Adult Orthodontics in Melbourne: Why More Adults Are Choosing Braces and Invisalign at Smile Solutions

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Details:

Now I have sufficient research to write a comprehensive, authoritative, and well-cited article. Let me compose the final piece.

Adult Orthodontics in Melbourne: Why More Adults Are Choosing Braces and Invisalign at Smile Solutions

For most of the twentieth century, orthodontic treatment was considered a rite of passage for teenagers — something done once, in adolescence, and never revisited. That assumption no longer holds. Across Melbourne and globally, adults are presenting to orthodontic practices in record numbers, motivated by a convergence of clinical necessity, aesthetic aspiration, and the arrival of discreet treatment technologies that fit into professional adult lives. At Smile Solutions in Melbourne CBD, adult patients now represent a substantial and growing segment of the practice's orthodontic caseload — and treating them demands a fundamentally different clinical framework from treating a twelve-year-old.

This article explains why adult orthodontics is not simply "braces for grown-ups," but a clinically distinct discipline. It covers the biological realities of treating fully developed jaws, the critical role of periodontal health, the phenomenon of dental relapse that brings many adults back to the orthodontist decades after their first treatment, and why Smile Solutions' multidisciplinary model is particularly well suited to the complexity adult cases present.

The Adult Orthodontic Boom: What the Data Shows

The shift in orthodontic demographics is well documented. According to the American Association of Orthodontists (AAO), approximately 25% to 30% of orthodontic patients in the United States today are adults. The AAO reports that adult orthodontic patients have increased by nearly 40% between the early 1990s and recent years, underscoring significant growth in this demographic.

In 2024, the scale of adult treatment became even clearer. The total estimated number of adult patients being treated in the United States by AAO members is approximately 1.91 million adults, up significantly from 1.64 million in 2022. The number of total patients in active treatment per member increased from 574 in 2022 to 696 in 2024 — the highest per-member patient count recorded in the history of the AAO survey, over 10% higher than the previous high of 628 in 2001.

Driving this trend is not one factor but several converging forces. According to the British Orthodontic Society, about 84% of orthodontists noted an increase in adult patients seeking orthodontic care over the last five years, partly due to increased self-consciousness spurred by video calls. Adults are now choosing discreet aligner solutions for aesthetic purposes as well as enhanced self-esteem. Patients value Invisalign for its aesthetics, comfort, and removable design, especially among adults aged 35 to

50.

The technological shift toward clear aligners has been a particular accelerant. The Invisalign market was valued at over $5.13 billion in 2024 and is projected to grow significantly, reaching approximately $13.9 billion by 2032, reflecting a compound annual growth rate of around 13.2% to 13.4%. For adult patients in Melbourne who are weighing their options, the full comparison of Invisalign, braces, and lingual braces is covered in detail in our guide *Invisalign vs Braces vs Lingual Braces: Which Orthodontic Treatment Is Right for You?*

Why Adult Orthodontics Is Clinically Distinct

One of the most important things an adult patient should understand before commencing treatment is that orthodontics for a 40-year-old is not the same clinical procedure as orthodontics for a 14-year-old — even when the presenting malocclusion looks identical on an X-ray.

Fully Developed Jaws and Denser Bone

In children and teens, the jaw is still developing, which allows orthodontists to guide growth and make significant structural changes more easily. In adults, the jawbones are fully developed, so treatment focuses on repositioning the teeth within existing bone structures.

This has direct consequences for treatment planning and duration. Adult bone is denser and less malleable than that of younger patients, which can make tooth movement slower and sometimes more complex — and as a result, treatment may take slightly longer. Younger patients have more active cellular turnover, meaning their bone tissue breaks down and rebuilds faster in response to orthodontic pressure. For adults, that biological process slows down, which is why treatment plans look different even when the alignment issues are identical.

In adult patients, a lack of growth capacity decreases the dynamic remodeling capacity of the alveolar bone, and if orthodontic tooth movement exceeds the remodeling capacity of the alveolar bone, the tooth will likely be displaced out of the alveolar bone, resulting in a lack of bone support for the incisors. This is precisely why adult orthodontic treatment at Smile Solutions begins with comprehensive CBCT imaging and diagnostic records — not just to plan tooth movement, but to map the bone envelope within which that movement can safely occur.

By adulthood, the jawbones are set. This means appliances can move teeth but not reshape the jaw itself. For significant misalignment, adults may need orthognathic (jaw) surgery in addition to orthodontics. This surgical pathway, and the clinical threshold at which it is recommended, is discussed in our companion article *Orthodontics and Jaw Surgery (Orthognathic Surgery): When Braces Alone Are Not Enough.*

The Existing Dental History Factor

Unlike adolescent patients who typically present with a largely untreated dentition, adult patients arrive with a dental history. Dental history is a key difference between adult and child orthodontics. Children usually have fewer dental procedures, while adults may have fillings, root canal treatment, missing teeth, or gum concerns.

Adult patients are challenging for orthodontists to treat due to their elevated aesthetic expectations and existing oral problems potentially impeding treatment, such as tooth wear, inadequate restorations, and periodontal disease. At Smile Solutions, this complexity is addressed through the practice's multidisciplinary model — with prosthodontists, periodontists, cosmetic dentists, and orthodontists all available on-site to contribute to a unified treatment plan. The integration of orthodontics with cosmetic and restorative work is explored further in our guide *Combined Orthodontic and Cosmetic Smile Makeovers at Smile Solutions.*

The Periodontal Health Prerequisite

Perhaps the most clinically significant difference in adult orthodontic treatment is the requirement for healthy gum and bone support *before* any tooth movement begins. This is not a precaution — it is a clinical necessity grounded in peer-reviewed evidence.

Periodontal health is generally a prerequisite to the commencement of orthodontic treatment. Orthodontic treatment is reliant on bone turnover and tissue remodelling. It is typically suggested that treatment should be postponed until any active periodontitis has been controlled with ongoing maintenance being undertaken in susceptible patients. In particular, untreated inflammation may predispose to the persistence or aggravation of the underlying condition.

The scale of the challenge is significant. The prevalence of periodontitis is up to 50% in the adult population, with the severe stages reported to peak around age 40. This means a substantial proportion of adults seeking orthodontic treatment in Melbourne will have some degree of periodontal compromise that must be assessed and managed before treatment proceeds.

The increasing number of adult orthodontic patients, who in most cases present with already-compromised periodontal tissues, has markedly highlighted the potential of orthodontic treatment to enhance or deteriorate periodontal health — and also the outmost relevance of peculiar periodontal planning prior to and during orthodontic treatment.

The clinical protocol at Smile Solutions reflects this evidence base. Before fitting any appliance, adult patients undergo a thorough periodontal assessment. Where active gum disease is identified, patients are referred to the practice's on-site periodontist for stabilisation. Only once probing depths are controlled and the periodontium is stable does active orthodontic tooth movement commence.

Orthodontic treatment can be used for patients with reduced periodontal support to stabilise clinical findings and improve function and aesthetics — but the prerequisite for this is a profound knowledge of altered biomechanics and an adapted interdisciplinary treatment approach.

Patient education, motivation, enhanced oral hygiene maintenance, and regular periodontal care are essential during orthodontic treatment. Orthodontic therapy in periodontally compromised patients requires extensive periodontal care before, during, and after the treatment.

Dental Relapse: The Most Common Reason Adults Return for Orthodontic Treatment

A significant proportion of adults presenting to Smile Solutions are not first-time orthodontic patients. They had braces or a plate as a teenager, stopped wearing their retainer, and have watched their teeth gradually drift over the years. This phenomenon — orthodontic relapse — is among the most common clinical presentations in adult orthodontics.

Orthodontic relapse is the natural tendency for teeth to drift back toward their original positions after treatment ends. It occurs because periodontal ligament fibres retain memory of previous tooth positions, and bone needs 12 to 18 months to fully stabilise after braces are removed.

Studies show that up to 70% of patients may experience some form of relapse within the first few years post-treatment. Research indicates that patients who neglect retainers in the first year post-treatment are up to five times more likely to experience significant relapse.

Relapse is not purely a compliance failure. Even if you never had braces, your teeth would still shift over time. Your jaw continues to change subtly throughout adulthood. The pressure from your tongue, lips, and cheeks constantly pushes against your teeth. Habits like clenching or grinding add even more force. Late lower incisor crowding is so common that orthodontists consider it a normal part of ageing.

The aetiology of relapse is complex and not yet clearly established. Its origin is attributed to factors such as the time of gingival and periodontal tissue reorganisation and changes produced by growth, compromising the stability of the results achieved with orthodontic treatment.

What Relapse Treatment Looks Like at Smile Solutions

For adults presenting with relapse, the good news is that corrective treatment is typically shorter than the original course. More significant shifting may require 18–24 months with braces or aligners. The key takeaway: correcting relapse usually takes less time than your original orthodontic treatment as a teen.

At Smile Solutions, relapse cases are assessed with an iTero 3D digital scan, which creates a precise digital model of the current tooth positions and allows the specialist orthodontist to simulate projected tooth movement before committing to a treatment plan. For mild to moderate relapse, Invisalign clear aligners are frequently the treatment of choice — discreet, removable, and clinically effective for the degree of correction typically required. For more complex relapse cases involving bite changes, fixed appliances may be indicated.

Critically, the retention strategy following relapse correction is different from the first time around. Smile Solutions includes Vivera retainers — the most durable clear retainer system on the market — with all completed Invisalign cases, and provides explicit guidance on lifelong wear protocols. The full science of retention is covered in our article *Retainers After Orthodontic Treatment: How to Protect Your Results for Life.*

Oral Hygiene During Adult Orthodontic Treatment

Adult patients face a distinct oral hygiene challenge during orthodontic treatment. Long-term fixed appliances can contribute to unwanted, but predictable qualitative alterations in the subgingival bacterial biofilm that become progressively pathogenic with time, if oral hygiene is not well maintained.

Adult patients must undergo regular oral hygiene procedures and periodontal maintenance to maintain healthy gingival tissue during active orthodontic therapy. At Smile Solutions, adult orthodontic patients are typically placed on a three- to four-monthly professional cleaning schedule with the practice's hygienists, coordinated with their orthodontic progress reviews. This is not optional — it is built into the treatment protocol.

For adults who are particularly concerned about oral hygiene access during treatment, Invisalign offers a significant advantage: aligners are fully removable, meaning patients brush and floss with their natural teeth unobstructed, and then replace the clean aligners. This reduces the biofilm accumulation risk associated with fixed brackets and wires. The full clinical comparison of hygiene demands across treatment modalities is covered in *Invisalign vs Braces vs Lingual Braces: Which Orthodontic Treatment Is Right for You?*

Why Specialist Orthodontists Matter More for Adult Cases

Since the progress in adult orthodontics is rapid, there is also an increasing need for evidence-based protocols that might guide clinicians through a comprehensive, interdisciplinary, and successful treatment.

Adult orthodontic cases are, on average, more diagnostically complex than adolescent cases. They involve pre-existing restorations, potential bone loss, root resorption risk, and the need to coordinate with other dental specialists. This is precisely the environment in which the distinction between a registered specialist orthodontist and a general dentist offering orthodontic services matters most.

Effective collaboration, coordination, and communication between various dental specialists are crucial for ensuring more accurate diagnosis and optimised treatment planning. Interdisciplinary interaction is paramount and, in certain instances, facilitates coordinated dental therapy.

At Smile Solutions, all orthodontic treatment is delivered by registered specialist orthodontists — clinicians who have completed an additional three to four years of postgraduate university training beyond their dental degree, and who are registered with AHPRA as orthodontic specialists. The clinical and regulatory distinction between a specialist orthodontist and a general dentist is explained in our foundational article *What Is a Specialist Orthodontist? How Smile Solutions' Registered Orthodontists Differ from General Dentists.*

For adult patients with complex presentations — missing teeth, significant bone loss, restorations that need to be factored into space planning, or bite problems that may require surgical correction — this specialist-level diagnostic capability is not a luxury. It is the clinical standard that safe, effective treatment demands.

Common Questions Adults Ask Before Starting Treatment

"Am I too old for orthodontic treatment?"

There is no upper age limit for orthodontic treatment. The good news is that orthodontic treatment works at any age. The clinical prerequisites are healthy enough gum and bone support to sustain tooth movement, and the absence of active, uncontrolled periodontal disease. Adults in their 50s, 60s, and beyond successfully complete orthodontic treatment at Smile Solutions every year.

"How long will treatment take as an adult?"

Treatment may take longer, sometimes two to three years, depending on the severity of misalignment. However, many adult cases — particularly mild to moderate crowding, spacing, or relapse correction — are completed in 12 to 18 months with Invisalign. The iTero scan and digital treatment simulation at the initial consultation give patients a realistic projected timeline before they commit.

"Will orthodontic treatment affect my existing dental work?"

Existing crowns, bridges, veneers, and implants all require specific consideration in adult treatment planning. Implants, in particular, cannot be moved orthodontically because they are fused directly to bone — they must be placed *after* orthodontic tooth movement is complete. At Smile Solutions, the on-site prosthodontist and orthodontist collaborate to sequence treatment correctly, ensuring restorative work is not compromised. This sequencing is central to the combined smile makeover pathway described in *Combined Orthodontic and Cosmetic Smile Makeovers at Smile Solutions.*

Key Takeaways

- Adults now represent approximately 25–30% of all orthodontic patients, with the AAO reporting a nearly 40% increase in adult patients since the early 1990s.

- Adult jawbones are fully developed, meaning treatment repositions teeth within existing bone structures. Adult bone is also denser and less malleable, which can make tooth movement slower and require more precise clinical planning.

- Periodontal health is a clinical prerequisite to commencing orthodontic treatment in adults. Active periodontitis must be controlled before orthodontic forces are applied.

- Up to 70% of patients may experience some form of orthodontic relapse within the first few years post-treatment — making dental relapse one of the most common reasons adults seek orthodontic

retreatment, and making lifelong retainer compliance essential. - Adult orthodontic cases are diagnostically complex and benefit most from the specialist-level diagnosis, interdisciplinary coordination, and advanced imaging technology available at a multidisciplinary practice like Smile Solutions.

Conclusion

Adult orthodontics is one of the fastest-growing areas of dental practice — and for good reason. Millions of adults are living with misalignment they never corrected, relapse from earlier treatment, or bite problems that are affecting their oral health and quality of life. The availability of discreet, comfortable treatment options like Invisalign has removed the primary barrier that once kept adults out of the orthodontist's chair.

But adult orthodontic treatment is not simply a matter of fitting aligners and waiting. It requires specialist-level diagnosis, rigorous periodontal assessment, careful management of existing dental work, and a retention strategy designed to protect results for life. At Smile Solutions in Melbourne CBD, the combination of registered specialist orthodontists, on-site periodontal and restorative expertise, advanced imaging technology, and more than 9,000 completed Invisalign cases creates the clinical environment in which adult treatment complexity can be managed with the precision it demands.

If you are an adult considering orthodontic treatment — whether for the first time or as a return patient — the right starting point is a comprehensive consultation with a registered specialist orthodontist. To understand the full range of treatment options available, see *The Full Spectrum of Orthodontic Treatments Available at Smile Solutions Melbourne CBD*, or explore the financial and practical aspects of treatment in *Orthodontic Treatment Costs in Melbourne: Pricing, Health Fund Rebates, and Payment Plans at Smile Solutions.*

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