

# Is it too early for your child to get braces?

Traditionally, dental professionals were always inclined to wait until patients were older before initiating any type of orthodontic treatment. A lot of this was driven by the thought that the child was growing and we should wait until the majority of that growth was completed so that it was a more stable situation to control. However, with more progressive approaches and more supported data, it has

been shown that earlier intervention is not only more effective in treating these children, but is necessary to correct certain problems and to properly develop and support the jaws and face of these young adults. Parents may be surprised to hear that their child



Dentally Speaking by Jeffrey S. Haddad D.D.S.

would benefit from orthodontic treatments as early as even 6 years old, but as this month's article will hopefully demonstrate, it could be the best thing you could give your child as far as guiding his proper growth and health.

Seventy-five percent of children by age 12 have some form of

malocclusion (a poor bite). If untreated, these will worsen with time. Since 90 percent of the face is developed by age 12, practitioners must treat early if they want to guide, and in fact, modify the growth of younger patients. Many dental professionals were taught to only address the bite and make the teeth straight in their early teens. However, we have to take other things into consideration when treating our patients in addition to the teeth. This includes the development of the jaws, the temporoman-

dibular joints (TMJ), and the patient's overall facial features and support.

### What causes problems in development?

- Thumb or finger sucking
- Tongue thrusts
- Airway problems (mouth breathing, snoring, large tonsils and adenoids)
- Environment (allergens, pollution)
- Jaw joint (TMJ) problems

There are many ways that we can identify if a child needs early orthodontic intervention. Some signs we look for include deep overbites or underbites, crossbites, retruded chins or upper lips, or very narrow arches. Orthodontic records should be the next appointment, which includes proper radiographs that will be measured and analyzed, models, and photos of the patient. This gives us the opportunity to put together a definitive plan and show parents exactly why this treatment will benefit their child. Treatment options could include a dental expander, simple "uprighting" of teeth for better support of the jaws, or simple straightening of certain teeth with braces. Once we have the chance to discuss with parents their child's underdeveloped jaws or hindered growth, and treatment recommendations, we can also talk about the potential problems that can occur if untreated (TMJ issues, sleep apnea, proper facial aesthetics). When parents understand the reasons for treating their children proactively, the majority of them feel comfortable and relieved.

- 5. Deficient (retruded) chin
- 6. Speech issues

By intervening early in a child's life, we can develop their jaws, bite and face much more efficiently, and effectively, which will result in a much healthier and aesthetic individual. Not all children need early orthodontic intervention, but identifying the patients that do is the key to this success. If we miss the growth and fail to properly facilitate proper development, in a lot of ways we are just repairing things. This could result in a compromised outcome, longer orthodontic treatment, and future issues like TMJ disorders or sleep breathing disorders.

### Benefits of Early Orthodontic Treatment:

- Influence jaw growth in a positive manner. Simplifies and/or shortens treatment time.
- Harmonize width of the dental arches for later corrective orthodontics
- Improve eruption patterns - Reduce likelihood of impacted permanent teeth
- Improve speech problems by addressing protruding front teeth
- Correct harmful oral habits.
- Improve breathing and airway problems
- Improve aesthetics and self-esteem sucking

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### Indications for Early Orthodontic Treatment

1. Poor arch development (narrow arches)
2. Deep overbites, underbites, or crossbites
3. Compromised airway (snoring or sleep apnea)
4. Deficient upper lip support

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