

# word of mouth<sup>®</sup>

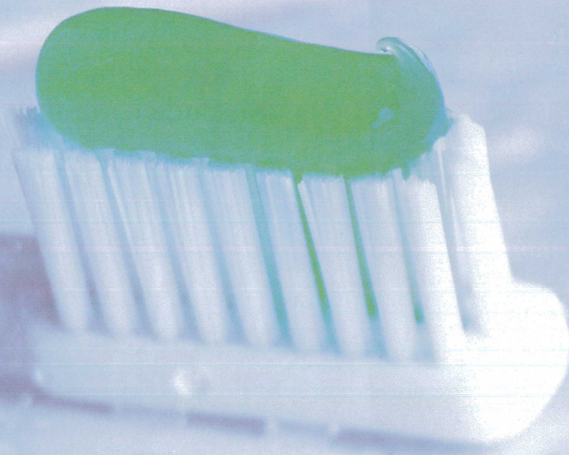
Winter-Spring 2007

*A Semiannual Publication of the Massachusetts Dental Society*



## Going Green

*With Your Toothpaste*



The Massachusetts Dental Society (MDS) is pleased to make this publication available to our member dentists as a way of communicating important oral health information to their patients.

Information in WORD OF MOUTH comes from dental health care professionals of the MDS and other leading professional dental organizations, including the American Dental Association. If you have any questions about specific content that may affect your oral health, please contact your dentist. For timely news regarding oral health, visit the Public section of the MDS Web site at [www.massdental.org](http://www.massdental.org).

Your comments and suggestions regarding WORD OF MOUTH are always welcome. All correspondence and requests for additional copies may be forwarded to Melissa Carman, Managing Editor of Publications and Web Site, Massachusetts Dental Society, Two Willow Street, Suite 200, Southborough, MA 01745-1027, or email [mcarman@massdental.org](mailto:mcarman@massdental.org).

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# Thinking About Going Green With Your Toothpaste?

Our society has become more and more health conscious—and that’s a good thing. Late last year, the New York City Board of Health voted to ban the use of artery-clogging artificial trans fats in restaurants in the city because of their unhealthy link to heart disease. Many cities in America are now “smoke-free,” which means that smoking is not allowed in public establishments. More and more people are buying organic foods, with 2006 sales expected to reach \$16 billion. And this “green” trend has extended to more than just food items. It’s not uncommon to walk down the health and beauty product aisle at your local supermarket and find products labeled “natural” and “organic,” including oral hygiene products such as toothpaste, mouthwash, and dental floss. But if you do decide to go “green” with your toothpaste purchase, could your teeth be missing out on the healthiest ingredient of all, fluoride?

Like their commercial counterparts, natural toothpastes come in many different flavors—you’ll find the usual mint-family varieties alongside some interesting flavors such as tea tree, lavender, fennel, calendula, and salt—but they don’t always come with fluoride. Many natural toothpaste manufacturers instead use other natural ingredients that serve the dual purpose of cleaning teeth and helping the environment. These ingredients include natural flavor sweeteners, minerals for whitening and fighting tartar, and tea tree oil and aloe vera gel for soothing



irritated gums and skin, presented in environmentally friendly recycled packaging. There are natural whitening toothpastes that use ingredients such as bamboo powder, calcium carbonate, silica, and even pineapple to brighten teeth. But not all of these natural toothpastes contain fluoride, which is the number-one ingredient you need to keep your teeth and gums as healthy as possible. And that’s where shopping for natural toothpaste can get tricky.

The American Dental Association recommends that all children over the age of 2 and adults brush their teeth twice daily using fluoride toothpaste that bears the ADA Seal of Approval. (For more information on fluoride and infants, see “The Right Formula for Your Baby’s



Bottle,” on p. 5.) Fluoride is effective in preventing and reversing the early signs of tooth decay. It hardens the tooth’s outer enamel to make it more resistant to the cavity-causing acid that forms when the bacteria in plaque break down sugars and carbohydrates from the diet. Fluoride also acts to repair, or remineralize, areas in which acid attacks have already begun. The remineralization effect of fluoride is important because it reverses the early decay process as well as creating a tooth surface that is more resistant to decay.

If you choose to brush your teeth with a natural toothpaste, you want to make sure you select one that contains what your teeth need to protect them from cavities. Read the label to make sure fluoride is one of the first ingredients and brush away.

For more information on toothpastes or your oral health, please contact the Massachusetts Dental Society at (800) 342-8747 or visit us online at [www.massdental.org](http://www.massdental.org). ◉

Put that

# Grinding

to a Halt

Work. School. Family. Mortgage payments. The everyday occurrences that make up a life can be very stressful. Stress is the body's reaction to any stimulus that disturbs mental or physical health or normal functioning. It can be caused by illness, pain, emotional upset, or such external factors as the loss of a job or the death of a family member or close friend. And in today's busy society, stress affects everyone. Stress can rear its ugly head and result in many health conditions, such as high blood pressure, cardiovascular conditions, insomnia, weight loss or weight gain, suppressed immune system, stomach ulcers, anxiety disorders, and depression. But there is another side effect of stress that you might not be aware of and it's right at the tip—or more correctly, the sides—of your tongue.

If you find yourself waking up in the morning with a headache or a sore jaw, or if you find yourself clenching your teeth during the day, you could be suffering from a condition called *bruxism*, the clinical term for grinding your teeth. Many times, the grinding takes place when you sleep, so you may not even be aware that you are doing it. For some people, the grinding can be loud enough to wake up their sleep partners—or themselves—and for others, the grinding can be completely silent and the only indications that they are doing this are the inexplicable headaches and jaw pain they experience or their dentist's finding that their teeth appear worn down.

Besides causing discomfort, bruxism can damage the temporomandibular joints, the joints on either side

of the mouth that connect the lower jaw to the skull. Additionally, the force from grinding and clenching can sometimes cause teeth to crack or fracture, and when the tooth's enamel is worn away—which happens from the constant rubbing of tooth on tooth—the underlying layer, called *dentin*, is exposed and can lead to increased tooth sensitivity.


Bruxism can develop at any age; pain or discomfort from colds, ear infections, or allergies may even cause children to grind their teeth. Also, bruxism can be present at times other than during sleep. If you bite your fingernails, chew on pencils or pens, or clench your jaw while playing a sport or exercising, you could also be suffering from bruxism.

Sometimes, grinding can be caused by an abnormal bite, in which the teeth do not fit together well. If this is the case, your dentist can render treatment by reducing the “high spots” on one or more teeth to level the bite. For severe cases, your dentist may recommend reshaping or reconstructing the bite surface using inlays or crowns.

Regular dental checkups are helpful in detecting the condition in its early stages. Your dentist can then recommend a course of treatment, which may include a custom-made nightguard to be worn during sleep. The nightguard fits over the teeth on one jaw and acts as a buffer between the upper and lower teeth, absorbing the pressure of biting and preventing further damage to the tooth surface. If you're a daytime grinder, your dentist may also advise you as to how to change your “resting” jaw behavior. For some people, the simple awareness

of the grinding—which previously may have been performed subconsciously—and the instruction to rest their tongue upward with teeth apart and lips closed may be enough to alter their behavior and correct the problem, according to the Academy of General Dentistry.

And if good old stress is the cause of the grinding, it may be advisable to look at ways to help alleviate that stress, such as exercising or taking a relaxing bath. If you're having trouble handling stress, you may want to speak to your doctor about more effective ways to deal with stressful situations.

It's important to remember that most people grind their teeth at one time or another. But if you find that your grinding becomes the norm rather than the exception, you should schedule an appointment with your dentist. 



# The Right Formula for Your Baby's Bottle



**D**ental professionals through the years have advocated the benefits of fluoridation of community water supplies and the use of fluoridated products

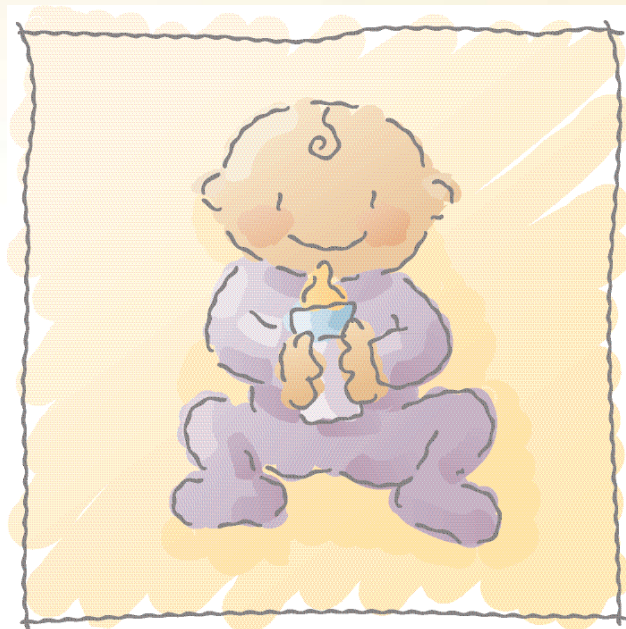
for good oral health. The Massachusetts Dental Society (MDS) and the American Dental Association (ADA) strongly support community water fluoridation as the most effective public health measure for preventing tooth decay. Fluoride helps prevent tooth decay, and the MDS and ADA both recommend that patients adopt regular use of topical fluoride products and drink water that contains fluoride. However, parents should be aware that infants (ages birth to 12 months) who are fed reconstituted or powdered baby formula mixed with water may be exposed to higher levels of fluoride.

Fluoride is a mineral that occurs naturally in all water sources, including oceans, lakes, and even underground springs. Extensive research has shown that optimal levels of fluoride not only reduce cavities in children and adults, but also help repair the early stages of tooth decay before the decay is even visible, according to the ADA. However, because the enamel of adult teeth is not completely formed until approximately age 6, children under age 6 are at risk for the development of something called enamel fluorosis.

Enamel fluorosis is a condition that affects the appearance of teeth. It is not a disease and it is not harmful; it is strictly cosmetic. Enamel fluorosis occurs only when the teeth are under the gums and still developing. Once the teeth are fully developed and erupt into the mouth, they are no longer susceptible to fluorosis. Most cases of enamel fluorosis result in barely noticeable, faint white lines or streaks on tooth enamel. These streaks are not readily visible to the individual or casual observer. According to the ADA, 94 percent of all enamel fluorosis cases in the United States are of the mild to very mild type. (It should also be noted that not all changes in the appearance of enamel are enamel fluorosis. If you notice streaks or discoloration on your teeth, you should consult your dentist.)

So while enamel fluorosis is not harmful in any way, parents should be aware that what they are feeding their babies could make the infants' teeth susceptible to enamel fluorosis. With this in mind, the ADA offers the following recommendations so that parents, caregivers, and health care professionals who are concerned about this issue have some simple and effective ways to reduce fluoride intake from reconstituted infant formula.

- ♥ Breast milk is widely acknowledged as the most complete form of nutrition for infants. The American Academy of Pediatrics recommends human milk for all infants (except for the few for whom breastfeeding



is determined to be harmful). Babies who are breastfed do not appear to exceed the optimal amount of fluoride. Breast milk is very low in fluoride, and does not appear to contribute to fluorosis even if the mother uses oral care products that contain fluoride and drinks fluoridated water.

- ♥ For infants who get most of their nutrition from formula during the first 12 months, ready-to-feed formula is preferred over formula mixed with water containing fluoride because ready-to-feed formula does not appear to exceed the optimal amount of fluoride.
- ♥ Liquid concentrate or powdered formula is okay to use, as long as it is mixed with water that is fluoride-free or contains low levels of fluoride. Examples are water that is labeled purified, demineralized, deionized, distilled, or reverse-osmosis filtered. Many grocery stores sell these types of drinking water for less than \$1 per gallon. Also, parents should be aware that some home water treatment systems may remove fluoride from tap water, so be sure to check with the manufacturer.

Additionally, parents and caregivers should consult with their pediatrician, family physician, or dentist on the most appropriate water available in their area to use with reconstituted infant formula. They should also be sure to ask whether water used in infant formula should be sterilized first. (Note that sterilization does not remove fluoride.)

If your baby has been fed formula mixed with water containing fluoride, it doesn't necessarily mean that he or she will develop enamel fluorosis. The occasional use of water containing optimal levels of fluoride should not appreciably increase a child's risk for fluorosis. ◉



For more information on fluoride and your child's oral health, contact the **Massachusetts Dental Society** at (800) 342-8747 or visit our Web site at [www.massdental.org](http://www.massdental.org).

# SORE SUBJECT



**N**obody wants to admit to having them, but at one time or another, most of us have had or will have mouth sores. These sores can appear any-

where in the mouth, including on the inner cheeks, gums, tongue, lips, or palate. These unpleasant spots can be uncomfortable and annoying, and they can be either physiologically based—bacteria, viruses, or fungal infections—or physically based—a cut from biting your cheek, tongue, or lip, or an irritation from braces, ill-fitting dentures, or a broken tooth, or a burn from drinking a hot beverage.


The two most common types of mouth sores are canker sores and cold sores. Many people confuse these two and think they are the same thing, but they are, in fact, very different.

Canker sores are small ulcers with a pale-colored base (white, yellow, or gray) with a red border. They can be a single sore or a cluster of lesions, and they are not contagious, but they can often recur. The cause of canker sores is not entirely clear, but many experts believe that immune system problems, bacteria, or viruses may be the culprit. Other potential causes could be hormonal changes, stress, mechanical irritation, or low levels of vitamin B-12 or folate in the body. For unknown reasons, according to the National Institutes of Health, women are more likely to suffer from canker sores than men, and this could be due to factors related to hormonal changes. Intestinal problems, such as Crohn's disease or colitis, also may make some people more susceptible to canker sores.

Canker sores—also called aphthous ulcers—typically will heal on their own in about a week or two, but an outbreak may recur. You may find temporary relief from over-the-counter topical anesthetics and antimicrobial mouthrinses, and you should try to stay away from hot, spicy, or acidic foods that can irritate the lesion.

Cold sores, on the other hand, are viral-based and more serious than canker sores. Also known as fever blisters or herpes simplex, cold sores are usually caused by herpes virus type 1, and they are very contagious. They typically appear as clusters of painful, fluid-filled blisters that erupt around the lips and sometimes even under the nose or chin. The initial virus (primary herpes) will often appear before adulthood and may be confused with a cold or flu.

Cold sores typically last a week and will heal on their own. However, once a person is infected with primary herpes, the virus may stay in the body for years and while for some it may remain inactive, for others it may cause occasional outbreaks. Recurring herpes lesions resemble multiple cold sores, and an attack may follow a fever, sun exposure, skin abrasions, hormonal changes, or stress. Over-the-counter topical anesthetics may provide temporary relief, and prescription antiviral drugs may be prescribed to reduce the infection in serious cases.

Mouth sores can also be a symptom that something more serious is going on, so any sore that lasts a week or longer should be checked out by your dentist. 



For more information on your oral health, please contact the **Massachusetts Dental Society** at (800) 342-8747 or visit our Web site at [www.massdental.org](http://www.massdental.org).

# SEALED

## With A Film

**T**ooth decay is caused by a sticky film of bacteria—more commonly known as plaque—that covers the teeth after we eat or drink anything that contains sugar or starch. But there's another type of film, called dental sealants, that actually helps prevent the tooth decay that leads to cavities.

Sealants are a very thin plastic film that a dental health professional places directly on the chewing surfaces of your back teeth, the molars and premolars (the teeth directly in front of the molars), which are especially susceptible to tooth decay. They are applied in a liquid form and either self-harden or harden to the teeth with the use of a special light. Sealants, which have been used safely and effectively for more than 20 years, act as a barrier, protecting your tooth's enamel from the plaque and acids that cause tooth decay.

One of the most common places that tooth decay develops is on the chewing surfaces of the molars and premolars. Look at the tops of your back teeth in the mirror or feel them with your tongue. You'll notice that each tooth has grooves or indentations. These are called pits and fissures, and they help your teeth grind food.

However, these indentations are ideal places for food to become trapped, which can result in decay. This is because it is difficult for toothbrush bristles to reach the deepest parts of these pits and fissures. In fact, no matter how well you may brush, sometimes toothbrush bristles are simply too wide to clean the tooth completely. Trapped food and debris develop into plaque, and this can lead to cavities. Also, the deeper into the pits and fissures you go, the thinner the protective outer layer of the tooth, called enamel, becomes.




This is one more reason why pits and fissures should be protected by sealants. What's more, according to the Academy of General Dentistry, research has shown that almost everybody has a 95 percent chance of eventually experiencing cavities in the pits and fissures.

Now, feel your front teeth with your tongue. Do you notice how they are much smoother than your back teeth? Because your front teeth do not have any pits and fissures, they do not need sealants.

Children routinely receive sealants for several reasons: They are still learning how to brush their teeth correctly and are more prone to pit and fissure cavities. It's also beneficial for children to have sealants after their permanent teeth come in. It should be noted, however, that sealants do not replace fluoride; these two separate protections work together to help keep your teeth healthy.

It is not as common for adults to have sealants, but occasionally they do receive them because, after all, cavities are not limited to children. But this is usually determined on a case-by-case basis. Adults should speak to their dentist if they have questions about receiving sealants.

Sealants, which hold up well under the force of daily chewing, generally last from three to seven years; however, they need to be examined at regular dental checkups to ensure that they are not chipped, worn, or damaged. If they are, more sealant material can be quickly and easily applied to the top of the tooth.

The Massachusetts Dental Society recommends that all children get sealants. There is no risk involved in sealing teeth, and the combination of sealants and good home care, including regular brushing and flossing, dramatically reduces the chance of getting cavities. 

# Diabetes and Your Oral Health

**A**ffecting millions of Americans each year, diabetes is a big concern for both the medical and dental professions. Over the past two decades, there has been a 30 to 40 percent increase in diagnosed cases of diabetes, especially among overweight children and adolescents, as obesity is a major risk factor. But how can diabetes affect your oral health?

According to the Centers for Disease Control, diabetes is a disease in which blood glucose levels are above normal. Most of the food we eat is turned into glucose—or sugar—for our bodies to use for energy. The pancreas produces a hormone called insulin to help glucose absorb into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugar to build up in your blood.


Diabetes can cause serious health complications, including heart disease, blindness, kidney failure, and lower-extremity amputations, and is the sixth leading cause of death in the United States. Some classic signs of diabetes are excessive appetite, excessive thirst, and excessive urination, but the condition may also cause weight loss, irritability, drowsiness, and fatigue. Diabetes, as well as any other medical conditions, should be reported to your dental team so that proper care can be delivered.

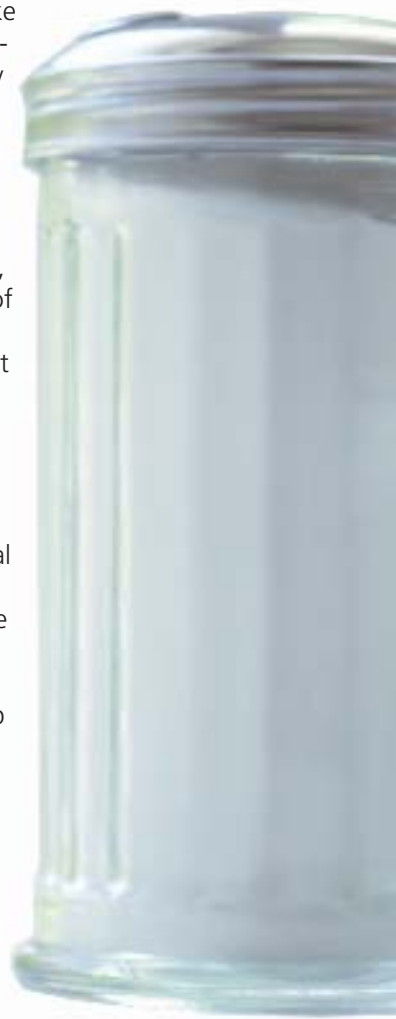
When not controlled, diabetes can lead to a number of dental complications because the high glucose levels in saliva may help bacteria thrive in the mouth. Because diabetes reduces the body's resistance to infection, the body's tissues—including the gums—are likely to be affected. The most common and potentially harmful oral

health problems associated with diabetes are gingivitis, periodontitis, and rapid loss of the bone that supports the teeth. Periodontitis is often linked to the control of diabetes, according to the American Dental Association. Patients with inadequate blood sugar control appear to develop periodontitis more often and more severely, and they lose more teeth than do those who have good control of their diabetes.

Diabetes can also affect the amount of saliva in the mouth, leading to dry mouth and resulting in an increased risk for cavities. Diabetic patients may also experience recurrent canker sores, white patches on the cheeks, and fungal infections that may indicate poor glycemic control. Taste may also be altered in diabetic patients, which can make it difficult to maintain a proper diet. Another fairly common, but often misunderstood, sign is burning mouth syndrome, during which patients experience a scalding sensation in their mouth, including on the palate, lips, and/or tongue.

Patients with poorly controlled diabetes are at an increased risk of other complications, such as infections and reduced healing. This may make it necessary for them to take antibiotics prior to certain dental procedures, including oral surgery. For those patients taking insulin, it may be necessary for them to consult with their physician in order to increase the dosage in the case of an oral infection. It is also important for their dentist to know if they take insulin—as well as all medications they take regularly—because the use of local anesthetics can influence the effects of insulin and could result in hyperglycemia.

So, if you have diabetes, make sure you take care of your teeth and gums. You may require more frequent visits to the dentist and more rigorous follow-up treatments to ensure optimum dental health. To offset the greater risk of gingival and periodontal problems, it is vital to control your blood glucose levels and to brush and floss daily. Finally, seek regular dental care to help keep your mouth healthy and to obtain advice on how to manage your diabetes. 





Don't Get

Burned  
by the

Grill

While the fad of dental grills may be good news for the jewelry industry, the Massachusetts Dental Society warns wearers that when it comes to your oral health, this trendy fashion statement may not be as good as gold.

Made popular in recent years by hip-hop and rap culture, a dental grill—also known as “grillz” or “fronts”—is a mouth fixture made from an impression that fits over the teeth and snaps into place. Grills are typically made from gold, silver, or platinum, but cheaper metals can also be used.


Originally, the grill was a symbol of money and success, sported by wealthy musicians and professional athletes. However, these days, just about anyone who wants can purchase a grill. They range in price from \$25 to thousands of dollars and are easily accessible through the Internet, jewelry stores, and novelty shops.

Much of the dental community's concern over wearing grills has to do with their fit and the length of time they are worn in the mouth. Because the average person will purchase inexpensive, do-it-yourself kits online or buy them from local

jewelers, it's unlikely the grills are made from an exact impression of the mouth. As a result, if the grill isn't the perfect size and shape, its metal could cut into the gums and cause an infection.

There are other reasons for concern. When grills are worn continuously, without removal, for days or even weeks at a time, food and bacteria can become trapped under the devices, which can result in tooth decay and potentially harm the gums. Something else to keep in mind is that grills made out of nonprecious metals, such as nickel, may be particularly harmful because they can cause allergic reactions.

To help prevent potential oral health problems from occurring, it's important for grill wearers to brush and floss regularly and to wear the devices for only a few hours at a time. Grills should always be removed before eating and cleaned daily to remove food debris. Wearers should also avoid using jewelry cleaners or any products that are dangerous to ingest.

Ultimately, you should never wear anything in your mouth that your dentist didn't fit. Remember that fads come and go, but a healthy smile is the best fashion statement you can make. 



For more information on your oral health, contact the **Massachusetts Dental Society** at (800) 342-8747 or visit our Web site at [www.massdental.org](http://www.massdental.org).



# Mobile Access to Care Van Is Here!

Since February 2007, the Massachusetts Dental Society Foundation's Mobile Access to Care (MAC) Van has been providing free dental care to the underserved children of the Commonwealth. Staffed with a dentist and dental assistant/driver coordinator, the van travels to each dental district for up to three weeks over the course of the year. Additional treatment on the van is supplemented by volunteer Massachusetts Dental Society (MDS) member dentists.

In addition to providing dental services, the mobile van project aims to give all children a "dental home." Should an income-eligible child require follow-up treatment after receiving initial free care on the van, the child's parent or caregiver




will receive an application for the **MassDentists CARE** program.

Created by the MDS in 2005, **MassDentists CARE** (Combining Access

with Reduced Expense) provides dental services at reduced fees to children through the age of 18 from income-eligible families who do not have either dental insurance or MassHealth dental coverage. In order to qualify for the program,

parents or caregivers will be required to complete an application and provide financial verification, such as pay stubs, W-2s, or 1040 forms. Once approved, parents or caregivers will be given a list of **MassDentists CARE** providers in their area.

The dates for the first set of service weeks—February through May 2007—for each community are listed below. For information on the MAC van and its schedule, please contact the MDS at (800) 342-8747 or visit [www.massdental.org](http://www.massdental.org). 

## MAC Van Service Dates: February–May 2007\*

City	Location	First Service Week Dates
New Bedford	Normandin Middle School	February 5
Fall River	Thomas Chew Memorial Boys & Girls Club	
Somerville	Somerville Early Head Start	February 12
Milford	Memorial Elementary School and Brookside Elementary School	February 26
Salisbury	Pettengill House	March 5
Lynn	Boys & Girls Club of Lynn	
Chelsea	Boys & Girls Club of Boston—Gerald & Darlene Jordan Club	March 12
Medford	Boys & Girls Club of Middlesex County—Gene Mack Clubhouse	March 19
Leominster	Boys & Girls Club of North Central Massachusetts—Leominster Clubhouse	March 26
Mashpee	Boys & Girls Club of Cape Cod	April 2
West Barnstable	Cape Cod Community College	
Lower Cape	Location to be determined	
Springfield	Springfield Boys & Girls Club	April 9
Lowell	Boys & Girls Club of Greater Lowell	April 17
Pittsfield	Berkshire County Head Start Child Development Program, Inc.	April 23
Framingham	MetroWest YMCA (Special Saturday-only service date.)	April 28
Brockton	Brockton Day Nursery	April 30
Worcester	Quinsigamond Community College and Worcester Boys & Girls Club	May 7

\*Please note that these dates and locations are subject to change. Please visit [www.mdsfoundation.org](http://www.mdsfoundation.org) for schedule updates.

**T**he saying goes, "With age comes wisdom," and this holds true for the molars in your mouth commonly known as wisdom teeth. The origin of the name wisdom teeth comes from the notion that these teeth erupt during the teenage years and beyond, when people are theoretically more wise to the world. Wisdom teeth are the last permanent teeth to take their place in your mouth, usually during your late teens or early 20s. They are the third set of molars—following the first molars that come in at around age 6 and the second molars at around age 12—and can be a valuable asset to your mouth when they are healthy and properly positioned. There are many times, however, when wisdom teeth can cause problems and require removal.

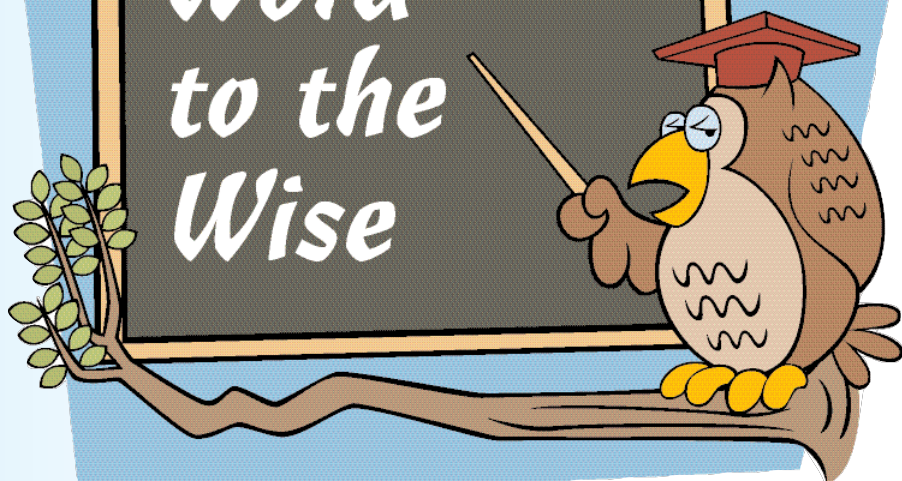
The most common problem with wisdom teeth is when the jaw isn't large enough to allow them to erupt properly. When this happens, the teeth become impacted, meaning they cannot fully emerge and are partially or totally covered by bone and gum. Impacted or partially impacted wisdom teeth are difficult to keep clean and provide an opening for bacteria to settle beneath the gum, which may cause an infection or abscess.



Yet wisdom teeth that erupt fully sometimes need to be removed, as well.

Poorly aligned wisdom teeth can damage adjacent teeth and can sometimes result in the formation of cysts or abscesses, which could destroy bone or the roots of other teeth. Also, sometimes the

## Word to the Wise



**Impacted or partially impacted wisdom teeth are difficult to keep clean and provide an opening for bacteria to settle beneath the gum.**

teeth erupt but there is no room in the mouth for them to grow, so this condition leads to crowding, which could result in pain and bite problems. These are some of the more common reasons to have wisdom teeth extracted.

Symptoms of impacted or erupted wisdom teeth can vary from person to person, but tend to include pain, jaw stiffness, infection in the mouth, facial swelling, and swelling of

the gum line in the back of the mouth. If you think you are suffering from an impacted or erupted wisdom tooth, contact your dentist immediately.

Some oral health specialists recommend removal of the wisdom teeth before they erupt, when the roots are only three-fourths developed (which is typically during adolescence), as early removal will help eliminate problems such as an impacted tooth that destroys the second molar. However, you should always consult with your dentist to determine which course of treatment is best for your oral health.

Many times, wisdom teeth will be fine and can stay in your mouth without any trouble. However, if there are potential problems, preventive removal is far better than waiting for trouble to develop. **o**



For more information on wisdom teeth and your oral health, contact the **Massachusetts Dental Society** at (800) 342-8747 or visit our Web site at [www.massdental.org](http://www.massdental.org).

# "Shoot..."

I wish I hadn't  
forgotten to WEAR  
my mouthguard!"



**M**outhguards protect your teeth, lips, and gums from serious injuries. They can also help prevent concussions.

Although there are three types of mouthguards—the stock, the boil and bite, and the custom-made—the Massachusetts Dental Society (MDS) recommends the custom-made for the best fit and protection.

For dentists in your area who are offering to make custom-

GRIN AND WEAR IT™



made mouthguards at a discounted price, call the Massachusetts Dental Society at (800) 342-8747 or log on to the *Grin and Wear It*™ section of the MDS Web site at [www.massdental.org](http://www.massdental.org).

There's nothing funny about damaging or even losing your teeth. So stop clowning around. Take a shot at wearing a mouthguard.

**And then go out and have a ball!**

This message is brought to you by the more than 4,500 members of the Massachusetts Dental Society.

Two Willow Street, Suite 200 • Southborough, MA 01745  
Tel: (800) 342-8747 • Fax: (508) 480-0002 • [www.massdental.org](http://www.massdental.org)

