Ephebodontics: A Little-known Branch of Dentistry

Alagirisamy Venkatesh, Govindarajan Sujatha, Jayanandan Muruganandhan, Shankargouda Patil, A Thirumal Raj

Adolescence is an age group defined from the onset of puberty to establishment of social independence. Chronologically it is defined as the age of 10 to 18 years but social and behavioral situations may dictate variability.1 Ephebodontics is the term coined for adolescent dentistry in the April 1969 issue of Dental Clinics of North America. The dental needs of adolescents differ largely from other established age groups. There are anomalous physical, emotional, and psychological changes in adolescents that need specific health care protocol.2

Adolescence is a critical period in human life as it marks a period of increased caries activity and compromised periodontal health. The reasons attributed to this include dietary pattern, neglected oral health care, malocclusion, and traumatic injuries. The dental health concerns are greatly influenced by esthetics, habits, and behavioral considerations.3 Other factors including the income of the parents and their perception of oral health care needs play a major role in determining the quality of dental care received by the adolescent.4,5

Of all the health issues among adolescents, oral health receives the least attention. It is vital to understand that a thorough examination of the oral cavity may reveal clues as to undisclosed systemic diseases and associated habits including sexually transmitted infections, diabetes, and tobacco usage.6 Patient education and creating awareness through health camps in schools and inculcating practices that prevent oral health problems can prove to be critical in maintaining good oral health among adolescents. Malocclusion, another common problem among adolescents, can be due to genetic or environmental factors. Though genetics are mostly insurmountable, environmental and other factors can be prevented by the early intervention of the dentist.3 Stakeholders need to be concerned that dental problems pose a significant esthetic, functional, physiologic, or emotional dysfunction for the adolescent.

Considerations in treating an adolescent may involve anxiety, phobia, and intellectual dysfunction.7 Studies of dentist opinion on adolescent patients include failure to adhere to appointments, communication lapse, approaching dentist only during emergencies, and low tolerance to pain. Considering all these, an adolescent’s oral health care should be provided by dentists who can manage the patient’s specific needs. The dentist should identify and refer as per the needs of the patient, which include both dental and nondental problems.8 To conclude, given the nature of the complex oral health issues arising during adolescence, it is of utmost importance to incorporate specific ephebodontic protocols in dental education and management.

REFERENCES


