

CLINICAL

Tooth wear and tear

In the second in a series of three articles on tooth wear, Andrew Eder shares how and why the physiology of patients' teeth is changing

Tooth wear is on the rise – more than 75% of adults and over half of children show signs of abrasion, attrition and/or erosion. The growth of moderate wear in young adults over the last few years, as highlighted by the most recent Adult Dental Health Survey (ADHS), is of clinical relevance because it is indicative of destruction beyond that which we would expect for the patient's age.

Dentists are increasingly seeing young, otherwise healthy, patients who are unaware of what causes tooth wear but are exhibiting signs of all three types: abrasion, attrition and erosion.

The tooth wear trilogy

Teeth subjected to excessive tooth wear can become short and unattractive, as well as rough and/or sensitive. Patients may present with problems speaking or chewing, while others may complain of jaw and muscle ache.

One culprit is abrasion, which is tooth

The signs of tooth wear

- Sensitive teeth
- Discolouration, including yellowing and loss of shine (where some of the enamel has been lost)
- Sharp or chipped anterior teeth
- Occlusal surfaces wearing flat and taking on a shiny, pitted appearance
- Altered occlusion and changes to the vertical dimension
- Restorations standing proud of the teeth
- Ridges, grooves and shallower cupping developing cervically

wear caused by excessive rubbing away of enamel and dentine as a result of, for example, vigorous tooth brushing, porcelain crowns rubbing against natural teeth or having a particularly coarse diet.

Another problem is that of attrition, whereby there is contact between the teeth over and above what we would consider 'normal' use. Such patients generally suffer

from bruxism, which is often linked to a stressful lifestyle.

Then there is erosion – tooth wear resulting, perhaps, from the consumption of acidic food and drinks or stomach acid regurgitation, which is often found to be a result of conditions such as bulimia, pregnancy sickness or hiatus hernia.

Looking to the future

The challenge facing the dental team is to raise patients' awareness of the problems associated with tooth wear. Those now in their 70s, 80s and 90s tend to be burdened with heavily restored dentitions due to historical tooth decay. Without early intervention, following generations could be similarly burdened, but this time as a result of tooth wear. Timely diagnosis and preventive action are needed if the dental profession is to help patients preserve their natural teeth and maintain oral health. **ID**



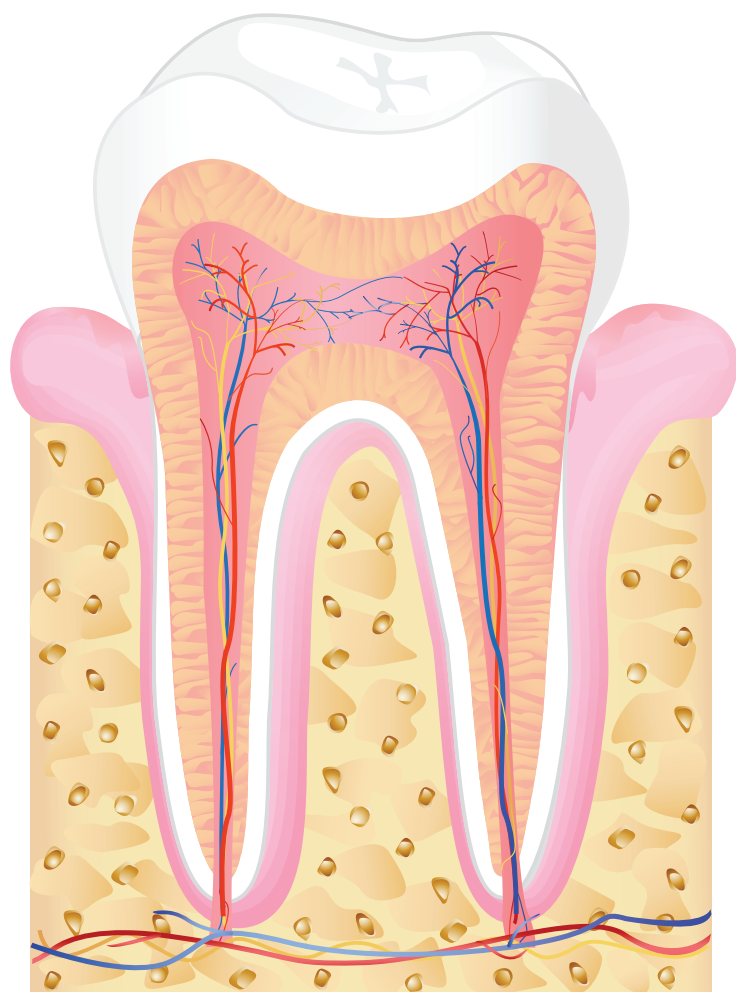
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honorary consultant at the UCL Eastman Dental Institute and associate vice-provost (enterprise) and director of CPD and short course development at UCL. The London Tooth Wear Centre offers an evidence-based and comprehensive approach to managing abrasion, attrition and erosion, using the latest clinical techniques and an holistic approach in a professional and friendly environment. For further information visit www.toothwear.co.uk, email info@toothwear.co.uk or call 020 7486 7180.



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Once Upon a Time

Once upon a time.... actually just over 20 years ago, I used to work on small teeth, which were also poorly lit. My eyesight was good but still, if I wanted to see small detail, I had to bend over closer to the patient which hurt my neck and back.

On a visit to the Chicago Dental meeting, I met a dentist selling loupes and he convinced me to buy some. They were heavy and not very attractive but I quickly realised how beneficial they were – so much so that my company started selling them! However I was still having to change my posture to get the overhead light to illuminate properly, especially if I was using a mirror.

It quickly became obvious that a light between the eyes would solve this, so I started using a fibre-optic light attached to a big light box. It restricted my freedom to move around the surgery but made such a huge difference that I put up with it.

So where am I now? Well, no longer wearing flip-up loupes as they were heavy (I never flipped them up anyway), kept going out of adjustment and the mechanism was difficult to clean. And I am no longer tethered to a lightbox for my illumination.

Gone are the ugly loupes with heavy inappropriate frames and the fibre-optic cable which I was always afraid of damaging... to be replaced with attractive lightweight loupes and a light which weighs next to nothing and allows me to walk around. They were provided by experts who determined exactly what I needed so that I am very comfortable. An extra benefit is that I am using a much higher magnification and can still have incredible width and depth of field.

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