

Review Article

“Ephedodontics- A Stitch In Time”

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Abstract

Adolescence is a period between chronologic ages of 10-19 years enclosing the entire continuum of transition from childhood to adulthood. Adolescent period is crucial since these are formative years in life of an individual when major physical, psychological & behavioral changes take place along with pubertal development. Ephedodontics encompasses dentistry which deals with children who are in the process of growing from childhood to adulthood. The high incidence of specific oral disease in adolescents and the troubles related to the management of the adolescents call for introduction of ephedodontics in the dental curriculum. Emphasis should be placed on specifics on etiology, incidence and prevention of diseases affecting adolescents. Also the management and technical skills required to deal with adolescents, including the behavioral issues should be addressed.

Keywords: Adolescent, ephedodontics, oral, dental

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Introduction

‘Ephedos’ is Greek term referring to a youth entering manhood.^[1,2] A monograph on adolescent dentistry in April 1969, issue of dental clinics of North America coined the term “Ephedodontics”.^[3] It encompasses dentistry which deals with children who are in the process of growing from childhood to adulthood.

The World Health Organization (WHO) defined adolescence as being between chronologic age of 10-19 years enclosing the entire continuum of transition from childhood to adulthood,^[4] but social and behavioral situations may dictate variability. It is an age group defined from the onset of puberty to establishment of social independence.^[5] Adolescents represent about one-quarter of total population with more than 243 million adolescents living in India.^[6]

Oral health concerns in adolescents: Adolescent period is crucial since these are formative years in life of an individual when major physical, psychological & behavioral changes take place along with pubertal development. Classically, adolescence is associated with major concerns that could affect the dental health of an individual. The major issues include (1) Acceptance by the society and peers, (2) Frequent consumption of junk food and bad eating habits, (3) Stress due to multiple hormonal changes taking place in the body distressing the periodontium, (4) Sports injuries, (5) Drug abuse, (6) Malocclusion, (7) Self image issues, and (8) Lack of previous dental visits.

Adolescence is a phase when some childhood health problems may be resolved, when new issues may emerge, and when risks for some long-term adult health problems may become evident. If one looks at the two most prevalent oral health problems, caries and periodontal disease, the adolescent period takes on greater significance as a critical period in a person’s oral health life. Caries appears to be a major problem in adolescence, perhaps due to the eruption of the

permanent teeth; the increase in proximal surfaces exposed to decay, unhealthy and frequent eating habits, and neglected oral hygiene practice. Periodontal disease appears to have its genesis in adolescence and should not be thought of as an “adult disease”. Studies have shown that one fourth of all children who have deciduous teeth have destructive periodontal disease of those teeth, and that almost one-fifth of 17 and 18 year old males have clinically demonstrable periodontal disease of the permanent teeth, ranging from gingivitis to irreversible tissue destruction.^[3,7]

Other clearly identifiable gingival problems associated with various stages of adolescence include puberty gingivitis, acute necrotizing ulcerative gingivitis, infectious mononucleosis, periodontitis, recurrent aphthous stomatitis, gingivitis associated with pregnancy and oral contraceptives. Oral contraceptives tend to create problems beyond the gingivitis cited earlier. Hormonal contraceptives are known to affect clotting. Several studies have noted an increase in postoperative, localized osteitis (dry socket) in women taking oral contraceptives. Drug taking and smoking are the other two very common habits among teenagers which make this age group vulnerable for periodontal issues.^[3]

Another common major dental problem experienced by adolescents is the malocclusion. Adolescence becomes a critical period for orthodontic diagnosis and treatment because of the growth of the face, especially the mandible. Space management remains a concern, well into the onset of adolescence. In addition to problems related to malocclusion, issues related to dental phobias, dental traumatic injuries, drug addiction and infectious disease present the dental practitioner with a complex patient who before adolescence was easily treated. Adolescents are extremely concerned with their appearance and self image is of utmost importance to them. Road accidents and sport injuries are also frequently found among teens leading to dental trauma.^[3]

Cosmetic tattooing, oral piercing and wearing mouth jewelry such as lip and tongue rings by teenagers can greatly increase the risk for numerous oral health ailments including inflammation, lacerated gums, chipped or cracked teeth, choking hazards, and infectious diseases.

Ephedodontics- A revelation: At present the adolescents are being treated by different dental specialties within their scope of practice. A pedodontist can treat the child up to the age of 18 years as suggested by American Academy of Pediatric Dentistry. Further, Council on Child and Adolescent Health suggested the age limit up to 21 years.^[8] However in India, the upper age limit of the patients being treated in Pediatric Dentistry Clinic/Department, should be considered as 13 years.^[9]

Keeping in mind the specific oral health concerns in adolescents, routine dental care is therefore a universal need during this period. But the attitudes towards dentistry and behavior of adolescents in the dental setting may be adversely affected by financial barrier, parental consent, peer group influences, more competitive education, career decisions, and other psychological issues. The high incidence of dental disease in adolescents and the troubles related to the management thus call for the introduction of ephedodontics in the dental curriculum.

Adolescent individuals are neither a child nor an adult. They need diverse approaches in dealing with their behavior, guiding their craniofacial growth and development and helping them avoid future dental problems. Teenagers who receive care in pediatric settings may feel too big or out of place and those teenagers who get treatment in adult clinic may feel seclusion. Their interests are often being overlooked and underestimated. The issues mentioned above, point towards the need of recognizing ephedodontics as an important topic worth exploring.

Keeping this scenario regarding the state of ephedodontics in mind, renewed attention should be given to the dental training that deals with depth regarding specific changing health care needs of the adolescent. Emphasis should be placed on specifics on etiology, incidence and prevention of diseases affecting adolescents. Also the management and technical skills required to deal with adolescents, including the behavioral issues should be addressed. Dental discipline needs to focus on the adolescent as an integral component of the health care system and to train graduates to communicate efficiently so as to meet the needs of adolescent individuals. Conclusion: The dentist must perceive his young patient as an individual deserving respect and capable of independent action. After all, the nature of the society depends on these young people as they form a great human resource for the society and this pivotal developmental period also offers special opportunities for preventive and health-promoting service.

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