

GDP Advice / Decision Tree Management of Toothwear



**GDP to take history and identify type of toothwear:
Erosion / Attrition / Abrasion**



0/1*

Mild anterior tooth wear

- Check space in ICP and RCP-ICP
- Space present then restore in direct / indirect composite resin (~1mm thickness)
- No space present then consider Dahl approach /relative axial tooth movement using composite restorations.
- Accept ↑ OVD and allow occlusion to re-establish
- Splint therapy
- Review after 6 months and maintain composite restorations or consider veneers, crowns, onlays, etc

Identify and Eliminate Source of Tooth Wear, e.g:

- Intrinsic / Extrinsic Sources of Acid
- Parafunction
- Habits e.g. Pencil chewing
- Toothbrushing Technique
- Lifestyle Habits (including recreational drug use), stress

Commence Preventative Programme

- High Fluoride Toothpaste / OHI
- Lifestyle Changes / Dietary Advice
- Splint Therapy (if appropriate)
- Study Models / clinical photographs for monitoring

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Moderate anterior / general tooth wear

- DWU to restore worn surfaces in RCP
- Restore worn surfaces, ↑in OVD if required, ensure canine guidance / group function and even contact in ICP
- Splint
- Monitor
- Consider full coverage restorations if appropriate
- Referral for surgical crown lengthening if appropriate
- Repeated failure of restorations should be referred for advice

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REFER



Specialist Restorative Treatment Pathways

Score	Criteria
0	No wear into dentine
1	Dentine wear just visible (including capping) or dentine exposed
2	Dentine exposure greater than 1/3 of surface
3	Exposure of pulp or secondary dentine

*Bardsley et al, 2004