

Orthodontics in Children and Impact of Malocclusion on Adolescents' Quality of Life



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KEYWORDS

- Adolescent • Malocclusion • Orthodontics • Quality of life • Pediatrician
- Family physician • Primary care

KEY POINTS

- Malocclusion exerts an adverse effect on oral health and has a negative impact on adolescents' quality of life.
- The timely referral of children/adolescents to orthodontic treatment is a concern that the pediatric provider should have.
- Pediatricians and physicians in primary care have an important role on the anticipatory guidance of children/adolescents and their parents/caregivers regarding children/adolescents' oral health, particularly for orthodontic outcomes.

INTRODUCTION

Orthodontics is the dental specialty that is concerned with treating malocclusion, which is characterized by the presence of misaligned teeth and/or maxilla and mandible discrepancies. Tooth malposition and inadequacies in the growth of the craniofacial bones may adversely affect the dentition by means of the stress imposed to teeth and surrounding tissues.¹ In this sense, the early diagnosis of malocclusion during childhood and adolescence is acknowledged in the literature.² The pediatric provider should know what the dentist is looking for and basics about referral, even if the details will be managed by the dentist. The practitioner who is concerned and able to recognize malocclusion and to refer his or her patients to orthodontic treatment in their early ages is indeed providing comprehensive pediatric health care.³ Moreover, orthodontics and other oral health outcomes hold a major impact on oral health-related quality of life (OHRQoL), which has been defined as the functional and psychosocial repercussions of oral outcomes on people's lives.⁴

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Studies evaluating OHRQoL have become viable through the use of psychometric quality-of-life instruments that have been developed to reliably assess such impact.^{5,6}

Results of OHRQoL studies have been extensively reported in the literature.^{7,8} Oral health conditions, such as dental caries and dental trauma, may have a significant impact on adolescents' quality of life. Mostly, adolescents affected by severe dental caries and those with dental fractures involving dentin/pulp show poorer OHRQoL than their peers with no dental caries and those with no dental trauma or only minor fractures.^{9,10} For dental caries, particularly, quality of life deteriorates considerably when symptoms emerge, oral functioning is impaired, or caries affect psychosocial issues.¹¹ The consequences go beyond the adolescent. In the face of severe disease, parents/caregivers may feel guilty because of their sons'/daughters' oral health condition. The number of those reporting family disagreements and time off work due to their children's/adolescents' oral health issues cannot be overlooked.⁹

Other craniofacial issues, such as malocclusion, have also been a matter of concern. Severe discrepancies may be experienced as unattractive by adolescents, which may lead to episodes of embarrassment and distress depending on the individuals' parameters.¹² This article aims to discuss the impact of malocclusion and orthodontic treatment on adolescents' OHRQoL and to comment on the role of the pediatrician in adolescents' oral health, especially for orthodontic outcomes.

Adolescence and the Impact of Malocclusion on Oral Health-Related Quality of Life

Quality of life has many dimensions covering physical, functional, and emotional well-being.¹³ In this regard, OHRQoL research evaluates the effects of oral outcomes on oral symptoms, functional limitations, emotional well-being, and social well-being.¹⁴ The literature has comprehensively recognized that severe malocclusion presents a more negative impact on the quality of life of adolescents than a slight malocclusion or none at all.¹⁵⁻¹⁷ The major repercussions of malocclusion are on an individual's emotional and social well-being.¹⁶ Detrimental impact on oral functions (eating and speaking) has also been observed.¹⁸

Adolescence is a period of life in which social relations shift from the family environment to that of friends. Therefore, physical appearance and concerns with self-image are issues of great significance for the adolescent, who seeks endorsement of his or her characteristics when those characteristics come under peers' scrutiny.¹⁹ The main concerns related to body features usually center on body weight and facial features. Particularly, an individual with unaesthetic occlusal traits faces more challenges with quality of life than his or her peers with no or slight orthodontic treatment needs.²⁰ In fact, those with unattractive occlusal traits may become targets of teasing or even harassment by his or her peers.¹⁶

Bullying Among Adolescents and the Association with Malocclusion

Malocclusion has been scientifically linked to bullying as well.²¹ Bullying, as described previously, is a peculiar type of hostile behavior, through which an individual continuously exposes another individual to the ridicule.²² Although both are regarded as hostile practices, teasing and bullying have different meanings. While teasing has no harmful intent toward the victim, bullying is a more aggressive behavior resulting in harm and even violence toward the individual being bullied.²³ An adolescent with severe discrepancy may be peer victimized by other adolescents who are aggressive to the victim because of his or her occlusal traits. Because of the physical and verbal aggressions, bullied adolescents usually show up as apprehensive, reticent, and

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