

WORD of MOUTH®

A Semiannual Publication of the Massachusetts Dental Society

Summer Fall 2011



Girls just wanna have ^{healthy} gums.

Dentistry Fun Facts
Pages 2-3

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** articles 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 website 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, c/o Massachusetts Dental Society, Two Willow Street, Suite 200, Southborough, MA 01745-1027, or email mcarman@massdental.org.

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Also in This Issue:

Cleaning Dentures	4
Gummy Vitamins: A Sticky Subject	5
Women and Gum Disease	6-7
Bay State Residents Talk Teeth	8
Nothing Silly About Flossing	9
Keep Teeth Straight After Braces	10
Tooth “Picks”	11

DENTISTRY FUN FACTS



37,000

Number of Americans who will be diagnosed with oral or pharyngeal cancer this year, according to the Oral Cancer Foundation



\$252

National average that the Tooth Fairy leaves for a lost tooth—an 18 percent increase over the previous year, according to the 2011 Tooth Fairy Poll conducted by Delta Dental of Minnesota



Percentage of Americans who would rather go grocery shopping than floss their teeth



30%

Percentage of the population who may be genetically susceptible to gum disease, according to the American Academy of Periodontology

28

Number of temporary teeth that puppies have that erupt at about three to four weeks of age

1869

year the first patent for chewing gum was issued to William Semple, a dentist from Ohio



Oral Health by the Numbers



72%

Percentage of the U.S. population that is currently served by fluoridated water in their community



5,000

Approximate number of Massachusetts Dental Society member dentists in Massachusetts

500 MILLION

Number of visits to the dentist Americans will make this year



18"



Approximate length of dental floss you should use when flossing your teeth



1/4

Fraction of U.S. adults aged 65 and older who have lost all of their teeth, according to the U.S. Centers for Disease Control



32

Number of teeth, including wisdom teeth, that the average adult has

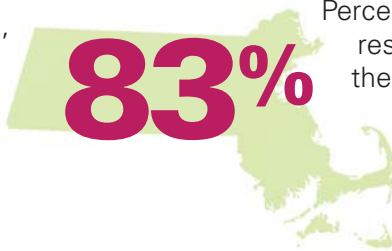


1840

Year the world's first dental school, the Baltimore College of Dental Surgery (now the University of Maryland Dental School), was chartered

83%

Percentage of Massachusetts residents who have visited the dentist in the past year, according to a recent Massachusetts Dental Society survey



75TH

Anniversary that the Pierre Fauchard Academy, the prestigious international dental honor organization, will celebrate in 2011



86%

Percentage of mothers who think that wearing braces is cooler now than when they were children, according to an American Association of Orthodontists survey



The Truth

About Cleaning “False Teeth”

If you have lost your teeth due to the natural aging process, periodontal disease, decay, or injury, you know that dentures can be a life saver. Dentures may be “false teeth” but the truth is they give people back their smiles and oral function. And just as you need to take good care of natural teeth to ensure a healthy smile, you need to adopt good oral care for your dentures to ensure that they stay in tip-top shape.

Just like natural teeth, dentures should be brushed daily to remove food particles, as well as the bacteria and plaque that can develop, according to the American Dental Association (ADA). Brushing also helps prevent dentures from becoming stained. The best tool for this is a dual-head brush designed specifically for cleaning dentures; however, a regular toothbrush with soft bristles is just as effective. Steer clear of hard-bristled brushes as they can damage dentures.

To clean dentures, you first want to rinse away loose food particles thoroughly with water. Then, moisten the brush and apply denture cleanser, which comes in cream, gel, or paste formulas. Brush every denture surface, being careful to not scrub so hard that you damage the dentures, and rinse the dentures again. Denture cleansers should not be applied while dentures are in your mouth.

Another convenient and common cleaning option is using denture cleanser tablets that, when added to warm water, create an effervescent solution. Soaking dentures in the solution helps kill bacteria that can cause odor. Depending on the manufacturer’s instructions, you will soak the dentures anywhere from a few minutes to overnight. In addition to helping keep them clean, placing dentures in water or a denture cleanser solution also helps the dentures retain their shape, remain pliable, and keep them from drying out, says the ADA. Never use hot water, though, as that could cause them to warp.

Some denture wearers use hand soap or mild dishwashing liquid, which are both acceptable for cleaning dentures. However, be sure to avoid powdered household cleaners, which may be too abrasive, and never use bleach, as this may discolor the gum-colored portion of the denture. If you do use a household product, be sure to rinse the dentures thoroughly before reinserting them in your mouth.

Because dentures are delicate and could break or get damaged if dropped even a few inches, be extra gentle when handling them. You may want to stand over a folded hand towel or basin of water when removing and cleaning your dentures, so that if you do drop them, they will land on a soft surface.

Even though you wear dentures, you still need to exercise good oral health for the rest of your mouth. Every day, before you put in your dentures, be sure to brush your gums, tongue, and palate with a soft-bristled brush to remove any plaque that may have formed. Brushing also stimulates the circulation in your mouth. You’ll also want to continue with routine dental checkups, where your dentist will examine for both your dentures and your mouth.



STICKY Subject

As a parent, you want to make sure that your child is receiving adequate nutrition and vitamins from the meals, snacks, and drinks he or she consumes. While this may include giving your child a multivitamin, the Massachusetts Dental Society (MDS) wants you to know that vitamins of the chewy, gummy variety may actually be confusing to your kids—and not so good for their oral health.

Gummy-style vitamins are often fruit flavored and brightly colored, and come in appealing shapes such as bears, fish, and fruit slices, and they usually contain sugar and have a chewy texture, just like the gummy candy you buy at the store or the movies. Both gummy vitamins and candy get easily stuck between teeth and orthodontic brackets and are not as easily brushed away, and, as a result, they have more potential to cause cavities. Additionally, these vitamins may be confusing to some children, who may not be able to distinguish between a multivitamin and a piece of candy—not to mention that parents might be sending mixed signals to children if they say that gummy vitamins are OK, but gummy candy is not. Younger children, especially, will have more challenges distinguishing between the two.

It's important for kids to receive nutrition from as many real food sources as possible, including fruits, vegetables, and protein. Try to ensure that your child consumes well-rounded meals to obtain the required daily vitamins, not just for his or her oral health but for overall health, as well.

And in general, you may want to consider alternatives to anything gummy or sticky, whether it's candy, sugary gum, or gummy vitamins, and to consult with your child's dentist or pediatrician. If you do offer your child a multivitamin, make sure it's one with no added sugar. In this way, your child will be getting the nutrition he or she needs while maintaining a healthy smile.



Gummy-style vitamins can cause candy confusion—and cavities.





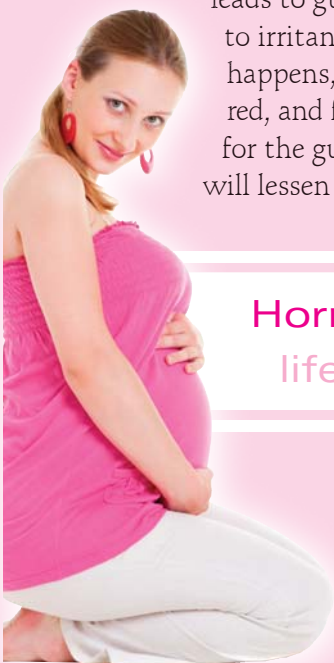
Hormones and

It's been argued in popular culture that "men are from Mars, women are from Venus" when it comes to relationships. In his 1992 self-help book with the same title, Dr. John Gray theorized that the genders are as different as beings from another planet. He applied this theory to relationships with regard to communication styles and emotional needs, and speculated those differences are the basis for most relationship problems. When it comes to oral health, another difference may be attributed along gender lines: Hormones may make women more susceptible to periodontal disease.

Women who are or have been pregnant may be aware of the oral health changes that take place when they are expecting. During pregnancy, the body's hormone levels rise considerably, and pregnant women can see an increased chance of developing gingivitis, a milder and reversible form of periodontal disease. (Left untreated, gingivitis may lead to a more serious, destructive form of periodontal disease called periodontitis.) Gingivitis, which is especially common during the second to eight months of pregnancy, may cause red, puffy, or tender gums that bleed when brushed. This sensitivity is an exaggerated response to plaque and is caused by an increased level of progesterone in the body. More frequent dental cleanings during the second trimester or early third trimester can help expectant mothers avoid gingivitis.

Periodontal Disease: It's a **Girl** Thing

However, these hormonal changes can affect the oral health of women at other stages of their lives. According to the American Academy of Periodontology (AAP), fluctuating hormone levels can affect gum tissues, increasing a woman's chances of developing gingivitis. This can start as early as the onset of puberty, when there is an increased level of the two female sex hormones, progesterone and estrogen. The hormones can increase blood circulation to the gums, which leads to gum sensitivity and inflammation due to irritants such as food particles. When this happens, the gums may become swollen, turn red, and feel tender, says the AAP. The tendency for the gums to swell in response to irritants will lessen as puberty progresses.



University of Maryland Medical Center, some studies report that this is caused by desogestrel, a synthetic progesterone that is contained in some oral contraceptives. However, treating this type of periodontal disease is a delicate balance, according to the AAP, because antibiotics taken to treat periodontal disease may lessen the effect of oral contraceptives.

Mid-Life Oral Health Crisis

As women age, hormones continue to wreak havoc with oral health. Women who are menopausal or post-menopausal can also experience changes in their mouths, including discomfort, dry mouth, pain and burning sensation in the gums, and altered taste. Addi-

Hormonal changes can affect a woman's oral health at many life stages, including puberty, pregnancy, and menopause.

The hormonal changes that begin at the onset of puberty can continue to affect a woman's oral health in the time surrounding menstruation, according to the AAP. A few days before the onset of their period, some women may experience bleeding gums that are red and swollen, and develop sores on the inside of the cheeks. This condition is called menstruation gingivitis, and the symptoms clear up once the period begins.

Women who take oral contraceptives are also at risk for developing oral health issues similar to those experienced during pregnancy, including red, swollen, and bleeding gums. According to the

tionally, menopausal women may develop menopausal gingivostomatitis, a rare condition exemplified by gums that are dry or shiny, bleed easily, and range from abnormally pale to deep red. Estrogen supplements may help alleviate these symptoms.

While women may not be able to control how hormonal changes affect their bodies and oral health, they can help keep the impact to a minimum by maintaining good oral hygiene habits. This includes regular (twice a year) dental cleanings and checkups, as well as brushing teeth at least twice a day and flossing properly daily.

Women will also want to pay attention to their gums, and contact their dentist if they notice persistent changes or symptoms (such as swollen, bleeding gums) that don't subside.



Massachusetts has a lot of smart mouths.

That's the conclusion of a recent survey conducted for the Massachusetts Dental Society that showed a vast majority of residents of the Commonwealth place a great deal of importance on the health of their teeth and gums—and also have a high level of understanding about oral health issues.

An overwhelming 98 percent of those surveyed said they believe that oral health is an important part of overall health, with 84 percent ranking oral health as being “very important” to them. In addition, 83 percent indicated they have visited a dentist in the past year.

The study, conducted between February 1 and February 3, 2011, by DAPA Research, Inc., surveyed 500 Massachusetts residents on a wide range of oral health issues.

“It's clear that most people understand there is a direct link between oral health and overall health,” says DAPA's David Paleologos. “In many areas of public health, it's a real struggle to educate people. But Bay State residents seem to be well ahead of the curve when it comes to understanding the importance of caring for their mouths and issues related to maintaining good oral health.”

The survey also revealed that many Massachusetts residents are willing to put their own money where their mouths are. Although just over half (54 percent) said they have private insurance, more than one-third (36 percent) indicated that they pay for dental care out of their own pocket. Additionally, two-thirds of those surveyed said they believe that all dental services should be covered for patients under the MassHealth Program, and not just cleanings and extractions as are covered now.



Among other highlights of the survey:

- **Ninety-three percent** ranked a visit to the dentist as being either “as important” or “more important” than a visit to the eye doctor. Additionally, 67 percent said they would support efforts requiring children to have a dental exam before entering school for the first time.
- **Eight-nine percent** said they believe that mouthguards can prevent serious injury to the teeth and mouth, with 77 percent indicating that they would support students being required to wear mouthguards while playing any contact sport in school, including basketball and soccer.
- **Eighty-seven percent** said that chewing tobacco is not safer than smoking cigarettes
- **Fifty-seven percent** said that their dentist routinely conducts an oral cancer exam, with 48 percent indicating that they could identify one sign of oral cancer.
- **Sixty-five percent** of those surveyed said they believe that community water fluoridation is an effective way of preventing cavities.

“From a near-universal understanding of the dangers of tobacco products to a broad understanding of the benefits of mouthguards and community water fluoridation, it's obvious that people care strongly about their teeth,” says Mr. Paleologos. “This is important, as an informed public will certainly influence future health care policy issues involving oral health.”

FLOSS

Nothing Silly About This String

When it comes to teaching the importance of good oral health, it's never too early to start. The Massachusetts Dental Society stresses the oral health benefits of having young children brush their teeth twice a day with fluoride toothpaste and visit the dentist twice a year for checkups and cleanings. When adopted, these habits can help ensure a lifetime of healthy smiles. But brushing and cleanings alone aren't enough to keep cavities at bay. Both parents and kids alike should be aware that there's one other habit that should be added to children's oral health regimen: dental flossing.

Toothbrushes are great at cleaning the tops, sides, fronts, and backs of teeth, but plaque and food particles can also stick to the areas between teeth, in places where a toothbrush can't reach. And that's where flossing comes in. But learning how to floss properly—even for grown-ups—takes time, patience, and practice.

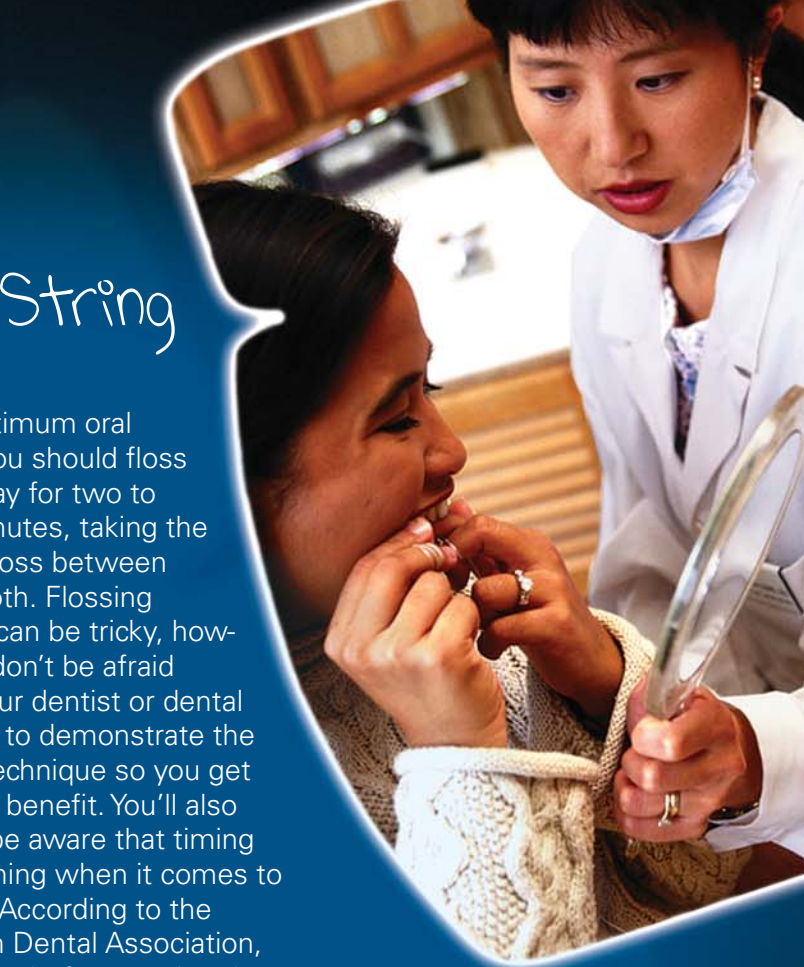
For optimum oral health, you should floss once a day for two to three minutes, taking the time to floss between every tooth. Flossing properly can be tricky, however, so don't be afraid to ask your dentist or dental hygienist to demonstrate the correct technique so you get the most benefit. You'll also want to be aware that timing is everything when it comes to flossing. According to the American Dental Association, if you floss before you brush your teeth, the fluoride from the toothpaste has a better chance of reaching between the teeth.

According to the American Academy of Pediatric Dentists, flossing should begin as soon as any two teeth in the mouth touch. For infants and toddlers, the parent should place the child in his or her lap, facing the parent, and use the flossing technique detailed in the box to the left. As soon as children are old enough to hold the floss properly, they can floss their own teeth, but they may need assistance, so parents should plan to supervise flossing. With practice, by the time they're eight years old, children should be able to floss without help from an adult.

Bottom line: When it comes to healthy teeth and gums, there's nothing silly about flossing.

These tips from the MDS *DentaFlossophy* brochure will help anyone learn how to floss correctly:

- Starting with about 18 inches of floss, wind one end of the floss tightly around the index finger, with the other end wound around the opposite index finger.
- Using the index finger and thumbs, gently glide the floss between the teeth.
- Curve the floss into a "C" shape and slide it into the space between the tooth and gum until you feel some resistance.
- Gently rub the floss up and down against the side of the tooth. Be careful to not floss too hard.
- Repeat this between each tooth, being sure to floss the back teeth.





KEEP 'EM STRAIGHT



Anyone who has ever worn braces knows what an exciting day it is when the braces are finally removed. After undergoing anywhere from one year to three years of treatment as your orthodontist oversees the proper alignment of your teeth, it's understandable that you would be excited to see your beautiful smile. But just because the braces are gone doesn't mean you're off the hook when it comes to keeping those teeth straight. Your orthodontist may have directed the straightening of your teeth, but post-braces, the responsibility for ensuring that your teeth stay on the "straight and narrow" is all yours and there's one easy way you can do this: Wear your retainer.

Retainers are custom-made devices made of wire or clear plastic (or a combination of the two) that hold teeth in position after realignment and help stabilize the results of orthodontic treatment. According to the American Association of Orthodontists (AAO), retainers allow bone to rebuild after teeth have moved and prevent individual teeth from drifting. It's normal to expect some slight shifting of teeth after braces are removed, because the bone around the teeth is continually changing in the form of breaking down and rebuilding. Additionally, shifting occurs due to a "settling in" as you use your teeth to bite and chew,

says the AAO. If you notice that your teeth have moved or shifted after your braces are removed, you should contact your orthodontist, who may be able to "tune up" your teeth to regain proper alignment. However, more serious shifting of teeth may be attributed to genetics or later-than-normal growth, which can't be predicted.

What can be predicted, however, is the likelihood that your teeth will stay where your orthodontist has placed them so long as you wear your retainer as instructed. After your braces are removed, your orthodontist will prescribe custom retainers, most likely both uppers and lowers, depending on your needs and lifestyle. Retainers can be removable or fixed (e.g., bonded to your teeth), and your orthodontist will recommend not only the type that will work best for your teeth, but also when and how long you should continue to wear them. Some people may only need to wear retainers at night, while others will need to wear them day and night. Your orthodontist will instruct you on the schedule that will help you maintain your straight smile.

And while it may be tempting to skip wearing your retainer for a day or night here or there, you'll really want to reconsider that since you don't want to undo the time and effort you—and your orthodontist—put in to give you that beautiful smile.

TOOTH "PICKS"

Buyer Beware

Every once in a while, a product is invented that makes you say "Hey, why didn't anyone think of that before?" There's a new product on the oral care market that may have you saying just that: dry toothpaste in the shape of tablets. However, you should be aware that these tablets are lacking one major oral health ingredient: fluoride.

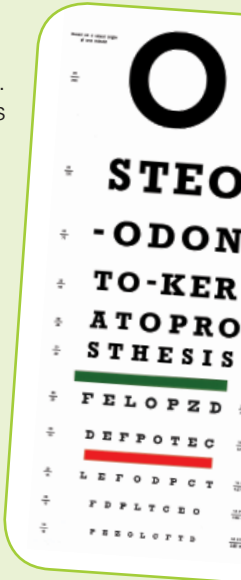


The tablets, which promise to do away with the mess associated with typical toothpaste tubes and help the environment by being recyclable in the way that tubes are not, contain cranberry extract and xylitol. The latter is a natural sweetener found in some chewing gum that has been proven to reduce the occurrence of new tooth decay and slow the effects of existing decay. While xylitol is a great addition to any oral care regimen, it's not fluoride, which has been supported by the MDS, American Dental Association (ADA), and the U.S. Centers for Disease Control and Prevention as the best thing you can use to clean your teeth. In fact, the ADA and MDS recommend only using toothpaste that contains fluoride when you brush. So while the urge to try a cool, new product is strong, you'll want to ask yourself if it's worth risking your oral health over.

Is This What They Mean When They Say "Eye Tooth"?

Modern science never ceases to amaze: It was reported last year that a rare procedure using a tooth helped restore a patient's eyesight. Modified osteo-odonto-keratoprosthesis involves implanting one of the patient's own teeth in the eye to hold a prosthetic lens in place.

How does it work? First, the tooth and surrounding bone is removed and molded into a bolt-like shape, and a plastic lens is bonded to it. This prosthetic unit is then placed into the patient's cheek or shoulder, in order to create a new blood supply and tissue. After three or four months, it is removed and inserted into the eye, with the membrane from the cheek being placed over it. The patient, who had lost her sight in 2000, was able to make out faces just hours after the procedure, and could read print in two weeks. Her vision was expected to continue to improve with time. This was the first time the procedure was performed in the United States.



Something Fishy About Gum Disease?

The health benefits of consuming a diet that includes plenty of seafood has long been touted, but can the "chicken of the sea" also help fight gum disease? Researchers from Beth Israel Deaconess Medical Center in Boston think so. The study, which appeared in the November 2010 issue of the *Journal of the American Dietetic Association*, claims that polyunsaturated fatty acids found in foods

such as fatty fish and nuts have been shown to help lower the risks of gum disease and periodontitis (severe gum disease). Researchers looked at the diets of 182 adults between 1999 and 2004 and found that those who consumed the highest amounts of fatty acids were 30 percent less likely to develop gum disease and 20 percent less likely to develop periodontitis. So, while adopting a more fish-friendly diet may help fight gum disease, don't forget to brush your teeth twice a day and floss daily to ward off the plaque that cling to teeth and cause gum disease. And get rid of fish breath.

The ADA Goes to Bat to Call Smokeless Tobacco "Out!"

The Major League Baseball (MLB) season is halfway over, and if a coalition of health care groups, including the American Dental Association (ADA), has its way, smokeless tobacco's presence in the dugout will be totally over. In late March, the ADA and nine other organizations—including the American Medical Association, American Cancer Society, American Heart Association, and American Lung Association—issued a letter to MLB Commissioner Bud Selig and MLB Players Association Executive Director Michael Weiner asking them to prohibit the use of all tobacco products, including smokeless tobacco, by players, coaches, managers, and other team personnel, at all Major League Baseball venues beginning in 2012. The use of tobacco products has been banned in the minor leagues since 1993. Smokeless tobacco is known to cause cancers of the mouth, lip, tongue, and pancreas, and users also may be at risk for cancer of the voice box, esophagus, colon, and bladder. If this ban goes into effect, ballplayers will not only be taking a step to improve their own health, but they'll set a good example for millions of young baseball fans. For more information, visit www.tobaccofreebaseball.org.





Could You Spot a Spot



More than **30,000 Americans** will be diagnosed with oral cancer this year. Within five years, at least 8,000 of them will die from the disease.

That's why **early detection** is so important.

In addition to your dentist routinely screening for oral cancer at your dental appointments, you can play an active role in helping to detect signs of oral cancer by conducting regular self-examinations of your mouth.

For more information on the warning signs of oral cancer and to receive a free pocket mirror, contact the Massachusetts Dental Society at massdental.org/smokeandmirrors.



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