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Modern medicine and preventive dentistry help many people to live extended lives and keep their teeth for longer; however, this longevity can result in some health issues becoming more widespread, including that of tooth wear. Throughout dental practice in the UK, growing numbers of patients are presenting with abrasion, attrition and/or erosion.

The challenge ahead

Comparing the latest Adult Dental Health Survey (ADHS) with its predecessor, figures show that in just 11 years the incidence of tooth wear in England has increased by 10%, which, when extrapolated, is of considerable concern for the future.

The more recent of the two surveys states: 'The greatest increase was in the youngest three age groups; 15 percentage points, 10 percentage points and 13 percentage points for those aged 16 to 24, 25 to 34 and 35 to 44 years respectively... While the increase in moderate tooth wear is small, moderate tooth wear in 16 to 34 year olds is of clinical relevance as it is suggestive of rapid tooth wear.

An urgent message

Tooth wear is a natural part of life and it gets worse as we get older, so it is fair to suggest that suffering some tooth wear is unavoidable.



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 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, 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. In the first of three articles, **Professor Andrew Eder** presents an overview of the facts and figures that suggest greater numbers of patients are exhibiting increasingly severe tooth wear

However, a number of causes of tooth wear are preventable – at least to some extent. Because of this, all dental professionals can make a difference to their patients' susceptibility to tooth wear.

Although it does seem that the younger generations are suffering the most from tooth wear, irrespective of age, patients need to be made aware that imprudent food and drink choices, eating disorders such as anorexia and bulimia, stressrelated bruxism, and over-zealous tooth brushing can all cause damage to the enamel and dentine.

The ADHS states: 'There is no hard and fast rule about when tooth wear needs intervention, whether that be preventive strategies or treatment to restore lost tissue, but the occurrence of abnormally high levels of wear affecting several teeth... is of importance.'

The report continues: 'Severe wear remains rare, but there are signs of an increase since the last survey and there are a small but increasing proportion of younger adults with moderate wear which is likely to be clinically important.'

It therefore seems that the dental profession needs to work harder with patients if we are to have any chance of sabotaging the tooth wear destiny that the ADHS statistics foretell for the UK population.

Next issue, Professor Eder will share with *Dentistry* readers how and why the physiology of patients' teeth is changing.



around the dental chair. What interested me is that using spray disinfectant can also produce a contaminated aerosol, which got me thinking about other disinfecting products that can be used in surgery.

The HTM 01-05 document on decontamination in practices states "DH sponsored research on the use of microfibre cloths suggests that, provided deep cleaning is performed as an initial exercise, the subsequent use of microfibre-based techniques can be helpful in achieving satisfactory removal of infectious agents from surfaces".

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