



University of Manitoba

RELAPSE OF THE LOWER INCISORS POST ORTHODONTIC TREATMENT: WHEN IS RE-TREATMENT PERCEIVED AS CLINICALLY NECESSARY, ACCORDING TO DENTAL PROFESSIONALS?

Dr. Christie Laberge*, Dr. William Wiltshire, Dr. Doug Brothwell, Dr. Igor Pesun
University of Manitoba

Introduction: Relapse is defined as the return, following correction, toward the pre-existing condition and presents mainly as mandibular anterior re-crowding post orthodontic treatment. The purpose of this study was to examine the perception, importance, necessity and desirability of various perspectives regarding the subjective need for orthodontic re-treatment among dental professionals.

Methods: A questionnaire was distributed to orthodontists across Canada (Canadian Association of Orthodontist members) as well as to dentists registered with the MDA (Manitoba Dental Association). The orthodontists were randomly assigned to two different groups; they answered the questions based on the cases as being: 1) their own patients and 2) as transfer patients.

Results: Dentists and orthodontists found a significant difference between mild, moderate and severe relapse of the lower incisors ($p < 0.001$). Dentists recommended re-treatment similarly between mild and moderate relapse cases, however, there was a significant difference between the recommendation for re-treatment between mild and severe cases, as well as between moderate and severe cases ($p < 0.001$). Orthodontists in both groups recommended re-treatment between mild and severe cases and between moderate and severe cases ($p < 0.001$). Orthodontists in group 1 recommended re-treatment for mild and moderate cases ($p < 0.05$), however, orthodontists in group 2 had no significant difference between the recommendation for re-treatment between mild and moderate relapse cases ($p > 0.05$). Orthodontists in group 1 recommended the need for re-treatment the most for all categories ($p < 0.001$). The dentists and orthodontists of group 2 were similar in their acceptance of mild and moderate relapse ($p=0.794$), whereas the orthodontists in group 1 recommended re-treatment significantly more (for mild and moderate relapse) than both dentists and orthodontists of group 2 ($p < 0.05$). Dentists recommended re-treatment less than both orthodontist groups for severe relapse cases ($p < 0.001$).

Conclusions: Both consistencies and variations between dentists and orthodontists were noted, as well as, between the two groups of orthodontists in regards to recommendations for re-treatment of relapse cases. Orthodontists were more critical if they perceived the work as their own.

ORTHODONTIC TREATMENT TIMING - A SURVEY OF ORTHODONTISTS AND PEDIATRIC DENTISTS IN CANADA

Eileen Lo, Charles Lekic*, William Wiltshire
University of Manitoba

Introduction: The ideal timing to initiate orthodontic treatment is an important, yet controversial issue. The purpose of this study was to investigate the provision of orthodontic care for 7 types of skeletal dysplasia by paediatric dentists and orthodontists in Canada.

Methods: A questionnaire was distributed to randomly selected orthodontists (N=140) and paediatric dentists (N=132) throughout Canada. Surveys returned within 8 weeks were included for c2 statistical analysis.

Results: The response rate was 59% for orthodontists and 54% for pediatric dentists. Orthodontists and pediatric dentists differed significantly in the timing of their first orthodontic consultation ($p < 0.01$). More pediatric dentists used to the dental age to determine the appropriate time to initiate treatment ($p < 0.01$), whereas more orthodontists relied on the pubertal indicators ($p < 0.01$). More orthodontists would intervene in the early mixed dentition for moderate mandibular prognathia ($p < 0.01$); mid-mixed dentition for severe mandibular retrognathia ($p < 0.01$), late mixed dentition for moderate mandibular retrognathia ($p < 0.01$) and permanent dentition for skeletal openbite and severe mandibular prognathia ($p < 0.01$). Most pediatric dentists would intervene in the early and mid-mixed dentition for the specified cases of skeletal malocclusions ($p < 0.05$).

Conclusions: The results of this investigation indicate both consistencies and variation between orthodontic and paediatric practitioners with regard to preference in treatment timing, and the factors that influence these decisions.