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### A REVIEW ON THUMB SUCKING HABIT IN CHILDREN

\*<sup>1</sup>Gaurav Solanki, <sup>1</sup>Namita Lohra, <sup>1</sup>Jaya Lohra, <sup>2</sup>Renu Solanki

<sup>1</sup>Jodhpur National University, Jodhpur, Rajasthan, India.

<sup>2</sup>Lachoo Memorial College of Science and Technology, Rajasthan, India.

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#### ABSTRACT

Suckling is a physiological act that provides nourishment and comfort to a baby which can be either nutritive or nonnutritive. Nonnutritive sucking can turn into a continuous behavior practiced unconsciously; leading to a harmful oral habit. The extent of damage caused by this habit is dependent on the duration, frequency and intensity. Till the age 3, this habit is termed to be normal. This habit can have a negative impact on speech, psychology and dental development of the child. This article stresses upon the need of combined effort by the different people for the effective treatment planning.

#### INTRODUCTION

Suckling is a physiological act that provides nourishment and comfort to a baby [1]. A baby's sucking can be either nutritive or nonnutritive. Nonnutritive sucking can turn into a continuous behavior practiced unconsciously, leading to a harmful oral habit [2]. The development of a normal occlusion depends on an adequate balance between lips and cheeks and tongue muscle forces. Oral habits result in a muscular imbalance that adversely interferes with oro-facial growth. The nutritive form which provides essential nutrients while nonnutritive sucking insures a feeling of warmth and a sense of security. According to Yemitan in 2010, thumb-sucking can become a habit in babies and young children who use it to comfort themselves when they feel hungry, afraid, restless, quiet, sleepy, or bored. Farsi reported that the prevalence of sucking habits was 48.36% with the dummy-sucking as the dominant type. Most dummy-suckers had broken their habits in the first few years of life while more digit-suckers were still active at age 5

years [3]. Ravn suggested that Children who rest their thumbs passively in their mouths are less likely to experience difficulty than those who vigorously suck their thumbs [4]. When an active thumb sucker removes his or her thumb from the mouth, a popping sound is heard. The increased duration of the habit leads to greater occlusal abnormalities and compared with those who stops their habit by 12 months of age.

A child may also develop speech problems, including mispronouncing T and D, lisping, and thrusting out the tongue when talking. Effect on occlusion includes: reduced maxillary arch widths, increased maxillary arch depths, Open bite, Retrusive mandible etc [5]. Thumb sucking generally stops by the age of 5 years. Some older children will retain the habit, which can cause severe dental problems. While most Dentists would recommend breaking the habit as early as possible, it has been shown that as long as the habit is broken before the onset of permanent teeth, at around 5 years old, the damage is reversible.

Thumb sucking is sometimes retained into adulthood and may be due to stereotypic movement disorder, another psychiatric disorder or simply habit continuation.

Corresponding Author

**GauravSolanki**

**Email:**-[drguravsolanki@yahoo.com](mailto:drguravsolanki@yahoo.com)

Review Article





### Etiology [6]:

Thumb sucking may develop from:

- Insufficient satisfaction of the sucking need in infancy
- Emotional disturbances
- Pleasure derived from sucking.

**Management of the Habit:** The first signs of the habit are usually noticed by the Family physician. They will should immediately consult a pediatrician or refer the patient to one. The harm caused by this habit on the speech and pronunciation should be taken care by the speech therapist [7]. Focus can be kept on correcting the cause of the habit and comforting the child. The psychologist can be of very help in this regard. Counseling of the child and the parents to reach the root cause of any emotional disturbances can help the child to stop the habit [8]. Various appliances can be given depending on the intensity, duration and frequency of the habit like:

- Removable Cribs Appliance

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- Fixed Cribs Appliance
- Palatal Rakes
- Blue Grass Appliance
- Thumb Guard

Different approach can also be used like:

- Praise children for not sucking, instead of scolding them when they do.
- If a child is sucking its thumb when feeling insecure or needing comfort, focus instead on correcting the cause of the anxiety and provide comfort to your child.
- If a child is sucking on its thumb because of boredom, try getting the child's attention with a fun activity.
- Involve older children in the selection of a means to cease thumb sucking.
- The pediatric dentist can offer encouragement to a child and explain what could happen to its teeth if it does not stop sucking.
- Only if these tips are ineffective, remind the child of its habit by bandaging the thumb or putting a sock/glove on the hand at night [9-15].

### CONCLUSION

Various researchers and clinicians suggest that the clinical management of the various oral habits is dependent on the combined and cohesive team work of doctors. It should be taken care at the very beginning only to comfort the child and avoid any situation that may lead to such habit. The early management and treatment can prevent a lot of damage in the speech psychology and occlusion of the child.



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