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Editorial

Ephebodontics – The dentistry for youth and adolescence

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Adolescence is the phase of life between childhood and adulthood with an age range from 10 to 19 years. Youth is the time of life, when one is young. The word, youth, can also mean the time between childhood and adulthood (maturity).^{1,2} At the vast outset, together, adolescents and youth are referred to as young people, encompassing the ages of 10-24 years.³ Whatsoever, it is a unique stage of human development and an important time for laying the foundations of good general and oral health. Adolescents experience rapid physical, cognitive and psychosocial and dental growth, and hence a separate branch of dentistry is segregated as 'Ephebodontics', which is nothing but dentistry for adolescents. Etymologically, 'Ephebos' is a Greek word which means a youth entering manhood and 'Dontics' refers to the study of teeth. Ephebodontics, also known as Adolescent dentistry is defined as the science which deals with the children who are in process of growing up from childhood to manhood or womanhood.⁴

Adolescents and youth form a significant segment of the countries. There are over 1.8 billion young people in the world today, 90 per cent of whom live in developing countries, where they tend to make up a large proportion of the population. There are more than 235 million youth in India and 225 million in China alone. The proportion of

the world's young people between the ages of 12-24 years living in Africa is expected to raise from 18 per cent in 2012 to 28 per cent by 2040, while the shares of all other regions will decline.³

Significant Changes and Dental Considerations in Ephebodontics:⁴

The following changes are observed in this transition period of emerging adolescent as follows: physical, dental, cognitive, emotional and social.

1. Physical changes: Physical changes include puberty, development of genital tissues and sexual characteristics, fast growth of skeleton and dental tissues. The period is marked by varied environmental factors like infliction of drugs, smoking, peer pressure, sexually transmitted diseases, alcohol, family pressure and competitive pressures. Pediatric dentist should be empathetic and a patient listener to growing kids where a rapport should be established between dentist and patient without unnecessary involvement of parents which may lead to proper and frank case history taking.
2. Dental changes: The young is now all set with permanent dentition except third molars which are expected to erupt between 17 to 21 years of age. Pediatric dentist should clinically observe for any

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impacted or unerupted permanent teeth except third molars or any retained primary teeth.

3. Cognitive and Emotional Changes: ‘Cognition’ means ‘self-thinking’ and the cognitive development is in the stage of formal thinking where the adolescent has an abstract thinking and is capable of performing high ability and sophisticated tasks. The most common psychological problem is ‘role confusion’ where youth is confused about his/her identity and role to play in this world. They are also emotional and express anxiety about their appearances. Pediatric dentist should be aware of these factors and should perceive young patient as unique and responsible individual.
4. Social changes: Peer influence is at the peak at this stage of life and dependency on the parents start declining and child take friends as confidants. The range of friends start expanding from neighbourhood to larger groups and the young adolescent tries to set a successful social industry. Pediatric dentist should understand the effect of peer influences on dental issues like fixed orthodontics etc. and know how to balance the issues.

Conflict of Interest

None.

References

1. World health organization-Adolescent health [Internet]; [updated 2022; cited 2021 September 11]. Available from: https://www.who.int/health-topics/adolescent-health#tab=tab_1.
2. Wikipedia-youth. Available from: <https://en.wikipedia.org/wiki/Youth>.
3. Adolescent and youth demographics: A brief overview [Internet]; [updated 2012; cited 2022 September 11] . Available from: https://second.wiki/wiki/dentitio_difficilishttps://www.unfpa.org/sites/default/files/resource-pdf/One%20pager%20on%20youth%20demographics%20GF.pdf.
4. Tandon S. Textbook of Pedodontics. vol. 6; 2009. p. 171–9.

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