

## HOLDING THE LINE

Dentist Monica Rojas on preventative orthodontics, a treatment that tackles the causes of jaw misalignment and reduces the need for conventional orthodontics

INTERVIEW: VIEL RICHARDSON



My interest in preventative orthodontics started when my young son was having increasing problems sleeping through the night and seemed to not be breathing as smoothly as he should. I began to look into possible causes and found a body of research relating to mouth breathing and the consequences it has for general development, particularly of the jawbones. It became clear to me that this habit had precipitated my son's sleeping disorder. That was when I discovered Myobrace, a company that specialises in this area, which suggested that to correct this and other habits, preventative orthodontics and exercises could be a possible solution.

Poor jaw muscle development, while sometimes genetic, can often be caused by bad habits in early childhood. These include reversed swallowing (which happens when the tongue is not in the right position when swallowing), thumb-sucking, over-reliance on a dummy and breathing through the mouth. As well as poor muscle development, mouth breathing also significantly increases the rate of tooth decay, so it is definitely a habit to discourage.

All of these habits can cause the muscles involved in the act of swallowing to develop abnormally, with some muscles becoming stronger than they should be, and others remaining weak. This in turn distorts the jaw development as the child grows, leading to teeth misalignment.

In the UK, best practice is to delay any orthodontic treatment until children turn 12, but at that point we can be forced to remove teeth or move them around with braces to correct an established problem. Also, while traditional orthodontic techniques are very effective, you can get relapses because the original cause of the problem, the bad habits, have not been addressed.

Preventative orthodontics involves encouraging the proper growth of the jaws muscles by developing good habits. This is done placing a series of specially designed guides in the mouth, designed to ease the tongue and jaw into the correct position. The child wears the guides for an hour or two each day and then while they sleep. When each guide has done its job, it is replaced with the next in the sequence. Alongside these, the treatment also involves

a set of simple exercises designed to develop the appropriate muscles.

What we are doing is training the muscles around the upper airway to work properly so they develop as they should. We are essentially teaching the child how to breath and swallow properly. Treatment continues until the muscle development around the jaws and the airways is developing as it should. The earlier you start the treatment, the shorter it needs to be, and once the right habits have been established they are with you for life.

Children from four or five years old seem to be capable of doing the exercises and even sleeping with the guides. Even though this is an orthodontic treatment, there are no fixed appliances involved. It is all about muscle training and development, which you can turn into a game for the younger children. In some cases, if there is a more complex structural issue, perhaps a genetic component, there may be some conventional treatment required at a later stage, but this is very rare.

This type of preventative orthodontics is not as popular in this country as it is in other parts of the world. I think this is a shame, because done well it can help lower the risk of problems that go far beyond dentistry in later life. This is why I am so committed to offering it to our patients, especially to children—it can have a hugely positive impact on the rest of their lives.

25 DEVONSHIRE PLACE  
25 Devonshire Place, W1G 6JD  
25devonshireplace.com