

Non-Nutritive Habits in the Mexican Population

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The World Health Organization considers malocclusions as the third most important public health problem just after caries and periodontal disease in that order of ideas, non-nutritional habits are considered as a risk factor in the formation of malocclusions.

Non-nutritive habits can be considered as acts of constant, regular, and automatic performance throughout experiences that the subject has no voluntary control and therefore can generate some satisfaction.

As a result, non-nutritive habits can modify the normal occlusion of the patient, as well the relationship between the maxilla and the mandible. There are three elements that influence the formation of malocclusions; time, strength and duration of the habit that can interfere with orofacial development and growth [1]. The habits that most commonly occur in patients between the ages of 6 and 12 are of mixed dentition: atypical swallowing, mouth breathing, tongue thrust, finger, lip, pacifier sucking, and onychophagia [2,3].

Several studies have been carried out to find the prevalence of habits and their repercussions in different geographical areas of Mexico City, such as Venustiano Carranza, Xochimilco and Álvaro Obregón regions, and in different states such as Querétaro, Tabasco, and Chihuahua. The results obtained are almost the same, consequently the most frequent habits are atypical swallowing, tongue thrust, mouth breathing and finally onychophagia. Regarding the repercussions, the most common malocclusion is the anterior open bite [4,5].

It is important to emphasize that most of the patient's parents have knowledge of what non-nutritive oral habits are. However, they are unaware of the repercussions of these habits. For this reason, it is extremely important to create health education programs that address the prevention of non-nutritive habits in the early stages, as well as supervision by parents at ages between 4 and 7 years to avoid later alterations in occlusion [6].

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