

# Tooth Wear

Information for patients





## What is tooth wear?

This is when your teeth become worn down or damaged by a process other than tooth decay.

## What are the causes?

Tooth wear is usually something which happens over the course of your lifetime due to 'wear and tear.' However, there are some things which can speed up this normal process.

Tooth wear is often caused by acid erosion. Some foods and drinks are very acidic: such as citrus fruits, fruit juices, fizzy drinks and wine, particularly if you hold them in your mouth for a time before swallowing.

Another source of acids is your stomach; for example due to frequent vomiting, heartburn or acid reflux.

Acid can dissolve away the surface of the tooth directly or it can soften the tooth structure, leaving it vulnerable to being worn away by the abrasive action of your toothbrush or if you grind your teeth. Traumatic, overvigorous tooth brushing can cause abrasion of exposed tooth surfaces of your teeth.

Tooth wear is commonly caused by clenching or grinding of the teeth; often whilst asleep; or by habits such as nail or pen biting.

## Is tooth wear common?

Tooth wear is becoming more common. It is more common in older patients, with approximately 9 in 10 people over 65 having some tooth wear. About 1 in 10 adults and up to 1 in 20 children have more severe tooth wear which may require treatment.

## What are the consequences?

'Normal' tooth wear is unlikely to cause you problems. However, if tooth wear is happening more rapidly or is more extensive, it may cause discomfort or noticeable changes to the appearance of the teeth.

As it progresses, you may notice sensitivity of the teeth to cold, hot, acidic or sweet foods and drinks.

The teeth may start to appear smaller or more yellow as the outer enamel surface is worn away.

You may notice that the tips of the front teeth look more transparent, or that dents or "pot holes" are appearing on the biting surfaces of your back teeth.

The teeth may become thin and fragile, so you may notice that your teeth are chipping and feel sharp or rough at the edges, or that fillings keep falling out.

The way your teeth meet together (the occlusion) may also have changed.

## How do we manage tooth wear?

Your treatment plan may involve one or more of the following:

1. Prevention and monitoring
2. Composite build-up of teeth
3. Crowns or veneers
4. Crown lengthening surgery
5. Root treatment
6. Overdentures

## 1. Prevention and Monitoring

An essential part of the treatment of tooth wear is to find out exactly what is causing it. Your dentist will discuss the most likely causes of your tooth wear and ways to control these.

This may include:

- Making changes to your diet to reduce your intake of acidic food or drinks
- Stopping any habits like biting your nails or chewing pens, clenching or grinding the teeth
- Seeing your GP to discuss any stomach problems, vomiting or eating disorders
- Changes to the way you brush your teeth
- A soft or hard 'bite guard' to wear over your teeth at night to reduce damage caused by grinding your teeth

Your dentist may take photographs or make moulds of your teeth in order to monitor any progression of the tooth wear.

If tooth wear is identified early, it may be that no treatment is required other than this.

## 2. Composite build-up of teeth

Composite (tooth-coloured filling material) can be bonded onto your teeth to build them up and increase their size. This can look very natural and blend in well with your remaining teeth. This process can take several long appointments, particularly if a number of your teeth need to be treated. Your composite build-ups may be sufficient to restore your front teeth in the medium to long term.

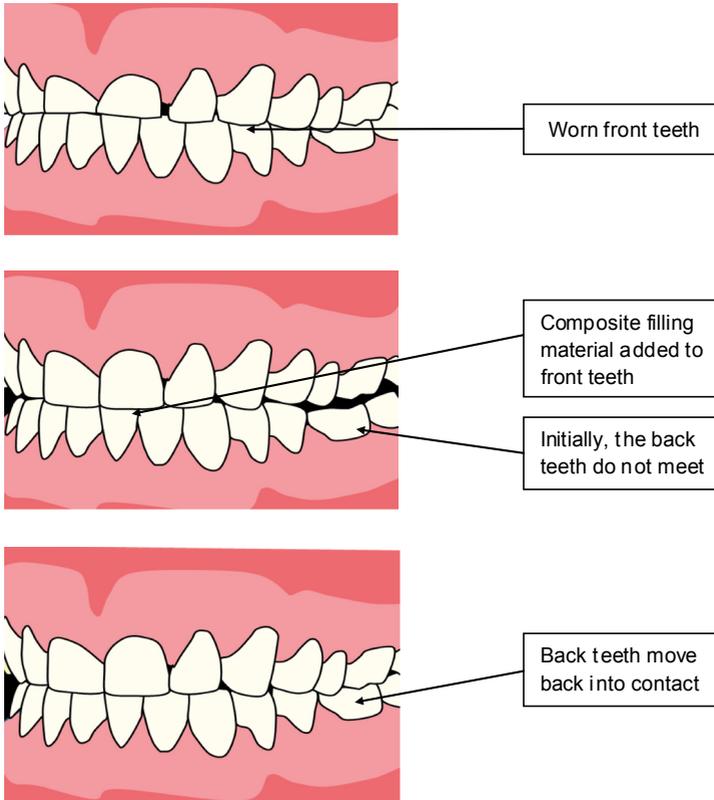
Composite restorations are susceptible to fracture or loss, especially if you grind your teeth at night. It is important to avoid things such as biting your nails, pens or sellotape etc. If this happens you may require extra visits to have the composite restorations 'repaired.'

Sometimes there isn't enough space between the top and bottom teeth to place composite restorations without changing your bite to make room for your new restorations. This involves building up only your front teeth at first. As a result, only your front teeth will meet. This feels strange at first, particularly when eating, and may take some getting used to.

Your top and bottom back teeth should gradually erupt (move) back into contact with each other; a process which can take several months and is different in each individual. Once the back teeth have come back into contact, the restorations on your front teeth will be re-assessed. For most patients, the composite build-up of the front teeth lasts well, but if needed, you may have crowns or other restorations placed.

You may be given a soft bite guard to wear while you are asleep, to help protect the restorations from damage from tooth clenching or grinding.

## Composite build-up of teeth



### 3. Crowns and veneers

Crowns can be useful in many situations to protect and hold together the remaining tooth structure. Placing crowns involves using the dental drill to reduce the size of your teeth in order to fit a crown over the top. There is a risk when doing so that the teeth can be weakened, and there is a risk that the pulp (nerve) inside the tooth may die off, in which case a root filling would be needed. Veneers involve removal

of some tooth structure but not as much as for a crown. Veneers only cover the front surface of the tooth and may be useful for some patients.

The placement of crowns or veneers can also take a number of visits. To make a single crown usually involves at least two visits: the first to prepare the tooth and make impressions, and the second to fit the crown or veneer: in between these visits, you will have a temporary crown. Where a number of teeth are to be crowned, the teeth will probably be prepared in a number of stages.

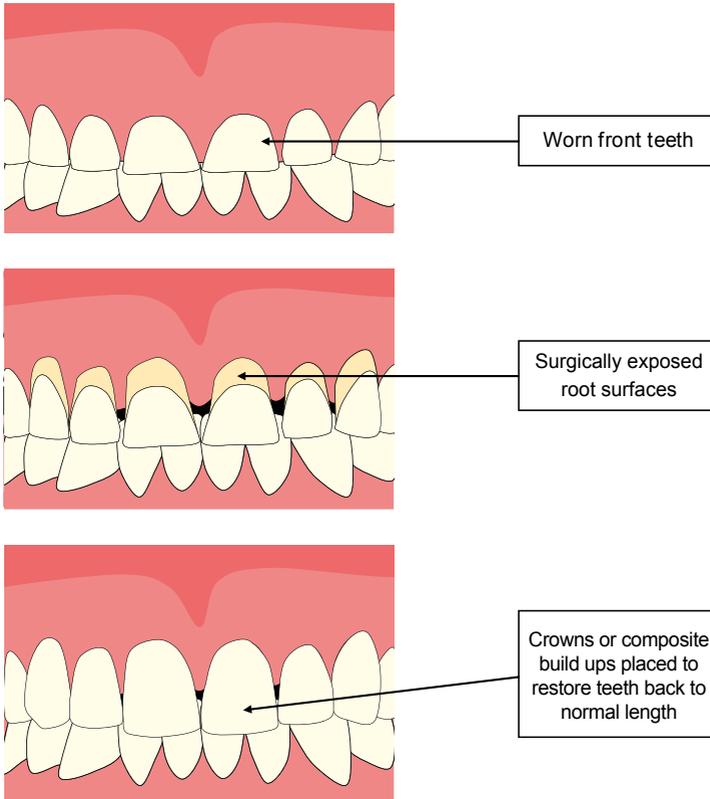
For further information, please see our Crowns, Veneers and Bridgework information booklet.

#### 4. Crown lengthening surgery

A certain amount of tooth height is needed to retain composite build-ups or crowns. If your teeth are very short, crown lengthening surgery may be needed to make restoration possible. Crown lengthening surgery adjusts the level of the gum and bone to expose more of the tooth so it can be restored. This is carried out under local anaesthetic (injections to numb the gums) and is very effective. However, side effects of this treatment can include:

- Root sensitivity
- Temporary looseness of the teeth
- Gum may grow back a bit

## Crown lengthening



## 5. Endodontic treatment

(Please see Endodontics patient information leaflet)

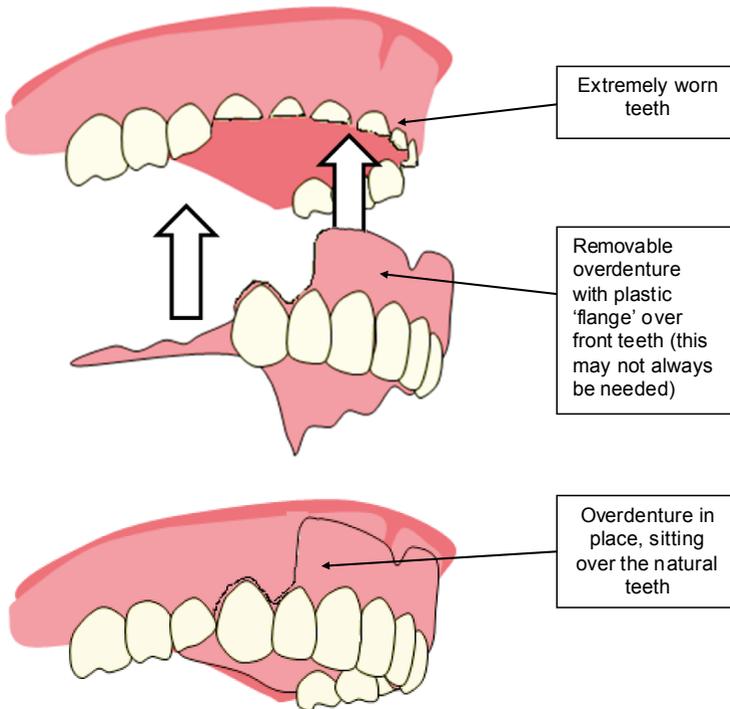
Endodontic treatment (root canal treatment or a root filling) is necessary when the pulp (nerve) inside a tooth becomes inflamed, infected or dies. This can be as a result of a number of causes: deep decay, severe tooth wear, trauma, repeated dental procedures on the tooth (e.g. deep filling, crown), or a crack in the tooth.

## 6. Overdentures

(See Denture patient information leaflet).

If your teeth are extremely worn down, it may be impossible to build the teeth up because there is not enough tooth remaining. Instead, an overdenture can be made, which sits over the top of your worn down teeth. Your own teeth may need to be prepared for this by smoothing them down, adding small fillings or with endodontic treatment.

It is essential to maintain a high standard of oral hygiene, use fluoride toothpaste and to take care with your diet, as there is an increased risk of decay in teeth covered by a denture.







© The Leeds Teaching Hospitals NHS Trust • 3rd edition (Ver 1)  
Developed by: Hannah Beddis (Restorative Consultant) • Department of Restorative Clinical Service • Leeds Dental Institute  
Produced by: Medical Illustration Services • MID code: 20220725\_009/EP

LN002840  
Publication date  
07/2022  
Review date  
07/2024