

## SHORT COMMUNICATION

# Ephebodontics - Dentistry for Juvenile

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## ABSTRACT

The purpose of this paper is to recognise the oral health care needs of the adolescent patients and guidelines addressing their unique needs and proposal of various recommendations for the management. The dental treatment of the juvenile can be complex and multifaceted, so proper diagnosis and effective treatment planning need to be made. The role of the dentists or the health care providers should be able to recognise the complexities of growth and individual needs and create awareness for positive dental attitude among the juveniles and their parents.

**Keywords:** Ephebodontics, Adolescence, Oral health, Dental awareness.

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“Ephebodontics” was coined for adolescent dentistry in the April 1969, issue of *Dental Clinics of North America*. It is the science of dentistry which deals with the children who are in the process of growing up from childhood to adulthood, i.e., adolescence. The word “adolescence” is derived from the Latin word “adolescere” which is composed of “ad” (to), “oleve” (to grow), or “olere” (to nourish). Adolescence is the period from the onset of puberty until the complete social independence, usually considered to be the time of life between 10 and 19 years of age.<sup>[1]</sup>

There are four basic needs associated with adolescence: (1) To find an identity; (2) to accept sexuality and find the sexual role; (3) to establish independence from the family; and (4) to establish a career or vocational choice. These needs translate into several characteristics that are often associated with this period of life. Adolescence is not a homogenous experience but an individual variable and highly structured period of physical and emotional change.<sup>[2]</sup> There can be three sub-stages of adolescence characteristically: (1) Early adolescence: Casting off of childhood role and emergence into

adolescence, (2) middle adolescence: Participation in teenage subculture and peer group identity, and (3) late adolescence: Emergence into adult behavior.

This period of life is a developmental phenomenon and represents an extremely important time in the psychosocial phase of the person. The changes vary from physical, dental, cognitive, emotional and social changes that need specific care and attention. Of all the health issues of adolescence, oral health gets the least attention. Some common dental problems that are observed are caries, gingival and periodontal problems, motivation of the patient for prevention, trauma of teeth, changes in occlusion, esthetics, dental neglect, and malocclusion. Prevention of the dental diseases and disorders is the most pivotal concern of the dentist and this stage. Thorough examinations of the oral cavity may reveal clues as to undisclosed systemic diseases and associated habits including sexually transmitted infections, diabetes, and tobacco usage.<sup>[3]</sup>

The pedodontist should have the knowledge of the identifying and understanding the problems of the young people at this stage. It is important to educate and counsel the parents through various health camps for influencing their children by maintaining proper oral hygiene to prevent oral health problems. The dentist should identify and refer as per the needs of the patient, which include both dental and nondental problems.<sup>[4]</sup>

Considerations in treating an adolescent may involve anxiety, phobia, and intellectual dysfunction.

The hallmark of the adolescent's personality is his excessive interest in himself. This self-interest determines to a considerable degree the strategy that the dental clinician must use to manage and to motivate adolescent patients successfully. The importance of the adolescent and his independence must also be tactfully handled when information is sought from parents. It is often more effective to interview the parents a day before the adolescent's appointment or to interview them without the adolescent if they accompany him to an appointment.<sup>[5]</sup> Attitudes towards dentistry and behaviour in the dental setting may be adversely affected by the adolescent's self-image and self-esteem. The successful mastering of the tasks of adolescence requires a collaboration between the adolescent and parent in which the parent provides the image of mature adult providing guidance and ultimate authority while

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allowing the young person increasing independence in questioning, revising, and finally establishing his own beliefs and values.

The dentist needs to be patient with highly anxious adolescents and to avoid frustrating the patient by assuming that because of age and size, the patient should be able to comply immediately with all directions. The behavioral management of the child who exhibits extreme anxiety at the thought of dental treatment can be achieved by desensitization by a psychological intervention. The poorly managed and unmanaged adolescent phobic may become an adult phobic.

The increased caloric demands of the teenager; the tendencies to skip meals and to make a habit of snacking; the effect of group dynamics on eating; the choice of certain foods and the rejection of others; the sampling of fads such as macrobiotics, liquid protein diets, and organic foods; and problems such as obesity and anorexia nervosa all complicate diet management in the adolescent. Diet maybe the most difficult variable to alter in a teenager's caries picture because of its strong ties

with psychological development. It requires a dentist's full attention during office visits and, unless counseled, will demand time outside scheduled appointments.

Concluding, the emphasis of this short communication is to know the complexity of growth and oral health care issues during adolescence and to create an awareness of the problems and needs. Pedodontists need to focus on the adolescents as an integral component of the health care system and must perceive his young patient as a unique individual deserving respect and capable of independent action.

## REFERENCES

1. Steinberg, L. *Age of Opportunity: Lessons from the New Science of Adolescence*. Boston, MA: Houghton Mifflin Harcourt; 2014.
2. Faigel HC. A developmental approach to adolescence. *Pediatr Clin N A* 1974;21:353-9.
3. Percy MS. It's more than dental caries. *Am J Matern Child Nurs* 2008;33:26-31.
4. Larson RW. Toward a psychology of positive youth development. *Am Psychol* 2000;55:170-83.
5. Gallagher J. *Medical Care of the Adolescent*. New York: Appleton-Century-Crofts, Inc.; 1976.