Perceived Retention, Stability, and Comfort of Mouthguards in Various Dentitions



Shin B^{1,2}, Sulyanto R^{1,2}, Smyth E^{1,2}

¹Department of Dentistry, Boston Children's Hospital, Boston, MA ²Department of Developmental Biology, Harvard School of Dental Medicine, Boston, MA



PURPOSE: To assess & compare retention, stability, & comfort of boil and bite versus custom mouthguards in mixed & permanent dentitions.

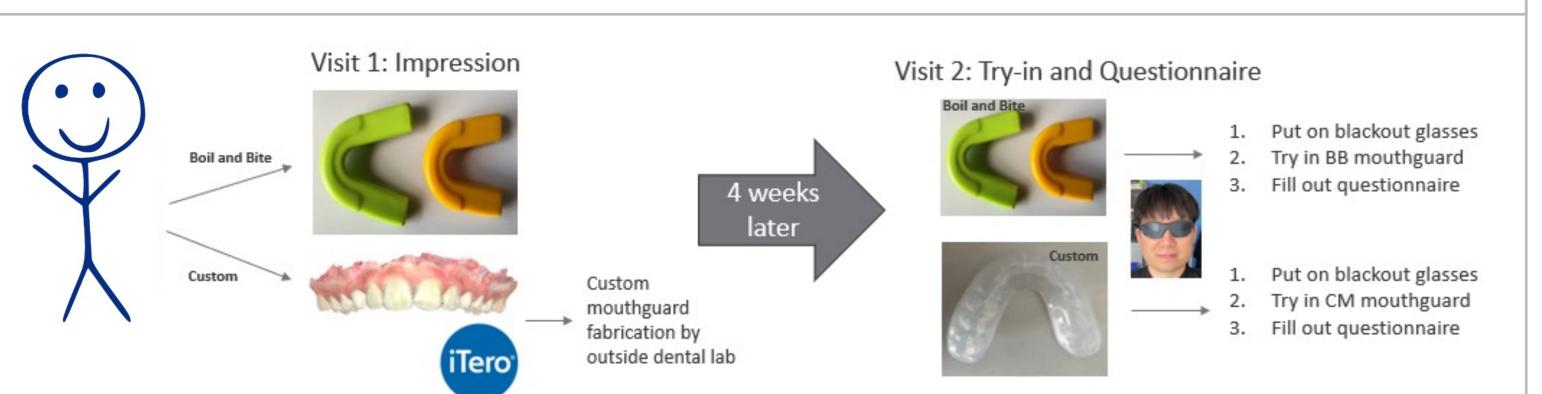
• Dental trauma is a common experience, with approximately 1 billion worldwide having suffered a dental injury at some point.¹

BACKGROUND

- Injury to immature permanent teeth in children can result in unfavorable outcomes such as pulp necrosis, resorption, infraocclusion, and tooth loss.² The financial and psychosocial effects of these sequelae are significant.^{3, 4}
- Sports-related dental injuries comprise 10-39% of childhood dental injuries.⁵ Wearing a properly-fitted mouthguard can reduce the risk of dental trauma. ⁶ There are three types of mouthguards: stock, boil and bite (BBMG), and custom-made (CMG). ⁷
- Compliance with mouthguard use is low among children and adolescents.^{8, 9}
- Factors reportedly contributing to low rates of mouthguard use in this population include discomfort, a perceived difference in performance level, difficulty in breathing and communicating, and overall fit of the appliance.^{10, 11, 12}

METHODS

- Healthy patients presenting to the Department of Dentistry at Boston Children's Hospital who were in mixed (N=10) or permanent (N=10) dentition were recruited for participation.
- At the baseline visit, intraoral impressions for CMG were obtained and BBMG were fabricated
- At a follow up visit, both mouthguards were fitted and evaluated. A 15-question Likert scale survey querying the subjects' perceived retention, stability and comfort was administered.
- Wilcoxon rank sum test was used for pairwise comparison of subjects' responses for CMG and BBMG.



RESULTS Participant-reported mouthguard fit **Mean Perceived Fit** ■ BBMG ■ CMG CMG **BBMG** 4.43 Total sample Permanent dentition Mixed 4.33 1.33 dentition Mixed dentition Permanent 2.81 dentition Total sample p = 0.01561 = Loose 2 = Somewhat loose. 3 = Neither loose nor tight. 4 = Somewhat tight. 5 = Tight Ability to Speak With Mouthguard Ability to speak with Mean score M-CMG **M-BBMG** 1.33 P-CMG **P-BBMG** 1.75 p = 0.0156P-BBMG M-CMG M-BBMG P-CMG Mean Participant Comfort Scores - CMG vs Comfort: CMG vs BBMG, per BBMG dentition 10.00 M-CMG M-BBMG 3.33 6.75 P-CMG P-BBMG p = 0.0156

*data based on number of participants who had completed both visits at time of poster submission deadline; multiple participants did not show for scheduled visit 2.

CONCLUSIONS

- CMG significantly outperformed BBMG on all parameters.
- Participants report significantly improved comfort and retention of CMG compared with BBMG in this study.

FUTURE DIRECTIONS & IMPLICATIONS

- Future need for investigating the motivation for using BBMG over CMG and available reimbursement options for CMG.
- Pediatric dental providers vital in providing anticipatory guidance regarding mouthguard use for all contact sports to patients, families, and through community outreach with teams and other medical professionals.

ACKNOWLEDGEMENTS

This work was supported by the BCH Department of Dentistry Losch Fund. We also acknowledge with gratitude the donation of boil and bite mouthguards for this study by Dr. Dan Brett.

REFERENCES

- Petti S., Glendor U., Andersson L. World traumatic dental injury prevalence and incidence, a meta-analysis

 One billion living people have had traumatic dental injuries. Dent Traumatol 2018;34(2):71-86.
- 2. Andersson L. Epidemiology of traumatic dental injuries. Pediatr Dent 2013;35(2):102-5
- 3. Zaror, C., Martínez-Zapata, M.J., Abarca, J., Díaz, J., Pardo, Y., Pont, À., Ferrer, M., 2018. Impact of traumatic dental injuries on quality of life in preschoolers and schoolchildren: A systematic review and meta-analysis. Community Dent. Oral Epidemiol. 46, 88–101
- Bani-Hani, T.G., Olegário, I.C., O'Connell, A.C., 2020. The cost of dental trauma management: a one-year prospective study in children. Dent Traumatol. 2020 Oct;36(5):526-532.
- 5. Newsome, P.R.H., Tran, D.C., Cooke, M.S., 2001. The role of the mouthguard in the prevention of sports-related dental injuries: a review. Int. J. Paediatr. Dent. 11, 396–404.
- 6. Fernandes, L., Neto, J., Lima, T., Magno, M., Santiago, B., Cavalcanti, Y., de Fatima, L., de Almeida, D., 2019. The use of mouthguards and prevalence of dentoalveolar trauma among athletes: A systematic review and meta-analysis. Dent. Traumatol. 35, 54–72.
- Sigurdsson, A., 2013. Evidence-based review of prevention of dental injuries. Pediatr. Dent. 39, 184–190.
 Shore E, O'Connell AC. Cross-sectional cohort study on the use of mouthguards by children playing Gaelic
- football in Ireland. Dent Traumatol 2021;37(6):795–802.
- 9. Matalon V, Brin I, Moskovitz M, Ram D. Compliance of children and youngsters in the use of mouthguards. Dent Traumatol 2008;24(4):462-7.
- 10. Liew AK, Abdullah D, Ter KZ, Puah S. Articulatory Distortions when using Different Types of Mouthguard. Sains Malays 2020;49(7): 1663-8.
- 11. Cetinbaş T, Sönmez H. Mouthguard utilization rates during sport activities in Ankara, Turkey. Dent Traumatol 2006;22(3):127–32.
- 12. Liew AK., Abdullah D, Wan Noorina WA, Khoo S. Factors associated with mouthguard use and discontinuation among rugby players in Malaysia. Dent Traumatol 2014;30(6):461-7.