

Editorial

Tooth wear – a condition in waiting

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Editor

There is probably no more intriguing story in the relatively un-exciting history of dentistry than Dean's 'shoe leather' epidemiology. His careful observation and recording lead eventually, in a detective-like narrative, to the realisation of the anti-caries effect of fluoride and ultimately to its incorporation into preventive oral care approaches throughout the world.

The unfolding history of tooth wear, while somewhat less dramatic, nevertheless has similar elements of scrutinising tiny detail, watching epidemiological trends and the dawning realisation of clinicians and academics that something was happening but no one was exactly sure what. The fusion of knowledge gleaned from everyday painstaking examination in practice and equally detailed biochemical experimentation on tooth surfaces and recorded in these pages enables us to view the subject in a new light.

It has been extremely interesting, as an editor and a dentist, reading through the papers in this supplement to the *IDJ* because what emerges is exactly that sense of witnessing a growing body of information and opinion leading towards some, at least interim, conclusions. The matter might rest there but the encouraging feeling is that the longer term outcome will be an improvement not only in our understanding of the aetiology and progression of the condition but also a means to stop it worsening in our patients or even better, preventing it from occurring in the first place.

As you will read, the whole topic of tooth wear is still subject to if not exactly disagreement then an agreement to differ, in terms of both the terminology used and the exact aetiology of the effects that we see in our patients' mouths. The traditional terms such as 'erosion, abrasion and attrition' are challenged and suggestions such as 'tribology' are offered instead. Similarly, not all experts agree on the precise reasons behind the development of the signs of tooth wear in different locations and in different patients. Is it also implicated in dentine hypersensitivity? Is it best to brush teeth before an acid challenge or after it, and if so how long after it? You won't find definitive answers to these questions in these pages – because we do not yet know what they are, but progress is certainly being made by exposing these dilemmas to further examination and debate.

So what can we conclude from all this? That many of the smaller things we have been seeing for a number of years are coalescing to suggest that tooth wear as such needs to be defined in new ways, prevented with innovative approaches and treated using a variety of therapies particular to each individual case. In essence it is a condition in waiting, a grouped pathology which may indeed become a twenty-first century challenge hitherto undefined and poorly understood but one on which we are now standing on the brink of resolving. That, is exciting!