

Managing Tooth Wear Through Effective Communication

Advice from Andrew Eder, dean and professor
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by Andrew Eder

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There is no doubting the importance of effective communication in dentistry. For some of us, the gap between clinical and communication skills is easy to bridge, whilst for others it presents more of a challenge.

Added to this, the topic of tooth wear can offer an extra dimension for dental professionals because, one might argue, there is less awareness of it amongst the public than, say, tooth decay and gum disease.

Talking about erosion

Telling patients that they are suffering from tooth wear in the form of erosion can come as something of a shock to them, especially for those who are well educated and try to live healthy lifestyles, opting for foods and beverages that might be beneficial to the body, if not the dentition.

Since tooth wear-friendly choices have a pH above the critical measure of 5.5,



Examples of tooth wear from erosion

patients should be made aware that if a pH value is between 0 and 5.5, it will contribute to acid erosion, particularly if taken frequently. They need to know that the lower the number, the greater the potential for damage, and that these values are easy to find on the internet. It's also critical to offer patients advice as to what they can do to help prevent damage if they do opt for an acidic item. You may want to suggest they implement the following:

- Limiting fruit juice to once per day, preferably with a meal, and avoiding fizzy drinks, etc.
- Drinking still water or lowfat milk between meals.
- Rinsing the mouth with water for 15–30 seconds after consuming acidic drinks.
- Chewing sugar-free gum or eating a piece of cheese after consuming an acidic drink.
- Waiting at least an hour to brush teeth after consuming anything acidic.
- Using a toothpaste that contains at least 1,400ppm fluoride and a nonabrasive toothbrush.
- Using a fluoridated mouthwash every day, at a different time than tooth brushing, as well as before or after acidic drinks, to help limit the erosive potential.



Another common cause of tooth erosion results from stomach acid in the mouth, such as that experienced by bulimics.

This can, of course, be a challenging issue to raise with patients because shame and denial are common features of an eating disorder, which means patients may not readily admit to their behaviour. Because of this, it's important to share examination findings with patients in a sensitive manner, explaining what typically causes excessive acid in the mouth. Reassure these patients that you have time to talk things through and ask questions in a nonjudgmental way to help

patients make the link for themselves.

Diet analysis and general guidance on how to reduce the effect of acidic food and drinks should also be given, such as:

- Drinking water or lowfat milk in preference to other liquids.
- Using a straw positioned toward the back of the mouth when drinking acidic beverages.
- Avoiding swishing drinks around the mouth.
- Rinsing the mouth with water or fluoridated mouthwash after consuming acidic foodstuffs.

In addition, oral health advice for patients whose dentition has been compromised by bulimia includes:

- Issuing a fluoride rinse or gel and prescribing a high-fluoride toothpaste for daily use.
- Not brushing immediately after vomiting or consuming acidic food-stuffs, but rinsing with a fluoridated mouthwash and chewing sugar-free, xylitol-sweetened gum afterwards.

The abrasion conversation

The public is relatively well-informed about the need to brush and clean interdentally to maintain a reasonable level of oral health, with varying levels of success when it comes to implementation.

What appears to be less well known is what one might call *overenthusiastic* tooth brushing, which can result in abrasion. An important preventive message to share with our patients, therefore, is the need for gentle but effective brushing.

Experience has shown that many people think that brushing hard is the same thing as brushing well. In such cases, it may also be appropriate to demonstrate the best brushing technique for the patient, and to recommend the use of a soft toothbrush and nonabrasive toothpaste.

In addition, foods with a rough texture can make things worse, so it's worth having a discussion with patients about their diet. As a broad guide: If something is tough to chew and/or fibrous, it may well be abrasive.

It's also important to make sure patients understand their teeth are not a handy tool to be used, for example, to tear labels off newly bought items or open packets of crisps. In addition, many people chew objects such as pens and pencils—often without realising they are doing it.

If a discussion with your patient brings such an issue to the fore, it might be worth suggesting they coat their chew-item of choice with a bitter-tasting solution that's often marketed to nail biters.

Stressing about attrition

According to the Mental Health Foundation, almost half of British adults say they feel stressed every day. Stress is a significant contributor to tooth grinding while asleep, resulting in symptoms such as tooth sensitivity, problems chewing, headaches and neck ache, as well as the possibility of ultimately losing teeth.

Patients with a tendency to grind or clench should be told how they might improve their situation. Happily, making a few simple lifestyle changes can be a big help, such as:

- Switching off devices, such as smartphones and tablets, an hour before bed.
- Avoiding stimulants, such as coffee and nicotine.
- Using essential oils such as rosemary or peppermint to encourage clarity during the day and lavender or sandalwood to relax at night.

- Practising yoga, meditation or mindfulness to help maintain equilibrium.

In addition, if patients suffer from sensitivity as a result of tooth wear, as opposed to another underlying oral health issue, let them know that using a fluoridated mouth rinse every day, at a different time from tooth brushing, is an effective first line of defence. A desensitising toothpaste can also be helpful in alleviating the pain caused by sensitivity.

Motivating for success

It has been suggested that linking healthier practices with appearance may be key to getting people motivated, so it might be a good idea to focus initial communication on the concept that preventive care is essential to avoid teeth becoming short and unattractive, as well as rough or sensitive.

Another important message is that if erosion is left to continue its damaging course, teeth may require extensive restorative treatment further down the line. ■

