

Foreword

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In one of his works, Michel Serres has chosen to describe a new scenario through a character in his book called *Petite Poucette*, in reference, among other things, to the way teenagers use their mobile phones with incredible thumb dexterity to surf the Internet or send each other messages.

It must be emphasized that a real change has taken place in recent years and that we can no longer approach adolescents in the same way as a few years ago.

It is not a question of whether the previous generation was better and easier to deal with and the current one is a catastrophe. However, as Michel Serres points out, there have been three changes in the world of instruction, education, and therefore in the world of health: writing, printing, and the Internet.

For a few more years, the vast majority of practitioners will belong to the “baby boomer” generation, followed by Generation X, while the vast majority of our patients are a part of Generation Y (16–35 years old) and Generation Z (<16 years old).

It is interesting to note that these two groups—baby boomers and Generation X on one side and Generations Y and Z on the other—do not have the same outlook in their

way of going about their daily lives and we see that every day in our practices.

Our younger patients want faster results and are constantly asking questions. As practitioners, we must regularly prove our legitimacy and find powerful arguments to convince patients of the validity of this or that treatment associated with the essential wearing of an auxiliary device and its role in guaranteeing a successful treatment.

We must therefore understand their way of thinking and adapt so that we can adjust our therapeutic techniques because we can no longer tell them “It’s like this and not otherwise!” We must convince rather than compel and empower our patients in their choice of treatment.

In parallel with the work of the Société Française de Médecine Dentaire du Sommeil [French Society of Dental Sleep Medicine], it seemed interesting to us to review in this issue of *Revue d’ODF* the disorders that our adolescents may have in order to better understand them.

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In the field of sleep, Nicole Beydon explains the peculiarities of obstructive sleep apnea (OSA) syndrome in adolescents and Sylvie Royant-Parola helps us to understand the complex relationships between adolescents and the consequences of the misuse of social media. Alessandro Amadeo will develop the therapeutic options specific to this age group to avoid any deleterious consequence of OSA that persists in adulthood.

Beatrice Dubern will discuss an approach to obesity management, which is unfortunately too common and leads to a new lifestyle. The oral health consequences of eating disorders will be presented by Pierre Colon, allowing us to make an early diagnosis.

In the context of eating disorders and/or sleep disorders associated with school problems, Flora Bat-Pitault presents us with an interesting experiment on the innovative framework of l'Espace Méditerranéen de l'Adolescent.

[Mediterranean Adolescent Center].
"School plays an important role in patient care."

A lack of assertiveness and self-esteem in adolescents are behavioral disorders that can pose the greatest challenge to an orthodontist in managing a treatment. Marie-Claire Théry-Hugly shares her experience in the practice of

psychosocial and cognitive behavioral techniques to meet the patient's needs.

Sleep bruxism is the most common disorder in adolescents and Maria Clotilde Carra shares her knowledge, a prerequisite for a correct differential diagnosis allowing the best therapeutic approach in adolescents.

Orthodontic therapy for adolescents requires special knowledge. In the specific context of the treatment of the transversal direction by expansion, Pascal Garrec will discuss how age plays a role in the treatment.

The clinical notes of Frank Pourrat remind us of the three most important signs to watch out for in case of obesity: demineralization, periodontal disease, and cooperation.

Marie Medio presents us with a multidisciplinary clinical case illustrating a new possibility offered by CAD/CAM in restraint management.

Hélène Guiral-Dénoës remains faithful to the press review.

We hope that this issue will expand the avenues for giving parents of our teenager patients adequate listening skills and strengthening the establishment of a relationship of trust with our patients.

Happy reading.