

## Special

## Oral health

Maintaining oral health is more important than just achieving white teeth. It's a health matter fundamental to our overall wellness.

# More than just perfect smiles



**T**aking care of your teeth and gums isn't just about looking good. Oral health can affect your general health over your lifetime. And as care options, scientific evidence and technologies improve, it's important to brush up on what's current.

Over the last 10 years, numerous changes have occurred in oral health care, says Dr. Debora Matthews, chair of the Department of Clinical Sciences at Dalhousie University.

"One important difference is an increase in the quality of the evidence upon which we base our clinical decisions – and that both dentists and patients have access to that evidence," says Dr. Matthews, a practising periodontist.

Dr. Carlos Quiñonez, director of the Specialty Training Program in Dental Public Health at the University of Toronto's Faculty of Dentistry and member of the Canadian Dental Association's Committee on Clinical and Scientific Affairs, says that dental materials are constantly improving. These include "porcelain crowns that perform like gold; composite resin fillings that look better; dental implants that can be used more routinely because of the robust and predictable technology," he says.

But, while treatment improves, access worsens.

"As the baby boomers age, we are seeing older adults who have maintained their natural dentition. That becomes a care challenge, especially once they are in long-term care," says Dr. Mary McNally, an associate professor in Dalhousie's Faculty of Dentistry who worked with Dr. Matthews to create a comprehensive dental education program for caregivers,

*"As the baby boomers age, we are seeing older adults who have maintained their natural dentition. That becomes a care challenge, especially once they are in long-term care."*

**Dr. Mary McNally,**  
Associate Professor,  
Faculty of Dentistry,  
Dalhousie University

## ONLINE?

For more information, visit [www.cda-adc.ca](http://www.cda-adc.ca).

which is currently being rolled out to every long-term care facility in Nova Scotia. The program is called Brushing Up on Mouth Care: An Oral Health Resource for Care Staff in LTC Settings.

Dr. Quiñonez says that the economic recession and globalization have caused employers to restructure the dental benefits they offer and hire more part-time or contract workers, who are not eligible for benefits. "This means access to dental care can become cost-prohibitive," he says.

These trends are especially a concern considering the empirical evidence showing the relationship between oral and general health.

"The strongest evidence is for the two-way link between diabetes and periodontal diseases of the gums and bones supporting the teeth," says Dr. Matthews.

She says there are also proven links between oral care and greater risks of cardiovascular and respiratory diseases.

Dr. Quiñonez says that links to cognitive issues have also been made. "It's been shown that a lower number of teeth in your mouth is correlated to cognitive decline in the older years. We don't yet know why."

He says that ties between oral health and arthritis, pre-term births and low infant birth-weight are also under investigation.

Given these concerns, it's essential that we take some simple measures to look after our oral health.

"Oral diseases are highly prevalent, but frequently preventable," says Dr. McNally. "It is a matter of engaging in the available preventative measures."

The experts agree that basic oral care includes brushing at

## BY THE NUMBERS

According to the Canadian Health Measures Survey:

**84%**

of Canadians reported their oral health as good or excellent.

**75%**

of Canadians see their dentist yearly.

The 2009 Canadian Community Health Survey showed that:

**87.7%**

of Canadians 45 to 64 and

**88.4%**

of those 65 and over take good care of their oral health.

"The formula is not the same for everyone," says Dr. McNally. "People have different risks for oral disease, based on a variety of factors that are unique to them." That's why having a regular conversation about your dental health with your dentist is important.

Dr. Quiñonez says there are a few others things to keep in mind at different stages of life:

- As soon as babies have teeth, they need to be brushed. Babies shouldn't go to bed with a bottle, as the sugars in fluids such as milk can cause cavities.
- Small children won't brush their teeth instinctively. They need to be taught good oral health care habits and supervised.
- Teenagers might forget to brush their teeth regularly. They need to be reminded about the long-term impacts of failing to do so.
- During adulthood, healthy choices are critical. Diets high in sugar, as well as smoking and excessive drinking, are detrimental to our dental health. Drs. Matthews and McNally add that disease rates can go up significantly in long-term care facilities for the elderly, and it is important for caregivers to provide diligent daily mouth care. People who still have their natural teeth can benefit from a high-concentration fluoride toothpaste and a daily fluoride rinse.

least twice a day, flossing once a day, using a toothpaste with fluoride, and visiting a dentist for a regular dental exam, as well as having your teeth cleaned at least once a year with a fluoride treatment – if your dentist thinks it is necessary.

## THE ELDERLY

## Canada's seniors face oral care challenge

**W**ith Canada's aging population, significant oral health challenges lie ahead.

As elderly individuals become more mentally and physically impaired, daily tooth care is often neglected. In addition, it can become more difficult to visit a dentist.

As a result, says Quebec dentist Dr. Christian Caron, individuals often arrive at long-term care fa-

cilities with very poor oral health, including many cavities, broken teeth that cause cuts inside the mouth, even abscesses.

Part of the difficulty is that in-home treatment is beyond the traditional realm of dentistry, says Dr. Caron. Even once an elderly individual is in a care facility, staff tend to wait until a problem is severe, because of the difficulty of getting him or her to **Seniors, Page 3**

## PEDIATRIC DENTISTRY

## Childhood cavities can be prevented

**C**hildren as young as age one who need dental work because of rotting teeth? As a wealthy, well-educated population, most Canadians wouldn't dream that could happen here.

By definition, Early Childhood Caries (ECC) is a disease that occurs in children six and under, where at least one tooth has decay, a filling or has been pulled because of cavities.

Shockingly, studies show that nearly 86 per cent of Inuit and First Nations children experience ECC, with eight out of 20 baby teeth affected, says Dr. Herenia Lawrence, an associate professor in the Department of Biologi-

cal and Diagnostic Sciences/ Dental Public Health within the University of Toronto's Faculty of Dentistry.

"ECC also affects other vulnerable populations in Canadian society, including children of the poor, minorities, immigrants and the homeless," says Dr. Lawrence. "There are social, economic, environmental and behavioural factors that can make this disease very hard to prevent."

Dr. Sarah Hulland, a pediatric dentist in private practice in Calgary, who also works at the Alberta Children's Hospital and is past president of the Alberta and Canadian Academies of Pediatric Dentistry, says ECC is

more common in children than obesity or asthma.

"We are definitely seeing this disease pattern impacting more people across all socio-economic levels," she says.

Dr. Hulland has seen kids as young as one who need their **Children, Page 2**

## INSIDE

**Dental plans** It's important to know what your plan provides and to understand it doesn't dictate treatment.

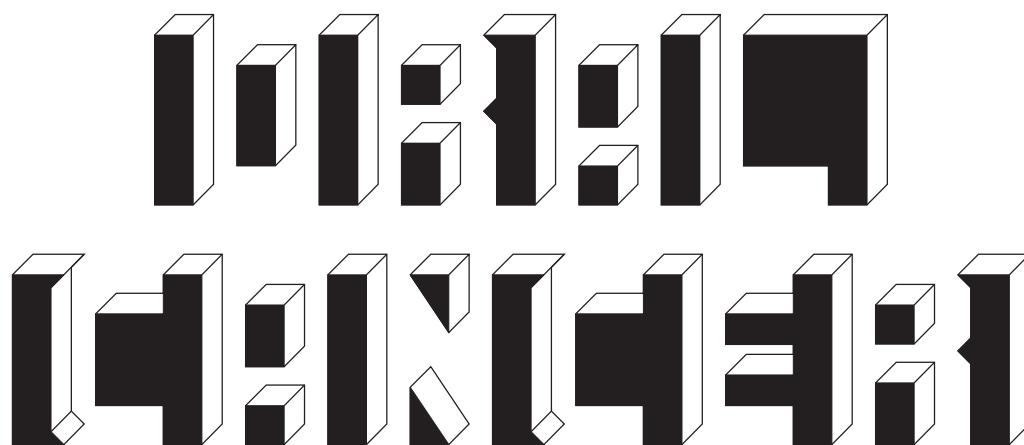
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**A first checkup** Visit the dentist before your child is one to check for problems, learn about tooth care and establish a routine.

[Page CDA 3](#)

**Why visit the dentist?** Dentists can diagnose problems, take preventive action, even identify serious illnesses early.

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NOT EVERYBODY CAN SEE IT, BUT YOUR DENTIST CAN.  
DENTAL EXAMS SUPPORT YOUR HEALTH.





## ORAL HEALTH

## COVERAGE

## Be informed about your dental plan

**N**early two-thirds of Canadians have a dental plan, according to the 2010 Canadian Health Measures Survey. But while such a plan is a valuable way to help pay for dental care, it's important to know what your plan provides and to understand that it does not dictate treatment.

"Your dentist will develop a treatment plan to meet your dental health care needs," says Dr. Larry Levin, who has been practising dentistry in Hamilton, Ont., for 43 years and is a member of the board of the Canadian Dental Association. "You are a partner in your oral health, and treatment and care decisions should be made independent of your coverage. Your dentist is obligated to treat you, not your dental plan."

Treatment recommendations are based on your dental health needs, which may differ from what your plan covers, he explains. "You have the right to accept or refuse treatment, but it's important to make sure you understand the implications of any decision you make. Base your decision on an informed discussion with your dentist."

Employers provide health and dental benefits for a variety of reasons, including the promotion of good health, to keep their workforce healthy and fit, and to attract and retain top-notch employees. Every dental plan is different, Dr. Levin says, and benefits vary based on what services are included, the percentage of costs covered for each service and yearly maximums.

Most dentists will prepare treatment plans to submit for pre-determinations of benefits.

Plans typically cover a percentage of the cost of dental care, usually between 50 and 80 per cent of the total amount, Dr. Levin says. The patient's portion is called a co-payment and must be collected as part of the total cost of treatment. A dentist is obligated to collect the co-payment. A dental claim form, signed by the dentist and patient, confirms the treatment provided as well as the total amount charged and payable from all sources.

**"Dental disease is progressive and unlike a cold will not resolve itself. The cost of prevention is always far less than the cost of neglect."**

**Dr. Larry Levin,**  
Member of the board,  
Canadian Dental Association



Treatment recommendations are based on your dental health needs, which may differ from what your plan covers. You have the right to accept or refuse treatment. PHOTO: ISTOCKPHOTO.COM

While plans that help you pay for the cost of treatment are important, prevention is the best strategy for everyone in your family, Dr. Levin says. Brush and floss daily, limit sugary drinks and snacks, don't smoke, and visit your dentist for regular care. "It's important to diagnose problems before they become more complex – and expensive," he says. "Dental disease is progressive and unlike a cold will not resolve itself. The cost of prevention is always far less than the cost of neglect."

## PREVENTION

**Being an active participant in your dental health means:**

- **Discussing treatment options** with your dentist and making an informed decision based on your dental health needs, including understanding any health risks associated with delaying or refusing treatment and the total cost of treatment.
- **Knowing your plan** and what's covered before your dental appointment, so you understand what your portion of any costs will be.
- **Looking ahead**, discussing your long-term dental health with your dentist and considering all of your extended health costs when planning for your retirement.

## FIRST DENTAL VISIT

## Toothbrushing, dentist trips should start early

**I**n his general dentistry practice in Winnipeg, it's not unusual for Dr. Joel Antel to see grandparents, aunts and uncles show up for a child's first dental exam. "A lot of parents bring the whole family along, and they bring a camera to record the event as a significant 'first' in the child's life," he says.

Making that first trip to the dentist a childhood milestone can help make the occasion both positive and natural, says Dr. Antel, also chair of the communication committee of the Manitoba Dental Association. His prime message to parents, however, deals with timing: take your child to the dentist by their first birthday.

"Many people think age three is the best age for the first dental visit, but the science tells us that's too late," he explains. "From a dental health standpoint, you want to check the child before there are any problems and prevent them. And getting in early helps establish seeing the dentist as something the child has always done."

The importance of an early first visit is reinforced by Dr. Ross Anderson, chief of dentistry at Halifax's children's hospital, the IWK Health Centre, and head of

**"Tooth decay in young children is on the rise, and most of it is preventable by ensuring a dentist does a risk assessment by age one."**

**Dr. Ross Anderson,**  
Chief of Dentistry,  
Halifax's children's hospital,  
IWK Health Centre;  
Head of Pediatric Dentistry,  
Dalhousie University

pediatric dentistry at Dalhousie University. Dr. Anderson has first-hand experience with the often serious results when young children's oral health is neglected, as he frequently performs surgery on children with severe early childhood caries, the most common surgery for infants and toddlers.

"Tooth decay in young children is on the rise, and most of it is preventable by ensuring a dentist does a risk assessment by age one," Dr. Anderson says. During the first visit, the dentist visually inspects the child's mouth to look for early warning signs, typically while the young patient sits on a parent's lap and is reclined on the lap of the dentist. Equally important, he adds, is the education of the parents. "It's an opportunity for dentists to partner with parents to discuss how often the child should visit and strategies to avoid tooth decay," he says. "We can show them how to brush their little one's teeth, as well as ask them questions and provide advice on factors such as diet and use of fluoridated toothpaste."

As soon as baby teeth start coming in, they should be brushed twice daily, says Dr. Antel. "I advise parents to do the brushing until the child has

more manual dexterity, between the ages of six and eight. But if the child wants to brush their own teeth as well, before or after, that's great."

Parents often ask how to make toothbrushing fun and interesting for their child rather than a "chore." Some children might enjoy using toothbrushes and toothpaste featuring bright

colours or a favourite character, but in Dr. Antel's experience, a particularly successful approach is to make it a family affair. "If the parents and siblings all brush their teeth at the same time, even together, it models the behaviour for the very young ones. Rather than being something imposed on the child, it's seen as 'something our family does.'"



Soft, silicone-based brushes should be used at least two or three times a day. A dentist can help guide when to use a fluoride toothpaste and how much should be used. PHOTO: ISTOCKPHOTO.COM

## FROM CDA 1

## Children: By the age of one, kids should be seen by a dentist

front teeth extracted. "It can happen that fast," she says. "Even before babies get teeth, parents should be wiping their tongues and gums after feeding, at least once or twice a day, to prevent milk proteins and sugars from collecting on the soft tissues."

Once teeth are in, soft, silicone-based brushes that won't damage the gums should be used at least two or three times a day, she says. By the age of one, children should be seen by a dentist who will help guide when to use a fluoride toothpaste and how much should be used.

She recommends that parents limit their children to three meals and three snacks a day, avoid sugar-loaded, processed foods, and never put them to bed with a bottle.

"Children don't need to eat or drink constantly. The Canadian Paediatric Society recommends

a total of six to eight ounces of juice a day. People need to remember water is a good source of fluid," she says.

Children should go to the dentist for their first visit.

Dr. Lawrence says that regular dental visits, brushing twice daily with a tiny amount of fluoridated toothpaste (the size of a grain of rice) and having biannual fluoride-varnish applications, as well as providing dietary advice and preventative counselling to parents will all reduce the risk of ECC.

These oral health interventions are being used in a study she's directing involving aboriginal populations in Canada, Australia and New Zealand. The "Baby Teeth Talk" study, involving up to 400 expectant aboriginal mothers over three years, will hopefully have an impact on oral health policy both locally and abroad, she says.



Childhood tooth decay can be prevented by ensuring that kids as young as one visit a dentist, who can look for early warning signs and educate parents. PHOTO: ISTOCKPHOTO.COM



## EXPERT OPINION

## A trip to the dentist means more than tooth care



Q&A with Dr. Robert MacGregor, President, Canadian Dental Association

According to the 2010 Canadian Health Measures Survey, 84 per cent of Canadians experience good oral health. Good dental health is based on prevention, a healthy diet, brushing, flossing and regular dental examinations. Only your dentist can perform a dental exam.

#### Why do we all need a dental exam?

Everyone needs regular preventive dental exams. Even if you are diligent about brushing and flossing, your teeth and gums still need regular care from a dental professional. Dental exams are equally important if you wear dentures, have dental implants or take medications that affect your mouth, such as causing dry mouth or overgrown gums.

#### Why is it so important to have a dental examination?

The dental exam is critical to your dental health. It is the best way to protect your gums and teeth because dentists can diagnose problems and take preventive action before they develop further. In fact, dental examinations have on occasion saved lives because dentists can identify serious illnesses early.

#### What is the dentist looking for when performing an exam?

The dentist is looking in your mouth for signs that can affect your dental – and overall – health. You can't see many of these signs on your own, but a dentist is trained to detect them. Your dentist is trained to find anything unusual in your mouth, throat and neck areas, including the oral manifestations of diseases, oral cancer, infections, and the early signs of gum disease, eroded fillings and dental decay.

#### What are the parts of a dental examination?

Part of the exam consists of the dentist physically examining your teeth and the inside of your mouth. You may not even realize when an exam is taking

place. Sometimes it will include an examination of your neck area, with the dentist feeling the glands and lymph nodes for possible signs of inflammation that could indicate general health problems. The exam may include a radiological component (dental X-rays), if necessary. This can show problems such as cavities under existing fillings, hairline fractures, impacted wisdom teeth, decay under your gum line and bone loss caused by gum disease.

#### What general health information is included in the exam?

Along with a visual and physical inspection of your mouth, the dental exam includes a consideration of your complete medical history. This allows your dentist to learn about any health conditions that may affect the success of dental treatments or procedures and that may be associated with dental health problems.

#### What should I tell my dentist about my general health?

The more your dentist knows about your overall health, the more effectively he or she can address your oral health care needs.

***"Your dentist is trained to find anything unusual in your mouth, throat and neck areas, including the oral manifestations of diseases, oral cancer, infections, and the early signs of gum disease..."***

can often include dry mouth and overgrown gums).

- If you are pregnant.
- If you have any allergies.
- Any changes you have noticed in your teeth, such as changes in colour, looseness or position.
- Any changes you have noticed in your gums, such as bleeding when you brush or floss, or changes in appearance.
- Whether your floss catches on rough edges, causing it to shred.
- If you smoke or chew tobacco (which increases the likelihood of oral cancer).
- If your neck or jaw muscles are tight, or if you are aware that you clench or grind your teeth.
- If you are nervous about going to the dentist. Modern dentistry is far more comfortable for patients, and talking to your dentist may provide reassurance and help you feel more relaxed.

Be sure to let your dentist know if any of the following applies:

- Any new medical conditions that you have been diagnosed with since your last visit, even if it does not seem pertinent. Your dentist needs this information to properly manage your personal treatment and prevention program.
- Any new medications that you are taking (side-effects

For more information on dental examinations and visiting the dentist, see [www.cda-adc.ca](http://www.cda-adc.ca).

## FROM CDA 1

## Seniors: Oral health crucial to overall well-being

a dentist's office.

Declining oral health can have even more profound impacts. "When elderly individuals start to lose their teeth, it affects how they feel about themselves," says Dr. Richard Wilczek, a dentist in Prince George, B.C. This often leads to social isolation, further declines in activity and poor nutrition.

"The health of the mouth is really crucial to social, mental and physical well-being," Dr. Wilczek says.

One answer is to improve ambulatory dental care, says Dr. Caron.

"There is a better way than asking a 90-year-old person to face the Canadian winter – the dentist is in better shape to travel to the patient."

Dr. Caron currently transports his equipment to his patients, but a new model in development by the Centre hospitalier universitaire de Québec (CHUQ) will take ambulatory care to a new level.

"For certain types of care, portable equipment is not appropriate," he says. "The ideal solution then is an adapted clinic, in which the patient can be moved securely from their wheelchair into the dental chair. Portable equip-

ment in the same clinics can be transported to the care facility or the patient's home."

Once the new model of care is in operation, the CHUQ service will deliver the necessary equipment when the dentist requires it for an appointment.

Across the country, finding such solutions to treat the elderly begins with a commitment from dentists to adapt their practices to the needs of patients. "We encourage our members to make it a priority to reach out to individuals in their communities, whether it's individuals with disabilities in group homes or the elderly in

a residential care environment," says Dr. Wilczek. "I feel very lucky to practise in Prince George, where we developed our care program for residences well over 10 years ago."

Another challenge, says Dr. Caron, is teaching health care workers about the importance of daily oral care. "In a study in our university, we found that people were receiving oral care from their care providers only half the time. It is a quality-of-life issue for the resident."

Oral hygiene among the elderly is also a significant health issue: with age often comes more medi-

cation, which can cause dryness of the mouth. "You lose the protection of the saliva, which results in cavities, especially without daily brushing," Dr. Caron says.

The B.C. Dental Association is one of the groups working to provide oral health training to all health workers who work with the elderly. The association's website includes tip sheets and online educational videos on seniors' oral health care for those working with frail elders.

"Daily brushing is just so important to the overall health of elderly individuals," emphasizes Dr. Wilczek.

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\*No purchase necessary. Contest closes April 26, 2012. Open to residents of Canada who have reached the age of majority in the province or territory in which they reside as of the last day of the month prior to the date of entry. Six (6) weekly prizes are available to be won with an approximate retail value \$199.92 CDN each. One (1) grand prize is available to be won with an approximate retail value \$5,371 CDN. Mathematical skill-testing question required. Odds of winning a weekly prize depend on total number of eligible entries received by each weekly entry period closing date. Odds of winning the grand prize depend on total number of eligible entries received by the contest closing date. Winner and guest must be prepared to travel to Aruba by December 1, 2012. Exact travel dates to be confirmed in Contest Sponsor. For full rules and entry details visit [www.facebook.com/crestcanada/smile-a-thoncontest](http://www.facebook.com/crestcanada/smile-a-thoncontest).



## ORAL HEALTH

## CANCER

## Dentists can help patients fight smoking, related diseases



**A**s one-fifth of Canadians know only too well, smoking is one of the most difficult addictions to overcome. But when it comes to winning the battle against tobacco – or identifying oral cancer early – your dentist is your first line of defence.

“Many Canadians visit their dentist twice or three times a year for cleaning and treatment,” says Dr. Harry Höediono, president of the Ontario Dental Association and a practising dentist in Waterloo, Ont.

That regularity of contact can make your dentist an ideal smoking-cessation coach, as well as enabling him or her to identify disease associated with smoking. “Your dentist can see signs of damage caused by smoking,” he explains.

**A dentist can make an ideal smoking cessation coach, and is able to see signs of damage and identify disease associated with smoking.**

PHOTO: ISTOCKPHOTO.COM

## FACTS

## What you need to know about smoking and oral cancer:

- In 2009, (the most recent data available) over 1,000 Canadians died of oral cancer, and 3,000 will be diagnosed this year.
- Caught early, the odds of surviving oral cancer are significantly higher.
- An oral exam by a dentist is key to early detection.

Reprinted with the permission of the Ontario Dental Association

Some of the earliest signs of tobacco use appear in the mouth, says Dr. Höediono. “Your dentist will see that, along with the signs of chronic disease such as oral cancer. If a problem is identified, they can refer you to the appropriate specialist.”

When you smoke, you inhale a multitude of toxins in the tobacco and combustion products, he says. “It creates a terrible odour. The nicotine and tar stain your teeth and can cause dry mouth. As your mouth becomes drier, it has less ability to fight off infection and re-mineralize your teeth.”

As a result, smokers are also three times more likely to have severe periodontitis or gum disease, which if untreated can eventually lead to tooth loss. Over time, lung disease caused by smoking affects respiration, limiting the ability to breathe through the nose, which may also cause dry mouth.

More than 3,000 Canadians will be diagnosed with oral cancer this year, with tobacco one of the highest risk factors. “Roughly 20 per cent of Canadians age 12 and older smoke. Because the dentist sees these young people in the office for dental treatment, we also see that number increasing,” Dr. Höediono says.

But research also indicates that four out of 10 smokers will attempt to quit in a given year, and access to your dentist is generally much easier and faster than to a family physician.

Dr. Höediono lost a good friend to oral cancer; by the time the lump in the man’s throat was diagnosed, it was inoperable, he says. “Had he seen his dentist early enough, his dentist may have been able to see the early signs and would have made the appropriate referrals. If you catch oral cancer in its early stages, the chances for cure are very good. If you catch it in its later stages, the chances for survival are greatly reduced.”

In addition to providing coaching and smoking-cessation tips, dentists can prescribe medications to help, such as the nicotine patch, gum and inhalers.

## ABOUT



The Canadian Dental Association (CDA) Seal of Recognition is a symbol that identifies products that are of benefit to the oral health of consumers. The Seal is designed to help the public and dental professionals make informed choices.

The CDA product recognition programs provide valuable information to consumers and professionals on a wide range of dental products. Market research by manufacturers has shown that the CDA Seal on a product directly influences the purchasing decisions of consumers and dental professionals.

These products are of value when used in a conscientiously applied program of oral hygiene and regular professional care.

For more information about the CDA Seal of Recognition, visit [www.cda-adc.ca](http://www.cda-adc.ca).

“Dentists often have a very personal relationship with their patients,” Dr. Höediono adds. “When you’re trying to help a person quit, you have to do three things: educate them about the fact that smoking is a powerful addiction to nicotine; provide good reasons for quitting, such as living longer and healthier, having more energy, and avoiding heart attack, stroke and cancer; and provide useful tips.”

Speaking with friends or co-workers for support, avoiding smoking areas and breathing in deeply to counteract the urge to smoke can be helpful strategies, he suggests.

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\* Lactobacillus Reuteri Prodentis (Prodentis) is the exclusive, patented dental probiotic in G·U·M® PerioBalance®. 1. Plaque Index 2-3 on a scale from 0, for no plaque, to 3, for abundance of soft matter within gingival pocket and tooth surface. 2. Krasse P et al. Decreased gum bleeding and reduced gingivitis by probiotic Lactobacillus reuteri. Swed Dent J 2006; 30: 55-60. 3. Data on file. Note 28 day results from uncontrolled extension of the 14-day clinical study as referenced in footnote 2.

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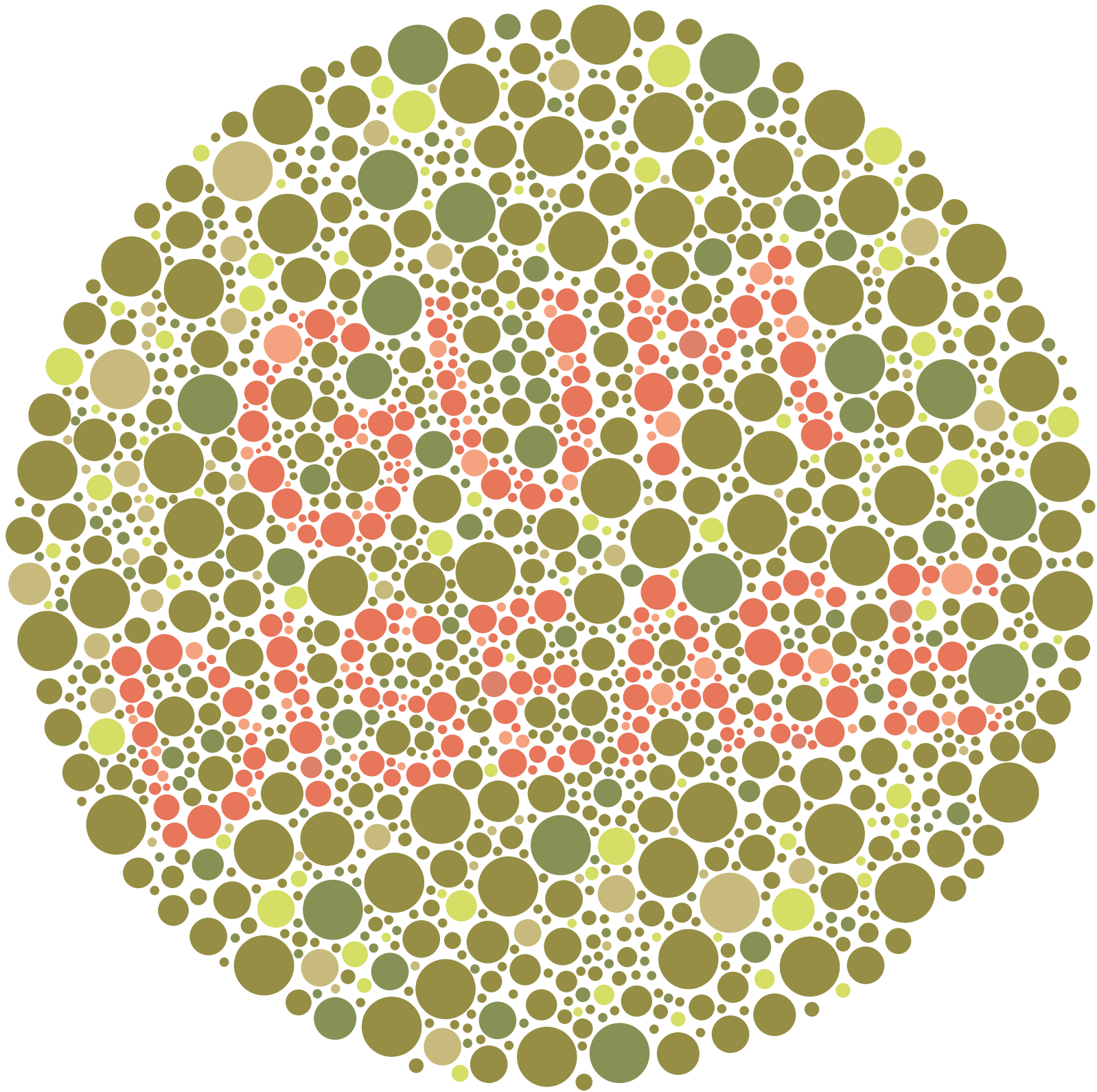


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