Appearance survey shows UK men concerned about their teeth

By DTI

LONDON, UK: The look of their teeth is of great importance to British men. More than a quarter would choose to have their teeth straightened if they could, according to a new survey that asked men about the one thing they would like to change about their appearance.

A significant 63 per cent of men would investigate means of treatment to have their teeth aligned if they had concerns in this regard, it also found.

The results are from a survey conducted by media intelligence provider Gorkana on behalf of clear aligner manufacturer Align Technology on men’s confidence in their appearance and the likelihood of them seeking treatments to address physical imperfections.

According to the survey, almost one in two men have had great concern about their appearance in the past and these occasionally prevented them from dating.

While men from Scotland, the North East and London were found to be the most content with their appearance and teeth, men surveyed in the South West and West Midlands were less likely to consider themselves happy with how they looked.

Although men between the ages of 18 and 24 felt it was wrong for men to take steps to change their appearance, they were also the age group most likely to have looked into treatments to alter their appearance.

Londoners were most likely to look for ways to change how they look. One in three admitted that they were considering treatment for their imperfections, such as straightening their teeth.

The survey was conducted among all age and socio-economic groups, as well as geographical regions, in the UK.
“Make everything about tooth whitening predictable”

An interview with Dr Payman Langroudi, head of Enlighten Smiles

Enlighten Smiles is one of the UK’s most trusted tooth whitening brands. With guaranteed results and a strong marketing system, as well as its own laboratory that helps develop consistent products and its exclusive Centres of Excellence programme, the company aims to be the ideal partner for every dental business wishing to expand its portfolio. Dental Tribune spoke to Enlighten Smiles head Dr Payman Langroudi him briefly about changing perceptions with regard to tooth whitening and where his concept fits in.

Dental Tribune: Dr Payman, how would you describe the philosophy behind the Enlighten system?

Dr Payman Langroudi: It is not only the product we are presenting, but also the marketing service that we are offering to increase performance of every individual practice.

Consider that, in the Western world, 80 per cent of people desire a whiter smile, but the average dentist only performs one whitening per month. There is a complete disconnect. Dentists do not want to be seen as chasing sales or being pushy and therefore it is necessary to change the mindset completely. If one goes to McDonald’s, for example, the staff ask whether one wants fries with one’s order and it is considered a normal thing. So, what we would like to see is it becoming usual to ask every patient about the colour of his or her teeth.

Changing the mindset of both the public and dental professionals is what we are working on with this system.

Does this philosophy apply to education too?

Tooth whitening is still not taught in any of the universities in the UK and often what students learn in dental schools is out of date anyway. In a way, this is a problem, but also offers opportunities for us to educate dental professionals. By ensuring that the entire dental team knows how the product works and the side-effects that patients might experience, one can provide a well-rounded service to patients when they come into the practice with questions, for example.

Cosmetic dentistry now seems—and the President of the British Academy of Cosmetic Dentistry spoke about this development this morning—to be an integral part of general dentistry. Where does tooth whitening fit into this picture, in your opinion?

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Conservative smile design for the general dentist

By Dr Ramz Chayah, Lebanon

Abstract

This article discusses the advantages of short-term anterior tooth alignment using the Inman Aligner system, particularly for general dentists. The article will give a brief description of the Inman Aligner appliance and its use in short-term orthodontics, and it will answer three major questions the general dentist should ask himself or herself during the treatment planning process. In support of this treatment modality, three case scenarios general dentists see daily will be given as examples.

Introduction

General dentists face the daily challenge of performing instant veneers for patients with misaligned anterior teeth who refuse orthodontic treatment, many of whom regard fixed orthodontic treatment as too long a commitment for achieving their desired aesthetic results. In today’s fast-paced life, some patients are not prepared to wait or to go through long treatment. One of the greatest benefits of short-term anterior alignment is that many people who would refuse comprehensive orthodontic treatment may accept short-term removable alignment techniques such as the Inman Aligner system.

The Inman Aligner is a simple removable appliance, a modification of the removable spring retainer. It uses super elastic coil springs to apply highly efficient light and consistent forces on both the labial and lingual surfaces of the anterior teeth (Figs. 1 & 2). The appliance is fabricated on a cast on which, based on a surgical model, the anterior teeth need correction have been removed and reset in the ideal position in wax on the working cast. When the patient wears the appliance, the built-in forces generated by the spring coils will correct the misaligned anterior teeth (Fig. 3).

What distinguishes the Inman Aligner appliance from other short-term orthodontic systems such as Invisalign (Align Technology) and Six Month Smiles is its low cost, low risk and short learning curve for general practitioners. Only one appliance is used from the start to the end of the treatment. Sometimes, several clearaligners may be used to rotate resistant canines. The system is well received by patients because it is fast and relatively cheap. It also accommodates today’s active lifestyle. Usually, most cases take from six to 16 weeks. Patients can take the appliance out during meals or work meetings.

As with any other treatment technique, the Inman Aligner has its limitations. Hence, case selection is imperative, as the Inman Aligner is not suitable for posterior orthodontic treatment or Class II or III treatment. Only certain types of movements are possible and some patients will still need conventional orthodontic treatment or indirect restoration. Certain criteria should be met before treatment proceeds. At consultation, other orthodontic alternatives should be offered. The dentist must quote for the long-term retention maintenance and should look for any skeletal discrepancies. Compromises must be signed off.

Treatment concept and case presentation

Dentists need to consider three questions about treatment during the treatment planning process. The first question: can the patient’s teeth be moved? The second question: can the patient’s teeth be moved within a short period of time? The third question: can the patient’s teeth be moved within a short period of time and should look for any skeletal discrepancies? Compromises must be signed off.

Fig. 1: Inman Aligner appliance.—Fig. 2: Illustration of the Inman Aligner showing the appliance components.—Fig. 3: Inman Aligner appliance in the mouth. Case 1.—Fig. 4: Frontal view with the teeth in occlusion before treatment.—Fig. 5: Frontal view with slightly open bite showing the status of the teeth before treatment.—Fig. 6: Frontal view with the teeth in occlusion after alignment and bleaching.—Fig. 7: Close-up frontal view of the maxillary teeth after ABB.—Fig. 8: Right side view of the maxillary teeth before ABB.—Fig. 9: Right side view of the maxillary teeth after ABB.—Fig. 10: Left side view of the maxillary teeth before ABB.—Fig. 11: Left side view of the maxillary teeth after ABB.—Fig. 12: Occlusal view showing the patient’s natural smile before treatment.—Fig. 13: Occlusal view showing the patient’s natural smile after treatment.—Fig. 14: Frontal view showing the patient’s natural smile after treatment.—Fig. 15: Occlusal view showing the maxillary arch before treatment.—Fig. 16: Full face showing the patient’s natural smile before treatment.—Fig. 17: Full face showing the patient’s natural smile after treatment.—Fig. 18: Occlusal view showing the maxillary arch after treatment.
fixed without orthodontic treatment in a very short period. In order for the general practitioner to answer this question, he or she should first establish whether the patient does not wish to pursue orthodontic treatment because of the time commitment and cost. Would he or she also refuse short-term anterior tooth alignment? Would the occlusion be improved even though a Class I molar or Class I canine relationship may not be achieved? Patients may prefer short-term alignment techniques because of the shorter treatment time and the lower cost.

Case 1:
The first case presented is a good example of a scenario relevant to the question above. The patient was a young woman at college who presented at my office requesting a full smile makeover of 20 veneers; she desired a “Hollywood smile” as expressed in her own words. Her complaint was the retruded maxillary right and left central incisors, the incisal edge wear on the maxillary central incisors and mandibular anterior teeth, the poynot shape of the maxillary and mandibular canines, and the yellow colour of her teeth overall (Figs. 4 & 5). It could be argued that it would be highly unethical to prepare the sound enamel, transforming her ten maxillary teeth into stumps, for the rest of her life, especially at this young age. After long discussion and explanation of the disadvantages of the shortcut route of preparing her teeth for ceramic veneers, this option was excluded. Several other options were available and discussed with her, but because she wanted a smile enhancement in a short period of time, conventional fixed orthodontics treatment was also excluded. After checking the bite, it was observed that there was insufficient interocclusal space to shift the maxillary central incisors forwards without opening the bite. However, the patient accepted the Inman Aligner system owing to its flexibility in that the wearer is able to remove the appliance for several hours a day and because of its short treatment time. The maxillary central incisor would have been aggressively prepared had it been treated restoratively. By using a simple anterior alignment technique, the treatment took only eight weeks to straighten the teeth and a great deal of sound enamel tissue was preserved by conservatively resolving the unesthetic appearance of the maxillary teeth (Figs. 22 & 23).

The treatment plan was to follow the ARB protocol (alignment, bonding and condensation). This concept still constitutes a smile makeover but in a very conservative manner. Taking into consideration her age and her sound enamel tissue, this was agreed to be the most progressive means of carrying out her smile enhancement. First, her maxillary teeth were aligned using the Inman Aligner with an expander for nine weeks. Two extra- cllear aligners were used in the last two weeks of treatment to re-rotate the maxillary left lateral. Once the maxillary teeth had been aligned and in the last two weeks of treatment, the teeth were bleached with custom- fitted super-sealed trays (Fig. 6). Now the teeth had been straightened and whitened, the patient became more aware of the differential wear on the incisal edges of her anterior maxillary and mandibular teeth. Incisal edge bonding using composite resin is used (Fig. 7). The patient was very happy with the final result (Figs. 7-9).

Case 2:
The second question to be considered regarding treatment: would some of the teeth be aggressively prepared or end up with root canal treatment if treated with restorative dentistry without alignment and would the overall outcome be better with alignment rather than without? This question addresses the ethical dilemma general dentists face every day. We often have cases with overlapping anterior central incisors in our office.

The patient presented in this case was bothered by the look of his overlapping maxillary central incisors (Figs. 20 & 21). His mandibular teeth were also crowded, but for some reason, his concern was only with his maxillary teeth. He had started to hide his smile in front of his friends, feeling embarrassed to show his maxillary teeth. After the full-orthodontic examination and discussion about all of the treatment options, including comprehensive orthodontic treatment, the patient chose the removable Inman Aligner system owing to its flexibility in that the wearer is able to remove the appliance for several hours a day and because of its short treatment time. The maxillary central incisor would have been aggressively pre pared had it been treated restoratively. By using a simple anterior alignment technique, the treatment took only eight weeks to straighten the teeth and a great deal of sound enamel tissue was preserved by conservatively resolving the unesthetic appearance of the maxillary teeth (Figs. 22 & 23).

The treatment plan was to align the teeth first and then to reassess the restorative work needed (Fig. 26). The appliance was used for 12 weeks and only worn for 8 to 10 hours a day. During the last three weeks of alignment, the patient began to bleach his teeth. By week 12, the teeth were straight and white (Fig. 27). At this point, a direct mock-up was done to show the patient the smile design that could be achieved with composite. He felt that the teeth were still flat and wanted a fuller smile. Because we had aligned the teeth, only minimal preparation was needed as evident from the wax-up and the decision was made to fabricate ceramic veneers instead (Fig. 28).

Case 3:
The third question to be considered: will the teeth require restorative work anyway, even after alignment?

The case presented serves to demonstrate the necessity of aligning the teeth even before placing ceramic veneers. The patient in this case exhibited moderate misalignment with major anterior edge wear due to occlusal trauma. In addition, the teeth were darkened through years of stains being absorbed through the warm dentine of the incisal edges (Fig. 25). The patient initially requested to install porcelain veneers to resolve his smile problem, but after mocking up the design directly in his mouth, he was discouraged from pursuing this option owing to the amount of tissue that would be lost. The aggressive preparation of the occlusal image of his maxillary teeth. After an extensive orthodontic examination and discussion of the options, the patient refused fixed orthodontic treatment, as well as clear aligners. He refused the first option because he did not want anything fixed in his mouth, and he refused the second option because of the proposed time involved. The Inman Aligner system was introduced to the patient, and he quickly accepted this option owing to the short treatment time and removability.

The goal of this article is to encourage general dentists to reflect on the importance of considering short-term tooth alignment alone or in conjunction with restorative dentistry when treating patients. Hopefully, these three questions and cases will prompt readers in thinking through the process of this treatment modality.

Dr. Rami Chayah runs a cosmetic dental practice in Lebanon with an emphasis on minimally invasive dentistry. He seeks to share his passion for photographic and video production and believes that through his personalised dental approach, he can demonstrate a more positive way of practising dentistry, helping other dentists to view the dental domain in a different way.

You can reach Dr. Chayah through his social media: facebook.com/ramichayah and http://instagram.com/ramichayah

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