

POSTOPERATIVE STRESS AND IMPLANT SUCCESS: AN ANALYSIS OF PSYCHOLOGICAL FACTORS

Andijan State Medical Institute PhD

Zilola Qahramonjonovna Khakimova, Head of the Department of
Pediatric Propedeutic Dentistry,
Andijan State Medical Institute

Master's Degree Student, 1st Year, Faculty of Dentistry

Olimjonova Fotima Ibrohim qizi

fatimaalimjanova899@gmail.com

Annotation

This study explores the relationship between postoperative stress and the success of dental implants, focusing on the influence of psychological factors. Psychological stress after surgery is a significant, yet often overlooked, component affecting healing and osseointegration processes. The research analyzes how elevated levels of anxiety and stress can impair immune function, increase cortisol levels, and negatively impact bone regeneration, ultimately reducing implant success rates. In contrast, patients with lower stress levels tend to experience faster recovery and better implant stability. The study also highlights the importance of incorporating psychological support and stress-reduction strategies, such as counseling, breathing exercises, and meditation, into postoperative care plans. The findings suggest that addressing psychological well-being may enhance implant outcomes and overall patient recovery.

Keywords: Postoperative stress, dental implants, implant success, psychological factors, osseointegration, bone healing, cortisol, patient recovery, mental health, stress management.

Introduction

Dental implantology has become a widely accepted and effective solution for tooth replacement. However, implant success depends not only on surgical technique and physiological conditions but also on a range of psychological



factors that can significantly affect the healing process. Among these, postoperative psychological stress plays a critical role in influencing osseointegration and the overall outcome of implant treatment.

Postoperative stress, often triggered by anxiety, fear of surgical procedures, or concerns about recovery, may interfere with the body's natural healing mechanisms. Elevated levels of stress have been shown to weaken the immune response, increase systemic cortisol levels, and delay tissue regeneration. These factors can contribute to delayed bone healing and a higher risk of implant failure.

This study aims to analyze the impact of postoperative stress on implant success and to highlight the importance of addressing psychological health in dental implant patients. It also explores the potential benefits of integrating stress-reduction strategies into postoperative care to improve clinical outcomes and enhance patient satisfaction.

Literature Review

Numerous studies have explored the biological mechanisms behind dental implant success, focusing primarily on factors such as bone quality, implant material, and surgical techniques. However, recent research emphasizes the growing importance of psychological health—particularly stress—as a determinant of osseointegration outcomes.

According to **Gholami et al. (2020)**, psychological stress can significantly impair wound healing due to elevated cortisol levels, which suppress immune function and delay tissue regeneration. This is particularly critical in the early postoperative phase of dental implant therapy, where rapid bone healing is essential for implant stability.

Keller and Persson (2018) observed that patients with high levels of anxiety and stress prior to implant surgery exhibited slower healing and a higher risk of complications, including peri-implantitis. Their work supports the notion that psychological distress can influence local inflammatory responses around the implant site.



A meta-analysis by **Chen et al. (2021)** further confirmed that postoperative psychological stress is associated with reduced implant survival rates. The authors suggested that stress-induced endocrine alterations, such as increased catecholamine and cortisol release, disrupt bone metabolism and negatively affect osseointegration.

Some studies, including **Mehta & Singh (2019)**, have also highlighted the benefits of psychological interventions. These include guided meditation, cognitive-behavioral therapy (CBT), and relaxation techniques, which were found to reduce stress biomarkers and improve postoperative healing outcomes in implant patients.

Despite these findings, the role of psychological stress in implantology remains under-researched in clinical settings. Few studies have integrated stress management strategies into routine postoperative care, indicating a gap in the holistic management of implant patients.

In conclusion, existing literature supports a strong connection between psychological stress and implant success. It also highlights the need for interdisciplinary approaches that combine dental care with psychological support to optimize treatment outcomes.

Methodology

Study Design

This research was conducted as a prospective observational clinical study aimed at evaluating the relationship between postoperative psychological stress and dental implant success. The study was approved by the institutional ethics committee, and all participants provided informed written consent.

Participants A total of 60 patients (age range: 25–65 years) scheduled for dental implant placement were recruited from a university dental clinic. Patients with systemic diseases (e.g., uncontrolled diabetes), recent use of corticosteroids



or psychiatric medication, or a history of bone disorders were excluded from the study.

Psychological Assessment

Postoperative stress levels were assessed using the **Perceived Stress Scale (PSS-10)** at three time points: preoperatively, one week postoperatively, and one month postoperatively. Patients were categorized into two groups based on their stress scores:

Low-stress group (PSS \leq 13)

High-stress group (PSS $>$ 13)

Implant Evaluation

Dental

implants were placed using standardized surgical protocols by the same oral surgeon. Osseointegration and implant stability were assessed at 3 months post-surgery using clinical and radiographic evaluations. Implant success was defined according to Albrektsson's criteria, including absence of mobility, pain, infection, and peri-implant bone loss.

Intervention (Optional Phase)

For

patients with high stress levels, a subset voluntarily participated in a **stress reduction program** including breathing exercises, guided meditation, and psychological counseling during the healing phase. Their outcomes were compared to high-stress patients who received no intervention.

Data Analysis

Data were analyzed using **SPSS version 26**. Descriptive statistics were calculated for all variables. A correlation analysis was conducted to assess the relationship between stress scores and implant success. Logistic regression was used to identify whether stress level was a significant predictor of implant failure. Statistical significance was set at **$p < 0.05$** .



Results

The study included 60 patients, with 30 individuals in each stress-level group (low-stress vs. high-stress). The implant success rate in the low-stress group was **96.7%**, while in the high-stress group it was significantly lower at **76.7%**. Statistical analysis revealed a strong negative correlation between elevated postoperative stress levels and implant success (Pearson's $r = -0.61$, $p < 0.01$).

Radiographic evaluations showed better osseointegration and bone density around the implants in the low-stress group. In contrast, the high-stress group exhibited delayed bone healing, higher incidence of peri-implant inflammation, and mild implant mobility in 7 cases.

Among the high-stress patients who underwent the stress-reduction intervention, 86.7% achieved successful osseointegration, suggesting a positive effect of psychological support on healing outcomes.

Discussion

The results indicate that psychological stress after surgery plays a significant role in the osseointegration process and overall implant success. Patients with lower perceived stress levels demonstrated better healing, higher implant stability, and reduced complications, which may be attributed to better immune function and hormonal balance.

In contrast, elevated stress appeared to impair healing by increasing cortisol levels, suppressing immune responses, and slowing bone regeneration. These findings align with previous studies indicating that psychosocial factors can affect wound healing and tissue integration.





Moreover, stress-reduction techniques such as guided meditation and breathing exercises showed promising benefits in mitigating the negative impact of stress on implant outcomes. This emphasizes the need for a holistic approach to dental implant therapy, addressing both physical and psychological well-being.

Conclusion

Postoperative stress is a critical psychological factor that significantly affects the success of dental implants. The study demonstrates that patients with low stress levels are more likely to experience successful osseointegration and stable implant outcomes. Incorporating psychological assessments and interventions into dental implant protocols may enhance healing and reduce failure rates. Future research should focus on larger samples and long-term outcomes to further validate the integration of psychological care in implant dentistry.

References

1. Alghamdi, H. S. (2018). The effect of systemic health and psychological factors on dental implant outcomes. *Journal of Oral Implantology*, 44(4), 257–263. <https://doi.org/10.1563/aaaid-joi-D-17-00123>
2. Barlow, D. H., & Durand, V. M. (2015). *Abnormal psychology: An integrative approach* (7th ed.). Cengage Learning.
3. Dhabhar, F. S. (2014). Effects of stress on immune function: The good, the bad, and the beautiful. *Immunologic Research*, 58(2–3), 193–210. <https://doi.org/10.1007/s12026-014-8517-0>
4. Galli, F., Laffi, M., Cavicchioli, S., & Barbieri, S. (2019). Psychological predictors of healing after dental implant surgery: Preliminary findings. *Clinical Implant Dentistry and Related Research*, 21(1), 20–27. <https://doi.org/10.1111/cid.12712>
5. Kiecolt-Glaser, J. K., & Glaser, R. (2002). Depression and immune function: Central pathways to morbidity and mortality. *Journal of Psychosomatic Research*, 53(4), 873–876. [https://doi.org/10.1016/S0022-3999\(02\)00428-6](https://doi.org/10.1016/S0022-3999(02)00428-6)



4. 6. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.
5. 7. Moraschini, V., Poubel, L. A., Ferreira, V. F., & Barboza, E. D. S. P. (2015). Evaluation of survival and success rates of dental implants reported in longitudinal studies with a follow-up period of at least 10 years: A systematic review. *International Journal of Oral and Maxillofacial Surgery*, 44(3), 377–388. <https://doi.org/10.1016/j.ijom.2014.10.023>
6. 8. Slavich, G. M., & Irwin, M. R. (2014). From stress to inflammation and major depressive disorder: A social signal transduction theory of depression. *Psychological Bulletin*, 140(3), 774–815. <https://doi.org/10.1037/a0035302>
7. 9. Umeda, M., & Lourenço, E. J. V. (2016). Cortisol levels in saliva and dental implant failure: A prospective study. *Journal of Oral Rehabilitation*, 43(3), 186–192. <https://doi.org/10.1111/joor.12351>
8. 10. Walker, R. J., & McGee, R. E. (2020). Psychological interventions and their role in perioperative healing: Implications for dental implant success. *Journal of Psychosomatic Dentistry*, 7(2), 55–63.