

Prevalence of Oral Habits in Children and their Effects

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Abstract

The purpose of this study was to evaluate the prevalence of oral habits and their effects among children who visited the Dept. of Oral Medicine and Radiology, Annoor Dental College and Hospital, Muvattupuzha, Kerala.

A total of 50 pediatric patients who visited the Dept of OMR for treatment of various complaints over a period of one month (1st Jan 2020 - 30th Jan 2020) were clinically examined for the presence of oral habits.

Keywords: Oral habits, Tongue Thrusting, Thumb sucking, Lip biting, Nail biting, Mouth breathing, Bruxism

MATERIALS AND METHODS

A study was designed to evaluate the presence of oral habits and their effects in children of age ranging from 4-12years. A sample population of 50 were randomly selected who visited the Department from 1st Jan 2020 - 30th Jan 2020, all subject's parents were questioned regarding their habits and effects were clinically examined. The frequency, duration, intensity, parental care and psychological components regarding the habits were also assessed.

Fingers and nails were examined for damage, attrition of teeth were noted. For pressure habits (tongue thrusting, thumb sucking, lip biting) proclination, increased overjet, open bite, crossbite and other malocclusions were assessed. For bruxism wear facets, TMJ and muscles of mastication were looked for. Mouth breathing were confirmed by mirror test, water holding test and anterior marginal gingivitis.

RESULT

Out of 50 patients screened 25 patients (50%) had some sort of oral habits. Nail biting were the most prevalent habit. The prevalence of oral habits noted were in the following order: Nail biting (52%), thumb sucking (20%),

tongue thrusting(12%), lip biting (8%), mouth breathing (4%) and bruxism (4%). 20% of the children with oral habit also had effects on dentition like proclination and attrition.

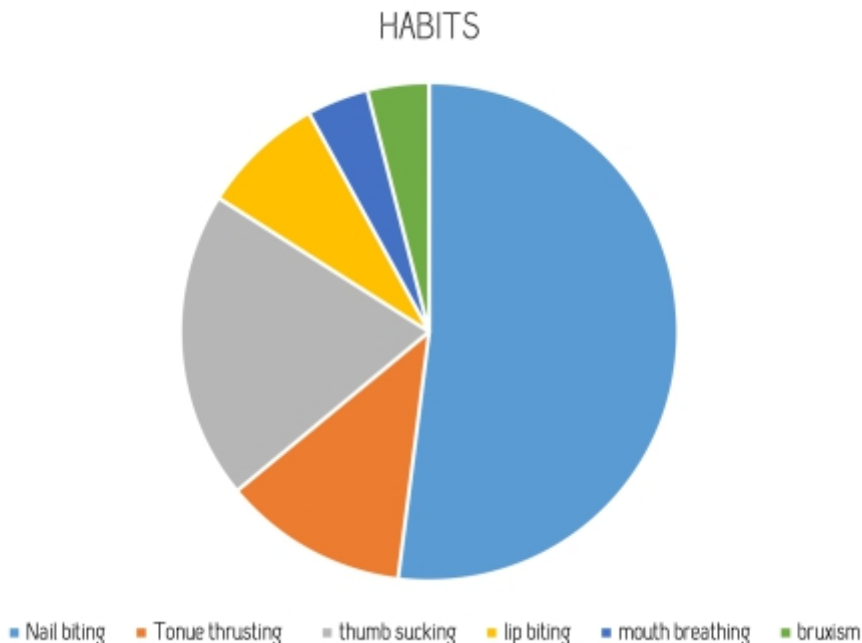
DISCUSSION

Various oral habits such as thumb sucking, finger biting, or finger sucking, tongue thrusting, lip biting, or lip sucking, bruxism, mouth breathing can produce destructive effects on the dentoalveolar structures. Trident of factors, like duration of the habit per day, degree, and intensity of habit, are responsible for any habit to produce detrimental and lasting effects.¹

A habit is a repetitive action that is being done automatically. The mouth is the primary and permanent location for expression of emotions and is a source of relief in passion and anxiety in children².

Thumb sucking is the placement of thumb in varying depths into the mouth. Its effects include constricted maxilla, procline danteriors, increased overjet, incompetent upper lips, hyperactive lower lip and callus on fingers.

Tongue thrust is a forward placement of the tongue between the anterior teeth and



against the lower lip during swallowing. Clinical features of tongue thrusting are anterior open bite, contraction of the lips, absence of contraction of lip and oral muscles, proclination of anterior teeth, midline diastema, posterior crossbite.

Mouth breathing is defined as habitual respiration through the mouth instead of nose. Its clinical features of are:

Adenoid facies (Long narrow face)

- Lack of tone of oral musculature
- Short upper lip with nose tipped superiorly
- Narrow maxillary arch with high palatal vault
- Protrusion of maxillary and mandibular incisors
- Anterior open bite
- Increased incidence of caries
- Chronic keratinized marginal gingivitis.

The etiology of nail biting includes insecurity, psychosomatic successor of thumb sucking and stress. Clinical features are crowding, rotation and alteration of incisal edges of incisors, inflammation of the nail bed.

Bruxism is defined as habitual grinding of teeth when an individual is not chewing or swallowing. Clinical features include pulp exposure with fractures, tenderness of the jaw, pain, crepitation, clicking in joint, restriction of TMJ movements.

Lip biting habit that involve manipulation of lips and perioral structures.

Higher predilection of the lower lip. It can be a result of malocclusion, emotional stressor in conjunction with other habits.

CONCLUSION

Oral habits in children have a definite bearing on the development of occlusion.. In the current study majority of the children showed nail biting with some having attrition on the teeth. Early diagnosis of these habits will lead to its proper interception and prevention.

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