Is Thumb and Finger Sucking Really a Problem?

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Thumb and Finger Sucking – Is It Really A Problem?

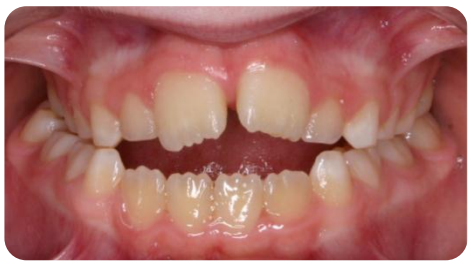
Thumb and/or finger sucking are practiced by many children for a variety of reasons. These habits usually start very early in life but are outgrown by 3 or 4 years of age. Thumb sucking, especially when continued beyond 5 of 6 years of age, is a very common concern for parents. However, parents should take comfort in the fact that **not** all thumb-sucking is damaging to the growth and development of teeth and jaws. Thumb and finger sucking can change tooth positions only if the forces created during the activity are of appropriate magnitude and duration. In other words, a child who only places his thumb in his mouth at night to help him fall asleep and whose thumb falls out when he is sleeping is unlikely to cause any ill effects on his teeth. On the other hand, a child who sucks his thumb or finger constantly all day or all night is highly likely to damage the natural harmony among the face, bones, and teeth. Vigorous sucking combined with lengthy duration are the elements needed to displace teeth and/or deform growing bone.

Problems To Look For In Your Thumb or Finger Sucking Child

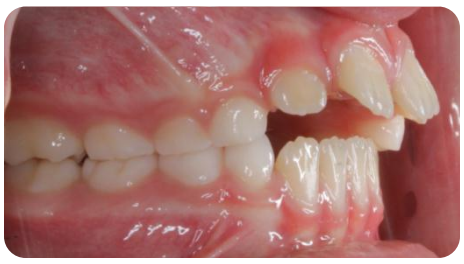
The types of changes that may develop in the thumb sucker are dependent on a number of variables.

The most common effects seen are:

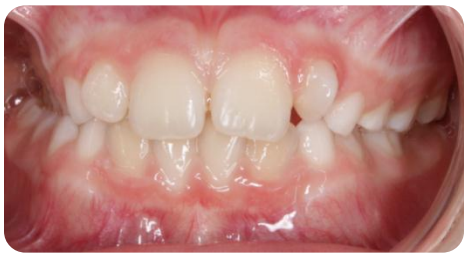
- Anterior open bite (where there is a gap between the upper and lower front teeth, into which the thumb or finger fits very nicely!)



- Protrusion of the upper front teeth (where the upper front teeth are pushed out and up by the force of the thumb) and retrusion of the lower front teeth (where the lower front teeth are pushed inward by the force of the thumb)



- Narrow high-arched palates and cross bites (where the upper back teeth on one side are biting on the inside of the bottom teeth on that same side)



You should bring your child for an orthodontic consultation if any or all of these effects are evident in your child's mouth. The key is prevention. Early intervention by your orthodontist is the ideal treatment to prevent the deformity from developing further and causing a more severe problem as your child grows and develops. In addition, early treatment of a serious thumb-sucking habit is easier than treatment after years of an ingrained habit.

What Treatment Is Required?

Sometimes no active orthodontic treatment is required. It is important that we define at the very beginning that which is to be treated. Sometimes it is indeed an open bite, sometimes a psychological problem, sometimes a neuromuscular reflex. There are three distinct phases of development when considering thumb-suckers.

Phase 1, from birth to 3 years:

Most infants display a certain amount of thumb and finger sucking during this period particularly at the time of tooth eruption and weaning. Ordinarily, this is naturally resolved toward the end of this phase.

Phase II, from age 3 to 6 or 7 years:

A firm and definite program of correction is indicated at this time. There are many different orthodontic appliances used, some of which are so large and cumbersome that they provide nothing but frustration for the child; and thumb-suckers usually have that in abundance anyway. My own favorite is a type of retainer used in the upper arch with small attachments to remind the thumb to keep out. Using this type of appliance encourages the child to help conquer the problem by serving as a mechanical interference to the thumb.

Phase III, from 6 or 7 years onwards:

Persistent thumb-sucking at this age may be indicative of problems other than dental. I always begin with a discussion of the problem with the child before inserting a corrective appliance. I emphasize to the parents that it should not be the focus of a family discussion, and no disparaging comments should be made by anyone concerning the habit. I find that most children benefit greatly by removing the family focus on their thumb sucking, thus preparing the child to work with the orthodontist in a more mature way. This type of psychology, along with an appliance to remind the child to keep his or her thumb out, is a kinder and more gradual approach. It allows the child

to become more involved in the therapy than the more traditional (large mechanical "rake") appliance and gives the child the opportunity to be a key player in successfully managing the habit. Children who overcome thumb-sucking themselves in this fashion are grateful and appreciative patients and greatly mature psychosocially during the treatment.

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