A growing market
Andrew McCance looks at how general dental practitioners can benefit from the increasing interest in orthodontics

Dentistry in the UK has seen an exponential growth in orthodontic treatment over the past decade. The reasons for this are varied and include the developments in techniques and materials relating to orthodontic work, as well as increased patient awareness about the options available to them.

New technology has allowed a progression towards preventative dentistry that doesn’t require invasive treatment, extractions or intensive interproximal reduction.

There has also been a shift in the cost to the patient for treatment. Whereas veneers were often quickly dismissed as an option due to the costly, invasive and time-consuming nature of the treatment, alternatives can now offer solutions to a range of malocclusions that are affordable and quicker.

Better smiles
The private dental market has seen an increased number of adult patients seeking elective treatments to improve their smile aesthetic. The motivation for this could be attributed to media portrayals through ‘makeover’ programmes, which promise radical change in appearance, thanks to whitening and porcelain laminate technology.

It could be a greater sense of awareness about appearance that prompts people to take action over a smile they may deem ‘unattractive’, whatever the motivation, it has been noticed that patients from higher socio-economic families/groups, and predominantly females, are more willing to undergo orthodontic treatment for tooth alignment and malocclusion.

In an ever-increasingly competitive market, and with a greater need to retain patients in the practice, being able to offer an attractive package of treatments is now easier to achieve, thanks to the development of new techniques and materials.

One area that traditionally required clinicians to refer their patients away from the practice was orthodontic treatment. Naturally, the knowledge and skills gained from the years of postgraduate study are invaluable, but GDPs are now able to offer patients with a wide range of malocclusions a treatment plan that, whilst designed by a trained orthodontist, is delivered by the general practitioner.

Three types of treatment
Traditionally, there are three categories of orthodontic appliances: removable, fixed and functional. Each has their share of advantages in terms of patient compliance, speed and cost, as well as their detractors, in terms of aesthetic, impact on health and longevity. For instance, there is evidence that small cracks in the enamel surface are seen following removal of orthodontic brackets. Such cracks provide the potential for caries to develop, discolouration and possible partial tooth fracture and that there were more cracks with chemically bonded ceramic brackets.

Clear positioners have been available to clinicians for several years now and the capabilities of systems like Clearstep have improved immeasurably since their inception. Two advances of note have been the integration of clear positioners with traditional mechanics to create ‘hybrid’ devices that remain essentially undetectable to anyone except the wearer and clinician. In fact, the range of potential treatments is much greater than previously thought, offering finishing such as home whitening.

Aesthetically pleasing
Clear positioners can communicate the treatment to the patient and offer an alternative to fixed appliances.

Growing treatment ranges
As a general practitioner, being able to address a wide range of malocclusions in patients visiting the practice is a simple way to broaden the range of treatments being offered, made more attractive when the system also offers finishing such as home whitening. The system that utilises clear positioners as well as innovative appliances meets the patients’ requirement for a form of treatment that is non-invasive, avoids damaging the dentine and is almost invisible when being worn.

Clinicians can tackle orthodontic treatment of a wide range of malocclusions confidently when they have received suitable training and can rely on the support of expert diagnostic and laboratory support.

About the author
Since qualifying in dentistry from Glasgow University, Dr Andrew McCance has gained a wealth of experience in multi-disciplinary practices. He has held several distinguished positions including senior house dental surgeon at St George’s Hospital, Tooting and senior lecturer at Great Ormond Street, developing his expertise through a PhD at University College London. In the mid 1990s, Dr McCance began to develop the Clearstep brace, based on the demands of the 4,000 patients treated annually in his specialist practices. He is currently taking his Clearstep vision to a worldwide audience. For more information, call the OPT Laboratory & Diagnostic Facility on 01342 337910, email info@clearstep.co.uk or visit www.clearstep.co.uk.

References

For most adults, fixed braces would not be a treatment option because of their lack of aesthetic appeal. From a clinician’s point of view, fixed braces also mean referring the patient away from their practice.

The technology behind removable positioners has developed remarkably over the past five years. Most clinicians would be amazed at the range of malocclusions they can treat, in child patients as well as adults, including functional jaw correction and extrusion.

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The author's photograph and contact details are available in the text.