



Wear Have The Years Gone? Regaining Your Smile!



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The Damaging Effects On Teeth:

Grinding Your Teeth; Drinking Soda; Bulimia; And Acid Reflux

As we all know, aging affects each and every person on earth. As we age there is a natural and progressive breakdown that affects every part of our body including our skin, bones, muscles, joints, internal organs and even our brains. Unfortunately, teeth are not immune to the effects of aging.

As we age, it is perfectly normal to have a certain amount of wear occur on our teeth. After the age of thirty it is considered normal to lose about one millimeter of length of the upper front teeth, due to normal wear, for each decade of life. The average forty year old should not have more than one millimeter of wear on the edge of their front teeth, two millimeters for a fifty year old and so on.

An extremely common problem in our society today is excessive wear that occurs above and beyond expected age

related wear. More than half of the adults we see in our practice exhibit extensive wear on their teeth. The result is unattractive smiles with short teeth and spaces between the teeth. In many cases when these people smile you cannot even see that they have teeth! Having this condition makes people appear much older looking than they actually are.

Excessive wear can result in temperature sensitive teeth, difficulty in chewing, chipping and

fracturing of teeth, bite related problems such as headaches and TMJ (jaw joint) problems, and nerve exposure resulting in full blown toothaches.

Unfortunately, many people are completely unaware that they have a serious tooth wear problem. Tooth wear can occur rapidly over a short period of time, or it can occur gradually over long periods of time. For many people the wear goes unnoticed, especially if it has taken place more gradually. In addition, sadly, many dentists either do not recognize excessive tooth wear or neglect to inform their patients of the situation. Those dentists that do recognize excessive tooth wear often may not have the training to properly diagnose the type of wear that is present, and may be unsure how to treat the problem.

Excessive tooth wear has several different etiologies and identifying the specific cause is crucial in choosing the correct treatment. We have seen many patients over the years that were told by previous dentists that

they grind their teeth, are given a nightguard, and that is the extent of their treatment. That would be fine if the only cause of tooth wear was grinding that specifically occurred only during sleep. Recent studies indicate that more than 20% of the U.S. population grind their teeth during waking hours. We know a nightguard is not the appropriate treatment in every wear situation.

There are three different causes of tooth wear

Wear can be caused by attrition (grinding the teeth), abrasion (external forces on teeth) or erosion (chemical or acid destruction of teeth). In some cases it can be caused by any combination of the three. The key in the proper treatment is recognizing and identifying the true cause. For example, a dentist treating excessive wear with a nightguard because he or she thinks that grinding is the cause will result in a failed treatment if the true cause is erosion.


Attrition

Attrition is the kind of tooth wear that is caused by upper and lower teeth rubbing against each other. As mentioned earlier a certain amount of wear occurs naturally as we age but excessive wear caused by opposing teeth rubbing against each other due to daily grinding of teeth can cause serious loss of tooth structure. This type of wear results in patterns on opposing teeth which are called wear facets. In a true case of attrition opposing teeth will have wear facets that match up.

Healthy teeth are covered by a layer of enamel that is approximately 1/8 of an inch thick. Enamel is the hardest substance in our bodies. Once that is worn through, the inner soft core of the tooth, the dentin, is exposed. Dentin is where the nerve endings are located. Once the dentin is exposed, wear proceeds approximately eight times more rapidly because the dentin is much softer than enamel.

Often the front teeth that are worn have thin, sharp and jagged edges. The back teeth can have flattened surfaces and worn down fillings. If there are crowns or caps present on the back teeth they often can have holes present on the biting surface from being worn thin. The wear in these cases can be on front teeth only, the back teeth only, or both. Treatment can include fabrication of a nightguard if the wear is minimal. If the wear is extensive, treatment often requires restoring the teeth back to the original height and establishing a balanced bite, which helps to eliminate the grinding habit.

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