

Tooth wear

Orthodontics and Restorative Dentistry

Last reviewed: November 2025

Next review: November 2028

Information for Patients

Leaflet number: 335 Version: 4

What is tooth wear?

Tooth wear is the loss of tooth substance that is not caused by decay or trauma. Almost all patients have some minor tooth wear which does not cause any problems. However, some patients have severe tooth wear that can cause:

- sensitivity
- poor dental appearance
- difficulty chewing
- sharp teeth
- concerns about further tooth wear



Figure 1: Tooth wear and poor dental appearance, sharp teeth, sensitivity and difficulty chewing.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

What are the causes of tooth wear?

There are 3 main causes of tooth wear:

1. Erosion:

This is when some of the tooth surface (enamel) is worn away by the acid in our body or our diet. This can be made worse by food and drink that has acid like alcohol, fizzy drinks, fruit juice, citrus fruit and vinegar. Erosion may happen because of medical conditions that cause repeated sickness (vomiting) or stomach acid to rise in the mouth (reflux of gastric acid). This can be because of indigestion, eating disorders and pregnancy related sickness. Some patients do not now they have gastric acid reflux.

2. Attrition:

This is when direct tooth to tooth contact causes the tooth to be worn away. This tends to affect the biting surfaces of the teeth. Attrition is often caused by repeated clenching and grinding of teeth (bruxism). Some people may not be aware that they grind their teeth as it happens when they are asleep.

3. Abrasion:

This is the loss of tooth substance through mechanical means other than direct tooth to tooth contact. Causes of this could be brushing the tooth too hard, pipe smoking and nail biting.

What can I do to prevent tooth wear?

It is important to think about your lifestyle, diet and possible habits to find the cause of your tooth wear. Think about your current and past habits. If the cause of tooth wear can be found, we can take the right steps to manage these.

- You should brush your teeth 2 times every day with a fluoride toothpaste. You should use a fluoride mouthwash at a different time to brushing. This will harden the surface of the teeth and help with any sensitivity.
- If you clench or grind your teeth you may want to wear a splint. This can be made by your own dentist. Splints wear over time and will need to be replaced. This is better than wear to your teeth. We normally recommend a hard acrylic splint as this can be easily adjusted to makes sure you have an even bite.
- Try to not to snack between meals. Limit the amount of acidic food and drink that you have. Water, milk and tea/coffee (without sugar) are better than fizzy drinks and fruit juice.
- If you have problems with regularly being sick or reflux of stomach acid see your GP. If you are sick (vomit) regularly, try not to brush your teeth afterwards right way. This causes a lot of tooth wear.

Do I need treatment?

Not everyone with worn teeth needs treatment. If the wear is small and not causing problems, the dentist will monitor it. They might take clinical photographs, study models and putty moulds.

If the wear gets worse or starts causing problems, you may need treatment. This can help stop more damage, make your teeth look better, and help with any pain or discomfort.

What treatment is available?

Composite restorations

We will often recommend that worn teeth are fixed with white fillings (composite restorations). These do not damage the underlying teeth. Composite restorations are usually placed high so that you only bite in a few areas. This will feel strange to start with. Most patients adapt within a couple of weeks. Your other teeth will often move to meet each other with time although this may take up to 18 months.

Over time, any composite restorations will stain, chip, fracture and fail (de-bond). This is to be expected. They will need to be repaired and replaced in the future. Studies show that composite restorations usually work well over 5 to 7 years.



Figure 2: The upper front teeth show tooth wear (attrition).



Figure 3: The upper front teeth shown in figure 2 have been built up with composite restorations.

Crowns and overdentures

If teeth are badly worn we may recommend crowns. Crown preparation may cause the tooth underneath to die off. This can cause pain. You may need root canal treatment or have the tooth taken out (extraction).

Over time, crowns may chip and fracture. They will later need to be replaced. Tooth decay can also happen around the crown edges if teeth are not cleaned properly. If there is not enough tooth, it may be possible to have surgery to lengthen the gums and expose more tooth to bond a crown on to.

Sometimes we will recommend an overdenture. This is a denture that fits over worn teeth.

Before and after pictures of crowns are shown below.



Figure 4: The upper front teeth are worn



Figure 5: The teeth shown in figure 4 have been restored with crowns

Who will carry out my treatment?

We usually recommended that your own dentist does your treatment. If your tooth wear is caused by an underlying medical condition, like amelogenesis imperfecta or dentinogenesis imperfecta, we may carry out your treatment at Glenfield Hospital.

Treatment for tooth wear is time consuming. You are likely to need multiple, long appointments. As an example, we would normally book 90 to 120 minutes to build up your upper front 6 teeth with composite restorations as shown in figures 2 and 3.

If you do have treatment within the department you will be discharged back to your dentist once treatment has been completed. It will then be the responsibility of your dentist to maintain, repair and replace any work that has been provided.

Contact details

Department of Orthodontics & Restorative Dentistry: **0116 258 3525 / 0116 258 3526**

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net