

PD Essentials

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Hot off the press!

Professor Andrew Eder looks at the effects alcohol and recreational drugs have on levels of tooth wear

Extended and frequent periods of alcohol consumption, such as that seen in alcoholics, can cause significant tooth wear. Regular alcohol induced vomiting will increase the rate at which teeth wear considerably.

However, lower levels of alcohol can also be damaging, such as that seen as part of modern, sociable lifestyles, where alcohol intake is fairly frequent and throughout the course of an afternoon and/or evening.

Without buffering intervals, the teeth are vulnerable to erosion. Advising patients to chew sugar-free gum that contains xylitol between alcoholic drinks, or even just drinking a glass of water, will help buffer the acids in the oral cavity.

The introduction of a daily mouthwash containing fluoride, at a different time to twice daily toothbrushing with fluoridated toothpaste, will provide an additional line of defence against tooth wear. Recent research suggests that rinsing with stannous fluoride

or titanium tetrafluoride mouthwash is superior to sodium-based products.

Wear acceleration

Regular use of recreational drugs can result in a very specific pattern of parafunctional activity that may cause wear involving just a few teeth. This is because, in an intoxicated state, the patient may occlude in ways that are not usually possible.

When the patient attends for appointment, it is often difficult to replicate the apparent tooth contacts that should draw attention to this as a possible cause. It is important to consider other factors that might feature as part of this lifestyle and contribute to the patient's experience of tooth wear.

Alcohol may be consumed, either at the same time as recreational drugs or separately, and can accelerate the rate of wear. The oral hygiene regime may suffer, especially if the lifestyle equates to a lack of routine and the

habitual processes that go with it, such as toothbrushing.

Reduced body awareness can also feature due to intoxication and/or the after-effects of it. In the same way that we monitor dental caries and periodontal disease, it is important to monitor tooth wear. This enables the clinician to assess its progress and plan stabilisation, prevention and treatment.

At an individual level, study models and photographs are the gold standard as they provide a very specific, objective record. In epidemiological studies, however, indices such as the basic erosive wear examination are recommended, as they are quick to perform and objective.

The FDI World Dental Federation recommends the Dental Wear Index, which measures all types of tooth wear. [PD](#)

Professor Andrew Eder is a specialist in restorative dentistry and prosthodontics. He is clinical director of the specialist referral practice, London Tooth Wear Centre (www.toothwear.co.uk).

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