Hard to Break Habits: Thumb and Finger Sucking

By Jasmine M. Gorton, DMD, MS

Sucking a thumb or finger (s) typically is not a concern for children preschool age or younger. Most children will stop on their own if you give them time between the ages of 3 to 6 years. This coincides with when a child is old enough to be able to have a productive conversation about the habit. We have found that for most kids this is does not happen before age 5 or 6, though sometimes we try to "plant the seed" of stopping the habit earlier as something to consider "for when the big teeth try to come in". Success in stopping the habit is always much easier to achieve when the child has an interest in stopping. If they are already keeping their finger(s)/thumb out during school hours, this indicates they may be ready to stop completely (using their ability to stop during school hours as an indication that they are able to do so). After a certain point (usually 7 years old). The longer they wait, the harder it is to stop and harder to treat.

WHEN TO ADDRESS THE HABIT:

Children who suck their thumbs/fingers often or with great intensity at the age of 4 or 5, or those who are **still sucking their thumbs at age 6**, are at risk for dental or speech problems. The longer thumb-sucking continues, the more challenging it is for the child to discontinue the habit and the more likely it is that orthodontic treatment will be needed.

Prolonged thumb/finger sucking typically creates extra spaces between the upper teeth by pushing them outward, which also creates an "overbite" (excess overjet where the top front teeth are too far in front of the bottom front teeth and therefore at higher risk for injury). In addition, the thumb/finger physically blocks the front teeth from coming all the way in, such that the front teeth do not come together even when the back teeth are touching (anterior open bite). These changes in tooth position caused by the thumb/finger usually improve in a younger child within a few months of stopping the habit if their **permanent front teeth just recently grew in (usually age 7-8).** Otherwise, tongue trainers and/or upper front braces can be used to move the upper front teeth back and down (to overlap the bottom teeth when viewed from the front).

Thumb pressure also pushes up on the roof of the mouth which makes it move up into the nasal airway space and brings the back teeth closer together in a side-to-side direction (narrowing of the palate). This creates a posterior crossbite where the upper back teeth fit inside the lower back teeth on at least one side and can cause lower jaw to have to shift habitually to one side to accommodate it. This can be corrected using an orthodontic expander which fits on the back teeth and near the roof of the mouth. The expander works best when it can push against the baby teeth in the back, **before the baby teeth become loose (usually before age 9-10).**

Speech problems caused by thumb-sucking can include not being able to say Ts and Ds, lisping, and thrusting the tongue in a forward direction when talking and/or swallowing. It is difficult to improve the pronunciation until the underlying issue of tooth position is addressed. In our office, we use small tongue trainers behind the lower front teeth which allows for spontaneous improvement in the position of the front teeth by redirecting the tongue. We find the results most predictable in younger children whose **front teeth are still trying to come in (usually age 7-8).**

HOW TO ADDRESS THE HABIT

Orthodontists and pediatric dentists are often the best resources for children who are sucking their thumb/finger because they have experience with young patients, knowledge regarding the effects of a digit habit on the teeth/mouth, and they can provide a different voice for the child to hear.

In our office, our first effort is always directed toward at-home methods for stopping thumb/finger sucking in order to reduce and/or eliminate the need for the orthodontic appliances. We always like to start with a positive approach of brainstorming together with the child and the parent(s) to get a feel for the child's willingness to decrease/stop, we talk about ideas on how to stop and elucidate which technique might work best for them. We consider a habit stopped after 3 consecutive months, so we schedule a follow up appointment in 4 mo. If the habit has not stopped/significantly reduced, we will again discuss the options and ask if they are ready for our help with an orthodontic appliance or if they would like to try again at home. Coaching/behavior modification shows 87-90% success rate (Helping the Thumbsucking Child, Van Norman, Rosemarie A.1991, Avery Publishing Group, Garden City Park, New York) and our orthodontic habit appliance has a comparable success rate for young children (ages 7-9). A photo of an example thumb habit appliance can be viewed on our website: http://marinortho.com/habit-appliances/

Note: We do not advise trying to stop a sucking habit during times of transition such as starting a new school year, changes in family structure/family schedule since it is thought that the endorphins released from the suction may have a soothing effect. If the habit was significant, the first night or two without the thumb/finger can be difficult, especially if sucking a thumb/finger was part of going to sleep.

TECHNIQUES THAT HAVE HELPED OUR PATIENTS

1) Viewing pictures of patients who came to our office at an older age demonstrating the effects on the teeth/mouth of continued digit habits

2) Seeing and holding models of orthodontic habit appliances. Our appliances are specifically designed to be non-punitive/comfortable, however some children will prefer to try harder at home in order to minimize/avoid any appliances.

3) If the habit is primarily night time: Putting socks on your child's hands is a comfortable way of making the thumb not accessible in case it "automatically" goes into the mouth while sleepy/sleeping.

4) If the habit is primarily at evening and night: A strip of adhesive tape connecting the thumb to the forefinger allows more finger function than a sock, yet serves as a gentle reminder since the thumb and forefinger do not fit well into the mouth when attached together with a piece of tape. Another option is a thumb guard- these are available at drugstores or online and are sometimes considered less comfortable than the tape.

5) If the habit is daytime and nighttime: Some comfort is thought to be derived from the overall body posture taken while sucking the thumb/fingers, so a technique to address this is to "hide"

the thumb inside the palm of the hand while still bringing the base of the thumb/fist up against the mouth and "curling up" or other associated body posture

6) If a blanket or special toy is associated with a daytime/continuous habit: Keep the blanket/toy in bed so that "they don't risk getting lost and can stay clean" . This stepwise approach of limiting the habit to bedtime only as first step can show the child that cutting back/eliminating the habit may be possible. The next step is a special box for the blanket/toy to place in a closet even during the night.

7) If the family is interested, we will also loan the following books available on stopping thumb habits

Harold's Hideaway Thumb
by Harriet Sonnenschein, Jurg Obnzt (Illustrator), Jurg Obrist (Illustrator)

David Decides About Thumbsucking - A Story for Children, a Guide for Parents
by Susan Heitler Ph.D., Paula Singer (Photographer)

8) We can provide Mavala Stop, a product designed for nail biting which also works well for digit habits. It has unpleasant taste (bitter) and a clear appearance and a high success rate. It is best used for patients who are old enough to eat primarily with utensils since the flavor is passed on to food that is touched with painted fingers.
http://www.mavala-usa.com/mavala-stop/

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