

word of mouth[®]

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Preschool Dental Care

Big Lessons for
Little Mouths





word of mouth®

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 "For the Public" section of the MDS Web site at 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.

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Big Lessons for Little Mouths

As a parent, you know that schools require your child to have a complete physical examination by a pediatrician or family physician and several immunizations before the first day of school. These routine physical exams help to make sure that students are in good health before the school year starts. However, these exams, which include vision and hearing tests, overlook an important part of a child's health—his or her oral health. That's why it's important that parents schedule a dental exam as part of the back-to-school routine for all students. It's also important to not overlook the little ones: preschoolers. Preschool may be more about the ABCs than the MCAS, but preschoolers are just the right age to adopt a healthy curriculum of oral health care habits.

Dental health problems can begin at a very early age. That's why the Massachusetts Dental Society (MDS) recommends establishing a positive relationship between your preschooler and his or her dentist by starting dental visits early and continuing check-ups regularly.

The statistics speak for themselves. By the time children are 3 or 4 years old, they have 20 primary (baby) teeth. That's 20 potential cavities. It may surprise you to learn that cavities are the most prevalent infectious disease among U.S. children, according to the American Dental Association (ADA), and that more than 51 million hours of school are lost each year due to dental-related problems. These problems can cause a child to have difficulty speaking, eating, sleeping, and concentrating, all of which can affect his or her ability to learn. Scarier still, recent studies indicate that tooth decay in primary teeth has increased among 2- to 5-year-olds.

And the little ones can't always speak for themselves. That's why it's especially important to make these dental visits a part of the health care routine, because a dentist may be able to identify oral health problems that you or your preschooler can't.

According to an article in *General Dentistry*, a journal from the Academy of General Dentistry (AGD), research shows that children who develop cavities in their baby teeth are more likely to develop cavities as adults. Moreover, according to the ADA, preventive care such as cleanings, fluoride treatments, and dental sealants provide children with "smile" insurance. Routine dental exams uncover problems that can be easily treated in the early stages, when damage is minimal. Another positive outcome of these "pre-preschool" dental visits is that your little one realizes at an early age that taking good care of his or her teeth is an important lesson.





Both the ADA and the MDS recommend that children see a dentist within six months of their first tooth eruption or by their first birthday.

You'll want to make sure, however, that you make this dental visit as "painless" as possible for your preschooler. Both the ADA and the MDS recommend that children see a dentist within six months of their first tooth eruption or by their first birthday. (If your child does not have a dentist, visit the MDS Web site at www.massdental.org and use the Find an MDS Dentist service.) Just as with doctors' offices, the dental office can be a scary place to a young child when he or she is unfamiliar with what to expect. So you will want to look for a dental practice that takes young children's special needs into account. Much like a pediatrician is a doctor for children, a pedodontist (or pediatric dentist) is a dentist for children. However, many general dentists treat children as well as adults.

Making the Dental Visit Fun

A fun environment can help preschoolers become excited about going to the dentist, and nowadays many dentists incorporate kid-friendly design into their office environment. Some offices even go so far as to offer entertainment, such as books, video games, and DVDs, all of which help to make the visit a little more like playtime.

The best way to put your preschooler at ease is to prepare him or her as to what to expect. Not everyone likes surprises, so you should explain what the dentist does. Let your child know that the dentist will examine his or her mouth, teeth, and gums, and may even take pictures (X-rays) of your child's mouth. X-rays are taken to see how the teeth are developing and if there is any hidden decay not visible to the eye. The dentist may recommend preventive treatment for your preschooler's teeth, including fluoride treatments or dental sealants, which is a plastic material applied to the chewing surfaces of the back teeth. Dental sealants act as a barrier for protecting teeth from plaque, and they usually last several years before a reapplication is necessary.

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My Visit to
The Dentist
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Adopting Healthy Habits

In addition to making sure your preschooler visits the dentist, you'll also want to teach him or her proper oral health habits. This includes making sure that your child brushes his or her teeth twice a day with a fluoride toothpaste and flosses once a day to remove plaque from the areas brushing can't reach. The ADA recommends that an adult brush a child's teeth until the child is at least 6 years old. By age 6 or 7, children should be able to brush their own teeth, but you still may want to supervise the process to ensure that your child is brushing correctly and for the right amount of time—two minutes is the recommended minimum length of time to get the maximum benefits from brushing. Flossing is even trickier, since it can be difficult for little hands to maneuver dental floss between teeth, so you will want to floss your preschooler's teeth for him or her every day. Make brushing and flossing part of the bedtime—and lifetime—routine.

You will also want to watch what you are giving your preschooler to snack on. A well-balanced diet with plenty of fruits and vegetables and dairy products, like milk and yogurt, will help build strong teeth. You should try to avoid processed snack foods, such as fruit snacks, juice boxes, candy, and soda. They may be easy to pack in a lunchbox, but they can be loaded with sugar, which we all know causes cavities. So swap the gummy fruit snacks for a piece of real fruit, and trade out the juice box or sports drink for milk or fluoridated water.

These are all good habits for preschoolers—and people of all ages—to adopt, and when combined with regular dental visits starting at an early age, proper oral hygiene and a balanced diet can help ensure the health of your preschooler's teeth.

For more information on your child's oral health, contact the Massachusetts Dental Society at (800) 342-8747 or visit www.massdental.org.



Fighting TOOTH and NAIL to Preserve Your Oral Health



If you've ever found yourself absentmindedly nibbling on your fingernails while talking on the phone, watching a suspenseful movie, or staring at the blank page on your computer screen, you could be doing damage to more than just your manicure. Nail biting is more than just a nervous habit; it's a habit that could potentially damage your teeth and gums.

Nail biting places a great amount of pressure on the front teeth, which could eventually lead to worn-down or chipped teeth and cracked enamel. If the damage is severe enough, you could require dental restorations, such as crowns or bonding.

According to the Academy of General Dentistry (AGD), nail biting causes a lot of damage to the front teeth because these teeth are not meant to be in constant chewing mode. By nature, the front teeth are thinner than the molars, which are better made to withstand the impact from chewing. Other potential damage resulting from nail biting includes injury to the gums and


mouth tissue from sharp nail edges, as well as the spread of bacteria from dirty fingernails.

Onychophagia (the scientific term for nail biting) doesn't just mean biting the nail tips. It also includes biting the cuticle and the soft tissue surrounding the nail.

This bad habit is common in all age groups, but is seen more often in children and teenagers. According to a 2003 article in *Rudolph's Pediatrics*, 50 percent of children between the ages of 10 and 18 bite their nails at one time or another, while 23 percent of young adults ages 18 to 22 are nail biters. Most people stop biting their nails by the age of 30, says the author. Interestingly enough, though, boys are more likely than girls to bite their nails after the age of 10, which may help to explain the 10 percent of men over the age of 30 who continue to bite their nails.

Damage to the tooth surface and cuts on the gums aren't the only dangers posed by nail biting. Those nail biters who wear braces also run the risk of causing damage to their

teeth roots. Teeth with braces already endure increased pressure from the braces, according to the AGD, and the added pressure from nail biting can increase the risk of root resorption, also known as "shortening." This condition can lead to tooth loss, which can result in the need for implants, crowns, or bridges.

Root resorption takes a long time to develop, says the AGD, so just because you bite your nails, it doesn't mean you're going to lose or damage your teeth. But it's better to be aware of the fact that your teeth are not as tough as nails and that you should nip this bad habit in the bud, so to speak. 

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Lip Cancer

NOT SOMETHING TO “GLOSS” OVER

Skin cancer is the most common form of cancer in the United States, with more than 1 million cases of skin cancer—including lip cancer—diagnosed every year, says the National Cancer Institute. According to the Skin Cancer Foundation, more than 90 percent of all skin cancers are caused by sun exposure. Taking that one step further, more than 30 percent of patients with lip cancer have outdoor jobs associated with prolonged exposure to sunlight, according to the American Cancer Society. So why are you reading about skin cancer in *WORD OF MOUTH*? Because while you may regularly use sunscreen for your face, arms, and legs, you could be one of the 63 percent of sunscreen users who neglect to protect their lips. But if you're one of the millions of women who routinely swipe shiny lip gloss or lip balm across your pucker, you think that means your lips are safe, right? Maybe not, according to recent research indicating that the shiny stuff you paint on your lips may be causing more harm than good.

In a nutshell, lips are skin—very thin, fragile skin that dries out quite easily. To combat this drying, people often apply lip balm; for years, women have been using cosmetic lip gloss or lip balms as a way to moisturize their lips, while adding some shine to their smiles and brightening up their faces. But this spring, Dr. Christine Brown, a dermatologist from Baylor University Medical Center at Dallas, issued a warning that these shiny lip glosses and balms may actually attract ultraviolet (UV) rays and increase the risk of skin cancer. Dr. Brown theorizes that the slick, shiny nature of lip gloss could be making the sun's UV rays penetrate directly through the skin, instead of getting reflected off of the skin's surface.

“What people don't realize is that they're actually increasing light penetration through the lip surface by applying something clear and shiny to them,” says Dr. Brown in an article on www.washingtonpost.com. Much like the baby oil tanning craze of the 1970s and 1980s, applying something bright and shiny can attract the sun's rays. And, as we've come to learn, that's not a good thing for your skin.

But this isn't to say that you should toss the gloss. You can still wear shiny lip gloss; just make sure you put some other form of protection on underneath before you apply the glossy stuff. Any lip product with a sun protection factor (SPF) of at least 15—SPF 30 is even better—is a good shield for your lips against the sun's damaging rays. And don't be afraid to reapply the sunscreen frequently, since activities such as talking, drinking, and licking your lips can cause it to wear off. Additionally, some cosmetic lip gloss products contain SPF 15 or SPF 30; just be sure to check the labels. As long as you make protection a key factor in your beauty regimen, you can have your lip gloss and wear it too. ◉



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sun protection factor

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Fluoride: Not Just Kid Stuff



You don't have to be a kid to have a cavity. Tooth decay does not discriminate by age. By the same token, the Massachusetts Dental Society (MDS) wants you to know that fluoride is not just kid stuff. Adults benefit from fluoride use just as much as children do.

In fact, a study published last year in the *Journal of Public Health Dentistry* reported that older adults might actually benefit more than children from community water fluoridation. The study, which looked at dental care costs among nearly 52,000 members of one insurance plan in the states of Oregon and Washington, found that those living in areas with fluoridated drinking water spent less on dental fillings than those without fluoridated water supplies. When the researchers took it a step further and looked at health plan members by age, they discovered that the benefits of fluoridation were seen in children and to an even greater extent in adults older than age 58.

But this isn't to say that those between the ages of 18 and 57 don't need fluoride too. Fluoride use is important at every age. Fluoride helps prevent dental caries (tooth decay) and can even help repair teeth in the very early microscopic stages of the disease, according to the American Dental Association (ADA). And while the rate of tooth decay for adults and children has declined dramatically over the past 30 years, the average adult still develops, on average, one new cavity a year. Even after a long period of having little or no difficulties with tooth decay, adults can go through stages where their teeth are more susceptible to problems, and fluoride can help.

Animal? Vegetable? Mineral!

What exactly is fluoride? Fluoride is a compound of the element fluorine, which is found naturally in water, soil, and air, as well as in many foods. Existing in living tissue, fluoride is absorbed easily into tooth enamel, helping to strengthen it. It is also very effective in preventing cavities from forming.

Fluoride comes in two forms: topical and systemic. Topical fluoride strengthens teeth already in the mouth by making them more resistant to decay. Examples of this type of fluoride include tooth-


paste, mouthrinses, and professionally applied treatments. It's been well documented that one of the most effective ways to fight tooth decay is to brush at least twice a day with a toothpaste containing fluoride. The other type of fluoride, systemic, is swallowed and distributed through the bloodstream to the teeth. Available methods of systemic fluoride include fluoride tablets, vitamins, and fluoridated water.

According to the Centers for Disease Control and Prevention, fluoridating community water is one of the greatest public health achievements in the last century; the U.S. Food and Drug Administration, the U.S. Public Health Service, and the U.S. Surgeon General, among others, have also publicly supported community water fluoridation for dental decay prevention.

Bottled Up

In our on-the-go society, however, many adults today get their drinking water primarily from a bottle. If you're one of the Americans who consumed more than 8.25 billion gallons of bottled water in 2006, according to the International Bottled Water Association, then you may be missing out on the benefits of fluoride because the majority of bottled waters do not contain it. Studies indicate that people who drink optimally fluoridated water from birth will experience approximately 35 percent less tooth decay over their lifetime.

How can you tell if you're getting the correct amount of fluoride from bottled water? Read the label. Although some bottled water products are optimally fluoridated, fluoride levels vary from manufacturer to manufacturer, and most fall below 0.7 mg/L, according to the ADA. The U.S. Public Health Service has established 0.7 to 1.2 mg/L, or ppm (parts per million), as the optimal range for community water fluoridation. (One ppm is equal to one mg/L.)

However you get it—toothpaste, fluoride treatments, tap water, bottled water, or any combination—the important thing is that you get it. Using fluoride is one of the best things you can do for your oral health, at any age. 

For more information on fluoride or your oral health, contact the Massachusetts Dental Society at (800) 342-8747, or visit www.massdental.org.

Your Mouth

It's What's Inside That Counts

When you think about your mouth, the first thing that probably comes to mind is your teeth. And sure, teeth are important. They help you chew food, thereby getting much-needed nutrition into your body. They even help you make social connections, since a smile can be a great conversation starter. But there's more to your mouth than just teeth. Besides serving as a pretty effective communication device and one of the methods by which we breathe, the essential functions of the mouth are biting, chewing, and swallowing. Here's a quick primer on the components of your mouth and what each one does to help keep you healthy.

Teeth

Okay, let's start with the biggest resident of your mouth. A healthy mouth contains 32 teeth, each of which consists of two main parts, the crown and the root. The crown is the part you see, and the part you use to bite and chew. The root is the part you don't see, because it's hidden below your gums. Teeth are made up of three layers that help protect the teeth against damage and cavities. The top layer is called enamel, and it covers part of or the entire crown. (Fun fact: Enamel is the hardest tissue in the body.) The middle layer is the dentin, which is similar in composition to bone. The biggest part of the tooth, the dentin extends almost the entire length of the tooth, being covered by enamel on the crown portion and by cementum, which is a thin layer of bonelike material that covers the root. The inner layer of the tooth is called pulp, and it consists of cells, blood vessels, and a nerve. The pulp resides in a canal (where do you think the procedure "root canal" got its name?) that extends almost the whole length of the tooth, and one of its jobs is to communicate with the body's nutritional and nervous systems. Below the tooth lies the root, which supports and fastens the tooth in the jawbone.

Gums

Also known as gingivae, gums have the vital task of surrounding the teeth and attaching them to the alveolar bone (the part of the jaw that surrounds the roots). Composed of dense fibrous tissue covered by oral mucosa, gums help hold your teeth in place, which is why it's important that you take care of them in the same way you do your teeth. Healthy gums should be pink and firm. Swollen, red, or bleed-

ing gums could be a sign of gingivitis, an infection that, if left untreated, can lead to severe gum disease and potentially tooth loss.

Tongue

The tongue does a lot more than give some people the means to ruin many a family picture. That fleshy, movable, muscular organ attached to the floor of the mouth is the principal organ of taste, plays a big role in chewing and swallowing, and is a key factor in your ability to speak. The tongue is covered by a mucous membrane, and the upper surface is covered with papillae, tiny pores that are the site of taste buds, the receptor cells responsible for our sense of taste. There are four kinds of taste buds that are grouped together on certain areas of the tongue's surface, and each group is sensitive to sweet, salty, sour, or bitter flavors. A healthy tongue is pinkish-red in color; discoloration is usually an indication of a health problem.


Palate

The palate is made up of hard and soft tissues forming the roof of the mouth that separates the oral and nasal cavities. The palate consists of two portions: the hard palate in front and the soft palate behind. The hard palate, which is made of periosteum, a bony plate covered by mucous membrane, arches over to meet the gums in front and on either side. The soft palate is a movable fold of mucous membrane, and its sides blend with the pharynx (throat). Together, the soft and hard palates form a wall or division between the mouth and the pharynx. During swallowing, this wall is raised to close the entrance to the nasal passages. A small cone-shaped structure, the uvula, hangs from the lower border of the soft palate.

Glands

The mouth also contains three pairs of salivary glands—submaxillary, sublingual, and parotid—that secrete saliva, another important tool in



your arsenal of oral health helpers. Saliva moistens food, which aids in chewing, swallowing, and digestion, and also moistens the tissues of the mouth. Saliva protects your mouth from decay and disease in a few different ways: it washes food particles from your teeth and gums; it helps stop acids that eat away at teeth; it reduces or destroys disease-causing organisms; it replenishes minerals in your tooth enamel; and it helps heal wounds. The submaxillary glands are located around the mouth under the lower jaw, the sublingual glands are located beneath the tongue, and the parotid glands are found in front of each ear. The parotid gland secretes saliva that contains enzymes called amylases, one of which (ptyalin) aids in the digestion of carbohydrates. The buccal glands in the cheeks near the front of the mouth also secrete saliva. So the next time you feel embarrassed about inadvertently spitting while trying to pronounce a challenging word or drooling as you sleep, think about the important work that this oral cavity fluid is doing to help you have a healthy mouth. 

Editor's Note

This issue of *WORD OF MOUTH* features the debut of a new series of articles that aim to provide a "back to the basics," encyclopedic look at your oral health. When you see the "Sound Bites" icon, that means the article you're reading includes information—sound bites, if you will—about the basic stuff you need to know.



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.

Tooth Erosion: Are Your Teeth Wearing Thin?

We all know that too much sugar is not good for our teeth, and that too much of the sweet stuff can lead to not-so-sweet results. Sugary snacks, like cookies, candy, and cake, can cause tooth decay. Even sugary beverages, like soda, fruit juice, and sports drinks, contain more sugar than you think (a serving of regular soda can contain as much as 10 teaspoons of sugar). But even if you switch to sugar-free soft drinks, you are putting your teeth at risk. You may not be aware that another ingredient commonly found in soft drinks and some food—acid—can cause serious damage, as well. So one of the best ways to keep your natural teeth healthy is to be aware of just what you're putting into your mouth.

Acid can be found naturally in many of the foods you eat, such as citrus fruits, tomatoes, and pickles, and it is also present in many beverages you drink, such as soda, juice, wine, and coffee. With Americans consuming an average of 46 gallons of soft drinks a year, according to the Academy of General Dentistry (AGD), these beverages are the main culprits for something called tooth erosion. Most soft drinks—even diet—contain phosphoric acid and citric acid. These acids wear down the enamel on your teeth, causing them to become discolored, sensitive, and cracked. While dental treatments, such as teeth whitening and veneers, can cosmetically address the problem, this condition is permanent. Once tooth enamel is gone, it is gone forever.

Saliva plays a protective role by diluting and neutralizing potentially erosive agents, especially phosphoric and citric acids, according to the American Dental Association (ADA). In this way, saliva may serve as a natural defense to reduce exposure to the acids that can demineralize enamel and root surfaces. Normally, your teeth will remineralize after exposure to acid, but continual exposure to acid does not give the tooth's enamel time to reharden. Over time, thinning of the tooth enamel can lead to tooth sensitivity and, more seriously, tooth loss.

If you drink a lot of soda, coffee, or other beverages with high acid content, you are at risk for tooth erosion. According to the AGD, early signs of this irreversible damage include: sensitivity to hot and/or cold food and beverages; slight yellowing of the teeth; and a rounded "sandblasted" appearance. More severe tooth erosion is indicated by: transparency of


tooth edges; darker yellow coloring of the teeth; extreme sensitivity to hot and cold; and small dents on the surface of the teeth.

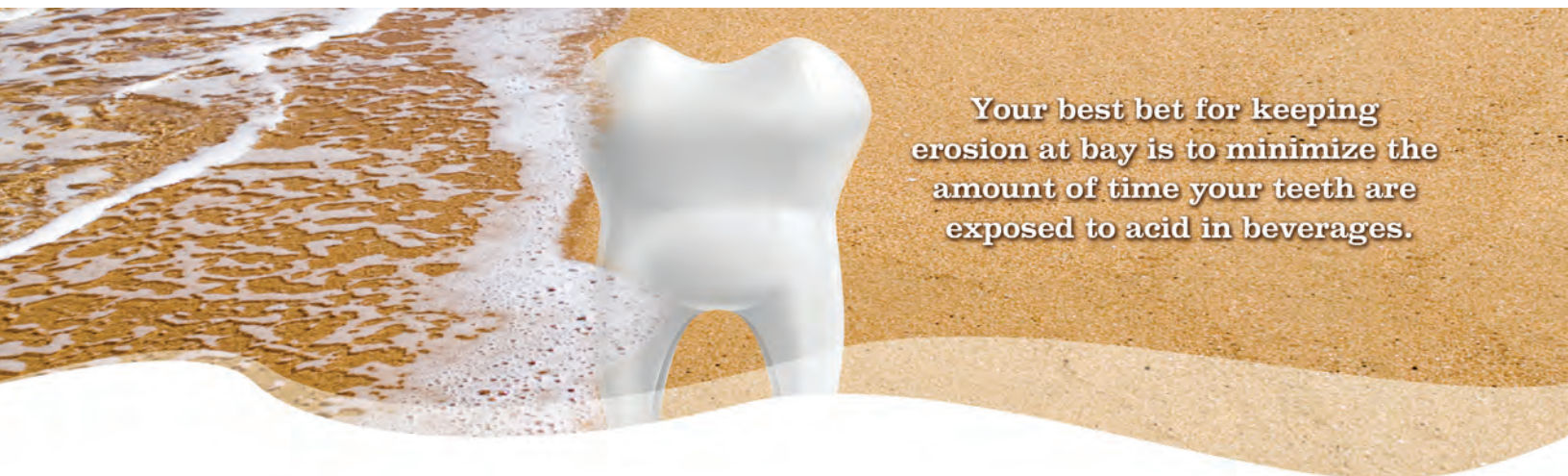
Biological factors, such as low salivary flow, bulimia, acid reflux disease, and other gastrointestinal conditions, can also affect tooth erosion, according to the ADA. So if you suffer from any of these conditions, you'll want to pay extra attention to the condition of your teeth and let your dentist know so he or she can advise you as to extra precautions to take.

Give Your Teeth a "Time-Out"—From Acidic Beverages

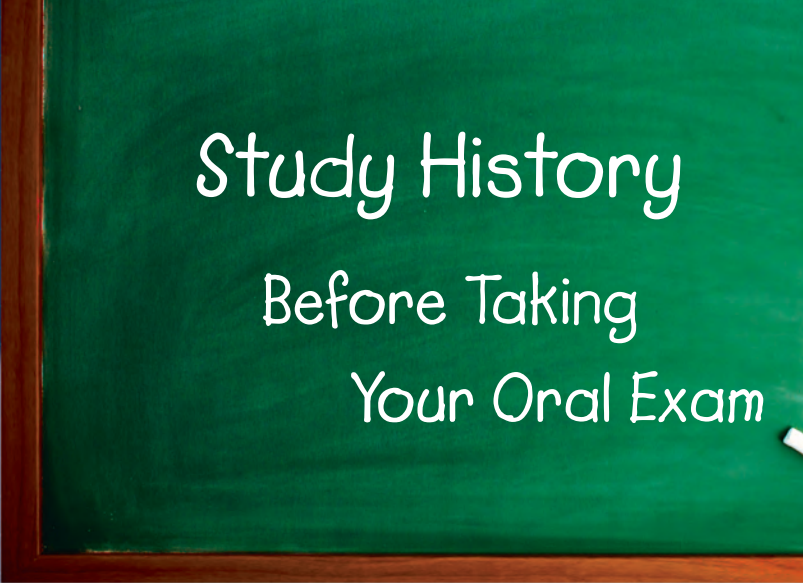
While tooth erosion is a permanent condition, there are toothpastes available that are designed to reharden tooth enamel to make it more resistant to acid attack. But your best bet for keeping erosion at bay, according to the AGD, is to minimize the amount of time your teeth are exposed to acid in beverages. You should limit the amount of acidic beverages that you consume, including soft drinks, coffee, and wine. If you do continue to consume these beverages, try to drink them quickly. Don't let the liquid linger in your mouth for too long, as that increases the amount of time acid has to attack your enamel. Using a straw when you drink soft drinks and juices will reduce the amount of contact that the acid in these drinks have with your teeth, because it directs the beverage to the back of your mouth.

You want to do everything you can to limit your chances of tooth erosion, so make sure you rinse your mouth out with water as soon as possible after consuming acidic beverages and food. You can also pop in a piece of sugar-free gum to help increase the flow of saliva and keep the acids from doing damage, or eat a piece of cheese to neutralize the acid. But interestingly enough, brushing your teeth right after consuming acidic beverages or food isn't as effective as you might think, according to the AGD. When your teeth are exposed to acid, it softens the enamel on the teeth, and the action of brushing softened enamel can further damage it. If you have any concerns that your teeth could be in jeopardy of erosion, make an appointment with your dentist immediately.

For more information on tooth erosion and your oral health, contact the Massachusetts Dental Society at (800) 342-8747 or visit www.massdental.org. 



Your best bet for keeping erosion at bay is to minimize the amount of time your teeth are exposed to acid in beverages.



Study History Before Taking Your Oral Exam

The Massachusetts Dental Society (MDS) strongly believes that your oral health plays a very important role in your overall health. Research shows that poor oral health is an indicator of heart disease, stroke, diabetes, premature births, and osteoporosis. Being aware of this mouth–body connection is important in understanding that a healthy mouth means a healthy body, and vice versa. That’s why it’s important that you provide your dentist with a complete medical history and update your dentist should anything change in your health. Because when it comes to your oral health and your overall health, this is one “history” test you can’t risk flunking.

If you have been going to the same dentist since you were a child, or even for a few years, you may have filled out a medical history form at the time of your first appointment. This form includes questions about any past or present illnesses you may have, such as heart disease, high blood pressure, diabetes, osteoporosis, and cancer. Your dentist needs to be aware of any medical conditions you are currently being treated for, since those conditions and any medications you are taking can have an impact on your teeth and gums—and potentially on any dental treatment you will be receiving.

For instance, diabetes has been shown to have a strong link to oral health. Diabetic patients with inadequate blood sugar control appear to develop periodontitis, a severe form of gum disease, more often and more severely—and lose more teeth—than do those patients who have good control of their diabetes. By making your dentist aware that you have diabetes,

she or he can keep a closer eye on the condition of your gums to ensure that they are in the best health they can be and to help prevent permanent tooth loss.

Because medications you are taking can have an impact on your oral health and dental treatment, be sure to provide your dentist with a complete list of all medications—both prescribed and over-the-counter, including herbal remedies—that you are on. For example, if you are on a blood thinner to help prevent strokes, your dentist should be aware of that because he or she may want to alter the dental treatment or even postpone it. Some medications can have side effects, such as dry mouth, which can increase the risk of cavities, so your dentist should be aware of that potential problem. He or she may also be able to suggest mouthrinses to relieve the dry mouth symptoms, so it really is important to disclose everything.

Prescription Precautions


Additionally, certain health conditions, such as diseases of the heart, may dictate the type of anesthesia your dentist can administer. Your dentist also will want to make sure that any medications he or she prescribes don’t interact with medications you are already taking. And it goes without saying that your dentist should be aware of any medications you are allergic to, such as codeine or penicillin. If in the time since your last dental visit you’ve been diagnosed with a condition or prescribed a medication, make sure to update your dentist at your next visit.

It may seem like overkill, but make sure you mention everything about your health, even if



It’s important that you provide your dentist with a complete medical history and update your dentist should anything change in your health.

you think it’s unrelated to your oral health, including: any surgical procedures; allergies (including latex, which is important because some dentists and dental hygienists wear latex gloves); history of smoking (which can be a primary cause of oral cancer, something your dentist can help detect early on); and pregnancy (which has been shown to have a strong link with gingivitis, so your dentist may recommend more frequent cleanings during your pregnancy). Sometimes, too much information is a *good* thing.

Anything, and everything, can impact your oral—and overall—health. So even if you’re not asked, it’s still important to tell. 

For more information on the connection between oral health and overall health, contact the Massachusetts Dental Society at (800) 342-8747 or visit www.massdental.org.

Team Players

Everybody has heard the old saying “There’s no ‘i’ in ‘team’.” This statement can be applied as readily to the people who help take care of your mouth—the dental team—as it can to a Little League team. You know what your dentist does. The dentist is the doctor who diagnoses and treats your teeth and oral cavity. In addition to relieving you of any dental pain you may be experiencing and providing you with the information you need to maintain a healthy mouth, the dentist also keeps an eye out for any other medical conditions that could be affecting you, such as oral cancer.

The dentist is the team leader who oversees your oral health care. But what about those other people you see hustling and bustling around you while you’re sitting in the dental chair? What position do they play on the dental team?

Dental Hygienist

The dental hygienist works under the supervision of the dentist to treat patients in the prevention of oral diseases and the preservation of natural teeth. The dental hygienist performs patient screening procedures, such as assessment of oral health conditions, review of health history, oral cancer screening, head and neck inspection, dental charting, and blood pressure and pulse monitoring. Other principal tasks generally performed by the dental hygienist include oral prophylaxis (teeth cleaning, deep scaling, polishing, and removal of stains, dental plaque, and tartar), and application of preventive treatments, such as fluoride and sealants, to the teeth. Additionally, the dental hygienist exposes dental radiographs (X-rays), and teaches patients appropriate oral hygiene strategies to maintain oral health, such as toothbrushing, flossing, and nutritional counseling. He or she may also make impressions of patients’ teeth for study casts (models of teeth used by dentists to evaluate patient treatment needs). Dental hygienists must pass a written national exam and both a clinical and a written exam to be licensed in the state of Massachusetts.

Dental Assistant

The dental assistant works in the operatory or treatment room, under the supervision of the dentist, and aids the dentist with a variety of treatment procedures. He or she prepares dental impression and restorative materials, evacuates debris from the oral cavity during procedures, and prepares the operatory for dental procedures, including dental instrument trays and anesthesia. The dental assistant serves as an infection control officer, developing infection control protocol, and preparing and sterilizing instruments and equipment. She or he also takes and develops dental X-rays and prepares cases to be sent to dental laboratory technicians. On the interpersonal side, the dental assistant helps patients feel comfortable before, during, and after dental treatment, and provides patients with instructions for oral care following procedures, such as the placement of a restoration.




Dental Laboratory Technician

You may never have met the dental laboratory technician, but if you’ve ever lost a tooth and required a crown, bridge, or dentures, this member of the dental team has been valuable to you. The dental lab technician works directly with dentists by following detailed written instructions and using impressions (molds) of patients’ teeth or oral soft tissues to create dental prostheses. These include full dentures, removable partial dentures or fixed bridges, crowns, veneers, and orthodontic appliances and splints. Dental lab technicians work with a variety of materials, including wax, plastic, precious and nonprecious alloys, stainless steel, and porcelain and composites or polymer glass combinations. Many technicians acquire skill in the use of sophisticated instruments and equipment while performing laboratory procedures. It is the dental lab technician’s charge to help create tooth replacements that are both attractive and functional. Many larger dental practices may have a dental laboratory technician on-site, but most technicians work in an independent laboratory and provide services for multiple dental offices.

Office Personnel

Depending on the size of the practice, the dental office may also be staffed with additional personnel who provide administrative and business support to the dentist, helping the dental practice run smoothly and efficiently. This can include the office manager, who is in charge of all business aspects associated with running the practice, from managing front office personnel to being responsible for supply inventory and vendor relations. Additional staff can include front desk personnel, such as a receptionist, who schedules appointments and interacts with patients, and a billing clerk, who processes payments and insurance claims. Some practices may have a staff accountant to oversee the finances. As with any business, if the dental practice is a smaller operation, it is not uncommon for members of the team to wear more than one hat. So, the dental hygienist may also schedule appointments or maintain supply inventory, or the dental assistant may help out with the billing.

As you can see, keeping a mouth healthy is indeed a team effort. These dental team members all work hard to ensure that you have the best oral health care and a pleasant experience at the dental office. But don’t forget, the most important team member is you, so you’ll want to make sure that you maintain good oral hygiene habits, like brushing and flossing, and that you visit your dentist every six months for checkups and cleanings. 

For more information on the dental team, or if you’d like to learn about pursuing a career in one of these fields, contact the Massachusetts Dental Society at (800) 342-8747 or visit the MDS Web site at www.massdental.org.



TOOLS of the Trade

Sound
Bites

As any handyman will tell you, there are some tools that no toolbox should be without. These include—at the minimum—a hammer, two screwdrivers (one Phillips, one flathead), a pair of pliers, a wrench set, and a tape measure. And when it comes to your oral health, there are a few tools that come in very handy, as well. In order to keep your teeth and gums as healthy as possible, you'll want to make sure your dental toolbox is stocked with the right tools.

Toothbrush

Like the hammer, the toothbrush is the centerpiece of any dental arsenal. For healthy teeth and gums, you should brush with fluoride toothpaste (more on that in a minute) a minimum of twice a day for at least two minutes. Make sure you use a soft-bristled brush because hard-bristled brushes can be too harsh on your enamel and gums. You can use a manual toothbrush, which is economical and comes in all sorts of fun colors, or an electric or power toothbrush, which can be a little pricier—depending on how fancy you want to go, there are affordably priced electric- and battery-powered toothbrushes available—but that have some neat features, like timers that let you know when you've brushed for two minutes or popular song clips that play while you brush. Whichever type you prefer, the important thing is that you brush. You'll want to replace your toothbrush every three months, or sooner if the bristles are frayed. (A good way of remembering when to change your toothbrush is to begin to use a new one with the start of each season.) A wornout toothbrush won't do a good job of cleaning your teeth. And don't forget to brush your tongue. The tongue can be a hotbed for bacteria, which can lead to halitosis (bad breath). And nobody wants that.

Toothpaste

Essential to your daily oral hygiene routine, toothpastes are pastes, gels, or powders that help remove plaque, a film of bacteria that forms on teeth and gums. Toothpaste improves the mechanical brushing and cleaning power of a toothbrush. However, you shouldn't use just any toothpaste. You want to make sure you're brushing with a fluoride toothpaste that has the American Dental Association (ADA) Seal of Approval. Fluoride is an important mineral. Research has shown that fluoride reduces cavities in both children and adults, and it helps repair the early stages of tooth decay even before the decay becomes visible. Fluoride has been proven to strengthen tooth enamel and remineralize tooth decay. All ADA-Accepted toothpastes contain fluoride. While some toothpastes may be flavored, it should be noted that no ADA-Accepted toothpaste contains sugar or any other ingredient that would promote tooth decay. Stannous fluoride and triclosan, ingredients that can be found in some toothpastes, have also been shown to help reduce gingivitis, a mild inflammation of the gum tissue, according to the ADA. Some toothpastes also contain ingredients, such as potassium nitrate or strontium chloride, to help reduce tooth sensitivity.

Dental Floss

Think of floss as your friend—a friend you can wrap around your finger. The sooner you realize this, the better. And if the toothbrush is the hammer of the dental toolbox, the stringy stuff may be considered the screwdriver. You should clean between your teeth daily with dental floss (dental tape) or an interdental cleaner (see above, right). Decay-causing bacteria still linger between teeth where toothbrush bristles can't reach. Floss helps remove plaque and food particles from between the teeth and under the gum line. Floss is available in two forms: waxed or unwaxed. There is no difference

in the effectiveness of either type. The wax issue is more one of personal choice, so you should buy the type of floss that you will be more likely to use. Some floss may be treated with flavoring agents, such as mint, to make flossing more pleasant. Timing is everything, though, according to the ADA. If you floss before you brush, the fluoride from the toothpaste actually has a better chance of reaching between teeth. Also, you'll want to be sure not to reuse dental floss; used floss might fray, lose its effectiveness, or deposit bacteria in the mouth.

Interdental Cleaners

Performing the same function as dental floss, interdental cleaners are special wooden or plastic picks, sticks, or brushes that are used to clean between teeth. They are not as pliable as dental floss, but as with toothbrushes, personal preference is the key here. If you find it easier to use an interdental cleaner pick, go for it. The important thing is that you clean between your teeth every day to get rid of any plaque that your toothbrush can't reach.

Mouthrinses

Antimicrobial mouthrinses reduce the bacterial count and inhibit bacterial activity in dental plaque, which can cause gingivitis, an early, reversible form of periodontal (gum) disease. Fluoride mouthrinses help reduce and prevent tooth decay. According to the ADA, clinical studies have demonstrated that use of a fluoride mouthrinse and fluoride toothpaste can provide extra protection against tooth decay over that provided by fluoride toothpaste alone. Fluoride mouthrinses are not recommended for children age 6 or younger because they may swallow the rinse. You should always check the manufacturer's label for precautions and age recommendations, and talk with your dentist about the use of this plaque fighter in your dental toolbox.

While you'll want to make sure you have all of the above oral hygiene tools in your toolbox (okay, your bathroom cabinet), there's one other very important item you'll want to make sure you add: your telephone. Make sure you call your dentist to schedule a checkup and cleaning every six months. Combined, these tools will all help you reach optimum oral health. ◉



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.



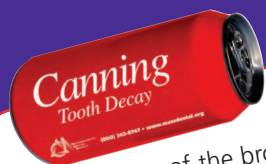
**He may not know it,
but right now,
he's also drinking
10 teaspoons of sugar.**

**If he continues to drink soda regularly,
what are the chances that he'll eventually
experience tooth decay?**

**The Massachusetts Dental Society says,
“You *Can* Count on It.”**

More and more children and teenagers today have come to consider drinking soda and other sugar-filled beverages to be a regular part of their daily routine, including at mealtime. Even with regular brushing and flossing, both diet and regular sodas can harm a child's tooth enamel and cause decay leading to cavities.

**By providing children with better nutritional options,
we will not only be *Canning Tooth Decay*, but also
encouraging them to make healthier choices
that are just as easy to swallow.**



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