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Is There a Place for Botox in Dentistry?

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What are we thinking? Botox in dentistry–are you serious? Has the profession gone mad? What has happened to our traditional approach- don't we fix teeth and gums? Has our professionalism been cast aside in the search for money-making techniques that do little to serve our patients' health and well-being and simply line the pockets of self-serving practitioners that cater to the latest whim the public demands?

Believe it or not, Botox has a place in dentistry! And even if you don't want to provide it yourself (and there are good reasons why you may not want to), you owe it to your patients to be aware of what it can offer them and why dentists are uniquely suited to provide it.

Not many years ago, it was considered trifling to consider enhancing a patient's smile thru tooth whitening procedures, porcelain or composite veneers and orthodontic realignment for cosmetic reasons. Physical health and function were all that were to be considered and the patients' feelings of well-being and self-esteem were considered to be outside the realm of dentistry. Thankfully, many practitioners are now attuned to the fact that health and function can and should go hand-in-hand with natural esthetics. Rather than being mutually exclusive, function and esthetics are partners in achieving optimal health. Many dentists are now willing to listen to their patients' concerns about the appearance of their teeth rather than dismissing them with the statement that the teeth are healthy and there is nothing wrong with them

So what has Botox got to do with dentistry? And how can it possibly have any relationship to our patients' health? Why should dentists be involved in providing it?

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Dr. Janet Roberts practices cosmetic and restorative dentistry in Vancouver and Delta, BC. She is a Canadian Program Director for the California Center for Advanced Dental Studies and along with her husband, Dr Warren Roberts, teaches nationally and internationally on the topic of Botox and Facial Rejuvenation through PTIFA, the Pacific Training Institute for Facial Aesthetics.

From a treatment planning viewpoint, it must be accepted that many of our patients are having facial esthetic procedures performed somewhere, whether or not we provide them with it ourselves, or even if we approve of it personally. If we are treatment planning restorative work that affects the support of the lips, the amount of anterior tooth and gingival display then we need to realize that Botox treatment of the face (and other treatments such as dermal fillers) will impact our result and needs to be considered. Conversely, therapeutic treatment with Botox for such conditions as tempero-mandibular disorders may have unplanned esthetic outcomes. For dentists, an understanding of what Botox does and how it works is necessary.

Additionally, recent studies (see references) indicate there is a strong relationship between stress, depression and periodontal disease. Stress and depression can reduce the immune system and facilitate chronic inflammation, mediated thru the hypothalamic-pituitary-adrenal axis (cortisol). Furthermore, in April 2009 Dr Michael Lewis an experimental psychologist at Cardiff University Wales found that patients who have their frown lines treated with Botox tend to be happier. This result was not related solely to the satisfaction they gained from a perceived improvement in their appearance as patients who had other types of facial enhancement procedures performed (and who were also satisfied with their improved appearance) did not have the same change in their "happiness rating". It would appear that our emotions are reinforced, perhaps even driven, by our corresponding facial expressions and that decreasing our ability to scowl or frown results in a more positive mood. Through its influence on depression, Botox treatment may affect the health of the periodontium.

Dentists are uniquely suited for providing Botox treatment. We are skilled at assessing the balance and overall esthetics of the face.

Dentists are uniquely suited for providing Botox treatment. We are skilled at assessing the balance and overall esthetics of the face. We have had extensive training in the anatomy of the head and neck and every day we inject cranial nerves in sensitive areas of the head. Our technical skills have been finely honed. Many of us as general practitioners have taken in-depth training that equips us to provide intricate procedures such as sinus lifts, implant placement, complex endodontic treatment and other services such as oral and IV sedation. We no longer simply drill teeth and treat gums. When properly trained, there is arguably no better practitioner to provide Botox. It is sobering to consider that some current injectors of the drug may have attended neither medical nor dental school, have had very limited training and may not be under the direct supervision of an MD or DMD/DDS (and may be providing the services in a spa or at a "home party").

Our patients deserve better! Perhaps it is time for dentists to evolve some legs, get on the bicycle and join the ride. Who knows what we may learn along the way or what may wait at the finish line! Certainly our patients will be the beneficiaries and hey, what the heck, Darwin would be proud of us!

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