

THUMBS UP FOR THUMBS OUT!!

By Patti Braceland RDH, COM

Contrary to popular belief, breaking a chronic thumb/finger sucking habit does not cause emotional trauma. Deterring a detrimental sucking habit can be a huge source of stress for both the child and the parents. We often hear that a child will just stop sucking when the time is right; but because of the biochemically addictive nature of thumbsucking, sometimes it doesn't "just stop on its own". Thumbsucking can continue into adulthood; it becomes a neuromuscular habit that was never broken. For adults it can be a solace from everyday pressures or even a sleep aid.

Infants have an instinctive need to suckle. Even in the womb we often see the fetus sucking a thumb or finger. Sucking is not only a means of survival, but also a source of solace and pleasure. The sucking action produces endorphins, a naturally occurring chemical in the brain that produces pleasure. For a newborn or toddler, sucking is often associated with food; sucking a thumb or finger can be very soothing and distracting for that hungry infant. As children grow the habit of sucking as a result of hunger decreases; but that feeling of comfort derived from sucking can become a means of soothing stress, illness and fatigue.

When should thumbsucking become a concern? This is certainly a controversial area of discussion but most studies show that if the habit persists past the age of four to five the chance for permanent damage increases greatly. Intensity and duration are major factors in degree of damage that occurs. A child that rests the thumb passively in his/her mouth is less likely to have permanent damage than one who vigorously sucks the thumb. Prolonged, vigorous sucking habits affect growth of the face, nasal cavity and palate, tooth alignment and eruption, speech, breathing and swallowing. When the thumb is in the mouth, it is sucked against the hard palate—the roof of the mouth. This forces the tongue down and forward in the mouth. The pressure of the hand against the lower jaw can retard the jaw's forward growth. If there is an index finger hooked over the nose, damage to the nasal cavity can result. The tongue should rest within the palate, molding a nice wide arch to prepare for all those beautiful new teeth to come in. When the tongue is habitually pushed down to the floor of the mouth, the palate is at risk for narrowed development. A low, forward tongue position also inhibits the natural transition of the infantile or tongue thrust swallowing pattern into the normal adult swallow. These negative forces may result in the need for muscle therapy with an orofacial myologist, orthodontics and possibly speech therapy.

So, how should parents deal with it? Never hesitate to consult with your pediatrician, dentist or orthodontist. If you are working on it at home, positive reinforcement for not sucking rather than negative reinforcement when sucking occurs is most successful. If necessary, consider seeing a professional for third party intervention, support and guidance. Children and adults can, and in most cases do, stop sucking their thumb the first day of therapy. Research shows us that kicking the habit doesn't have to be a traumatic event. In fact it's quite the contrary. A good program, carefully planned by an orofacial myologist is a great self esteem builder and creates a sense of accomplishment. In most cases, a thumbsucker will need some help retraining the muscles that were negatively affected by the habit. While children with oral deformities resulting from thumbsucking may still need to see an orthodontist later, correcting bad muscle habits early can improve chances for a permanent, positive orthodontic outcome.

Patti Braceland practices Orofacial Myology in Glenwood Springs. She can be reached at 948-6287 with questions relating to thumbsucking and overcoming the habit.