Dear Readers,

Orthodontics carried out by the general dental practitioner (GDP) is one of the most controversial areas in dentistry, but I will start even more controversially by saying that I would not sit in the chair of a GDP who did not at least understand orthodontics and was not ideally able to carry out some limited objective orthodontics. Why? Because, when one understands the implications of Little’s study on stability and relapse of dental arch alignment and the proven effect of continued tooth movement, combined with the concept of a changing envelope of function, it helps us understand why around the world there are vast numbers of patients who, arguably, needlessly have crowns and veneers placed on repeatedly chipping anterior teeth. The problem is that the implications of Little’s study are not widely understood. That is “relapse” is a red herring of a term, because the study showed that, whether patients are treated orthodontically or not, in a significant proportion of patients with some crowding, arch width and arch length will continue to shorten anyway. Instead of “relapse” perhaps we should use the term “continued tooth movement”.

The only people I have come across who really seemed to have grasped the concept and understand the functional and occlusal changes that come from continued tooth movement are GDPs who have long-term relationships with patients and follow up with photography and detailed documentation. I know only a few orthodontists who are able to follow their patients for life. Now of course that is not practical, but in most European countries, orthodontics is carried out and there is little funded care or planning, or indeed education, for the GDPs who ultimately need to be able to maintain these aligned smiles.

As a result, large numbers of patients within ten years will suffer some kind of relapse. Comprehensive orthodontic studies show that ten years after retainers are stopped 70% of cases need retreatment due to relapse.2,3 The problem is that the profession has not yet really identified what the long-term implications of relapse are. In the UK, the Department of Health and Social Care and the British Orthodontic Society described this relapse as “cosmetic only”.

Most GDPs who see patients over years can testify that relapse can cause far more than just cosmetic problems. Indeed, collapse of canine width, loss of guidance, constricting envelopes of function, tooth wear, deepening bites, fremitus and bone loss are all a result of continued tooth movement. The vast number of patients I have seen over 25 years in one practice strongly underlines what Little’s study outlined.

Now does this mean that GDPs should be permitted to carry out orthodontics on every patient? Absolutely not. The problem is that orthodontic companies and aligner providers have created products focused on allowing GDPs to potentially treat the whole mouth, without fully understanding the importance of a proper facial, skeletal and dental orthodontic assessment and diagnosis. Even if certain aligner systems have limited goals, it is essential that aligner companies educate dentists correctly and implement mentoring with overall assistance from specialists, so that dentists understand what they can treat and cannot treat. It is certainly possible that proper education and mentoring may help with case selection and execution, and may mean that GDPs can carry out some orthodontic treatment with limited objectives safely. And if those objectives include removing a constricting envelope of function to avoid the eventual placement of a crown in an appropriate case, then I would argue that it is essential that every dentist in the world should have this simple ability. Without it, we are, I believe, complicit in actively harming patients worldwide.

I would like to dedicate this editorial to my dear friend Dr Anoop Maini, a UK dentist who helped GDPs carry out orthodontics to a higher standard—for the right reasons—and who recently passed away at the age of 49.

Dr Tif Qureshi

Editorial note: A list of references is available from the publisher.