

Cheers to a happy New Year

With New Year's Eve and its associated celebrations fast approaching, Professor **Andrew Eder** considers the erosive potential of alcohol, and offers both preventive and treatment solutions

As we prepare to chink glasses and celebrate the New Year with a kiss from our nearest and dearest, it is important that our patients realise there's a 'hidden' danger from too much imbibing of the merry stuff!

I write 'hidden' because there appears to be a worrying lack of public awareness when it comes to tooth wear, which we dentists know has the potential to wreak havoc, resulting in pain, sensitivity and, ultimately, expensive and extensive restorative treatment if not prevented as early on as possible.

Alcohol, of course, tends to be high in sugar – an ingredient that many of our patients will associate with causing tooth decay and resulting in fillings. But it also acidic (and excessive drinking leading to vomiting contributes additionally, of course) – with long-term consumption contributing to tooth erosion – and that's what most do not realise.

Preventive advice

When you do witness such damage, it is important to monitor the rate of wear objectively by taking clinical photographs and study casts for future reference. Then, once the type of tooth wear has been diagnosed – always bearing in mind it is not uncommon for a patient to suffer from more than one form – it is imperative that action is taken to prevent further damage, starting



Figure 1. 44 year old male showing palatal erosion.



Figure 2. 44 year old male with buccal and palatal erosion.



Professor Andrew Eder is a Specialist in Restorative Dentistry and Prosthodontics and Clinical Director of the London Tooth Wear Centre®, a specialist referral practice in central London. He is also Professor/Honorary Consultant at the UCL Eastman Dental Institute and Pro-Vice-Provost and Director of Life Learning at UCL.

with patient education.

It is part of our job, then, to communicate in easy-to-understand terms to our patients that erosion may result in:

- Sensitivity;
- Discolouration;
- 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;
- V-shaped notches or shallower cupping present cervically.

We can also offer pointers to stop this kind of damage progressing further, including:

- Not swishing drinks around the mouth and waiting an hour after consuming an acidic drink before brushing to avoid damaging the softened enamel;
- Rinsing the mouth with fluoride mouthwash or water after acidic drink

consumption to help limit the erosive potential;

- Guiding the patient in brushing effectively yet gently with a relatively soft toothbrush and a toothpaste low in abrasivity;
- Chewing sugar-free, xylitol- or sorbitol-sweetened gum to help neutralise acid in the mouth.

Remedying damage

Once the patient has acted to stop their tooth wear getting worse, remedial treatment can begin. For those with minimal damage, adhesive techniques are indicated to protect the worn tooth surfaces and provide the patient with aesthetic and functional improvements.

It is clear that if damage resulting from tooth wear is not diagnosed and addressed in its early stages, treatment may need to include extensive restoration to correct the situation. When a patient presents with particularly troubling issues or appears to require complex treatment, referral to a specialist may be recommended to ascertain what is in the patient's best interests and/or to provide the treatment.

Upon completion of treatment, regular check-ups are necessary to discuss the patient's progress, monitor the rate of wear, provide further guidance, support adjustments to lifestyle, and provide motivation.

Now is the time to act

Tooth wear has the potential to be a serious issue in the UK. The Adult Dental Health Survey looked at tooth wear for the first time in 1998, and this was repeated in the latest review. Comparing the figures from the two surveys, in just 11 years the incidence of tooth wear in England increased by 10%, which, when extrapolated, is very concerning for the future as over three quarters of adults and half of children in the UK already show signs of tooth wear.

Whatever their age and status, patients need to be made aware that imprudent food and drink choices can cause damage to the enamel and dentine. Early diagnosis of tooth wear is essential so that simple treatment, including monitoring and prevention, may be provided to help patients achieve and maintain long-term dental health. Left unaware and uneducated, patients will continue with their destructive habits, which will have serious implications for their oral health in years to come.

In the news... women and alcohol

According to a recent study, women have caught up with men in the amount of alcohol they drink and are doing increasing amounts of damage to their health as a result.

This comes from a recent global study that looked at the consumption habits of four million people over a period of over a century.

The change is partly the result of successful marketing campaigns and the creation of sweeter products aimed at young women or girls, as well as cuts in price, say health campaigners. Some studies have even suggested that younger women may be out-drinking men, according to the study's authors.

The Guardian reports that researchers from the National Drug and Alcohol Research Centre of the University of New South Wales, Australia, say the conclusion is that public health efforts need to focus more on women.

'These results have implications for the framing and targeting of alcohol use prevention and intervention programmes. Alcohol use and alcohol-use disorders have historically been viewed as a male phenomenon. The present study calls this assumption into question and suggests that young women in particular should be the target of concerted efforts to reduce the impact of substance use and related harms,' they say.

Their analysis, published in the journal *BMJ Open*, looks at the convergence of drinking habits between men and women over time, from 1891 to 2014. It pools the results of 68 international studies, published since 1980, to look at the changing ratio of male to female drinking over the years.

Historically, far more men drank alcohol than women. Men born between 1891 and 1910 were twice as likely as their female peers to drink alcohol and more than three times as likely to be involved in problematic use or use leading to harms. But in all three respects, this had almost reached parity among those born between 1991 and 2000.

Women's drinking has increased for a number of reasons. Those who have succeeded in obtaining jobs that were once the preserve of men have joined – or found it necessary to become part of – the after-work drinking culture. Office for National Statistics figures from 2011 show that women in management and professional jobs drink more than the average woman and drink more on weekdays.

But drops in the price, which have led to wine and beer becoming regular items in the supermarket shopping trolley and part of everyday life at home, have also been a factor, alongside deliberate marketing targeted at women.

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Emily Robinson, Director of Campaigns at Alcohol Concern says: 'We know from our annual Dry January campaign that people often don't realise that alcohol has become a habit rather than a pleasure, with women having 'wine o'clock' most nights of the week.'

Sally Davies, the chief medical officer (CMO), changed the alcohol guidance earlier this year, advising both men and women they risked harm if they drank more than 14 units a week – previously the upper limit for men was 21 units. But she warned that there was no safe limit for anybody.

• Dry January is Alcohol Concern's annual behaviour change campaign, supporting the nation to take month off the booze every January. YouGov poll results show that 1 in 6 people in the UK attempted to a dry month in January 2016, which means there are millions of supporters out there taking on the challenge. The charity supports participants throughout the month with encouraging emails and an app to help track and monitor the impact being dry is having on their body, mind and wallet.

For more information, visit www.alcoholconcern.org.uk

The London Tooth Wear Centre® offers an evidence-based and comprehensive approach to managing abrasion, attrition and erosion, utilising the latest clinical techniques and an holistic approach in a professional and friendly environment. For further information on the work of the London Tooth Wear Centre®, visit www.toothwear.co.uk, email info@toothwear.co.uk or call **020 7486 7180**