Interproximal reduction in orthodontics: reported practices and perceptions of orthodontists in the Republic of Ireland

Précis: Interproximal reduction is commonly undertaken by orthodontists using handheld strips to the lower labial segments of adults or adolescents with aligner or fixed appliance treatment.

Abstract

Objectives: To ascertain reported practices and perceptions of orthodontists regarding interproximal reduction (IPR) in the Republic

Method: Questionnaires were administered to orthodontists in the RoI, seeking their demographics, reported IPR practices, and related perceptions.

Results: Questionnaire responses were received from 105 (75%) of those invited to participate. Nearly all (98%) performed IPR, with 44% reporting increased recent use. Lower labial segment teeth were most frequently reduced, in adults or adolescents, to reshape teeth, resolve mild crowding, or address tooth size discrepancies. This was in conjunction with aligner (59%) or fixed appliance (33%) treatments. Removal of 2-4mm of enamel per arch was most common (60%). The majority (82%) performed IPR over several visits with handheld strips (87%), strips in holders (58%), or with diamond burs in an air rotor (51%). Orthodontists perceived their patients to be unfamiliar with IPR, and to find it uncomfortable (48%) rather than painful (9%), and preferable to extraction (71%). Conclusions: Conservative IPR of less than 4mm per arch was mostly undertaken for teeth in the lower labial segment, in adults or adolescents, in conjunction with aligner or fixed appliance treatments. Handheld strips were most commonly used. Orthodontists perceived their patients to be unfamiliar with IPR, and to find it uncomfortable rather than painful, and preferable to extraction.

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Oral cancer perceptions among adult attendees of a dental hospital in the Republic of Ireland: a cross-sectional pilot study

Précis: This study reveals limited awareness of the signs, symptoms and risk factors of oral cancer, and of the dentist's important role in oral cancer screening.

Objectives: This study aimed to assess: (i) awareness of the signs and symptoms of oral cancer and its risk factors; and, (ii) awareness of and attitudes towards oral cancer screening, in an Irish cohort.

Methods: A cross-sectional, self-administered survey was used in a convenience sample of patients >18 years with no cancer history attending the Dublin Dental University Hospital. The data were analysed using descriptive statistics, Pearson's Chi-squared and Fisher's exact tests.

Results: A total of 124 responses were received, and 83.7% reported knowing little/nothing about oral cancer risk factors. Some 12.8% did not identify smoking, 35.3% alcohol consumption, 90.5% betel nut, 35.3% age, and 80.2% male gender, as risk factors. Some 46% were unaware that a dentist is trained to check for oral cancer. Participants were more likely to seek advice regarding a persistent oral white or red patch from their doctor than their dentist, but were more likely to attend their dentist in relation to a persistent ulcer, swelling or pain. The study did not find any statistically significant relationship between gender, age, educational level and either awareness of the signs and symptoms of oral cancer and its risk factors, or experiences and attitudes towards oral cancer screening.

Conclusions: The study demonstrated a lack of knowledge of the risk factors, signs and symptoms of oral cancer, and of awareness of the role of dentists in screening for oral cancer. It should be repeated in a larger cohort in non-dental settings to inform the development of oral cancer awareness programmes that address those areas where awareness is lacking.

Key words: oral cancer awareness; oral cancer knowledge; oral cancer perceptions; oral cancer screening experience.

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