



Thumb Sucking

So, What's Normal?

Many kids will automatically quit sucking habits around age five, up to that point not much damage is done. After about age seven, I start to see problems with the upper teeth being brought forward, and the early stages of permanent damage in the form of distorted bone growth. It is not normal for a well-adjusted, healthy nine year old, or older child to have a regular sucking habit.

Why do babies do it? Obviously, it feels good!

The sucking instinct is one of the baby's natural reflexes that allows the baby to obtain nourishment. It is a normal infant activity that seems to make the baby feel happy and secure. Some babies seem to need to suck a lot more than others. There are apparently hereditary factors influencing the need to suck. Stress is another factor that seems to increase the need. If there is a disruption in the family, as in divorce, many times the stress of that situation will precipitate a sucking habit even in older children. This is not to say that sucking a finger or thumb indicates the child is under excess stress, but that stress may simply cause the child to suck more than if they were not in a stressful environment.

Why Worry About It?

Thumb or finger sucking habits can and do cause tooth misalignment or jaw deformation. The degree of disruption depends on several factors: like how hard the child sucks, how often, and to what age. The problems produced by these habits are:

* **Protrusive upper front teeth.** This can be a simple tooth position problem, where the upper incisor teeth were simply tipped outward. Occasionally the formation of the upper jaw can be effected, and the upper jaw and teeth will warp out and away from the rest of the face.

* **Tipped back lower incisors.** Commonly found with thumb sucking: the pressure of the thumb forces the lower incisors backward toward the tongue. This exaggerates the protrusion of the upper incisors - making the face even more distorted.

* **Distortion of nasal growth.** In a long term or severe situation, the nose will appear to be tipped up. When viewing the child from the front, you can see right up the nose since it is tipped up at a severe angle by the constant pressure of the thumb on the under side of the nose. These distortions of the upper jaw and nasal complex are very difficult to reverse without long term orthodontic intervention.

* **Open bite.** The upper and lower front teeth do not overlap when the back teeth are together. The shape of the opening between the upper and lower front teeth may match the shape of the child's finger or thumb. This obviously interferes with the child's ability to bite into food, and will cause problems with digestion.

* **Cross bite.** The formation of the upper jaw is too narrow for the lower jaw. This distortion seems to be due to the flexing of the cheek muscles during sucking. Severe bite problems occur from these prolonged forces and must be treated before completion of growth.

What are the variables to consider?

Every child will not express the habit the same way. I once observed a very content seven year old happily switching between the thumb on her right hand and two fingers of the opposite hand while watching a movie. The duration and intensity on either hand was short, but the frequency was constant. Her front teeth stuck straight out!

* **Duration:** Before age five, there are usually no jaw deformation problems, although you may notice the front teeth getting out of line. As an orthodontist, I usually do not worry too much about these early habits. After age six or seven, the shape of the jaw may be affected, so some action should be considered.

* **Intensity:** Some children suck harder than others and may in turn cause more damage. In general, the harder they suck the more damage they do.

* **Frequency:** If it is less than one hour each day, and the thumb or finger falls out at night, the habit is not much of a problem. However, if the child sucks all night beyond age five, some action may be needed.

When to worry and what to do

If the child is over five, and wants to quit, but says they cannot help themselves, then some emotional support is needed. In my office, I first ask the child if he wants to stop. If they respond in a positive manner, **I gently get them to agree to a method of helping themselves. They are given control over their problem and offered a reward if they stop for two weeks.** The technique works better coming from a respected authority figure, rather than a parent.

A deal must be struck between the child and the parent if they do end the habit. I like the parent to offer a special meal out of the child's favorite restaurant if they stop for two weeks. I find this psychological approach works 99% of the time when the child says they want to stop. The trick is to gain the confidence of the child and let them make the decision to stop. Anything mechanical to stop the habit will just frustrate them and other, less socially acceptable habits may be substituted.

How to Stop

My method to break the habit is to use about six inches of white, fabric type, bandage adhesive on the offending finger or thumb. The child is given the tape each day and allowed to cut it each day, and apply it in a ragged manner. Wrap the end of the finger, not the joint. Make it messy. You don't want a smooth surface. If there is still a problem after the third day, you may try a sock taped on by the child. They have to agree and want to do it. We also use a two week calendar on which the child can place a star for each successful day they have left the tape in place and not sucked on their finger or thumb.

A final word! Never try to force or shame a child to stop a sucking habit. It is easy to appreciate how comforting the habit can be to a child. It can be a big help during those early dependent years. If they fail on the first try, wait a couple of months and try again. The idea is to let them finish with the habit before any damage is done.