

Orthodontic Services in Yemen

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Rec date: Oct 14, 2015, Acc date: Oct 16, 2015, Pub date: Oct 19, 2015

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Editorial

"Orthodontics is that specific area of the dental profession that has as its responsibility the study and supervision of the growth and development of the dentition and its related anatomical structures from birth to dental maturity, including all preventive and corrective procedures of dental irregularities requiring the repositioning of teeth by functional and mechanical means to establish normal occlusion and pleasing facial contours".

The ideal time to treatment malocclusion has been often debated in the orthodontic literature. Children and adults can undergo the treatment, 24 months is the average treatment period necessary to treat malocclusion. In some cases, it may take shorter period (9-15 months), or it may be longer (>3 years). Duration of treatment affected by several factors including: the complexity of the problem, the type of treatment technique used the experience of the Orthodontist and the cooperation of the patient. Infrequently, a combination of orthodontics and surgery is required to position the teeth and jaws in correct alignment.

Orthodontic problems are usually not associated with high mortality or morbidity; hence, they tend to be overlooked by most health professionals as less important. However, studies show that malocclusion has a significant impact on the psychosocial health of the affected individual. Many studies in this field concluded that the desire to improve appearance is the most important motive for seeking treatment, while other studies concentrated on the effect of malocclusion on functions like speech and mastication [1].

Oral health, particularly the treatment of malocclusion, is not currently a high priority in Yemen. However, A few recent studies have been conducted on the prevalence of malocclusion and to assess the orthodontic treatment need.

It has been shown that occlusal status among Yemeni children was characterized by a relatively high frequency of dental crowding, as well as a relatively high frequency of anterior mandibular overjet (Class III malocclusions). However, almost one in five of the evaluated Yemeni school children highly desirable or mandatory orthodontic treatment need [2,3].

Al-Zubair [4] carried out a study on perception of occlusion and reasons for not seeking orthodontic treatment among Yemeni children and concludes the following:

1- The presence of malaligned teeth was reported by 29.7% of the sample, being more in female and the most prevalent reported types of malaligned teeth were crowded and protruded teeth.

2- Of the children who stated that they have malaligned teeth, 61.3% thought that it affects their appearance, 6.8% affects chewing, and 7.7% affects speech.

3- The most common reasons for not seeking orthodontic treatment was don't know, the thought that treatment is not possible or not important (61.8%) and fear of pain or tooth extraction (23.7%).

In modern living, orthodontic treatment is a health issue, and the demand for improved aesthetics should not be viewed as vanity. Patients judged objectively to be in need of orthodontic treatment and have a dental treatment scheme should be assisted financially to access orthodontic services.

The demand for orthodontic treatment is increasing in Yemen as in the other countries. In Yemen there are many dental colleges that provide orthodontic treatment. Beside these universities, there are many dentists working in different cities of Yemen.

Al-Zubair et al. [1] carried out a study on the subjective orthodontic treatment need and conclude that according to the aesthetic component (AC) of the Index of Orthodontic Treatment Need of (IOTN), almost 3.6% of the evaluated Yemeni subjects had a 'borderline need' to a 'great need' for orthodontic treatment. If the answers of those who said that they should have orthodontic treatment are considered, the need would increase to two-fifth (41.8%) of the sample.

Al-Zubair and Almula [5] investigate the malocclusion traits of Yemeni female school children and found that among the population of Yemeni female school children; malocclusion was characterized by a relatively high frequency of missing teeth, appreciable dental crowding and a relatively high frequency of anterior open bite. The wide range of relevant occlusal traits found in the present study underlines the need for orthodontic screening of children at the age of 12 years or earlier.

To the author's knowledge, there are less than twenty five Yemeni orthodontists. Half of this practice and in teaches at the Universities Dental School. This gives a ratio of one orthodontist to one million Yemeni compared to one orthodontist to twenty one thousand Americans [6].

Political instability in the country and the lack of laws governing the dental profession in addition to conservative nature of the community may offer explanation why the treatment of all types of malocclusions, even the complex ones, remains largely in the hands of the general dental practitioner. There are no postgraduate programmes offering orthodontic training in Yemen and at the moment there are five dentists pursuing the specialty outside the country.

It has been claimed that where there is limited orthodontic manpower, the demand for treatment may be met by a supervised general practitioner-based service which could then produce treatment for a higher population [7]. On the other hand, studies have shown that where orthodontic treatment is mainly done by general dental practitioners and performed with removable appliances, the outcome is often of a suboptimal standard [8,9]. As expected therefore, in some

of the treatment results the patients are dissatisfied [10]. This outcome is frequently encountered clinically among Yemeni population.

It is therefore important to impress upon the dental practitioners the necessity for careful selection of the malocclusions that can be reasonably managed by a specific appliance systems putting into consideration the competency and experience of the practitioner [11]. Continuing education to improve ones skills for the benefit of patients is crucial [6].

In order to provide advice on orthodontic treatment on the basis of scientific knowledge, information about societal norms (the range of deviations in occlusion accepted by society) is necessary. This is because degrees of acceptance of own occlusal disfigurement may be influenced by the sociocultural norms [7,12]. No information on normative standards for dentofacial aesthetics has been documented for Yemeni so far, and many patients are treated with the goal of achieving European and American aesthetic standards. This is an area of research that needs to be addressed.

In conclusion, financial limits and lack of orthodontists remain the greatest hindrances to the proper management of the majority of Yemeni needing specialist orthodontic services.

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