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 through 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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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 temporomandibular 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 through the hypothalamic-pituitary-adrenal axis (cortisol). Furthermore, in April 2009 Dr Michael Lewis an experimental psychologist at Cardiff University in Wales found that patients who have their front 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.

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REFERENCES
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