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ORTHODONTIC CARE IN IRELAND
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Resume. The article presents two possible forms of orthodontic care in Ireland. The criteria for selecting patients for free orthodontic treatment are described.

Keywords: orthodontic care.

Orthodontics is a dental specialty that focuses on genetic variations and developmental abnormalities in the dentofacial region. Its purpose is to improve oral function, produce resistance to dental disease, improve dentofacial aesthetics and promote psychosocial bearing. The public perception of orthodontics, is profoundly centered on beauty care products and correction of crooked teeth, which falls in line with the developing trend for beautification in developed countries. The mentioned above phenomena has produced a high demand for orthodontic treatment, and many families consider treatment as a rite of passage for their children and expect the State to have a role in delivering the service.

Orthodontic treatment in Ireland, depending on the source of funding, can be divided into two types: public and private. Using public all expenses will be paid by the National Health Service Executive (HSE), using private – all expenses will be covered by the family or the person themselves [1].

Public orthodontic treatment in Ireland is available for free from the HSE if there is a severe problem with the bite. Referrals to the HSE service need to be made before 16 years of age and are typically made at the time of the 6th class dental check-up. HSE orthodontic treatment is not available for adults. How does one know if they qualify for free dental treatment?

In 2006 the HSE Orthodontic Review Group recommended the introduction of a modified version of the internationally validated Index of Orthodontic Treatment Need (IOTN) [4]. The Index strives to measure particular malocclusion qualities and identify orthodontic patients who have a substantial dental need (grade 4 and 5 of IOTN) and will obtain health gain from the intervention rather than those who have a minimal oral health requirement and will receive just aesthetic advantages [2].

Prioritizations of care in this way ensures that limited public funds are diverted to patients with the greatest need, and that the resource-limited orthodontic workforce is able to function within its HSE services contracts. The referral process has two main stages: primary care and secondary care. Primary care stage involves the HSE dental service assessment according to the IOTN eligibility after which a referral for orthodontic treatment is made [3]. Secondary care stage involves a final check up which takes place in the orthodontic unit and the final decision is made. From this step there are two outcomes, if the patient is eligible for HSE treatment they are placed on the waiting list, if the patient is not eligible for HSE orthodontic treatment they are discharged.

Average waiting time for HSE orthodontic treatment is around 5 years. The reason for the requirement of stages is to ensure that only the patient that require it the most have all expenses paid for by the governmental system to ensure that the funds are spread evenly, equally and fairly.

As mentioned above for free HSE orthodontic treatment only IOTN grade 4 & 5 qualify.

Grade 4 includes the following clinical cases.

- 4.b Reverse overjet more than 3.5 mm with no masticatory or speech difficulties.
- 4.c Anterior or posterior crossbite with more than 2 mm discrepancy between the retruded contact position and inter-cuspal position.
- 4.d Severe displacements of anterior teeth more than 4 mm but only with Aesthetic Component (AC) of IOTN from 8 to 10 points (pic.).
- 4.e Extreme lateral or anterior open bites more than 4 mm.
- 4.f Increased and complete overbite with gingival or palatal trauma.
- 4.l Posterior lingual crossbite with no functional occlusal contact in an entire buccal segment.
- 4.m Reverse overjet more than less than 1 mm but < 3.5 mm with recorded masticatory and speech difficulties.



Fig. 1 – Photographs to determine the aesthetic component of the IOTN by the patient himself according to 4.d.

Grade 5 includes the following clinical cases.

- 5.a Increased overjet more than 9 mm.
- 5.h Extensive hypodontia (2 or more teeth missing in any quadrant excluding third molars) requiring pre-restorative orthodontics. Amelogenesis imperfecta and other dental anomalies which require pre-prosthetic orthodontic care. Incisors lost due to trauma assessed on a case by case basis.
- 5.i Impeded eruption of teeth (apart from 3rd molars) due to crowding, displacement, the presence of supernumerary teeth, retained deciduous teeth, and any pathological cause.
- 5.m Reverse overjet more than 3.5 mm with reported masticatory and speech

difficulties.

- 5.p Defects of cleft lip and palate.

- 5.s Submerged deciduous teeth – arrange removal of teeth but orthodontic treatment not necessarily provided.

Private treatment is widely available for people who do or do not fall the IONT criteria for HSE orthodontics. Fees for private orthodontic treatment typically start around €3,500 but can tend to be much higher depending on the type of orthodontic material used. There is no waiting time for private orthodontic treatment.

Orthodontic public and private care is carried out using metal, ceramic braces, jaw expansion devices, as well as orthognathic surgery. Invisalign and 6-month braces are used only in private practice.

Literature

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