

Your Dental Health

No. 26 — Preventive Orthodontics

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Preventive orthodontics for an adult starts with a committee of two — you and your dentist. With children it takes three — patient, parent and dentist.

But if Jonny already needs braces, preventive orthodontics involves an awareness of possible problems and regular observation of your child's mouth and oral habits.

The first step is to recognize that malocclusion, the improper contact between the teeth and jaws when biting, is a disorder — you can work to prevent it. Many children do achieve a normal occlusion in which teeth are positioned properly, but probably more do not. This may be due to some deterring factor such as decay, loss of teeth due to accident, or oral habits such as thumbsucking or tongue thrusting.

Preventive orthodontics begins with infants. The mouth of the breast-fed infant develops in the best way. The bottle-fed babies have a higher incidence of malocclusion.

From the time they erupt, baby teeth should be watched closely. The occlusion of the first teeth has a big effect on permanent teeth.

These first teeth reserve the space for the permanent teeth developing below the gums. Wear marks and other signs on the baby teeth can tell the dentist that crossbite or other problems are beginning.

If a permanent tooth is ready to erupt but is has no room, the tooth may come in crooked and push other teeth out of line. For this reason, it is sometimes necessary to extract baby teeth. The proper loss of a first tooth at 7 years of age can prevent orthodontic treatments at age 11.

Missing teeth, lost because of decay or accident, create a vacancy that neighboring teeth may try to fill. For children, your

dentist may insert a space.

Thumbsucking and mouth breathing are two habits that can cause orthodontic problems. Abnormal swallowing is frequently associated with these habits, causing even greater oral deformation. After four years of age, a child's teeth and jaws can be permanently affected by thumbsucking. Breaking these habits is an age-old problem.

Abnormal swallowing can also lead to tongue thrusting which is even more damaging and should be eliminated, if at all possible.

Mouth breathing, often caused by enlarged tonsils and adenoids, can cause slack upper lips, dry and oversized lower lips, irregularly shaped upper incisors, buck teeth and uneven teeth throughout the mouth. Surgery may be indicated here and, if done early enough, the child will return to breathing through his nose. Allergies are of concern too since they may be responsible for the "hangdog" expression of the mouth breather.

Preventive orthodontics cover a large field within dentistry. Anything that will help prevent future problems is considered — from water fluoridation to proper toothbrushing and from limitation of sweet snacks to occasional necessary extractions of overly crowded permanent teeth.

Good dental care at home and in the dental office is the first and best preventive for dental problems. With some attention to proper diet, oral hygiene and regular dental examination, a person need not lose his teeth or encounter major dental problems during his lifetime.

The keyword in preventive orthodontics is "timing." Let the child's dentist decide when it is "time" to extract a tooth, break a bad habit or enforce a better health habit.

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(Next article: "What You Should Know About Dentures")