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 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.

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

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. D

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