

INFORMATION ON TOOTH WEAR

Tooth wear begins when the outermost layer of tooth structure (enamel) gets thinned down. Gradual enamel loss over time will make your teeth appear permanently shorter or smaller. This is different from tooth decay.

With age, natural (**physiologic**) wear and tear of your teeth can be expected. In the modern world, tooth wear is usually caused by friction during brushing and chewing.

As teeth continue to drift over your lifetime, **incisor crowding** and **irregular bite patterns** may appear. These changes occur regardless of previous orthodontic (braces) treatment and occur even after wisdom teeth removal. Irregular bite patterns cause bite forces to be distributed unevenly across the teeth. This **may harm** veneers, crowns, implants and even natural teeth that may be overloaded, causing irregular wear/chipping, spacing, gum recession, increased tooth/implant mobility or implant loss.

Accelerated wear may occur as a result of:

- Unconscious night time clenching or grinding of the teeth (sleep bruxism)
- Frequent intake of acidic food/drinks (citrus fruit, fruit juice, fizzy drinks, diet cola, lemon water, apple cider vinegar)
- Brushing too hard with an abrasive toothpaste
- Frequent/chronic gastroesophageal reflux (heartburn)
- Frequent vomiting (morning sickness, as a side effect of certain drugs/substances, bulimia)
- Biting into very hard foods (shellfish, bones, ice)
- An imbalanced bite caused by missing teeth and teeth out of alignment resulting in some teeth being subjected to more stress than compared to others.

Tooth wear usually occurs at a rate that is not noticeable to you, and usually occurs without any discomfort. Symptoms may only occur in very advanced stages of wear or if a major fracture of the tooth has occurred.

Your dentist may see areas of enamel that have thinned down/flattened out (wear facets), craze/crack lines within the tooth, tooth chipping or irregularities, breakdown of filling margins and colour changes (yellowing, darkening of the tooth).



In more severe cases, enamel may be completely absent, and the inner layer of the tooth (dentine) may be exposed. Since dentine is a living tissue that has nerve connections, exposed dentine can become hypersensitive in the presence of cold/sweet substances. Severe dentine destruction may expose the nerve (pulp) of the tooth to bacteria, eventually causing a toothache when the pulp dies.



MANAGEMENT

Accelerated tooth wear SHOULD be addressed early to ensure that you have a healthy functional set of teeth for life. Investigation and early management can prevent irreversible damage and disfigurement of your teeth.

Physiologic tooth wear & drifting needs to be monitored for the development of irregular bite patterns later in life.

PREVENT FURTHER TOOTH WEAR

1. Reduce frequent consumption of citrus fruit and fruit juices. Consume whole fruit instead of juice.
2. STOP drinking fizzy drinks, lemon water or apple cider vinegar. If possible, drink through a straw and finish the entire drink as quickly as possible.
3. See your medical GP for investigation and management of gastric issues or reflux.
4. Use a desensitizing NON-ABRASIVE (non whitening) toothpaste (*Colgate Pro Relief*, *Sensodyne Repair & Protect*) twice daily. DO NOT rinse away all toothpaste residue to allow a protective coating to form over the sensitive surfaces.
5. You may need to wear protective mouthguards over your upper and lower teeth at night.
6. You may need crowns or onlays to prevent fractures/further wear of cracked, worn teeth.
7. Tooth alignment (orthodontics) may help to ensure that bite forces are distributed evenly.
8. Consider replacing missing teeth with dental implants, a bridge, or dentures to support your bite and to reduce the load on existing natural teeth.

Sleep bruxism MAY be worsened by

1. Being overweight.
2. Sleep apnoea.
3. Mouth Breathing.
4. Having chronic nasal congestion/sinusitis.
5. Very crowded teeth/collapsed arches.
6. Poor quality sleep/jet lag.
7. Busy/stressful periods in life.

Braces/Invisalign may reduce sleep bruxism by correcting severe crowding/collapsed arches. Better tooth alignment MAY sometimes improve sleep bruxism and snoring. Testing for concurrent sleep apnoea is recommended.

After braces/Invisalign, clear plastic removable retainers should be worn to prevent the teeth from shifting. These retainers also function as mouthguards to prevent further wear and drifting of your teeth. Plastic retainers should be replaced every 12-18 months.