

Should Young Children Get Braces?

By CWK Network Producer

"I've always heard get something done earlier rather than later."
-Ann Smith. Mother

Lots of parents with kids who need braces to straighten out crooked teeth face a perplexing question: when should they get those braces? Well, a new study from the University of North Carolina School of Dentistry has been studying that question and the answer is ... it depends.

By the age of nine, Pierce had already spent a lot of time in the dentist's chair. "I got my mouth expander first," Pierce says, "then I got braces."

"I've always heard," Pierce's mother, Ann Smith says, "get something done earlier rather than later."

But that idea is now being questioned by researchers at the School of Dentistry at UNC. It's true, they found, that kids with an under-bite or crowded teeth the earlier they start braces, the better.

"If you don't expand at this younger age," dentist Johanna Jenkins says, "sometimes you'll end up having to pull teeth on a teenager, because we can't really develop the arches sometimes, and that's the good thing about treating early."

But for kids with an overbite or buck teeth, the opposite is true. In fact, the younger they are when they get braces, the longer they'll have them and the more costly they will be. Those kids need to wait.

Jenkins says, "The parent not wanting to bring the child in at a younger age? That's fine. Just get them to come in a year later. It's not heart surgery."

Ultimately, experts say, the exact timing of braces varies from one child to the next. But if your child is being teased because of their bad teeth, some dentists say don't wait.

Pierce had crowded teeth. He's glad all that dental work is done, but he says it was worth it. "So you can have straight teeth and your teeth look good."

Early Braces

By CWK Network, Inc.

According to the American Society of Orthodontists, an orthodontist should examine most children by the age of seven. Some of the more readily apparent conditions that indicate the need for early examination include:

- early or late loss of teeth
- · difficulty in chewing or biting
- mouth breathing
- thumb sucking
- crowding, misplaced or blocked-out teeth
- jaws that shift or make sounds
- speech difficulties
- biting the cheek or the roof of the mouth
- teeth that meet abnormally, or don't meet at all
- facial imbalance
- · jaws that are too far forward or back
- grinding or clenching of the teeth

Potential Benefits of Early Treatment

Some orthodontists and dentists recommend that orthodontic treatment be postponed until the child shows evidence of the eruption of their six-year molars and their four permanent incisors to provide a solid physical anchor on which to begin treatment. However, for those patients who have clear indications of a significant need for early orthodontic intervention, early treatment presents the orthodontist and the patient with the opportunity to:

- · guide the growth of the jaw
- · regulate the width of the upper and lower dental arches (the arch-shaped jaw bone that supports the teeth)
- guide incoming permanent teeth into desirable positions
- lower risk of trauma (accidents) to protruded upper incisors (front teeth)
- · correct harmful oral habits such as thumb- or finger-sucking
- · reduce or eliminate abnormal swallowing or speech problems
- improve personal appearance and self-esteem
- potentially simplify and/or shorten treatment time for later corrective orthodontics
- · reduce likelihood of impacted permanent teeth (teeth that should have come in, but have not)
- preserve or gain space for permanent teeth that are coming in.

What Does The Orthodontic Treatment Process Look Like?

Although the process can vary from patient to patient, in general orthodontic treatment follows the following process:

Pretreatment evaluation – includes medical/dental history, clinical examination, plaster study models of teeth, photos of the patient's face and teeth and x-rays of the patient's mouth and head.

Custom treatment plan – is developed for each patient. The specific treatment appliance best suited to correct the patient's orthodontic problem is constructed. There is a variety of different orthodontic appliances that may be used serially or in a complementary fashion to correct the patient's problem.

Active treatment phase – begins when the orthodontic appliances are in place. Appliances are adjusted periodically so that the teeth are moved correctly and efficiently. The time required for orthodontic treatment varies from person to person. An important factor in how long a patient wears braces is how well the patient cooperates during treatment — for example, by following instructions to wear rubber bands or headgear.

Retention phase – begins after active treatment through the use of appliances is completed. Typically, a patient will need to wear a retainer so that the teeth stay in their new positions. Occasionally, for severe orthodontic problems, surgery may be recommended.

Although the average treatment time is about 24 months, this varies with individual patients. The length of time required for treatment is dependent upon various factors including the severity of the problem, the general health of the teeth, gums and supporting bone, and how closely the patient follows instructions.

Resources

- American Association of Orthodontists
- American Dental Association
- University of North Carolina School of Dentistry

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