior tooth wear. *British Dental Journal*, 194(10), pp.559-559.
- Meijering, A., Creugers, N., Mulder, J. and Roeters, F. (1995). Treatment times for three different types of veneer restorations. *Journal of Dentistry*, 23(1), pp.21-26.
- Meijering, A., Roeters, F., Mulder, J. and Creugers, N. (1997). Patients' satisfaction with different types of veneer restorations. *Journal of Dentistry*, 25(6), pp.493-497.
- Milosevic, A. and Burnside, G. (2016). The survival of direct composite restorations in the management of severe tooth wear including attrition and erosion: A prospective 8-year study. *Journal of Dentistry*, 44, pp.13-19.

- Pallesen, U. and Qvist, V. (2003). Composite resin fillings and inlays. An 11-year evaluation. *Clinical Oral Investigations*, 7(2), pp.71-79.
- POYSER, N., BRIGGS, P., CHANA, H., KELLEHER, M., PORTER, R. and PATEL, M. (2007). The evaluation of direct composite restorations for the worn mandibular anterior dentition ?clinical performance and patient satisfaction. *Journal of Oral Rehabilitation*, 34(5), pp.361-376.
- Ramírez Barrantes, J., Araujo Jr, E. and Narciso Baratieri, L. (2015). Clinical Evaluation of Direct Composite Resin Restorations in Fractured Anterior Teeth. *Odvotos - International Journal of Dental Sciences*, (16), p.47.
- Redman, C., Hemmings, K. and Good, J. (2003). The survival and clinical performance of resin-based composite restorations used to treat localised anterior tooth wear. *British Dental Journal*, 194(10), pp.566-572.
- Samorodnitzky-Naveh, G., Geiger, S. and Levin, L. (2007). Patients' satisfaction with dental esthetics. *The Journal of the American Dental Association*, 138(6), pp.805-808.
- Satisfaction with esthetic results.(2015). *Dental Abstracts*, 60(6), p.e179.
- Van Dijken, J. (1986). A clinical evaluation of anterior conventional, microfiller, and hybrid composite resin fillings: A 6-year follow-up study. *Acta Odontologica Scandinavica*, 44(6), pp.357-367.