

Introduction

Dentine hypersensitivity – general practice considerations for successful management

Jolán Bánóczy
Budapest, Hungary

The ever-changing profiles of human diseases in mankind's history have not left dentistry untouched. The improving oral health status of populations, people keeping more teeth for longer, for example, has brought impressive benefits, but at the same time has created or raised awareness of other oral and dental health problems. Following the decline of dental caries, the management of periodontal diseases gained priority, and other, painful dental problems, such as dentine hypersensitivity stepped forward.

Dentine hypersensitivity was discussed in the dental literature over 100 years ago when Gysi attempted to explain 'the sensitiveness of dentine' and described fluid movement in the dentinal tubules¹. Sixty years passed until the works of Brännström^{2,3} confirmed the hydrodynamic theory as an explanation of the mechanism of dentine hypersensitivity.

Although the complaints of sensitive teeth may affect as many as 40 per cent of adults, only a few of them have previously turned to dental professionals for help. Similarly, in the past, little attention has been paid to scientific research and practical management of this condition.

The last twenty years have brought a change in the attitudes of dental researchers and practitioners concerning dentine hyper-

sensitivity. A definition of the entity was suggested in 1983⁴, and guidelines for clinical trials by an international workshop were published in 1997⁵. Addy and co-workers have added tremendously to both the literature and our understanding of the condition, particularly as it relates to the nature of open dentinal tubules⁶ and tooth surface loss, most notably caused by the effects of erosion with or without abrasion⁷. Most recently, the Canadian Advisory Board on Dentine Hypersensitivity evaluated the scientific evidence, and where it was weak or absent, added the extensive clinical experience of a multi-disciplinary panel of experts to create consensus-based recommendations for the diagnosis, and management of dentine hypersensitivity.

At the FDI 2002 World Dental Congress in Vienna, a panel of world-class clinicians was invited to discuss the aetiology, diagnosis and management of dentine hypersensitivity from both the restorative and periodontal aspects of dental practice, with the aim of putting the scientific evidence and their extensive and varied experiences into a greater understanding of how the condition can be diagnosed and managed in general dental practice. The papers in this Supplement reflect the proceedings of that symposium and hopefully together

will build a greater understanding of the condition. In turn this will increase our education and practice skills, so that as always we may serve the public better by improved oral health and dental satisfaction.

References

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