

YOUR ORAL HEALTH

SPRING 2012

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ONTARIO DENTAL ASSOCIATION

.ca

Want to quit smoking?

Turn to your dentist for help

BRACES

If you're 14 or 40
Options for all ages

TOOTHBRUSHES

Standard or Electric

Which is best for your family?
(HINT: the answer may surprise you)

SNACKS TO SINK YOUR TEETH INTO

PLUS Teeth
Whitening

Tips to brighten your smile



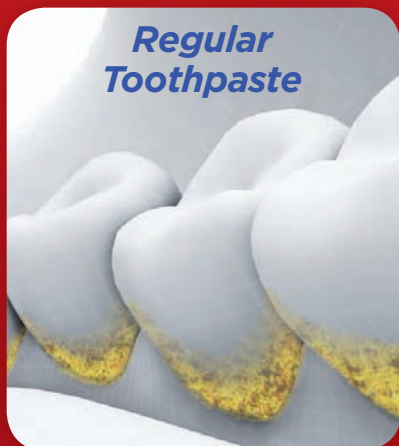
TM/MC

AFTER 12 HOURS[^]



**FIGHTS
THE
PLAQUE**

AFTER 12 HOURS[^]



**OTHERS
LET BACK.[†]**

[^] Illustration of plaque bacteria reduction 12 hours after brushing.

**Reduces 90% more plaque germs
than regular toothpaste.[‡]**



Welcome from Dr. Deborah Saunders, Editor-in-Chief

Welcome to *Your Oral Health Brought to You by the Ontario Dental Association (ODA)*.

This magazine is a new venture by the ODA; in conjunction with Oral Health Month in April, we wanted to answer some of the many questions and explore topics our patients have asked us about. *Your Oral Health Brought to You by the ODA*, is meant to be fun, friendly and informative, a quick and interesting read for you as you wait to see your dentist.

As well as being a busy mom of three, and Medical Director, Health Sciences North (formerly Sudbury Regional Hospital), Department of Dental Oncology in Sudbury, Ont., I am a patient too — and many of my concerns are the same as yours when it comes to the oral health of my family.

I am also the Chair of the ODA's Oral Health Strategy, a program aimed at bridging dentistry and medicine, that recognizes the valuable role dentists play in helping manage the health and well-being of their patients. Each year, we choose a topic that is relevant and timely for our profession, and highlights the unique and important role dentists play in issues that go beyond oral health. Our focus this year is tobacco cessation. Tobacco use has such an impact on your oral and overall health. Our goal is to let you, our patients, know that dentists are available and able to help if you are trying to quit smoking. Check out the article, "Kick the Habit Today — With Your Dentist's Help", on page 8.

The ODA is a 145-year-old volunteer-based association representing 90 percent of Ontario's dentists. Our mission statement is simple — we are dedicated to providing exemplary oral health care and promoting the attainment of optimal health for the people of Ontario. We hope this magazine helps us fulfill our mission.

For more information about any oral health issue, ask your dentist. And please visit our public website — www.youroralhealth.ca — for more articles, tips and quizzes.

We hope you enjoy *Your Oral Health*.



Our Contributors



Julia Aitken has been Food Editor at *Homemaker's*, *Elm Street* and *Canadian Family* magazines, and has written three cookbooks including *125 Best Entertaining Recipes*. She's currently Food Editor of *My Advantage* and *Expressions* magazines, and writes regularly for *Food & Drink* and *Diabetes Dialogue*. Julia shares her Toronto home with her husband and two cats.



Heather Buchan is a freelance journalist who has worked at *Homemakers*, *Canadian Living*, *House & Home*, *Metro* and *Hello! Canada*. Her celebrity encounters include Ben Affleck, who, reports Heather, really does have the perfect Hollywood smile. Heather lives in Toronto with her husband and one-year-old-son Nathan.



Bonnie Dean is the ODA's Communication Specialist. She has worked in the public relations and communications industry for five years. Bonnie's career-related interests include writing, web design and creating the perfect PowerPoint presentation. She lives in downtown Toronto, and is proud to report that she flosses daily.



Cheryl Embrett has written and edited for many magazines including *Homemakers*, *Canadian Living*, *Today's Parent*, *Best Health* and *Canadian Gardening*. Toronto-based Cheryl got braces at the age of 42; her daughter Scotia, who was a toddler at the time, pronounced them "bootiful". Cheryl hasn't stopped smiling since.



Jennifer D. Foster is a freelance writer and editor who has written for *Canadian Living*, *Canadian House and Home*, *Homemakers*, *Today's Parent Toronto* and *Canadian Health*. When Jen was pregnant with her son, Darius, who is now nine, she craved bacon sandwiches and chocolate milk. She is still a big fan — and so is her son. They both brush and floss daily.



Gilda Swartz is a freelance editor and writer with more than 25 years experience in print and web. She is a former Senior Editor of *Canadian Living* magazine and is currently the Associate Editor of *Ontario Dentist*. Long before Gilda was employed by *Ontario Dentist*, she believed in the value of good oral health; she continues to brush regularly and is a dedicated flosser.

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The ODA is the voluntary professional organization which represents the dentists of Ontario, supports its members, is dedicated to the provision of exemplary oral health care and promotes the attainment of optimal health for the people of Ontario.

This issue of *Your Oral Health Brought to You by the ODA* was sponsored by



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Did you know?

We have more information about many oral health topics on youroralhealth.ca



– the ODA's website. And it's all ODA-approved!



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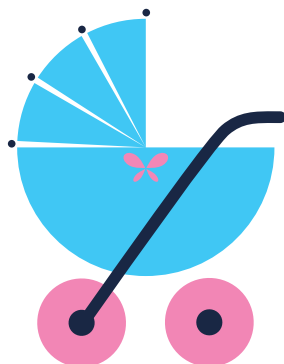
Expecting a BABY?

What you need to know
about your oral health care.

By Jennifer D. Foster

Women experience unique and varied

hormonal changes at different life stages that may influence their oral health; pregnancy is no exception. Understanding these changes — combined with regular dental examinations and preventive care — is the best way to practise good oral health habits during this time.





Q: Why should I tell my dentist I'm pregnant?

"The dentist is a patient's best source of advice on how to achieve and maintain optimal oral health at all times, and especially when a patient is pregnant," says Dr. Lynn Tomkins, a Toronto dentist, ODA Past-President and a clinical instructor in the Department of Oral Diagnosis and Medicine at the University of Toronto's Faculty of Dentistry. "It's important to remember normal pregnancy is not an illness; it's a temporary condition," says Dr. Tomkins, who asks the patient for her due date and if everything is progressing normally. "I then tell her this is also her baby's first dental visit, and good oral health and habits in the mom are the best first steps in baby's oral health."

Q: Why are my gums bleeding more?

Hormone levels change considerably during pregnancy. The most common thing dentists notice in pregnant patients is that their gums can become inflamed and bleed more easily, says Dr. Tomkins. This is due to changes in mouth bacteria that feed on the extra hormones secreted during pregnancy, and in the overall increase of fluid levels in the body as the pregnancy progresses. "Regular professional dental cleanings are an important part of reducing the inflammation that can occur during pregnancy — as well as the patient's own daily home care," says Dr. Tomkins. Ask your dentist what he or she recommends for you. If you continue to have problems with your gums post-birth, talk to your dentist.

Q: At what point in my pregnancy should I schedule a dental exam with my dentist?

The Public Health Agency of Canada suggests scheduling an examination by your dentist during the first trimester to have your oral health diagnosed, which is exactly what Toronto real estate agent Kate Robichaud, who is due with her first child this June, did. "I had my six-month routine visit (which included scaling, polishing and a fluoride treatment) when I was just over three months pregnant, even though I hadn't noticed any oral health changes," she says. "My dentist was surprised to see how healthy my gums

were, as he was expecting some gingivitis. Also, my cleanings have now doubled — every three months instead of every six. My dentist wants to ensure I have healthy gums the whole way through my pregnancy.”

Q: Should I have a dental X-ray taken while pregnant?

“It’s safe to have dental radiographs taken during pregnancy; although, dentists tend to avoid them, except in the case of a dental emergency,” says Dr. Tomkins. But, she adds, “If a patient has an acute infection (such as an abscess), it’s important this be treated promptly. Emergency care during pregnancy is not only safe, it’s also essential. There are certain types of local anesthetics that are avoided during pregnancy, as well as certain prescription pain medication and antibiotics.” If you require X-rays, you and your baby will be shielded from the low dose of radiation by a lead apron.

Q: Can vomiting during pregnancy cause problems with my teeth?

Robichaud, like millions of women, is experiencing nausea and vomiting, and her biggest oral health-care concern is, “Will my frequent ‘morning’ sickness have an effect on my enamel or gums?”

Stomach acid can damage the surface of your teeth and promote tooth decay. Dr. Tomkins tells patients to rinse with water after they throw up and not brush right away, since doing so tends to brush the acids into the teeth. If vomiting is really severe, Dr. Tomkins says: “Patients can rinse with a neutralizing rinse made by adding a teaspoon of baking soda to room-temperature water and swishing, then spitting it out; otherwise, it can make you sick again!” ■

Watch for the second part of this article in an upcoming issue of *Your Oral Health*.

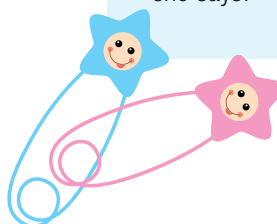
Visit youroralhealth.ca
for more information
about your baby’s oral health.



Ignore the folklore!

Q: Is it true a woman loses one tooth for every pregnancy?

“No, that’s an old spouses’ tale,” warns Dr. Tomkins. Says the Public Health Agency of Canada: “The calcium needed to make your baby’s teeth comes directly from your diet, not from your own teeth. However, if you don’t get enough calcium while pregnant, your body will provide this essential mineral from the calcium in your bones, putting your bones at risk.” And, “even though the best source of nutrients is a well-balanced diet, with a wide variety of fruits, vegetables and dairy products, many pregnant women find it difficult to achieve this if they are suffering from pregnancy-related nausea and vomiting,” says Dr. Tomkins. So, “a pregnant woman should ask her obstetrician or physician, or nutritionist what additional supplements may be needed,” she says.



Kick the

Talking to your dentist about your plans to quit smoking may mean the difference between success — or yet another failure.

Habit Today

— with your dentist's help

By Cheryl Embrett

When I tried to quit smoking

in January (yes, I confess, I'm a social smoker), it never occurred to me to ask my dentist for help. But when you think about it, it makes perfect sense. Your dentist probably sees you more frequently than your doctor (I visit my dentist at least three times a year), she knows everything there is to know about your oral health (including whether or not you smoke) and she can prescribe the same smoking-cessation medications a doctor can. Men and teens are also more likely to visit the dentist than they are to see a physician.

Dentists are in an ideal position to speak with patients who smoke and inform them of the effects on their health, says Dr. Deborah Saunders, a dental practitioner in Sudbury, Ont., and Chair of the Ontario Dental Association's Oral Health Strategy — which is focusing on tobacco cessation for 2012. "They have the expertise and training to help patients understand how smoking affects not only their oral health, but also their overall health, and to help them quit." They also have the skills to detect early signs of oral cancer in patients during routine dental examinations.

The Canadian Cancer Society estimates that smoking is responsible for 30 percent of all cancer deaths in Canada. Tobacco is No. 1 on the list of risk factors for oral cancer for people over the age of 50. This too-often fatal condition has a higher mortality rate than both breast cancer and prostate cancer. Tobacco use is also associated with heart disease and/or stroke, chronic bronchitis, emphysema, periodontal disease and tooth decay.

Smoking wreaks havoc on more than your health; it also affects your appearance. Cigarette smoking can accelerate the aging process, causing wrinkles and skin damage, stains your pearly whites and can irritate gum and mouth tissue, causing unsightly and uncomfortable mouth sores or lesions. Not a pretty picture.

Research shows that the majority of adult smokers (62 percent) intend to quit within the next six months, but tobacco use is one of the most difficult addictions to break. That's where your dentist can help — by advising you about different ways to stop smoking and the resources available.

To kick-start your efforts, we've put together a seven-step action plan adapted from the Canadian Dental Association and the Lung Association.

No smoke but still fire

If you think smokeless means harmless, you're wrong.

Smokeless (or chewing) tobacco — a long-time favourite of baseball players — contains the same addictive chemicals and nicotine that are found in cigarettes. It's also sweetened and can cause tooth decay. According to Health Canada's *Canadian Tobacco Use Monitoring Survey* (2010), five percent of youths 15 to 19 years old and 10 percent of young adults 20 to 24 years old have used smokeless tobacco.

Step 1 Start the conversation.

Talk to your dentist about developing a strategy to quit. There are lots of options, and your dentist can help you choose the one that will work best for you. For example:

- Nicotine replacement therapy. A nicotine patch or inhaler, or nicotine gum or lozenges will replace



some of the nicotine you usually get from cigarettes and make nicotine withdrawal symptoms, such as anxiety, difficulty concentrating and hunger, easier to manage.

- Prescription medicines, such as bupropion (Zyban and Wellbutrin SR), an antidepressant which makes smoking less enjoyable, or varenicline tartrate (Champix), which works at the level of your brain receptors, where the nicotine attaches.
- Individual counselling in person or by phone, or quit-smoking support groups.

Step 2 Ask your dentist to screen you for early signs of oral cancer or periodontal disease. An oral cancer exam during a routine exam is fast, easy and painless — and it could save your life.

Step 3 Anticipate tobacco triggers (situations or places where you're tempted to smoke) and prepare strategies on how to avoid them.

Step 4 Use some of the money you've saved by not buying cigarettes (more than \$3,000 a year for a pack-a-day habit!) to reward yourself. Go out for dinner and a play, or treat yourself to a new spring outfit.

Step 5 Chew sugarless gum and drink water when cravings hit. And make sure you stock up on healthy snacks, such as carrots, fresh fruit, popcorn, nuts and sunflower seeds.

Step 6 Build exercise time into your weekly routine to reduce cravings and withdrawal symptoms and to help with weight control.

Step 7 Keep busy. Take a walk, call a friend, head to the playground with your kids or book a tennis game with a buddy. Nicotine cravings only last about three to five minutes, and they become fewer and farther apart the longer you stay tobacco free. ■

How I Finally Quit Smoking – *for Good!*



“I am a nicotine addict,” Lise, a life-long smoker, told her dentist. At 54, she had tried several times to quit her pack-a-day habit; her longest time without a cigarette was six months. She wanted desperately to quit for good — but couldn't. A visit to Dr. Deborah Saunders, her dentist, changed her life. Dr. Saunders asked her: “Did you ever think about quitting smoking?” And with the support and help of Dr. Saunders, Lise did quit smoking — and has been smoke-free now for more than two years.

Why did this attempt succeed when so many previous attempts failed? Dr. Saunders felt that Lise would be a good candidate for pharmacological intervention because of the depth of the addiction and prescribed medication for her. “As the pills did their work, I noticed that my urges for a cigarette went down. Within a month I went from a pack a day to 12 [cigarettes] and finally to none. Within two months, I had quit for good.”

She has more energy, her food tastes better and her clothes don't smell of smoke. “I have Dr. Saunders to thank for my success,” says Lise. “It's easy to ask your dentist about quitting smoking. And more patients should!”

5 more reasons to quit

Within eight hours

- carbon monoxide levels in your body decrease
- the oxygen level in your blood increases to normal

Within 48 hours

- chances of having a heart attack start to go down
- sense of taste and sense of smell begin to improve

Within six months

- coughing, stuffy nose, tiredness and shortness of breath improve

Within one year

- risk of smoking-related heart attack is cut in half

With 10 years

- risk of dying from lung cancer is cut in half



Smart Snacks for Hungry Kids!

By Julia Aitken

Kids and snacking go hand-in-hand.
Reach for these healthy choices –that are kid-approved.



Years ago, letting children eat between meals

was frowned upon, but now we've learned that kids need to snack. Cathy Pearson, a registered dietitian in Richmond Hill, Ont., recommends that most children eat every three to four hours, to get the energy and nutrients they require. And it's important they eat right. "Snacks shouldn't be high in salt, fat, sugar and caffeine; they should be nutrient-dense and contain at least two different food groups," she says.

So, what should our kids be snacking on? "The best snacks are foods that aren't sticky and that clear quickly from the mouth," says Dr. Harry Höediono, President of the Ontario Dental Association and a dentist in Kitchener, Ont. (With the help of his wife and business partner, Dr. Helen DeMan, Dr. Höediono has raised three children. He knows what hungry kids like!)



The Good Guys

We asked Cathy Pearson and Dr. Höediono to show us how to fill a lunchbox with good-for-you, tooth-friendly snacks. Their suggestions:

- ✓ **whole-grain sandwiches with savoury fillings**
- ✓ **whole-grain bread sticks**
- ✓ **yogurt**
- ✓ **cheese**
- ✓ **fresh fruit, especially high-fibre fruits like oranges or unpeeled apples**
- ✓ **raw vegetable sticks with hummus or other dips**
- ✓ **kefir or drinkable yogurt**
- ✓ **small carton of milk.**

The Bad Guys

Some snacks should be given a permanent time out. Here's Dr. Höediono's list of what not to put in your child's lunchbox:

- ✗ **cereal/marshmallow squares**
- ✗ **candy apples**
- ✗ **soft drinks**
- ✗ **sugar cubes** (*yes, says Dr. Höediono, some parents pack a couple with lunch!*)
- ✗ **fruit rollups**
- ✗ **chocolate bars, especially those containing caramel**
- ✗ **doughnuts and pastries.**

Brushing on the go

Even if you send your kids to school with a lunchbox brimming with tooth-friendly snacks, they'll still need to clean their teeth after eating. The best solution, says Dr. Höediono, is to pack a toothbrush and fluoridated toothpaste, too, and encourage your children to make brushing part of their lunch ritual.

If your child's forgotten his toothbrush, Dr. Höediono says get him or her to rinse his or her mouth vigorously a couple of times, preferably with community-fluoridated water from the tap.

A word about vitamin D

Sunlight provides vitamin D, but our northern climate means that we may not get enough of it during the winter. The best food source is fortified milk, but other foods (margarine, eggs, chicken livers and oily fish) contain small amounts. Most pediatric multivitamins contain sufficient vitamin D for your child's needs, but always check with your pediatrician.



Kids and calcium

A well-balanced diet rich in calcium and vitamin D is critical for healthy bones and teeth. Your first choice should be milk and milk products fortified with vitamin D, says Cathy Pearson, adding, "These don't have to be the lower-fat kind, unless your child is close to the end of linear growth. Kids need the extra fat for energy and development."

If your child is lactose-intolerant, check out these sources of calcium:

- lactose-free or lactose-reduced milk and dairy products
- cheese, such as Swiss, Edam, Gouda and cheddar, since they contain very little lactose
- yogurt
- kefir
- soy beverages fortified with calcium
- canned sardines and salmon with bones
- tofu prepared with calcium sulfate.

Candy: The hard truth

It's a sad fact that most kids have a sweet tooth. Dr. Höediono suggests instilling good eating habits in your children early on by offering fresh fruit or fruit yogurt for dessert, instead of sugary treats.

But candy's not going away, so we asked Dr. Höediono to nominate the least harmful (and the most) in the candy store. He advises rationing the least harmful duo to very small amounts at mealtimes.

Least-harmful candy:

- a small amount of dark chocolate
- a candy made with a sugar substitute (such as Splenda).

Worst candy:

Any sweet that is:

- sticky
- bathes the teeth in sugar
- stays in the mouth for a long time.

Visit youroralhealth.ca

for more information
about healthy snacks.



Toothbrushes 101



Manual versus electric: which is better?

By Heather Buchan

Choosing a toothbrush these days can be somewhat overwhelming. You may find yourself wondering whether that hi-tech electric toothbrush on the shelf is better than the manual kind you've always used. Here we break down the basics for you.

What a Brush Does

Essentially, the purpose of a toothbrush is to remove plaque, stimulate gums and maintain good oral hygiene. But the effectiveness isn't solely based on the type of toothbrush you use. There are a number of other factors that are equally important, including your brushing technique, how often you brush and the length of time you spend brushing. And this is where the features of manual and electric toothbrushes come into play.

While manual toothbrushes are portable, inexpensive and easy to use, they require the user to provide all of the brushing action. Electric toothbrushes, while considerably more expensive and complex to use, only require the user to guide the brush along the surface, while the brush itself uses electric power to vibrate, pulsate and oscillate, getting hard-to-reach places.

However, according to Toronto-based dentist Dr. Brian N. Feldman, Editor of *Ontario Dentist*, electric brushes do not offer a clinically significant advantage compared with manual brushes. "Considerable research has failed to demonstrate any significant clinical differences in overall cleaning efficacy between the two types of brushes," he says. The decision really comes down to each individual's needs and motor capabilities.

"People with mental or physical disabilities or who require caregivers to provide oral hygiene are better served with electric or battery-powered brushes," explains Dr. Feldman, adding, "People who tend to be lazy brushers or who don't spend enough time brushing can also benefit from powered brushes." ■

Latest and Greatest Features

Some of the latest innovations for manual toothbrushes include:

- **Ergonomically shaped handles** that are more comfortable to hold and cause less muscle fatigue during routine use than regular handles.
- **Angled heads and multi-tapered bristles**, which help overcome incorrect brush positioning and clean more effectively between teeth and under the gum line.

Pros of Manual and Electric Toothbrushes



Manual features:

- Criss-crossed, extra-long or multi-level bristles
- Textured bristles
- Cupped bristle design for whitening benefits
- Gum stimulators
- Tongue-cleaner pads.



Electric features:

- Pressure sensors to signal when brushing is too hard
- Timers to help keep track of how long you're brushing each quadrant of your mouth
- Digital reminders for when to replace your brush head
- Oscillating-rotating or sonic technology
- Multiple brush-head compatibility, so you can choose which kind of bristle design you prefer.

Biggest toothbrush mistake

Did you know?

- Both standard toothbrushes and electric brush heads should be replaced every three months or when the bristles are no longer straight and firm.
- The recommended brushing time with a manual toothbrush is two minutes, two to three times each day.
- Plaque accumulates everywhere in the mouth, not just on the teeth and gums, so it's important to buy a brush with a built-in tongue and tissue cleaner, to clean the whole mouth.



Visit youroralhealth.ca
for more information
about proper brushing
techniques.



"Many people buy a brush in which the head is too large for their mouths, especially for children," says Dr. Feldman, adding that brushes with smaller heads actually clean more thoroughly and reach more areas of the teeth, gums and tissues than those with larger heads.

THE *white stuff*



Flashing a *picture-perfect smile* has never been easier with so many “whitening” options available.

By Cheryl Embrett

For whiter, brighter teeth, you can choose from in-office bleaching by your dentist, as well as at-home bleaching, gels, rinses, toothpastes and strips. We asked ODA members Dr. Brian N. Feldman, who is based in Toronto and is also Editor of *Ontario Dentist*, and Dr. Ian McConnachie, a pediatric dentist in Ottawa, for tips to help us get a whiter, brighter smile.

Q: What causes teeth to yellow or discolour?

A: Teeth naturally darken with age; however, staining can be caused by various foods and beverages, including coffee, tea, red wine or grape juice, some drugs such as tetracycline, smoking or trauma to the tooth.

Q: How does whitening work?

A: Bleaching products contain peroxides that help remove both deep and surface stains. In general, the more peroxide, the greater the whitening power, which is why in-office bleaching by a dental professional is the most effective method. Your dentist can also provide you with custom-fitted trays, so you can apply the bleaching solution at home.

Q: Are over-the-counter products, such as whitening toothpastes and strips, effective?

A: Many over-the-counter products are only moderately effective, says Dr. Feldman, who notes that the whitening ingredients in toothpastes, rinses and strips aren't always in contact with the teeth long enough to have an effect. For instance, when you apply strips, if they loosen or aren't stable enough for the whitening gel to be in contact with the teeth for the required amount of time, you don't get the proper result. "Custom-fitted trays are the gold standard in whitening," he says.

Q: Does whitening work for everyone?

A: Bleaching will whiten only natural tooth enamel, not caps, crowns, veneers, fillings or dentures. If you have tooth sensitivity or any oral infections or gum disease, talk to your dentist before using a tooth whitener.

Q: My tween wants her teeth to look as white as Selena Gomez's. Is she too young for bleaching?

A: "There's a huge push by the cosmetic industry that whiter is better, and kids are picking up on it," says Dr. McConnachie. Bleaching is not recommended until kids have all of their adult teeth, usually around their mid-teens, and even then there is a greater likelihood of bleaching causing sensitivity. There is just not enough adequate research on safety at this age, cautions Dr. McConnachie.

There are also natural changes to the colour of the teeth up until age 14 or 15, so Dr. McConnachie advises taking a wait-and-see attitude. "I tell my younger patients not to rush this because your teeth might look a whole lot better a couple of years from now." Dr. Feldman is opposed to whitening treatments for patients under the age of 20. "And even patients in their early 20s are, for the most part, unlikely to need it, unless they've had some genetic discolouration or there have been some adverse drug effects that have caused their teeth to discolour," he says.

Q: How white will my teeth get?

A: The degree to which your teeth will whiten depends on the number of teeth involved, the severity of discolouration and the natural colour of your teeth. You don't want your teeth to be so white that they look unnatural, says Dr. Feldman. "Teeth are not meant to be toilet-bowl white."

Q: Are there any side-effects?

A: Most tooth-whitening systems use some form of peroxide as the whitening ingredient, which can cause increased tooth sensitivity in some individuals; although, it's usually temporary. If you experience any sensitivity, stop using the whitener and consult your dentist.

Q: Any tips for keeping teeth looking whiter and brighter?

A: Studies show that using an electric toothbrush may make your teeth a shade lighter, says Dr. McConnachie. Brushing, flossing and booking regular dental cleanings to remove plaque will also leave teeth looking cleaner and brighter, adds Dr. Feldman. ■



Brace Yourself

By Cheryl Embrett



No longer the dreaded “train tracks” we remember from our childhoods, today’s braces are **comfortable**, **colourful** and **versatile**.

Braces were once considered a teenage rite-of-passage, but times have changed — and so have the braces! My daughter got her first set, complete with hot pink elastics, before her eighth birthday. I finally decided to have my own teeth straightened in my early 40s.

“Anything that makes your teeth look better is in high demand right now,” says ODA-member Dr. LouAnn Visconti, an orthodontist in Timmins, Ont. “Everybody wants the perfect smile.” Braces have also become more esthetic — smaller, less obvious (or more fashionably flamboyant for the younger set) — and more comfortable. Kids are less reluctant to get braces now because so many of their friends have them too, says Dr. Visconti, who has been practising orthodontics for almost 20 years. “I’ve actually had kids cry in the chair when I told them they weren’t ready for braces because they still had their baby teeth,” she laughs.

Not just for kids

Many adults are also choosing to benefit from orthodontic treatment. In fact, approximately 25 percent of all patients with braces are 18 and older. “A lot of adults say they’ve always wanted this done but their parents couldn’t afford it,” says Dr. Visconti. There are also more options that fit into the adult lifestyle. When Rose Zisko decided to get braces at the age of 42, she opted for Invisalign — clear, barely noticeable aligners that move teeth into place. “I didn’t want to wear metal in my 40s,” says Zisko, an association co-ordinator. Invisalign allowed her to enjoy virtually concealed tooth straightening, and she could remove the device while eating, brushing and flossing. Invisalign is also available for teens who prefer to wear invisible, rather than colourful, braces.



Find a good fit

A full set of braces will usually cost around \$5,000 to \$6,000 minimum. Many employee benefit plans cover a portion of the cost, typically to a maximum of \$2,000 to \$2,500. Book a consultation and make sure there’s a good fit between you and your orthodontist. “You’re going to be spending a lot of time and money, so you want to make sure you have someone you’re comfortable with and your child is comfortable with,” says Dr. Visconti.



Straight teeth are healthy teeth

Straightening your teeth, no matter what your age, is about more than just an attractive smile. “There are all sorts of oral-health issues, as well as cosmetic issues, associated with teeth that aren’t straight,” says ODA-member Dr. Ian McConnachie, a pediatric dentist in Ottawa. Simply put, straight teeth function better, stay healthier and are easier to clean. And a beautiful smile increases your confidence and self-esteem.



The sooner the better

The American Association of Orthodontists recommends that children see an orthodontic specialist no later than age seven. Many orthodontic problems are easier to correct if detected early, and early treatment may mean your child can avoid surgery or more serious corrections later in life. Kids who were thumb-suckers or used a soother for an extended period of time may require early treatment to correct a cross-bite, for example, says Dr. McConnachie. The average age for getting braces, however, is 11 or 12, when a child’s adult teeth have all come in. ■



Did you know?

→ If you wear braces, a mouthguard should still be worn when playing sports. Ask your dentist about custom-made mouthguards.

Visit youroralhealth.ca for more information about braces.





Test your dental knowledge by taking this quiz!

For the answers, or to take the full quiz online, visit youroralhealth.ca and click on the Kids' Zone.

A good toothbrushing should take:

- ☐ 25 seconds
- ☐ 1 minute
- ☐ 2 or 3 minutes
- ☐ 10 minutes

How often should you change your toothbrush?

- ☐ Every day
- ☐ Every 2 or 3 months
- ☐ Every year
- ☐ Every 5 years



What snack foods are best for your teeth?

- ☐ Toffee, candy floss
- ☐ Peanut brittle
- ☐ Popcorn, nuts
- ☐ Chewy fruit gum drops

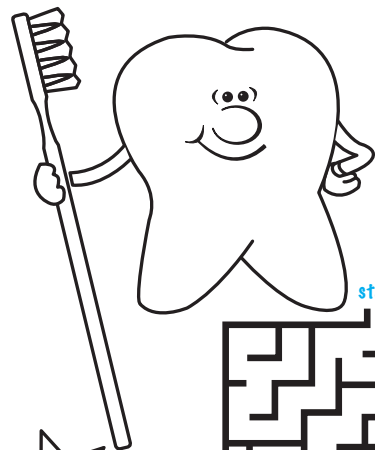
How much toothpaste should you use?

- ☐ Enough to cover the entire surface of the brush
- ☐ A small pea-sized amount
- ☐ Half of the tube
- ☐ One tablespoon

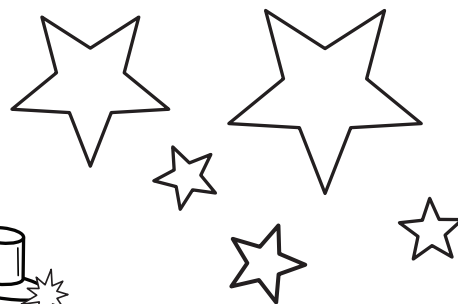
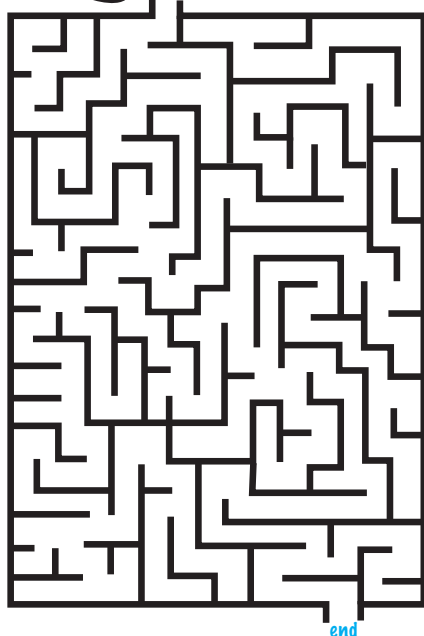
Answers:

- A good toothbrushing should take 2 or 3 minutes.
- You should change your toothbrush every 2 or 3 months, or if it starts to show wear.
- Popcorn and nuts are better choices for snacks than chewy, sticky foods, which stay on your teeth longer.
- You only need about a small pea-sized amount of toothpaste.

Dental Maze



Help the toothbrush



find the
toothpaste



joke
corner

Pam: "Why didn't the monster use toothpaste?"

Dan: "I don't know. Why not?"

Pam: "Because his teeth weren't loose!"

Did you know?

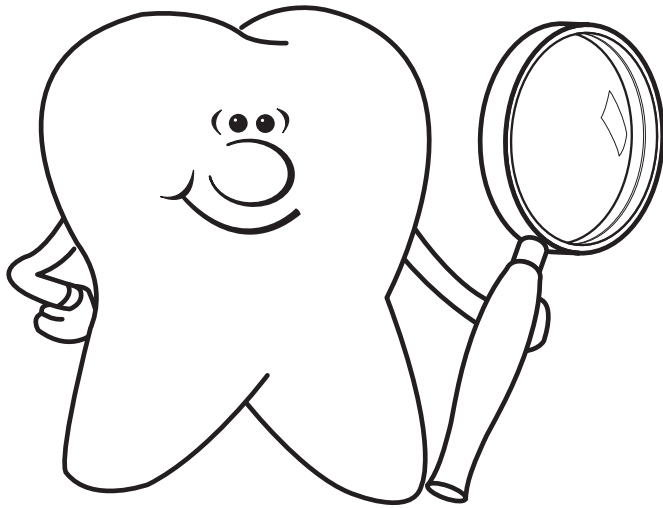
T. Rex had the
biggest teeth of all
the dinosaurs,
measuring up to
9 inches in
length!



Visit youroralhealth.ca

Click on Kids' Zone
for more games and puzzles!





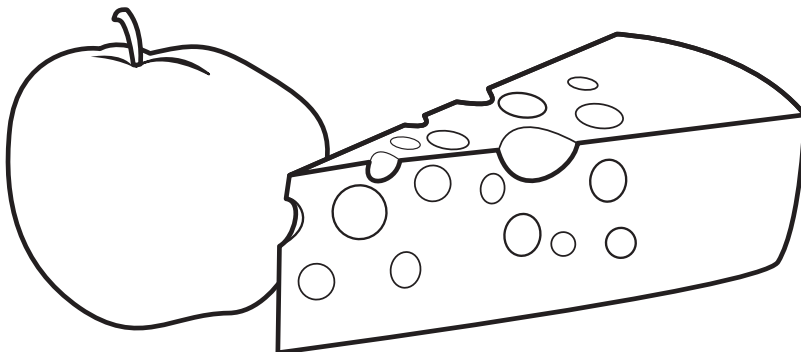
Dental Word Search

Search the puzzle for the words shown in the word list. Circle each word that you find until you find all the words in the puzzle!

W A T E R E X C A R T G H U D P M O T T E D
 R S F O T R Y U G P S E E N M T U O M S I H
 D F L U O R I D E Y H K O F O R S F I P H X
 S E D C O T I T Y L M O R A L O P R D R E G
 M U I K T R H U G Y I M N I A T F U I I A C
 O W L R H O P B R A C E S T R J H I B N L M
 Y T O F P K L U R O H P M T D E N T I S T Y
 L C U J A R D M O U T H E Y T G L M A E H U
 U H H O S T L C L A S Y U D T H B A E C Y L
 R E F G T G H A A Y B H F L O S S E S T S Y
 S C U J E T H G K V A L K M N U I P G N N R
 O K H F D H G L B X I W E F G H J P E W A M
 R U A P P L E Y U F R T E S U S M I L E C H
 T P G E A S P K M I L K Y R E J H M O P K T
 O U P H S W Q R E E J M B L O D S P B D M A

WORD LIST

APPLE
 BRACES
 CAVITY
 CHECKUP
 CHEESE
 DENTIST
 FLOSS
 FRUIT
 FLUORIDE
 HEALTHYSNACK
 MILK
 MOLAR
 MOUTH
 ORAL
 RINSE
 SMILE
 TONGUE
 TOOTHBRUSH
 TOOTHPASTE
 WATER



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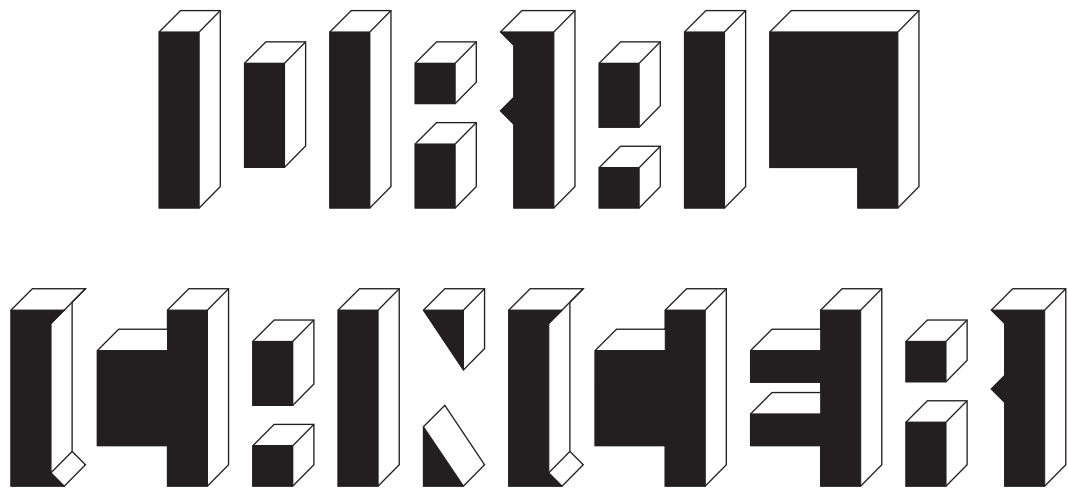
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your oral health.





NOT EVERYBODY
CAN SEE IT, BUT
YOUR DENTIST CAN.
BOOK AN EXAM TODAY.

