GDP Advice / Decision Tree
Management of Toothwear

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

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

Moderate anterior / general tooth wear
- DWU to restore worn surfaces in RCP
- Restore worn surfaces, ↑ 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

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

Specialist Restorative Treatment Pathways

Score | Criteria
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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