

Q: My gums are receding and there are a couple notches in my teeth at the gum line. They are also more sensitive. What can I do to correct that?

A: Gingival (gum) recession is prevalent among adults. Unfortunately, it is easier to prevent than to correct.

So what are the causes? Perhaps most commonly, gums get damaged from aggressive toothbrush habits. Brush quality matters. Soft bristles are the ONLY ones that should touch your gums, using soft gentle circles with the brush. Many adults find it difficult to modify a heavy-handed habit. If your brush ever splays out like a scrub brush, it's a sign that you need toothbrush therapy☺. Try switching to an automated spin or sonic brush and lighten up your grip. Incidentally, it is the brush that causes that notching you describe, as the root surface (cementum and dentin) is *seven times softer* than enamel.

*Abfraction* is another common cause of notching, whereby the side-to-side forces of tooth grinding (usually inflicted at night) cause flexure and tooth breakdown at the gumline. Sometimes recession occurs as a result of mal-position-- teeth that are pushed out (sometimes orthodontically) beyond adequate bone support. If the bony covering is thin, susceptibility to recession is high.

The root surface sensitivity (or *cervical sensitivity*) you are experiencing is a very familiar complaint. Ouch! Exposed root surfaces are covered with little nerve endings that intermittently feel everything! We can treat these naked root surfaces with soothing/protecting agents such as topical fluoride, MI paste, and desensitizing toothpastes. Regular fluoride treatments and fluoride varnishes are extremely beneficial to prevent root caries (cavities), since the dentin is more susceptible to decay than enamel, *and* these exposed roots missed out on the fluoride treatments you had as a child.

Reversal of recession is possible in some cases. Most typically, periodontists (gum specialists) raise the gum line by adding a small graft of your own gum tissue, usually harvested from the hard palate.

Treating *abfraction* involves precision bite balancing (also called “equilibration” or “occlusal adjustment”). If a balanced bite is not achievable, be willing to wear a professional bitesplint at night—one designed to protect your teeth and your jaw joints. Beware of over-the-counter biteguards. They are dangerous, as the lack of customization can create interferences that stimulate even heavier bite forces against your teeth and TMJs.

Be sure and ask your dentist for a diagnosis and treatment options that he/she recommends for you personally.