

Loose Teeth in Adults — Why It Happens & What to Do

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Description:

Loose teeth in adults aren't normal. Learn about the causes — from gum disease to trauma — and the specialist treatments available at CSSC Melbourne.

Details:

Collins Street Specialist Centre — Loose Teeth in Adults: Why It Happens & What to Do

As a child, a loose tooth was something to celebrate — a rite of passage, a visit from the tooth fairy. As an adult, the experience is entirely different. A loose tooth is unsettling, and understandably so. Permanent teeth aren't designed to move, and when they do, it means something in the supporting structures of the mouth needs attention.

The important thing to understand is that a loose tooth doesn't automatically mean a lost tooth. With timely specialist intervention, many loose teeth can be stabilised, treated, and kept. What matters most is acting early — the sooner an assessment takes place, the better the chances of keeping your natural teeth.

Collins Street Specialist Centre is a multi-disciplinary specialist practice in Melbourne's CBD. Our periodontists, prosthodontists, and oral surgeons regularly assess and treat patients with tooth mobility. Because multiple specialists work within the same practice, we can address the underlying cause of the problem rather than simply managing the symptom.

How teeth stay anchored

To understand why teeth become loose, it helps to first appreciate what keeps them firmly in place. Teeth aren't directly fused to the jawbone. Each tooth is suspended within its socket by a network of specialised fibres called the periodontal ligament. These fibres connect the root surface to the surrounding alveolar bone, working somewhat like a suspension system — absorbing and distributing the forces generated during chewing.

Enclosing and protecting this system is the gingival tissue (gum tissue), which forms a firm seal around the base of each tooth. Together, the alveolar bone, periodontal ligament, and gingiva make up the periodontium — the collective term for the supporting structures of the teeth.

When any part of this system is compromised, tooth mobility can follow.

What causes loose teeth in adults?

Periodontal disease (gum disease)

Periodontal disease is by far the most common cause of loose teeth in adults. It's a bacterial infection that progressively damages the gums and, left untreated, destroys the bone and connective tissue that support the teeth.

The condition typically begins as gingivitis — red, swollen, bleeding gums — which is still reversible with thorough oral hygiene and professional cleaning. When gingivitis advances to periodontitis, though, the consequences become considerably more serious. The gum tissue separates from the teeth, forming pockets that harbour bacterial infection. As the immune system responds, the bone and periodontal ligament begin to break down.

That progressive bone loss is what ultimately causes teeth to become mobile. Without treatment, the disease can advance to the point where extraction becomes unavoidable.

Trauma or injury

A direct blow to the face — during sport, a fall, or an accident — can loosen one or more teeth. The force of impact may damage the periodontal ligament, fracture the root, or injure the surrounding bone.

Worth noting: a tooth may not become noticeably loose immediately after an injury. Mobility can develop over subsequent days or weeks as the traumatised tissues respond. Any dental injury warrants prompt professional assessment, even when the initial presentation looks minor.

Bruxism (teeth grinding and clenching)

Chronic bruxism — habitual grinding or clenching of the teeth, most commonly during sleep — places considerable sustained pressure on the teeth, periodontal ligaments, and supporting bone. Over time, these repetitive forces can cause teeth to loosen, particularly where there's pre-existing bone loss from other causes.

Many patients are unaware they grind their teeth. Common indicators include morning jaw pain or stiffness, tension headaches, and visible wear, flattening, or fracturing of the tooth surfaces. A clinical examination will often reveal characteristic signs that prompt further investigation.

Osteoporosis

Osteoporosis is a systemic condition in which bone density diminishes throughout the body, making bones more fragile and susceptible to fracture. Research suggests that reduced bone density in the jaw may contribute to tooth mobility and tooth loss — a concern particularly relevant for postmenopausal women.

If you've been diagnosed with osteoporosis, let your dental team know. It may have implications for your assessment and treatment planning.

Pregnancy

The significant hormonal shifts during pregnancy can temporarily affect the ligaments and bone supporting the teeth, producing a sensation of looseness. Elevated progesterone and oestrogen increase blood flow to the gum tissue and alter the body's inflammatory response to oral bacteria, making pregnant women more susceptible to pregnancy gingivitis.

In most cases, this temporary mobility resolves after delivery. Even so, it's important to maintain regular dental care throughout pregnancy and raise any concerns with your dentist or periodontist promptly.

Other contributing factors

- **Dental abscess** — A severe infection at the tooth root or within the surrounding gum tissue can cause rapid destruction of supporting bone and connective tissue - **Medications** — Certain medications can affect bone density or gingival health as a side effect - **Occlusal imbalance** — When teeth don't meet correctly, uneven biting forces can gradually weaken the periodontal supporting structures over time

How urgent is a loose tooth?

Not every loose tooth is a dental emergency, but all cases of tooth mobility need timely assessment. Here's a general guide to the appropriate level of urgency:

Seek emergency care immediately if:

- A tooth has been completely knocked out — try to reposition it in the socket or store it in milk, and get to a dental practice within 30 minutes - A tooth is severely mobile after trauma and at immediate risk of displacement - You're experiencing significant pain, swelling, fever, or pus - There is uncontrolled or heavy bleeding from the mouth

Book an urgent appointment (within days) if:

- A tooth has become mobile without any obvious cause - A loose tooth is accompanied by bleeding or swollen gums - You've noticed a change in your bite or how your teeth come together

Book a routine specialist consultation if:

- Your referring dentist has identified early signs of gum disease or bone loss - You know you grind your teeth and have started noticing slight tooth movement - Multiple teeth feel mildly mobile

In every case, earlier specialist review means more treatment options and a better chance of keeping the affected tooth.

How are loose teeth diagnosed?

At Collins Street Specialist Centre, a thorough assessment forms the foundation of effective treatment planning. A comprehensive evaluation typically includes:

- **Clinical examination** — Your periodontist will assess the degree of tooth mobility using a standardised classification scale (Grade I to Grade III), examine the gum tissue for signs of active disease, and measure the depth of periodontal pockets around the affected teeth - **Dental X-rays** — Periapical and panoramic radiographs provide information about bone levels around the teeth and help identify root fractures or periapical infections - **CBCT scan** — In more complex cases, cone beam computed tomography (CBCT) provides detailed three-dimensional imaging of the bone, tooth roots, and surrounding structures - **Periodontal charting** — A full-mouth assessment of pocket depths, gingival recession, and bleeding on probing to map the extent of any periodontal disease

This diagnostic process ensures a clear picture of what's actually causing the problem before any treatment recommendations are made.

Treatment options for loose teeth

The right course of treatment depends on the underlying cause and how far the condition has progressed. The main treatment approaches are outlined below.

Professional cleaning and scaling and root planing

Where periodontal disease is the cause, the first priority is a thorough professional clean to remove plaque and calculus from both above and below the gum line. Scaling and root planing — often called deep cleaning — involves careful debridement and smoothing of the root surfaces, reducing the bacterial load and creating conditions that support gum reattachment.

For many patients with moderate periodontitis, this non-surgical approach produces meaningful reductions in pocket depth and measurable improvements in tooth stability.

Splinting

Splinting involves bonding a mobile tooth to the adjacent stable teeth using a thin wire, fibre ribbon, or composite resin. By connecting the teeth this way, chewing forces are distributed more broadly rather than concentrated on the compromised tooth, giving the supporting structures a chance to stabilise and

heal.

Splinting may be used temporarily during active treatment, or as a semi-permanent measure where the degree of bone loss is unlikely to fully resolve.

Periodontal surgery

Where significant bone loss has occurred due to advanced periodontal disease, surgery may be required. Options include:

- **Flap surgery (pocket reduction surgery)** — The gum tissue is carefully reflected, allowing thorough removal of calculus from deep periodontal pockets, before the tissue is repositioned and sutured to reduce pocket depth and improve access for ongoing maintenance - **Bone grafting** — Autogenous bone, synthetic bone substitute, or processed donor bone material is placed in areas of bone deficiency to promote regeneration of lost supporting structure - **Guided tissue regeneration** — A biocompatible barrier membrane is positioned between the bone and gum tissue, directing the growth of new bone and connective tissue into the targeted defect area - **Application of tissue-stimulating proteins** — A specialised gel containing enamel matrix derivative proteins is applied to the debrided root surface to stimulate regeneration of natural bone and periodontal tissue

Occlusal adjustment and night guards

When bruxism or occlusal imbalance is a contributing factor, managing the excessive forces on the teeth is an essential part of treatment. This may involve:

- **Occlusal adjustment** — Selective reshaping of the biting surfaces of specific teeth to achieve a more even distribution of forces - **Occlusal splint (night guard)** — A custom-fabricated appliance worn during sleep to protect the teeth and supporting structures from nocturnal grinding and clenching

Orthodontic treatment

In selected cases, orthodontic repositioning of the teeth can improve the distribution of biting forces and support long-term periodontal stability. At Collins Street Specialist Centre, our orthodontists and periodontists work closely together to plan and coordinate these combined approaches, so each discipline informs the other throughout the process.

Extraction and replacement

Where a tooth can't be preserved — for example, in the presence of severe circumferential bone loss or a significant root fracture — extraction may be the most appropriate clinical decision. In those cases, timely replacement is important to prevent adjacent teeth from shifting and to maintain adequate chewing function.

Replacement options include dental implants (placed by our periodontists or oral surgeons), fixed bridges, or removable prostheses (designed and fabricated by our prosthodontists). Because Collins Street Specialist Centre is a multi-disciplinary practice, all aspects of your care — from extraction through to final restoration — can be coordinated in one place, with clear communication between specialists at every stage.

Why specialist care matters

Tooth mobility is often a symptom of a more complex underlying condition. While your general dentist plays a vital role in identifying the problem and providing initial management, a periodontist brings the advanced training and clinical expertise to address the root cause with precision.

Periodontists complete an additional three years of specialist training beyond dental school, with their entire postgraduate programme dedicated to the health of the gums, alveolar bone, and periodontal supporting structures. That depth of expertise covers advanced non-surgical and surgical techniques that can preserve teeth which might otherwise be lost to disease or trauma.

Patients and referring clinicians are encouraged to verify the specialist registration of any treating practitioner through the Australian Health Practitioner Regulation Agency (AHPRA) register, which confirms that a practitioner holds current specialist registration in their nominated specialty.

At Collins Street Specialist Centre, the multi-disciplinary model offers a practical advantage: your periodontist can consult directly with orthodontists, prosthodontists, endodontists, and oral surgeons, all practising within the same centre. This integrated approach means your care addresses every relevant aspect of your dental health in a coordinated way.

Can you prevent teeth from becoming loose?

While not every cause of tooth mobility is preventable, many of the most common contributing factors can be meaningfully reduced through consistent self-care:

- **Brush twice daily** using a soft-bristled toothbrush and fluoride toothpaste, paying attention to the gum line
- **Floss daily** to remove plaque from the spaces between teeth and below the gum line, where a toothbrush can't reach
- **Attend regular dental check-ups** — routine visits allow your dentist to catch early signs of gum disease before significant bone loss has occurred
- **Address bruxism** — if you know you grind or clench, talk to your dentist about a custom occlusal splint
- **Stop smoking** — tobacco use is one of the most significant modifiable risk factors for periodontal disease, and its effects on healing are well-documented
- **Wear a properly fitted mouthguard** during contact sports to protect against traumatic dental injury
- **Eat a balanced diet** that supports bone density and gum health
- **Manage systemic health conditions** — diabetes and osteoporosis both have established links to periodontal health, and good systemic management supports better dental outcomes

Take action early

If you've noticed a tooth has become mobile, or your referring dentist has identified early signs of gum disease or bone loss, don't delay seeking specialist advice. The earlier an assessment takes place, the wider the range of treatment options available and the more favourable the likely outcome.

At Collins Street Specialist Centre, our periodontists and specialist team are committed to helping patients keep their natural teeth for as long as possible. We'll explain your clinical situation clearly, answer your questions honestly, and develop a treatment plan tailored to your individual needs.

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