BAD ORAL HABITS

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Sucking Mechanism

- During infancy, it is the most well-developed sensation
- Helps with sustenance as well as deriving sensory pleasures.
- Gives a feeling of security, warmth, and euphoria.
- An impatiently nursed baby loses the warmth and feeling of well being and is therefore deprived of the suckling pleasures.
- This deprivation may motivate the infant to suck on the thumb or finger for additional gratification.

Malocclusion and Habits

The type of malocclusion produced by the habit is dependant on the following variables

- Position of the digit/pacifier etc.
- Associated orofacial muscle contraction force
- Mandibular position during sucking
- Facial skeletal genetic pattern
- Amount, frequency, & duration of force applied

Malocclusion and Age

- During the first 3 yrs, the damage from the habit is mainly confined to the anterior segment, producing an anterior open bite.
- Damage can be detrimental if the habit is continued beyond the age of 3.5 yrs.
- After 4 years of age, the habit becomes strongly established. The damage seen is more significant.
- After the eruption of the permanent incisors, the worst amount of damage seen.

Damage caused by Habits

The permanency of the damage to the Oral Structure is dependant on three factors

- Duration
- Frequency
- Intensity

Different Oral Habits

- Finger Sucking
- Pacifier
- Nail Biting
- Lip Sucking
- Abnormal Swallowing or Tongue Thrusting
- Abnormal Muscle habits
- Mouth Breathing

Finger Sucking Habit

- Most commonly seen non-nutritive habit in children.
- Normal for newborns to engage in digit sucking.
- Commonly develop in the first year of life.
- Psychological factors contribute to the continuation of this habit past 6-7 months of age.
- Most habits abandoned prior to the eruption of the permanent incisors.
- Earlier treatment instituted if maxillary arch constricted or parent/child is concerned

Finger Sucking Habit

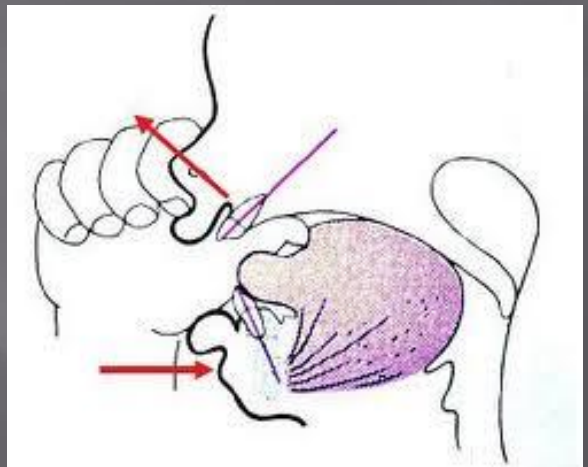
- In thumb sucking, develop of malocclusion depends on many variables:
- Position of the finger
- Related orofacial muscle contractions
- Position of the mandible During the suction
- Morphology of the facial skeletal
- Duration of sucking

- What is the destruction due to finger sucking:

1. palate deepens
2. Forword position of the maxillary anterior teeth.
3. Embedding of the lower anterior teeth
4. Lingual tilting of the lower anterior teeth
5. Openbite

- Prevent the vertical development of the anterior region.
- excessive development of the posterior region

6. Increases both the depth and narrow of the upper jaw
7. Overjet and diastema appear between upper teeth
8. Lip muscles do not function normally
9. Hypotonic of the upper lips
10. Functionless and overturned position of the lower lip
11. Does not close of the child lips
12. Nasal breathing becomes difficult due to the deepening of palate
13. Causes mouth breather
14. Increased in the Height of the lower face



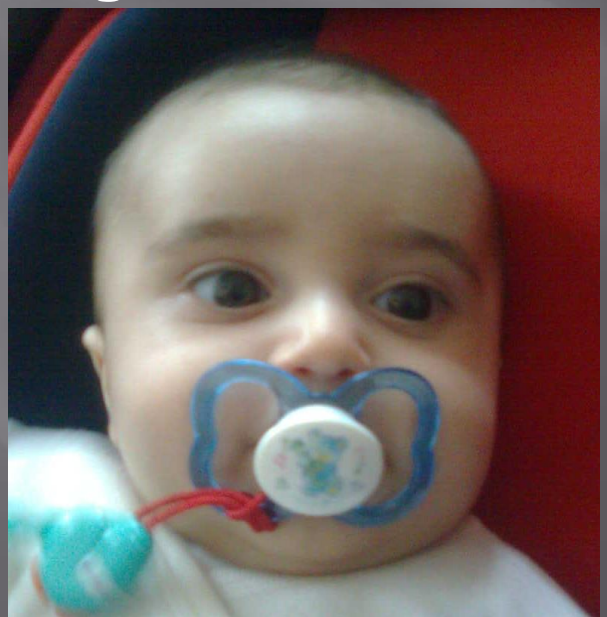
Clinical Manifestations of Digit Sucking Habit

- Offending digit
- Redness
- Calluses
- Wrinkled skin
- Fingernail exceptionally clean
- Malocclusion

Pacifier Habit

- Use of pacifier:

- If the breast sucking is enough for the child, so may not be needs for pacifier sucking.
- full round pacifier impairs the development of a surrounding tissues.

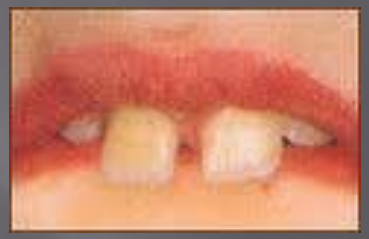


- How should be the orthopedic pacifier:
- One side convex, the other side must be concave
- The portion remaining outside of the mouth looked to nose base should be blunt and looked to the tip of the chin should be round.
- 3.5- 4 years of age limit pacifier use.

Lip Sucking and lip biting Habit

- Lip sucking may appear by itself or it may be seen with thumb sucking.
- In almost all instances, it is the mandibular lip that is involved in sucking, although biting habits of the maxillary lip are observed as well.
- When the mandibuler lip is repeatedly held beneath the maxillary anterior teeth, the result is

1. Labioversion of these teeth,
2. Often an openbite and
3. Sometimes lingoversion of the mandiblar incisors.



Nail biting

- very obvious openbite and overjet

Tongue thrusting

- The child normally swallowes with the teeth in occlusion, the lips likely closed and the tongue held against the palate behinde the anterior teeth.
- Tongue thrust swallowes that may be etiologic to malocclusion are two types:

1. Simple tongue thrust swallow, and
2. complex tongue thrust swallow.

Simple tongue thrust swallow

- Usually is associated with a history of digital sucking, even though the sucking habit may no longer be practiced, since it is necessary for the tongue to thrust forward through the open bite to maintain an anterior seal with the lips during the swallow.

Complex tongue thrust swallow

- Are more likely to be associated with chronic nasorespiratory distress, mouth-breathing, tonsillitis or pharyngitis.
- When the tonsils are inflamed, the root of the tongue may encorach on the enlarged faucial pillars. To avoid this painful encroachment, the mandible reflexly drops, separating the teeth and providing more for the tongue to be thrust forward during swallowing to a less painful position.

- Pain and lessening of space in the thorat precipitate a new forward tongue posture and swallowing reflex, while the teeth and growing alveolar processes accommodate themselves to the attendant upset in neuromuscular forces.
- During chronic mouth breathing, a large freeway space is seen, since dropping the mandible and protruding the tongue provides a more adequate airway.
- Since maintenance of the airway is amore primitive and demanding reflex than mature swallow, the latter is conditioned to the necessity for mouth breathing.
- The jaws are thus held apart during the swallow in order that the tongue can reamin in a protracted position.

- Other tongue habits that often are confused with tongue thrust swallow include tongue sucking, the retained infantile tongue posture and the retained infantile swallow.

- What is the destruction due to the tongue thrust:

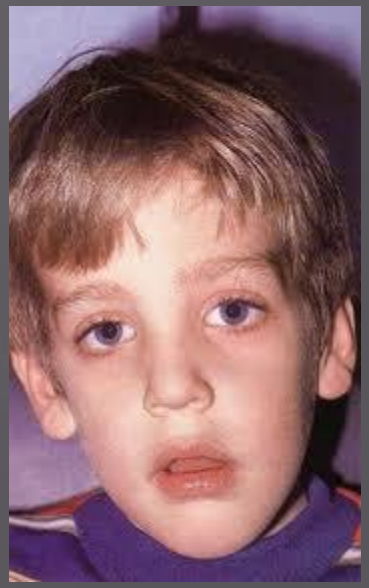
1. hypotonic of the upper lip
2. hyperactive of the mental muscles and lower lip
3. Diastema in the upper and lower teeth
4. Openbite
5. Crossbite in the maxilla posteriorlly
6. Embbeding of the lower incisors
7. If tongue thrust laterally called lateral tongue thrust
8. Increased in the Height of the lower face
9. convex profile

Mouth Breathing

- Mouth Breathing - can be caused by physiologic or anatomic conditions, can be transitional when exercise induced or due to a nasal obstruction.
- True mouth breathing when the habit continues after the obstruction is removed.

Mouth Breathing Habit

- Adenoid Facies
  - Long narrow face
  - Narrow nose and nasal airway
  - Flaccid lips with short upper lip
  - Upturned nose exposing nares frontally
- Skeletal Open Bite or "Long Face Syndrome"
  - Excessive eruption of posteriors
  - Constricted maxillary arch
  - Excessive overjet
  - Anterior openbite
  - Mandubilar down/forward growth is poor



Posture

- Constantly seated in his hand resting on the jaw: joint disorders, in the future more skeletal disorders occur
- Forces of the mandible to against the opposite side, show shifting in the middle line
- Must be detected in small ages to breakage the habit.

Prevention

- Usually starts with proper nursing
- on the part of the parent
- Time
- Patience
- Holding the baby while nursing,
- Using a physiologically designed nursing nipple and pacifier to augment normal functional and deglutitional maturation.

Consideration for Oral Habit Therapy

- Maturity of the patient understands the problem, desires to correct it!
- Parent cooperation

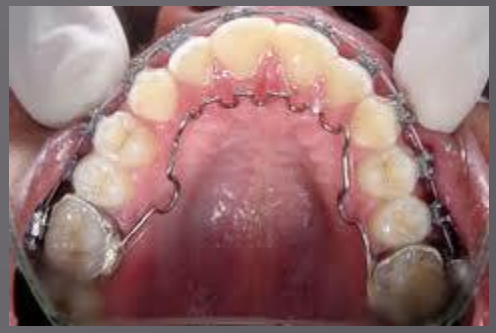
- Support and encouragement

- Timely deliberation

- Alert to suggestive psychologic problems

- Assessment of deformity

- Degree and the presence/absence of other complexities



Habit Correcting Appliances

- Removable habit breaker Appliances
- Fixed habit breaker appliances
- Lip Bumper

THANK YOU