

Oral Habits in Children

Introduction

Oral habits are habits that frequently children acquire that may either temporarily or permanently be harmful to dental occlusion for and to the supporting structures. When habit causes defects in orofacial structure it is termed as a pernicious oral habit.

Definition

Buttersworth(1961):defined a habit as a frequent or constant practice or acquired tendency,which has been fixed by frequent repetition.

Classification

1. By William James:-

- Useful habits (nasal breathing)
- Harmful habits (eg:- Thumb sucking, Tongue thrusting)

Useful habits:- The habits that are considered essential for normal function such as proper positioning of tongue, respiration, normal deglutition.

Harmful habits:- Habits that have deleterious effects on the teeth and their supporting structures.

2. By morris and Bohana:-

- Pressure. (lip sucking, thumb sucking, tongue thrusting)
 - Non pressure (mouth breathing)
 - Biting habit (nail biting, pencil biting, lip biting)
- Pressure habit:- Habit that applies force on teeth & supporting structure. Non-pressure habit:- Habit that does not apply force on teeth & supporting structure.

3. By Finn:-

- **Compulsive:** These are deep rooted habits that have acquired a fixation in children. The child tends to suffer increased anxiety when attempts are made to correct.

- **Non-compulsive:** These are habits that are easily learned and dropped as the child matures.

4. By Klein:-

- Empty/unintentional habits
- Meaningful/intentional habits

Empty habit:- They are habits that are not associated with deep rooted psychological patterns.

Meaningful habits:- They are habits that have psychological bearings.

Various habits are:-

- ☒ Thumb sucking.
- ☒ Tongue thrusting.
- ☒ Mouth breathing
- ☒ Bruxism
- ☒ Nail biting
- ☒ Lip biting.

THUMB SUCKING

Introduction:

- ☒ It is observed that most children below 3 year suck their thumbs & finger
- ☒ Thumb sucking in infants is common and is meant to meet both psychological and nutritional needs.
- ☒ Thumb sucking in infants is. common and is meant to meet both psychological and nutritional needs. If habit-
- ☒ Most children discontinue the habits 3-4 years of age.
- ☒ If habit continues beyond this period there is a definite chance that may lead to dentofacial changes.

Definition:-

According to Gellin "It is placement of the thumb or one or more fingers in varying depth into the mouth".

Theories:-

1. Psychoanalytic/psychosexual theory:

- ☒ Formulated by Sigmund Freud in 1928
- ☒ According to which thumb sucking habit evolves from an inherent psychosexual drive where child derives pleasure during thumb sucking.(2)

2. Oral drive theory:

- ☒ Formulated by Sears and Wise 1982
- ☒ According to this theory prolongation of nursing strengthens the oral drive & child begins thumb sucking.

3. Benjamin's theory:- Rooting reflex

- ☒ In this movement of the infant's head & tongue towards an object touching its cheek.
- ☒ This primitive reflex is maximal during the first 3 months of life.

4. Learning theory:

- ☒ Given by Davidson (1967)
- ☒ The infants associate sucking with such pleasurable feelings as hunger & recall these events by sucking the suitable object available.

Causative factors:-

- Socioeconomic status:-**
In high socioeconomic status the mother is in a better position to feed the baby, whereas a mother belonging to a low socio-economic group is unable to provide the infant with sufficient breast milk. Hence the infants suckle intensively for a long time to get required nourishment, thereby also exhausting the sucking urge.
- Working mother:-** Sucking habit is commonly observed to be present in children with working parents. Such children brought up in the hand of a caretaker may have feelings of insecurity and use their thumb to obtain a secure feeling.
- No. of siblings:-** The development of habit can be indirectly related to the number of siblings. As the number increases the attention meted out by the parents to the child gets divided.

- iv. Order of birth of child:- It has been noticed that later the sibling ranks in the family, greater is the chance of having oral habits.
- v. Age of child:- The time of appearance of digit sucking habit has significance
 - **In neonates:-** Insecurities are related to primitive demand as hunger.
 - During the first few weeks :- Related feeding problems.

Management

1. PSYCHOLOGICAL THERAPY:

- Screen the patient for underlying psychological disturbance that sustains thumb sucking habit. Once the psychological dependence is suspected, the child is referred for counselling.
- Thumb sucking children between the age of 4 to 8 years need only reassurance, positive reinforcements and friendly reminders.
- Various aids are employed to bring the habit under the notice of the child such as study models, mirror's etc.

Dunlop hypothesis:-

- Patient is made to sit in front of the mirror and asked to suck his thumb. This will make him realise how awkward he looks and want to stop sucking his thumb.
- Children & parents are informed about existing dentofacial deformities and long term risk of habit.
- Patients should be presented with positive mental and visual images of During treatment dentofacial ideals expected from habit cessation.
- During treatment adequate emotional support & concern should be provided to the child by parents.
- When a habit is discontinued the child can be rewarded with a favourite new toy.

2. REMINDER THERAPY:-

(A) Extra oral approach:

- Employed bitter flavoured preparations or distasteful agent that applied to finger or thumb eg. cayenne pepper, quinine asafetida.
- A commercially available product finite can also be used.
- It should be applied on skin and nails allowed to dry for 10 min. A new coat should be applied in the mornings and evening till habit is broken.

(B) Ace bandage approach:-

Ace bandage approach involves nightly use of an elastic bandage wrapped across the elbow pressure exerted by the bandage removing the digit from the mouth as the child tries and falls asleep.

Tongue thrusting

Definition:

Tulley 1969

States tongue thrust as forward movement of tongue tip between the teeth to meet the lower lip during deglutition and in sound speech so that tongue becomes interdental.

Classification:-

(1) Physiologic:-

This comprises the normal tongue thrust swallow of infancy

(2) Habitual:-

The tongue thrust swallow is present as a habit even after the correction of the malocclusion.

(3) Functional:-

When the tongue thrust mechanism is an adaptive behaviour developed to achieve an oral seal, it can be grouped as functional.

(4) Anatomic:-

Persons having enlarged tongue can have an anterior tongue posture.

Clinical features :-

Extra oral

1. Lip Posture :- Lip separation is more both at rest & in function
2. Mandibular movement :- Path of mandible movement is upward & backward with tongue movement forward.
3. Speech : Lipsing problem in articulation of s/n/t/d/ l/th/z/v/ sounds.
4. Facial form :- increase anterior facial height

Intraoral

- 1) Tongue posture:-Tongue tip at rest is lower because of anterior open bite present

2) Tongue movement :- Movement is irregular from one swallow to another.

3) Malocclusion:- In maxilla Proclination of maxillary anterior

- ☒ An increase over jet
- ☒ Maxillary constriction
- ☒ Generalised spacing between teeth.