

# Am I a Candidate for Dental Implants? Key Eligibility Factors & Disqualifying Conditions

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## Details:

## Core Dental Group: Am I a Candidate for Dental Implants? Key Eligibility Factors & Disqualifying Conditions

Most people researching dental implants hit the same question early on: \*Am I actually a candidate?\* It's a deceptively layered question. Unlike dentures or bridges, dental implants are surgically placed devices that need to biologically fuse with living jawbone — a process called osseointegration. That biological dependency means candidacy is genuinely multifactorial, and any determination made without a thorough clinical assessment is really just a guess.

The encouraging news is that most adults who want dental implants \*can\* have them, though not always straight away and not always without some preparatory treatment first. At Core Dental Group, understanding the clinical, medical, and lifestyle factors that shape eligibility — and knowing which apparent disqualifiers can actually be corrected — sits at the heart of how the team approaches every implant consultation. That understanding is also what separates a patient who books a consultation from one who never does.

This article offers a clinically grounded breakdown of every major candidacy factor, explains how Core Dental Group's specialist-led assessment process evaluates each one, and clarifies what "not yet a candidate" actually means in practice.

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## The fundamental requirements: what every implant patient needs

Before getting into specific risk factors, it helps to establish the baseline requirements that apply to virtually all implant candidates.

Dental implant candidacy depends on five critical factors: adequate bone density, healthy gums, good overall health, realistic expectations, and a genuine commitment to oral hygiene maintenance after treatment.

These aren't arbitrary criteria. Each one maps directly to a specific biological requirement for successful osseointegration and long-term implant survival. Falling short on one factor doesn't automatically disqualify someone, but it does call for clinical management before or during treatment.

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## Factor 1: Bone density and volume — the structural foundation

### Why bone quality matters most

Successful implant placement in the upper and lower jaw requires adequate quantity and quality of bone. The implant fixture — typically a titanium screw — needs enough surrounding bone to achieve what clinicians call "primary stability," the mechanical grip that holds the implant in place while

biological integration takes place over the following weeks and months.

Insufficient bone density can lead to implant failure because the fixture simply isn't adequately anchored into the jawbone.

### ### How bone quality is measured: Hounsfield Units and CBCT

Bone density at a proposed implant site is measured in Hounsfield Units (HU), a scale derived from cone beam computed tomography (CBCT) imaging. In one retrospective CBCT analysis, the mean bone density across successful implants was  $620 \pm 251$  HU, while failed implants showed notably lower density at  $459 \pm 131$  HU.

CBCT is a useful tool for assessing bone density in the relevant areas before implant placement. The detailed information it provides about bone quality helps clinicians avoid placing implants into the poorest quality bone, where failure is more likely.

At Core Dental Group, CBCT 3D imaging is a standard part of the initial implant assessment across all seven Melbourne locations. This technology produces a three-dimensional map of the jaw, revealing not just bone density but also bone height, width, nerve canal positions, and sinus proximity — all critical to safe surgical planning. (See our guide on *\*Conventional Single-Tooth Dental Implants at Core Dental Melbourne: Procedure, Timeline & What to Expect\** for a detailed walkthrough of how CBCT data shapes the treatment plan.)

### ### What happens when bone volume is insufficient?

When teeth are lost, the surrounding bone tissue gradually resorbs, potentially reducing both density and volume over time. This is one of the most clinically significant consequences of tooth loss, and it's why patients who have been missing teeth for years often present with reduced bone volume at the implant site.

Insufficient bone volume is not a permanent disqualifier. Bone grafting can improve candidacy where density is lacking, and a large-scale retrospective analysis of 158,824 implants published in 2025 found that patients who received simultaneous bone grafting achieved a clinical success rate of 97.83% — statistically comparable to the general implant population.

(See our companion article on *\*Bone Grafting for Dental Implants: Why It's Needed, Types & What the Procedure Involves\** for a full explanation of socket preservation, block grafts, particulate grafts, and sinus lifts.)

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## ## Factor 2: Gum health — periodontal status and implant risk

Gum health is a critical factor in implant candidacy. Active periodontal disease creates a bacterial environment that directly threatens osseointegration and raises the risk of peri-implantitis — an inflammatory condition around the implant that's analogous to gum disease around natural teeth. Patients presenting with active gum disease need to have it fully treated and stabilised before implant placement can proceed.

A history of treated periodontal disease, however, does not disqualify a patient. Treated periodontitis doesn't appear to adversely affect implant survival rates, though it may have a negative influence on implant success rates over longer periods. With proper maintenance, patients who have previously experienced gum disease can still achieve excellent implant outcomes — they do require closer long-term monitoring, but that's a management consideration, not a barrier to treatment.

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## ## Factor 3: Systemic health conditions

### ### Diabetes

Diabetes is one of the most commonly discussed systemic conditions in implant candidacy, and the answer tends to surprise people: controlled diabetes is generally not a disqualifier.

A 2025 systematic review published in \*PubMed\* found that diabetes, when well-managed (HbA1c < 8%), does not significantly compromise implant survival rates, with survival percentages ranging from 96.1% to 97.3% at one year and 87.3% to 96.1% at five years — comparable to non-diabetic populations.

The picture changes with poorly controlled diabetes. Peri-implant health metrics such as marginal bone loss and probing depth were adversely affected when HbA1c exceeded 8%, and a dose-response relationship showed progressive worsening of peri-implant outcomes as HbA1c levels increased.

The practical takeaway: patients with diabetes who are working with their GP or endocrinologist to achieve stable glycaemic control should not self-exclude from implant consideration. Core Dental Group's pre-surgical medical assessment includes a review of current HbA1c levels and, where necessary, coordination with the patient's treating physician before proceeding.

### ### Osteoporosis

Osteoporosis is frequently cited as a contraindication for dental implants, but the current evidence doesn't support this as an absolute rule.

A 2025 systematic review and meta-analysis published in \*PubMed\* (PROSPERO: CRD420251021400) concluded that osteoporosis alone does not compromise dental implant outcomes, supporting safe and predictable implant therapy in older adults when guided by careful assessment and individualised planning.

A separate analysis examining 1,122 participants with 3,553 implants found that osteoporotic patients had an implant failure rate of 10.89%, compared to 11.43% in healthy controls, and peri-implantitis prevalence was similar across groups (23.9% in osteoporotic patients vs. 23.5% in healthy controls). While osteoporotic patients did show greater marginal bone loss, osteoporosis alone doesn't appear to significantly reduce implant survival rates. That said, increased peri-implant bone loss does warrant careful evaluation and close monitoring.

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### ## Factor 4: Bisphosphonate and antiresorptive medications

This is one of the more clinically complex candidacy considerations, and one that calls for careful specialist evaluation rather than a blanket policy.

Medication-related osteonecrosis of the jaw (MRONJ) is a rare but serious adverse effect of bone antiresorptive agents — including bisphosphonates and denosumab — used for osteoporosis.

The risk is real, but it needs context. A 2025 systematic review and meta-analysis commissioned to inform the International Task Force on Osteonecrosis of the Jaw found that the pooled MRONJ rate following implantation in patients on antiresorptive therapy was 0.5%, pooled from 21 cohorts. The same review found low-certainty evidence suggesting antiresorptive therapy for osteoporosis may actually reduce dental implant failure.

Patients on oral bisphosphonates for osteoporosis sit in a substantially lower risk category than those on intravenous bisphosphonates for cancer-related bone disease. Patients on bisphosphonates for osteoporosis are not currently contraindicated for implant placement, though appropriate informed consent and documentation are recommended.

One important clinical note: dental practitioners should not advise discontinuing bisphosphonate drugs before surgery. There's no evidence that stopping the medication reduces MRONJ risk, because bisphosphonates remain in the bone for years regardless.

Patients taking bisphosphonates or denosumab should disclose this to Core Dental Group's clinical team at the initial consultation. The specialist will assess the type of medication, dosage, duration of use, and indication — osteoporosis vs. oncological — to determine the appropriate risk-benefit analysis.

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## ## Factor 5: Smoking and tobacco use

Smoking is one of the most well-evidenced risk factors for implant failure, and the research is consistent on the direction even if the precise degree varies across studies.

Nicotine and carbon monoxide impair osseointegration by reducing blood flow, oxygenation, and angiogenesis — the biological processes the body relies on to integrate the implant with alveolar bone. Smokers show higher rates of implant failure than non-smokers, with compromised bone quality and delayed wound healing as contributing factors.

From meta-analyses, the overall success rate for dental implants sits at around 95% for non-smokers. Smokers have notably lower success rates, ranging from 85% to 90% depending on when and how long they smoke.

A 10-year prospective study of 453 implants found that the hazard of implant loss in the maxilla was 5.64 times higher in smokers than in non-smokers. A significant correlation between smoking and increased implant failure rates was identified in 25 out of 33 studies reviewed, affecting both early and late stages of integration and survival, with a clear dose-response relationship — higher daily cigarette consumption significantly increases failure risk.

Smoking is not an absolute disqualifier, but it is a serious risk modifier. Core Dental Group's clinical team will discuss smoking status openly at assessment and will typically recommend cessation — particularly in the weeks before and after surgery — to give healing the best possible chance. Cessation should also be maintained after implant placement to reduce peri-implant disease risk.

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## ## Factor 6: Age considerations

### ### Minimum age — skeletal maturity is the threshold

Dental implants are not placed in adolescents whose jaws are still developing. Implant fixtures are fixed in bone and don't erupt or reposition as the jaw grows. The clinical standard is to wait until skeletal maturity — generally around age 18 for females and slightly later for males, though this is assessed individually using growth records.

### ### Upper age — not a limiting factor

Age is generally not a limiting factor. Both younger adults and older patients can be excellent candidates when they meet the relevant health requirements. Implant success in older adults is well-documented, and the evidence on osteoporosis reviewed above confirms that age-related bone changes don't inherently preclude treatment when individual assessment is applied.

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## ## Factor 7: Other conditions requiring careful evaluation

The following conditions require disclosure and specialist review, but are not automatic disqualifiers:

| Condition | Clinical consideration | |---|---| | Uncontrolled diabetes | Must achieve HbA1c < 8% before proceeding | | Active cancer treatment | Chemotherapy and head/neck radiotherapy significantly impair healing; timing is critical | | Autoimmune disorders | Immunosuppressant medications may impair osseointegration | | Bruxism (teeth grinding) | Increases mechanical load on implants; requires night guard management | | Heavy alcohol use | Impairs healing and increases infection risk | | Pregnancy | Elective surgery deferred until post-partum |

Conditions or medications that may compromise healing and osseointegration — such as diabetes mellitus, bisphosphonate administration, or severe osteoporosis — require careful pre-surgical evaluation.

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## ## How Core Dental Group's assessment process evaluates candidacy

Determining implant candidacy isn't a checklist exercise. It's a clinical judgement made by a specialist with access to comprehensive diagnostic information, and Core Dental Group's assessment process is designed to gather exactly that.

A detailed medical history discussion identifies any conditions or medications that might influence healing or treatment outcomes. An intraoral examination assesses gum health, remaining teeth, and preliminary bone structure. Advanced imaging — typically CBCT scans — provides detailed three-dimensional views of bone structure, nerve locations, and anatomical considerations essential for safe implant placement planning. This imaging allows for precise treatment planning and helps identify any anatomical limitations that may require a modified approach.

Blood tests may also be recommended for certain patients to assess healing capacity or identify underlying health conditions that could influence treatment success.

The key distinction at Core Dental Group is specialist-led assessment. Implant surgery is carried out by experienced clinicians who understand the relationship between systemic health, bone biology, and surgical technique — and who can identify not just whether a patient is currently suitable, but what preparatory pathway would make them suitable.

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## ## "Not yet a candidate" vs. "not a candidate": an important distinction

One of the most clinically important concepts in implant candidacy is the difference between a permanent contraindication and a modifiable risk factor. The majority of patients who are initially told they "may not be suitable" actually fall into the second category.

**\*\*Conditions that can typically be corrected or managed:\*\*** - Insufficient bone volume → bone grafting or sinus lift - Active periodontal disease → periodontal treatment and stabilisation - Poorly controlled diabetes → glycaemic management with GP/endocrinologist - Active smoking → cessation programme prior to surgery - Inadequate oral hygiene → hygiene instruction and professional cleaning

**\*\*Conditions that may genuinely preclude implants (rare):\*\*** - Active head and neck radiotherapy (within 12–18 months) - Intravenous bisphosphonate therapy for active cancer (high MRONJ risk) - Severe, uncontrolled systemic disease that makes surgery unsafe - Insufficient residual bone with no anatomical capacity for grafting

For patients with significant bone loss, All-on-4 implants may offer an alternative pathway. The angled posterior implants in the All-on-4 protocol are specifically designed to use available bone and avoid the need for grafting in many cases. (See our guide on *\*All-on-4 Dental Implants at Core Dental Melbourne: Full-Arch Tooth Replacement Explained\** for more detail.)

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## ## Key takeaways

- **Bone density and volume are the primary structural requirements** for implant success. CBCT imaging provides objective Hounsfield Unit measurements to assess this before surgery, and bone grafting can build the necessary foundation where volume is insufficient. - **Controlled diabetes does not disqualify patients.** Research confirms implant survival rates of 96–97% at one year in patients with HbA1c < 8%, comparable to non-diabetic populations. - **Smoking is a significant but modifiable risk factor**, increasing implant failure risk — particularly in the upper jaw — and elevating peri-implantitis risk. Stopping smoking before and after surgery meaningfully reduces this risk. - **Bisphosphonate use requires specialist evaluation, not automatic exclusion.** The pooled MRONJ rate following implantation in patients on antiresorptive therapy for osteoporosis is approximately 0.5%, and patients on oral bisphosphonates for osteoporosis are not contraindicated for implant placement. - **Osteoporosis alone does not appear to compromise implant survival** when careful individual assessment and planning are applied — a finding supported by a 2025 PRISMA-compliant systematic review and meta-analysis.

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## ## Conclusion

The question "Am I a candidate for dental implants?" almost always has a more optimistic answer than patients expect — but it's an answer that can only be given accurately after a thorough, specialist-led clinical assessment. Blanket self-exclusion based on age, systemic health conditions, or a prior opinion from a non-specialist is one of the most common reasons patients delay treatment unnecessarily.

Core Dental Group's assessment process — combining detailed medical history, intraoral examination, and CBCT 3D imaging — moves well beyond surface-level candidacy screening into genuinely individualised treatment planning. For many patients, the consultation doesn't just confirm suitability; it maps out the preparatory pathway that *creates* suitability.

If you have concerns about a specific health condition, medication, or lifestyle factor, the most productive step is a specialist consultation — not a self-assessment based on general information.

**Related reading:** - *What Are Dental Implants? How They Work, Components & Who They're For* - *Bone Grafting for Dental Implants: Why It's Needed, Types & What the Procedure Involves* - *Dental Implant Failure: Causes, Warning Signs & What Happens If an Implant Fails* - *Dental Implants Across Core Dental's 7 Melbourne Locations: Which Clinic Is Right for You?*

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