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Habit Breaker



Thumb sucking is a common habit of preschool aged children. The activity is normal for infants and toddlers but should decrease by ages 3 to 4 and stop by age 5. Thumb sucking is a very normal response to anxiety and stress. Most children give it up by age 4.

Damage from thumb sucking occurs primarily to the teeth and jaws. The reason that thumbs and fingers are effective tooth movers and bone shapers is that the jaw bones of children are especially soft and malleable. Prolonged thumb or finger sucking easily deforms the bone surrounding upper and lower front teeth producing a hole or gap when teeth are brought together known as an "open bite". In addition, flaring of upper front teeth is usually observed. Lastly, because thumb sucking creates intense negative pressures in the mouth, dental arches are frequently narrowed.

If a child stops thumb sucking before the loss of baby front teeth and permanent front tooth eruption (about age 6), most or all harmful effects disappear within 6 months. However, if the habit persists through permanent front tooth eruption, there can be lasting damage: chewing difficulties, speech abnormalities, and an unattractive smile.

Some parents try home remedies to break the habit. Any method will work if the child agrees to cooperate. The remedy provided by an orthodontist is a simple device called a habit breaker. Placed on the child's upper teeth, the habit breaker usually stops the habit within the first few days after insertion. The habit breaker appliance consists of semicircular stainless steel wires connected to supporting steel bands or rings. The half-circle of wires fits behind the child's upper front teeth, barely visible in normal view. After insertion, a child may experience soreness of upper back teeth and modified speech for a few days. Instructions are given to avoid gum chewing as well as hard and sticky foods. The child is asked to not pull on the appliance with fingers. Thorough toothbrushing after each meal is stressed to prevent food and plaque build-up and gum infections or cavities. Also, parents should know that the child with a newly placed habit breaker may have a nonrestful

first night's sleep. Be sure to offer lots of tender loving care, words of support, and congratulations so as to provide a smooth, nontraumatic transition.

Once the habit breaker is cemented, there is nothing to adjust and there are no moving parts. It is one of the simplest, yet most effective orthodontic devices. Fearsome looking open bites, on the order of 8 to 10 mm, can close within a few months. The habit breaker is so effective simply because it takes away the habit's gratification. Wires prevent the thumb from touching the gums behind the front teeth and on the palate turning a pleasant experience into an unpleasant one.

After appliance placement, the child is seen every 2 months until the habit breaker is removed. These visits are short and not painful. In cases where hard or sticky foods have loosened the bands, recementation may be necessary. The habit breaker is left in for 6 to 8 months, a sufficient time for the habit to be a distant memory and for relapse potential to be minimal. In addition, that time is needed for the open bite to close and for the front teeth to straighten.