# Early intervention for at-risk patients

**Professor Andrew Eder** shares with readers why early intervention and close monitoring are key to tackling the growing challenge of tooth wear

Tooth wear is on the increase - over three-quarters of adults and more than 50% of children show signs of abrasion, attrition and/or erosion. Comparing the most recent Adult Dental Health Survey (ADHS) with its predecessor, figures suggest that in just 11 years the incidence of tooth wear in England has increased by 10%.

The growth of moderate wear in young adults over the last few years, as highlighted by the latest ADHS, is particularly worrying because it is indicative of destruction beyond that which we would expect for our patients at that stage of life.

## The signs of tooth wear

The first step in the clinician's fight against tooth wear is to assess each patient's risk factors. For dentists, the signs that indicate tooth wear is occurring and action is needed include:

- Sensitive teeth
- Discolouration, including yellowing and loss of shine (where some of the outer enamel layer has been lost)
- Sharp or chipped anterior teeth
- Occlusal surfaces wearing flat and taking on a shiny, pitted appearance
- Altered occlusion as vertical height changes
- Restorations standing proud of the teeth
- Abfraction lesions developing cervically
- V-shaped notches or shallower cupping present cervically.

## Raising patient awareness

Telling a patient that they are suffering from tooth wear can come as something of a shock, especially for those who are well educated and make an effort to live a healthy lifestyle.

Unfortunately, most people, for example, are unaware that sports drinks to increase energy and rehydrate during exercise have their downside. The same goes for fruit juices and fizzy diet drinks, with their low pH levels. Food choices generally perceived as healthy can also be acidic, such as quinoa, yoghurt and honey.

Clearly, education is key here, so it is important to raise patients' awareness of what they can do to help themselves, including:

- Drinking still water or low fat milk between meals
- Limiting fruit juice to once per day and avoiding fizzy drinks
- Rinsing the mouth with water for 15 to 30 seconds after consuming acidic foods or drinks
- Chewing sugarfree gum or eating a piece of cheese after consuming acidic food or drink
- Waiting at least an hour to brush teeth after consuming any acidic foods or drinks
- Using a toothpaste that contains at least 1,400ppm fluoride and a non-abrasive toothbrush
- Using a fluoridated mouthwash every day at a different time to tooth brushing, as well as before or after acidic foods and drinks, to help limit the erosive potential.

For patients whose teeth are suffering as a results of stomach acid regurgitation (associated with conditions such as bulimia, pregnancy sickness or hiatus hernia), oral health advice includes:

- Issuing a fluoride rinse or gel and prescribing a high-fluoride toothpaste for daily use
- Not brushing immediately after vomiting or consuming acidic foodstuffs, but rinsing with a fluoridated mouthwash and chewing sugarfree, xylitol-sweetened gum afterwards.

It is prudent for the dentist or hygienist to demonstrate how to brush teeth without being too vigorous and, where appropriate, to recommend the use of a soft toothbrush and non-abrasive toothpaste to help eliminate some of the more common causes of abrasion. It should also be mentioned to patients that foods with a rough texture will make matters worse.

If a patient presents with pain and/or tooth wear that can be attributed to bruxism and they report feeling stressed, recommending a mouthguard (preferably a Michigan splint) and treatment with a physiotherapist or osteopath with specialist knowledge of the temporomandibular joint (TMJ) might be appropriate.

## Clinical intervention

Irrespective of aetiology, where tooth wear has been identified - functionally and/or aesthetically - clinical intervention will be needed. When caught early, simple treatment may suffice. However, in more cases than we would like, treatment may need to incorporate stabilisation and definitive complex restoration to correct the situation.

If the patient's condition is particularly troubling or complex, referral to a specialist is recommended to ascertain what is in the patient's best interests.

Upon completion of treatment, whether simple or complex, regular check-ups are necessary to discuss the patient's progress. This may involve monitoring the rate of wear by taking clinical photographs and study casts at regular intervals, providing further guidance, supporting adjustments to lifestyle, and providing motivation. PD

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The London Tooth Wear Centre is delighted to open its doors to dental colleagues for a referral evening on Tuesday 16 June 2015. The event is free to attend and worth one hour of verifiable CPD. Space is limited to only a few visitors to ensure everyone receives the attention they deserve. For further details on the referral evenings and to book your place, please email info@toothwear.co.uk or call 020 7486 7180