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Not a moment too soon

Orthodontists reap the benefits of the trend toward early treatment -- but do their young patients?

By Helen Cordes

May 3, 2001 | The highly successful -- and controversial -- campaign to get children into orthodontists' offices as early as preschool seems exquisitely timed to coincide with a growing obsession with children as perfect parental display items. Witness, for example, the steady rise of cosmetic plastic surgery for kids such as ear jobs (doubled for preschoolers since 1992) and

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liposuction (quadrupled for teens). The idea that one's toddlers should have to endure a crooked smile or buckteeth until the fix of braces in the teen years is suddenly viewed as cruel and unusual, an unnecessary delay of superficial excellence.

Indeed, many thousands of well-meaning parents are being wooed by orthodontists to foot the bill for early or "phased" treatment, an approach in which doctors say they can more quickly and easily render a perfect smile by getting to younger, more malleable jaws (usually between the ages of 3 and 8), rather than waiting for traditional treatment in the preteen and teen years.

There's just one problem.

Mounting evidence shows that early treatment often results in a longer, more costly stint of treatment, and may entail some worrisome side effects.

So compelling is this new data that orthodontists increasingly are taking aim at their own, charging that much of the early-treatment trend is fueled by a desire to build up profitable practices by roping in more patients at an earlier age.

Orthodontists are slinging mud back and forth on the subject in orthodontic journals and at conferences, most recently at a national conference held in

kindred spirit.

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February at the University of Michigan. (The gathering was called, in part, to debate the controversy. Another national conference examining early treatment is scheduled for next February in Phoenix.)

The Michigan conference didn't achieve much consensus, but debates were intense and emotions ran high, notes attendee Timothy Wheeler, orthodontic department chairman at the University of Florida and a former "big advocate" of early treatment. "There's more evidence that early treatment is not always the best solution, but many early-treatment fans don't seem to want to hear that."


While professionals spar, potential and present patients are most likely to hear the pros of early treatment. Both sides agree that the early-treatment trend is already firmly entrenched, practiced by 90 percent of orthodontists, says David Hamilton, former president of the American Association of Orthodontists. The AAO's [party line](#) is that *all* kids need to be seen by an orthodontist, ideally well before age 7. That's the same message they're repeating in somber advertorial messages to parents in several national magazines and in a video mailing blanketing dentists' offices from coast to coast.

The campaign is working. The

overall number of kids younger than 18 who are signing on for braces -- which nowadays cost an average of \$4,000 to \$6,000 -- has doubled to 4.4 million since the 1980s, according to the AAO. While an AAO spokesperson said the organization doesn't keep tabs on the age kids begin wearing braces, both early-treatment fans and opponents agree that early treatment rules the orthodontic roost. And as early braces proliferate, the climate fostering their acceptance warms. "If a parent sees lots of other youngsters with braces, they're much more likely to agree when that's the orthodontist's recommendation," notes Mission Viejo, Calif., orthodontist James Hilgers.

For those parents who bring young children to the orthodontist for an appraisal but remain unsure about beginning braces, newly revved-up marketing efforts aimed at young patients and their parents help encourage an affirmative decision. Kids can be swayed by the comprehensive incentive prize system now offered by most practices: "Wear your headgear, earn a movie pass!" More important for fence-sitting parents, most practices include one or more "treatment coordinators," sales and marketing experts whose mission is to persuade the hesitating parent of the necessity of braces -- the earlier the better. All told, notes Hilgers,

"it's hard for parents to resist the voice of a medical authority and the treatment coordinator."

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