

Patient information

Toothwear

Liverpool University Dental Hospital

Some degree of tooth wear is a normal feature of getting older, but sometimes the amount of wear is more than your dentist would expect to see. Teeth can wear down for a number of reasons either through acid erosion (this can be acidic foods or drinks or bringing up (regurgitation) of acid from the stomach entering the mouth), clenching or grinding teeth (at night while you are asleep or during the day) or abrasion through biting your fingernails or brushing too hard. Sometimes there isn't just a single cause and any of the reasons described can also act together in varying degrees.

Can toothwear be prevented?

This will depend on the cause.

If your teeth are wearing down because of acid erosion:

If the acid is coming into your mouth from your stomach, for example indigestion, vomiting, your dentist might suggest that you consult your doctor about this to see whether it can be controlled.

If the acid is from your diet your dentist will try to identify any foods or drinks that might be responsible and be able to give you some dietary advice to limit your intake of any damaging parts of your diet. For example cut down on fizzy drinks, use a straw and avoid swishing drinks around your mouth.

If acid erosion is affecting your teeth it's best to avoid brushing them immediately following an 'acid attack' and rinsing with water waiting a while before brushing. You should wait at least 30 mins before brushing your teeth again

If your teeth are wearing down because of tooth clenching or grinding:

Sometimes this is a result of your reaction to life's stresses and this can be difficult to control. Perhaps consulting your doctor is helpful if you need help managing stress in your life. There are a number of ways to help managing stress and you can perhaps research and try some of these yourself.

Your dentist can help reduce the amount of toothwear and damage caused by tooth clenching or grinding by providing you with a removable appliance called a 'bite guard' or occlusal splint for you to wear when clenching or grinding is taking place, perhaps at night when you are asleep. There are various types and designs and your dentist can advise you on the most suitable type for your situation.

If your teeth are wearing down because of abrasion:

Your dentist can work with you to find out whether this is because you are perhaps toothbrushing too hard or using the wrong brushing technique. Sometimes using an electric toothbrush can be helpful.

Some toothpaste products can be abrasive e.g. 'smoker's toothpaste' and these products are best avoided where teeth are wearing down.

Can toothwear be treated?

Not all toothwear needs to be treated and sometimes preventing any further wear is the best option. Whether treatment is recommended will depend on the cause and amount of wear that has taken place as there are a number of options for how toothwear is best managed and these will vary from patient to patient.

Can worn teeth be built back up?

Sometimes worn teeth can be built up using composite restorative material (this is what dentists use for tooth coloured fillings). Your dentist will be able to discuss what would be appropriate for you.

If composite restorations have been advised by your dentist it is important that you understand the following:

If the composite is added to some but not all your teeth your bite will feel different. Typically composite is added to worn anterior (front) teeth, this means that your upper and lower back teeth will no longer meet together when you bite. You won't be able to chew on your back teeth for a period of several months (usually between three to six months). You should cut your food into small pieces to avoid digestive problems. Most times your back teeth will eventually naturally erupt into contact so that you can chew again.

Any changes in the shape and size of your front teeth may cause lisping whilst speaking. This usually lasts for a few days before your tongue gets used to the new shapes. Teeth that have been built up are often tender to bite on for a few days before they settle down.

Your 'bite' will feel very unusual for several days and you may find difficulty in chewing for this period, as you will be unsure exactly where to place your jaw to get comfortable tooth-to-tooth contact: however we have found that after a few days most patients should become accustomed to their new 'bite'.

If your front teeth have been built up and you have crowns, bridges or a denture in the back (posterior) part of your mouth, it is likely that these will require replacement, normally with your own dentist.

How long will composite restorations last?

There are some disadvantages associated with the longevity of bonded composite restorations. However most specialists and dentists treating worn teeth prefer this approach to more destructive techniques, such as conventional crowns, that involve extensive preparation of the worn teeth.

This extensive preparation can predispose already worn teeth to either dying (and needing root canal treatment) or fracturing beyond repair and needing removal (extraction).

The reliability of the restorations should be good, but there is a possibility that they will de-bond or come away from the tooth especially in patients who continue to clench or grind their teeth. Bonding to teeth is better than many years ago but it is still not as good as dentists might wish, and there is always the possibility of bonding failure.

The margins of the restorations may stain and require occasional polishing with your own dentist.

Occasionally, chipping of the restorations may occur and require replacement or repair, however if this happens the underlying worn teeth are usually unharmed. The fractured restoration can then be simply repaired by your own dentist. This approach preserves the underlying tooth as it has remained untouched or unharmed. It is therefore a more “tooth friendly” approach to managing worn teeth, compared to extensively preparing teeth for crowns.

What can be done if the teeth are too worn to be built up?

Sometimes teeth are so worn down that there isn't enough tooth remaining to allow the type of bonding described above. In this situation it is sometimes possible to provide a removable denture that can rest over the worn teeth to improve appearance and chewing. This type of treatment involves dentures and although most people can adapt to dentures a small number can't and unfortunately other options are extremely limited. These days many patients wonder about having dental implants but these tend not to do well in patients who clench and grind or overload their teeth as the implants are more likely to loosen and fail. In addition there might be insufficient room in the jaw bone for implants, and for these reasons implants are not necessarily successful for managing toothwear.

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Further Information

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