

## This month's topic: Invisalign versus traditional braces

Welcome to our discussion about topics of interest to today's informed orthodontic patient or parent.

Most orthodontic patients are interested in a beautiful, well functioning smile that lasts a lifetime. Modern materials and methods make this goal achievable more comfortably, esthetically and sometimes quicker than ever. There is a greater emphasis today on the effects of proper tooth placement on facial beauty but there has been very little change over the decades in what orthodontists consider a good finish or occlusion of the teeth.

There is great interest generated by marketing and the media on achieving a great smile without traditional braces. (Invisalign and others) I firmly believe that the most important item to agree upon between doctor and patient is the objective. Where do we want to go? If we jump to the path (traditional braces, Invisalign, removable appliances) before we agree on the objective then we may not end up in the desired place.

Whenever possible I like to use evidence based care to evaluate new treatment modalities. So let's see what the scientific literature in two of our most respected orthodontic journals has to say about Invisalign:

In study 1, I found that *"Invisalign did not treat malocclusions as well as braces in this sample. Invisalign was especially deficient in its ability to correct large anteroposterior discrepancies and occlusal contacts. The strengths of Invisalign were its ability to close spaces and correct anterior rotations and marginal ridge heights."* In study 2, I read that, *"Invisalign aligners had adverse effects on posterior occlusal contacts and positive effects on tooth alignment, buccolingual inclination, and interproximal spaces."* And in the 3<sup>rd</sup> study I reviewed, the authors studied the potential for relapse with Invisalign and found that *"In this sample for this period of observation, patients treated with Invisalign relapsed more than those treated with conventional fixed appliances."*

These were the best scientific studies I could find that looked at outcomes and were not just based on opinion. Although Invisalign does some things well, overall in these studies it is inferior to traditional braces and in some measures resulted in a worse outcome than the initial malocclusion. Which brings us back to objective; if your objective is the best outcome, then clearly, traditionally braces excel. If you have minor problems and do not mind a less than perfect outcome in many areas then Invisalign has its place.

So what is the alternative for someone who desires a great smile but doesn't want to experience the "tin grin" look? Even traditional metal braces are now much less noticeable than in the past. The truly esthetic alternative is the Clarity Self Ligating bracket offered in this office. The Clarity SL bonds directly to the tooth yielding maximum control but it is tooth colored porcelain for maximum esthetics and there are no "O" rings to hold the wire in place which may become stained. So now you can have the best of both worlds: the great outcome you desire while preserving a great look while you're undergoing treatment.



[http://solutions.3m.com/wps/portal/3M/en\\_US/Clarity/braces/?WT.mc\\_id=www.3mbraces.com](http://solutions.3m.com/wps/portal/3M/en_US/Clarity/braces/?WT.mc_id=www.3mbraces.com)

- 1) Outcome assessment of Invisalign and traditional orthodontic treatment compared with the American Board of Orthodontics objective grading system; Garret Djeu, Clarence Shelton, Anthony Maganzini; American Journal of Orthodontics & Dentofacial Orthopedics; September 2005 (Vol. 128, Issue 3, Pages 292-298)
- 2) Evaluation of Invisalign treatment utilizing the American Board of Orthodontics Objective Grading System for dental casts; Scott Vincent; American Journal of Orthodontics & Dentofacial Orthopedics; February 2005 (Vol. 127, Issue 2, Pages 268-269)
- 3) Invisalign and traditional orthodontic treatment postretention outcomes compared using the American Board of Orthodontics objective grading system; Kuncio D, Maganzini A, Shelton C, Freeman K.; Angle Orthod. 2007 Sep;77(5):864-9.