

# Tooth erosion

Andrew Eder reviews the findings of the latest Adult Dental Health Survey.

In current dental practice, there appears to be a trend whereby greater numbers of patients are exhibiting increasingly severe tooth wear. As we know, people are living extended lives and keeping their teeth for longer thanks to modern medicine and preventive treatment, however this longevity results in other problems becoming more prevalent, including that of tooth wear.

Tooth wear occurs for a number of reasons and, because it is a natural part of life, it gets worse as we get older; so it is fair to say that suffering some tooth wear is unavoidable. When it is pathological, which means it has advanced beyond that which we would expect for the patient's age, sometimes more comprehensive care is needed. However, some causes of tooth wear are, to some extent, preventable. Every patient will benefit from preventive, realistic advice, tailored to their individual needs.

## Future challenges

Recognising that tooth wear has the potential to be a serious issue in the UK in the future if preventive action is not fully embraced, was a matter that was reported in the Adult Dental Health Survey (ADHS) for the first time in 1998, then again in 2009.

In the publication, reported tooth wear was assessed at three levels:

Any wear.

Moderate wear – wear that has exposed a large area of dentine on any surface.



**Andrew Eder**

is clinical director of the London Tooth Wear Centre.



Severe wear – wear resulting in exposed pulp or secondary dentine.

Comparison of the two surveys shows that in just 11 years the incidence of tooth wear in England has increased by 10 per cent, which, when extrapolated, is very concerning for the future.

The 2009 ADHS 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. For adults under the age of 65 moderate and severe tooth wear has increased since 1998, but for those aged 65 and over, there has been a small decrease. 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."

These trends strongly suggest that those in the younger age groups are in need of preventive treatment above and beyond what is generally already being offered if satisfactory levels of dental health are to be secured over the long term.

## Time for action

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 in relation to the age cohort is of importance."

Irrespective of age and circumstance, patients need to be aware that, amongst other issues, poor drink and food choices, eating disorders, stress-related bruxism and traumatic oral hygiene measures can all cause considerable tooth wear.

Once the first signs of tooth wear are recognised, a partnership approach offers the most effective way in which to prevent further damage. Left in the dark, patients – especially those in the younger age groups – are likely to continue in ignorance with their destructive habits, which will have a negative dental health impact for many years to come.

Indeed, as the authors of the report assert: "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."

Thus, if we are to have any chance of avoiding the oral health outcomes that the ADHS statistics suggest, it is incumbent upon the dental professional to meet this challenge head-on.