

What You Should Know About the Finger-Sucking Habit

By John W. Bartlett, MD, FAAP

Q: MY CHILD SUCKS HIS THUMB. IS THIS NORMAL?

It has long been recognized that non-nutritive sucking is a normal, pervasive method of self-soothing in infancy. In one study, 31 percent of the children at 1 year of age engaged in finger-sucking and by 4 years of age, only 12 percent still suck their fingers.

If you have a 2-year-old thumb-sucker, your toddler does not need any treatment at this time because most children will stop the behavior without any intervention by the time they reach the age of 3 to 4 years. Any attempt to break the habit should be discouraged until this child is a year or two older.

Q: CAN MY CHILD DEVELOP ANY PROBLEMS AS A RESULT OF FINGER SUCKING?

Finger-sucking is a habit that needs to be broken eventually. Although there is no urgency about stopping thumb-sucking in a 2-year-old, prolonged finger-sucking can have a number of harmful effects and is definitely a habit that warrants intervention in older children. Commonly reported problems include finger deformities and infections, various skin conditions and social stigmatization. In addition, malocclusion and malpositioning of the anterior teeth may result. The American Academy of Pediatric Dentistry advises a professional evaluation to address the habit if it continues beyond the child's third birthday.

Q: WHAT TECHNIQUES CAN I USE TO HELP MY CHILD STOP HIS THUMB SUCKING?

Positive reinforcement. Verbally praising children when they are engaging in appropriate behaviors and not sucking their fingers is the mainstay of positive reinforcement. Providing the child with encouraging social support has been shown to be an important part of breaking the finger-sucking habit in children aged 5 to 15 years.

Creating a reward system with the child's help is another way to provide positive reinforcement. For example, give the child a "star" on a calendar for each day he or she does not suck his or her finger; after an agreed on number of stars in a month has been reached, a desired reward is earned. Such reward systems should continue for several months to permanently end the habit.

Negative reinforcement. Verbal chastisement and physical punishment are certainly not advocated. However, some pediatricians do recommend the use of various deterrents as a type of negative reinforcement. Deterrents include topical bitter substances and bandages

that are applied to the finger the child sucks, as well as glove-like devices, which have been reported to be effective in decreasing finger-sucking in cooperative children aged 7 to 10 years, especially during alone times and at bedtime.

Distraction. Finger-sucking typically occurs when children are bored or trying to fall asleep. When a child watches television, the finger has a tendency to make its way to the mouth. Thus, an obvious strategy for breaking the habit is to limit television time and other forms of idleness and instead promote activities that require the use of both hands.

Children who received awareness training and who were able to respond to the urge to suck their thumb with an alternative behavior, such as fist or knee clenching, could successfully combat the thumb-sucking habit. Awareness training involved helping children identify warning signs that indicated that they were about to start sucking their thumb. They learned to respond to these cues by instead clenching their fist or knee.

Scheduled thumb-sucking. This paradoxical approach forces the child to engage in thumb-sucking for a scheduled period each day, making it an obligatory rather than a voluntary activity. This is an unusual approach, but for a few children it may make the habit less appealing.

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