

Habits of Modern Life: are we able to handle this outcome?

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Today I bring a theme that has generated me uneasiness. Increasingly we are faced with young patients complaining of pains related to cervical dentin hypersensitivity, face and head muscular pains, dental wear not compatible with their ages and some type of discomfort in the temporomandibular joint. Signs and symptoms of modern life. And as a professional and educator, the question I ask myself is: are dentists capable of treating these patients? Modern life offers a range of situations that lead us to live with problems that we do not even consider. Hours of connection to smartphones and computers, receiving information from various sources and dies, generating a distraction caused by this avalanche, where it is difficult to really concentrate, causing mental fatigue and can lead to stress.

Anxiety takes over when you plan the future daily, aiming for perfection and fearing failure, without even taking advantage of the present. Such anxiety generates anguish that can trigger disturbances related to sleep and eating. One lives the culture of perfection, where error is not acceptable, generating great frustrations. Overwork and a schedule full of commitments is related with productivity, when it can only be a trigger for the triggering of stress.

But what do our teeth have to do with all this? In fact, the teeth shows us some signs and symptoms of early aging related to the modern lifestyle. Teeth cervical regions pain, even without visualizing gingival recessions or cervical non-carious lesions, are already signs of mechanical fatigue due to occlusal overload.¹

When the non-carious cervical lesions are already clear in our patients teeth, it is because the occlusal unbalance is already installed, either by biomechanical factors, biocorrosive or an association of the two, which will accelerate the dental tissue loss, since the mechanical stress combined with biocorrosion is the worst case scenario for the development of the aforementioned lesions^{2,3} (Fig1 to 5).



Figure 1:

Male patient, 30 years old, dental tightener, stressed and makes use of a high frequency acid diet.

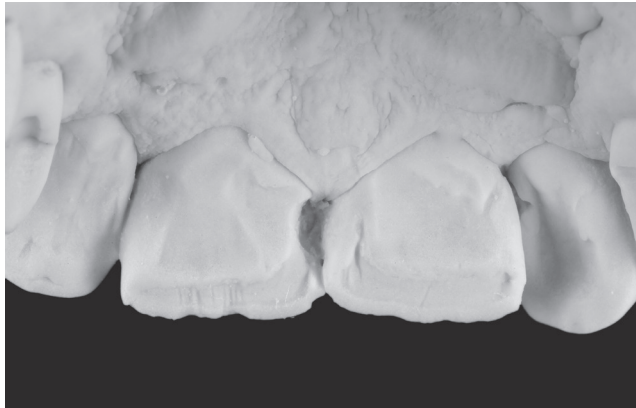


Figure 2:

Stone cast showing a marked wear pattern on the incisal edge of 8 and 9, not compatible with the patient's age.



Figure 3 and 4:

Images evidencing severe wear on the occlusal, incisal and buccal cervical faces, in the maxilla and mandible, due to the combined action of biocorrosion and biomechanics.

Figure 5:

Stone cast showing the severe wear caused by the action of a high frequency acidic diet, followed by tightening and bruxism.



In order to really treat patients with signs of dental tightening, bruxism and dental corrosion, I believe a first exercise might be: stop looking only at the teeth and begin to visualize and understand the patient and his stomatognathic system as a whole and individually. We should not think about treatment without first understanding the problem etiology.

We should know how the day-by-day of the patients that presents such signs and symptoms works. Their habits, their professions and the type of diet they have been having. For example: a person who goes to the gym, takes isotonic drinks, has active nightlife, drinks alcohol and energy drinks, suffers a bombardment of biocorrosive agents associated with biomechanical factors of dental tightening during the exercises that performs. This is just one example of a lifestyle that moves a large part of the young population. Parallel to this, an adequate occlusal analysis is necessary, since with the high frequency of cases of premature aging of the teeth, we see more and more disabled patients in their guides of lateral and anterior disocclusion. The worn canine teeth incisal edge or their wrong positioning in the dental arch, leads to a situation of lateral disocclusion in a group of teeth whose roots were not designed for such function, generating oblique forces capable of causing deep lesions of abfraction⁴ in the premolars, as well as incisal wear on the incisor teeth (Fig 6 to 8).

Figure 6 to 8:

Frontal and lateral views of a 32-year-old male patient, who presented incisal edge wear of upper and lower canines and incisors, as well as buccal cusps of the upper premolars due to bruxism. Note that the loss of the incisal tips of the canines will result in a distribution of forces in the premolars capable of causing, in addition to cusp wear, abfraction lesions.



Based on what has been described so far, I can conclude that the simple restorative procedure of non-carious cervical lesions and lesions of occlusal or incisal wear, without actually treating the etiology of such lesions, is in vain. Such restorations will be performed a number of times because the etiology has not been removed and success will not be achieved.

I am very concerned about the amount of restorations, be they in composite resin or dental ceramics, being carried out in patients who are not able to receive them. Aesthetic restorative dentistry, without an established occlusal equilibrium, is doomed to failure. And, even with this balance achieved (Fig 9 to 14), we can't forget the biomechanical and biocorrosive factors, since they are not in our favor and we must know how to control them. Use of well-adjusted and balanced nocturnal bite guards, control of the acid diet and reduction of anxiety and stress are factors that will contribute to the well-being of our patients, as well as to the longevity of the teeth and restorative procedures performed. It is time to open our eyes to a different care of our patients, as the standards have changed.

Figure 9:

A 29-year-old female patient, bruxist, presents incisal edge wear from 6 to 11, as well as composite resin restorations. His complaint was the pattern of tooth wear and the musculature face pain.

Figure 10 and 11:

Clinical situation after the accomplishment of ceramic laminate veneers from 6 to 11, based on minimally invasive preparations, aiming at the maintenance of the dental enamel. The morphological redesign was planned in order to restore function and improve aesthetics.







Figure 12 to 14:

Images showing the restoration of the anterior and lateral disocclusion guides, which will protect the posterior teeth against unwanted eccentric mechanical forces, avoiding premature wear.

Let's walk more, swim more, breathe more, pedal more and talk more,
because only then will we stress less.

And you? Have you stopped to think about your habits?

Take care yourself, so you can take care of your patients.

See you soon!

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