

YOUR ORAL HEALTH

FALL | WINTER 2013/14

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One parent's story

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Answers to common questions

CHEW, CHEW! Sugarless chewing gum –
why dentists give it a nod

YOUR ORAL HEALTH

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your oral health.



**Welcome to our Fall | Winter 2013/14 issue of *Your Oral Health.ca*
Brought to You by the Ontario Dental Association (YOH.ca)!**

Today, information on many topics, including oral health care, is delivered to us from a variety of sources — TV shows, magazines and the Internet. Some of it is valid, but often information from so-called experts, especially if sourced from the Internet, may be questionable.



This is our fourth issue of *Your Oral Health.ca* magazine. Over and over we hear from readers — both patients and dentists — that they find the articles informative, and that they know the information they are reading comes from our dental professionals.

All of our content is supplied and carefully vetted by a panel of our member dentists — and the topics we have included are ones that our patients ask us about during their dental visits. For example, our cover article is about oral piercings. Luckily, my children are too young to be interested in this fashion trend, but as a parent, I want to be educated and ready for the day when they do. (See page 5 for “A Risky Fashion Option”.)

Patients have told me that they appreciate the wide variety of topics we explore in *YOH.ca*. In this issue, you can learn more about the mysterious burning mouth syndrome, review a guide to braces, spacers and aligners and learn some interesting facts about chewing gum. And we had to ask: Does swallowed chewing gum really stay in your stomach for seven years? (For the answer, please turn to page 11.)

If you have questions about any of the articles in this issue of *YOH.ca* magazine, please ask your dentist. And please let us know if you have ideas for possible future articles. We'd love to hear from you.

Just send us an email at yoh@oda.ca.

A handwritten signature in black ink that reads "DEBBIE SAUNDERS".



Our Contributors



Julia Aitken is a Canadian writer and editor. She is Food Editor of *Expressions* and Sears' *My Advantage* magazines, and a food writer for *Food & Drink* and *Diabetes Dialogue* magazines. Julia lives with her husband and two cats, who all possess enviable Cheshire smiles.



Cheryl Embrett has written and edited for many Canadian magazines, including *Canadian Living*, *Today's Parent*, *Homemaker's* and *Best Health*. Toronto-based Cheryl is happy that her 13-year-old daughter Scotia has no interest in getting her tongue pierced.



Jennifer D. Foster is a freelance editor and writer, whose clients include *The Globe and Mail*, Scholastic Canada Ltd., the Art Gallery of Ontario, HarperCollins Canada, Kids Can Press and *Ontario Dentist*. She lives in east Toronto with her husband and their 11-year-old son, and they all brush and floss their pearly whites daily.



Kitura Mitchell is a writer/editor who also writes for *Ontario Dentist*. She lives in Toronto with her seven-year-old son, Jayson. Kitura is pleased to report that Jayson is just getting his fifth permanent tooth. He brushes and flosses daily and all his teeth look fine.



Donna Paris is a freelance writer and editor in Toronto. She was an editor at *Canadian Living Magazine* for many years and, because of her teeth, she considers her smile her best asset.

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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.

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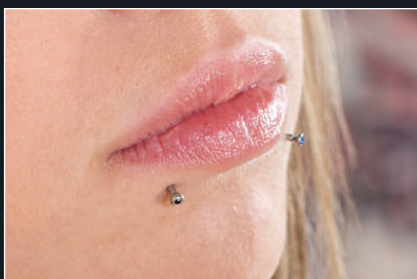
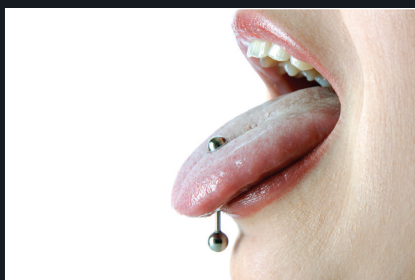
We have more information about many oral health topics on youroralhealth.ca –



the ODA's website.

And it's all ODA-approved!

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A Risky Fashion Option

Oral jewelry may appeal to teens, but just how safe is it?

By Cheryl Embrett

First your daughter wanted to get her ears pierced, then her nose. And now your son wants to get his tongue pierced. You're all for self-expression as long as it's harmless — but is it?

When it comes to oral piercings, most dental professionals say no. The possible complications or problems one might encounter immediately

after an oral piercing are similar to what you'd expect after any puncture wound or incision, says Dr. Jerry Smith, a dentist in Thunder Bay, Ont., and ODA President-Elect (2013-14). Namely, pain, swelling and infection, as well as scar tissue formation. However, secondary infections following oral piercings can be quite serious, he says, especially ones involving the

tongue. Dr. Smith has had patients who have required surgery to correct the damage done. "In some cases, the damage wasn't reversible or completely repairable," he says.

If your teen is still set on adding a little oral bling, here's what you need to know to make an informed and safe decision.



What, **exactly**, is an oral piercing?

Oral piercings usually consist of a barbell through the tongue or labret (the space between the lower lip and chin). Other common oral piercing locations include the lips, uvula and cheeks. The jewelry comes in different styles, including labret studs, barbells and rings. They can be made of stainless steel, gold, titanium, plastic or nickel.



Good to know:

Plastic jewelry is less damaging than metal, and nickel may cause allergic reactions.

What **problems** can an oral piercing cause?

Complications vary depending on the location of the piercing, says Dr. Ian McConnachie, a pediatric dentist in Ottawa and an ODA Past President, who regularly treats patients with oral piercings. For piercings through the tongue or lip, or below the tongue, there's a risk of teeth chipping from the stud at the end of the device. Piercings through the floor of the mouth below the tongue or through the tongue have the highest risk of developing into a serious infection. "These areas have a high blood supply and they're located close to major structures such as the airway that can become obstructed as a result of infection," says Dr. McConnachie. "While rare, this can be life-threatening."

There is also a risk of nerve or muscle damage from the piercing. "While this is not usually serious or permanent, it's a little disconcerting for the patient," says Dr. Rick Caldwell, a dentist in New Liskeard, Ont., and President of the ODA (2013-14). "There can also be damage to the gum tissue, particularly with certain labrets," he adds. The jewelry can

cause gums to recede and leave the tooth root more vulnerable to decay and periodontal disease. Not a pretty picture. Especially when you factor in other possible complications such as bad breath, drooling and problems with chewing and swallowing.

Dr. Caldwell says oral piercings have become increasingly less popular with his teen patients. "A particularly bad infection as the result of a tongue piercing was in the news a few years ago. That may have dampened the enthusiasm of some youth," he says.



Good to know:

Constantly playing with and manipulating jewelry once it's been placed in the mouth increases the chances of getting an infection.

What are the best **precautionary measures**?

Dr. McConnachie encourages anyone who is considering a piercing either close to or within the mouth to discuss the matter with a dentist first and to keep these safety measures in mind.

- Check out the cleanliness of the place doing the piercing. Do they have an infection-control policy posted? A recent investigation by the *Toronto Star* and the Ryerson University School of Journalism found that half of the complaints filed against personal service settings in Toronto, such as tattoo and piercing parlours, involved items not being properly cleaned or sterilized.

- Ensure that the practitioner performing the piercing is experienced and uses strict infection-control practices (an autoclave sterilizer, for example, for non-disposable equipment, and new needles and gloves) to avoid serious infections such as hepatitis B and C, and HIV. Ask for detailed after-care instructions.
- Disinfect your oral jewelry regularly and brush the jewelry the same as you would your teeth.
- If piercings are in close proximity to the teeth, make sure the ends, or even the entire stud, are made of plastic.
 - Try to avoid the tongue or the floor of the mouth for piercing because of its higher risk of infection.
- Seek immediate medical or dental attention if you experience excessive bleeding, swelling or pain following a piercing, or if there is any evidence of infection (an odour or fluid from the piercing, for example).
- Visit your dentist regularly so that he or she can closely monitor the piercing and any potential damage to teeth and gums. ■

Good to know:

Check the tightness of your jewelry periodically (with clean hands) to prevent swallowing or choking if the jewelry becomes dislodged.

Toronto Star article:
http://www.thestar.com/news/gta/2013/07/06/tattoo_piercing_technicians_often_lack_hygiene_training_to_safely_star_investigations_finds.html

Visit youroralhealth.ca

for more information
about teens'
oral health.





You Could Really Use a Mint!

Dragon breath, bromopnea, oral malodour, halitosis.

Regardless of what you call it,
we've all had it on occasion – *bad breath*.



By Jennifer D. Foster

According to *The Journal of the American Dental Association*, halitosis is a common condition found in at least 50 percent of the adult population, with 25 percent of that group having chronic bad breath. And, “90 percent of bad breath is intraoral in origin, meaning it comes directly from within the mouth,” says Dr. Jerry Smith, ODA President-Elect (2013-14) and a dentist in Thunder Bay, Ont.



Causes

The causes of halitosis are vast and varied. Here are the most common:

Sinuses and tonsils

Oral malodour can be caused by “materials trapped in tonsils as part of our normal defence system,” says Dr. Rick Caldwell, ODA President (2013-14) and a dentist in New Liskeard, Ont. And “if your gums and teeth are healthy and your mouth is clean, the cause could be a sign of a medical disorder such as chronic sinusitis or a respiratory tract infection,” states Dr. Smith. “Your dentist can evaluate the problem and refer you to a medical doctor, if necessary,” he says.

Gastric issues

Bad breath may also come from gastric reflux and gastrointestinal issues, says Dr. Smith. As Dr. Caldwell explains: “Semi-digested food that is forced back through the gastric sphincter can contribute to halitosis. This can be a particularly bad issue in people who have difficulty digesting certain foods, like lactose or corn products.” And, he adds, “some people who have been infected with *Helicobacter pylori*, bacteria that thrive

in the wall of the stomach, can have a tendency to have more reflux of stomach contents. These refluxed acids allow the bacteria that produce volatile sulphur products to thrive and, thus, create more bad breath issues.” Luckily, this is not a common source of bad breath.

Food and tongue

Some more common causes are specific foods (onions or garlic, anyone?), alcohol and tobacco, says Dr. Caldwell. “The most common reason is bacterial breakdown of residual food caught in and around teeth.” And, adds Dr. Ian McConnachie, a pediatric dentist in Ottawa: “there are bacteria that metabolize food sources and create volatile sulphur compounds in the mouth that are particularly trapped in the crevices on the surface of the tongue, more toward the back. They are a major cause of halitosis.”

Dental causes

Poor oral hygiene and a build-up of plaque are other sources of halitosis, says Dr. Smith. Other causes are dental decay, periodontal disease and the bacterial by-products produced in gum disease.

Health conditions and medications

Xerostomia (dry mouth) can also cause bad breath, says Dr. Smith. Saliva helps cleanse your mouth and remove particles that may cause malodours, so when saliva production is decreased, halitosis can occur. According to Dr. Smith, some medications may also lead to halitosis. Dr. Caldwell agrees: “Antidepressants and antihistamines may have dry mouth as side-effects. And some analgesic agents, like codeine, ibuprofen and naproxen, can also produce significant dry mouth in some patients.”

Other health-related causes can include diseases producing volatile products released from the blood during breathing, according to Dr. Caldwell. For example, “there is a fruity smell in the breath in undiagnosed or uncontrolled diabetes,” he says. And, kidney disease can cause an ammonia-like or fishy-smelling breath, while liver and lung disease can also produce bad breath as a result of the chemicals produced.

Some common causes of bad breath

- onions
- garlic
- alcohol



How do I get rid of bad breath?

Treatments may vary from the straightforward to the more complex.

- A simple way to help keep halitosis at bay is to drink plenty of water. Keeping your mouth moist inhibits the growth of bacteria that contribute to bad breath in cases where the cause is food that is trapped in the mouth. How? "Extra water flushes away more food, so there's less material for the bacteria to break down," explains Dr. Caldwell.
- Regular dental cleanings, as well as thorough daily home care, are also effective preventative measures. And it's especially important to brush the tongue, advises Dr. McConnachie, because of all the malodour-causing bacteria that accumulate on it regularly. But, if daily home care and regular dental cleanings don't solve the problem, "an oral examination, done by a dentist, will identify areas of infection or disease inside the oral cavity," advises Dr. Caldwell.
- And "if the smell is coming from areas of decay, restoration of the offending tooth/teeth is helpful," he says. "This could vary from a simple restoration to root canal treatment, depending on the condition

of the damaged tooth. In cases of gum disease, professional cleaning and any of a number of complementary therapies, including chlorhexidine rinses, certain medications and the use of an oral irrigator, would be helpful."

- For those with xerostomia, Dr. Caldwell says chewing sugarless gum may be helpful to stimulate saliva flow. But, he says, "some syndromes just don't allow one to produce saliva, and that's where artificial saliva might be helpful."

Medical referrals

If you have any questions or concerns about halitosis, its causes or treatments, don't hesitate to see your dentist. "He or she is an oral-health doctor, and if the cause is not intra-oral, than a referral to a medical doctor may be needed," advises Dr. Smith. Dr. Caldwell concurs regarding an evaluation: "The oral cavity and the smells detected can reveal a medical problem requiring treatment by a physician."

The bottom line? "Don't ignore bad breath," says Dr. Caldwell. "On occasion, it's a sign of something more serious and, like most illnesses or diseases, the sooner it is diagnosed and treated, the better the long-term prognosis," he says. "Most of the time, however, it's minor and easily treated by the dentist and his or her team." Now, that's a breath of fresh air! ■

Visit youroralhealth.ca

for more tips for
fresh breath.





CHOW CHOW!

Go ahead, have a piece of (sugarless) gum and make your dentist happy

By Julia Aitken

Chewing gum is thought to be the world's oldest candy — we've been chomping down on it for more than 5,000 years! But what do dentists think of all that chewing? While the people who care for our teeth aren't usually fans of candy, when it comes to sugarless gum, most dentists give it the nod.

"Chewing sugarless gum is a great way to help stimulate saliva flow in patients with dry mouth," says Dr. Deborah Saunders, *Your Oral Health.ca's* Editor-in-Chief. That salivary stimulation also helps protect your teeth from decay-causing bacteria, so if you aren't able to brush your

teeth after eating, chewing sugarless gum can help.

Dr. Rick Caldwell, ODA President (2013-14), agrees. "Chewing sugarless gum can help freshen breath in the short term; although gum doesn't bleach the teeth, it can help remove some surface stains."

Who shouldn't chew gum?

"Patients with temporomandibular joint disorders (TMJD) shouldn't chew gum as this may make their condition worse," says Dr. Saunders, Medical Director of the Dental Oncology Program at Northeast Cancer Centre in Sudbury, Ont. (See *TM-what?* for more on TMJD.)

Adds Dr. Caldwell, a general practitioner in New Liskeard, Ont., "With TMJD problems, the joint requires rest, not extra use. Also, people with facial muscle spasms shouldn't chew gum, and, for those with sensitive teeth, depending on the source of their sensitivity, chewing gum can be quite uncomfortable."

One last point: If you've had orthodontic work done, such as implants, or if you wear a denture, you may want to talk to your dentist before opting to chew gum, since some gum will stick to orthodontic and acrylic work.

Xylitol 101

Xylitol is a naturally occurring sweetener used in many foods, including chewing gum. Unlike sugar and other sweeteners, says Dr. Saunders, xylitol cannot be digested by the plaque-causing bacteria in our mouths, which, in turn, reduces the amount of plaque on our teeth. For best results, she recommends looking for gum that contains at least one gram of xylitol per piece. But, Dr. Saunders also has a few warnings:

- **Xylitol can be toxic to dogs**, so keep your chewing gum away from Fido.
- When starting to chew xylitol, meeting the recommended five to 10 grams per day should be done **gradually over a period of several weeks**, to allow the gastrointestinal system time to adjust.
- Since it can cause diarrhea and intestinal gas, people with **inflammatory bowel diseases**, such as irritable bowel syndrome or Crohn's disease, **should avoid xylitol**.

Trivia to sink your teeth into

Ancient Greeks chomped on a gummy tree resin called *mastiche*, from the mastic tree; the Mayans of South America favoured *tsictle*, a natural latex from the sapodilla tree; and native North Americans preferred resin made from spruce tree sap.

In the 1870s, while American inventor Thomas Adams was experimenting to see if *tsictle* (called "chicle" in the United States) could be a replacement for rubber, he found that heating it with sugar and flavourings created a chewing gum superior to the paraffin wax-based ones then popular. Adams patented it and launched Black Jack, America's first flavoured gum, in 1884.

The recipe for modern chewing gum usually includes a synthetic gum base of polymers, resins or waxes mixed with a softener, like glycerin or vegetable oil, plus sweetener, flavour and colour. Yum!

Just remember: chewing gum containing sugar can be harmful to teeth and may lead to cavities.

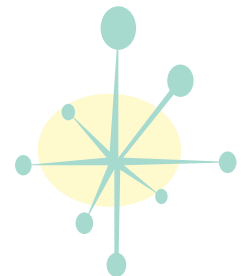
TM-What?

TMJD (temporomandibular joint disorder) may involve pain in the joint and muscles of the jaw. Some of the causes include arthritis or jaw injuries. If you experience pain in your jaw, see your dentist immediately.

Do You CHEW?

According to Statistics Canada, in 2008 the Canadian chewing gum market, which includes sugarless gum, was worth \$400 million. That works out to **more than 100 sticks of gum for every man, woman and child per year**. Sound like a lot? Well,

Americans each chew 300 sticks of gum a year!



Myth Buster

Despite what your mom may have told you, if you swallow chewing gum it doesn't take seven years to digest. Sure, the gum base isn't easily digested, but your gut will send it on its way like everything else you eat.

My Child's Permanent Teeth Grew In – And They Looked Yellow!



One parent's story

By Kitura Mitchell

As parents, we cherish those short-lived, adorable toothless grins from our babies and the heart-warming gap-toothed smiles from our toddlers and kids. When these disappear, we know our kids are growing up. And we all want bright-white smiles to follow them into adulthood. But, when those cute baby teeth fall out, some children's permanent teeth may come in looking slightly yellow to very yellow, causing parents to be alarmed, including me.

When my then six-year-old son's first permanent teeth (the bottom incisors) grew in looking a tad yellow, I wasn't really concerned. But when the top ones also came in looking yellowish, I was horrified, to say the least! I waited a few weeks, hoping it would go away, but it didn't, so I consulted my dentist. While doing some re-

search, I learned that the yellowish tinge, in my son's situation, was quite normal, but this may not always be the case.

Explains Dr. Rick Caldwell, ODA President (2013-14): "Intrinsic (or interior) discoloration is inside the tooth. This is more difficult to change, and we tend to leave this until the child is older. Extrinsic (exterior) stains are on the surface of the teeth and are much easier to remove by cleaning or polishing."

Permanent teeth are naturally more yellowish than primary teeth due to the relative thickness of their enamel and a greater volume of dentin (the hard, creamy-yellow layer which forms the bulk of the tooth beneath the enamel), says Dr. Caldwell, who practises in New Liskeard, Ont. "As a result, children's permanent teeth can

Did You Know?

At age six or seven, the first adult (or permanent) teeth come in. They are known as the "first molars" or the "six-year molars." They come in at the back of the mouth, behind the last baby (or primary) teeth. They do not replace any primary teeth. Also, at around age six, children start to lose their primary teeth. The roots slowly get weak, and the tooth falls out. Children lose primary teeth until they're about 12 years old.

– Courtesy of
Canadian Dental
Association's website:
www.cda-adc.ca



look more yellow next to, and in contrast with, the primary ones. In many cases, this is just a cosmetic concern, and the yellowness won't appear as prominent once the primary teeth fall out," explains Dr. Caldwell. (Fortunately, this was the case with my son, and his teeth now look fine.)

But parents should always consult the dentist to rule out or address potentially serious causes of discoloration, he advises.

Tooth Discoloration in Children: Common Causes and Types

Injury and Infection

"Injury to a baby tooth, from a fall, a hit in the mouth or infection around that tooth, for example, can alter the formation of the permanent tooth, says Dr. Ian McConnachie, a pediatric dentist in Ottawa and ODA Past President. According to Dr. McConnachie, the alteration can be as mild as a cosmetic blemish on the front surface of the tooth or so extensive as to cause total disruption in the form and colour of the tooth. "The severity of the disruption is partly determined by the severity of the injury or infection. But it can also be associated with the length of time during which treatment is delayed, so seeking early dental care is critical in these situations," he says. It is also important for your child to protect his or her teeth with a mouthguard when playing sports.

Trauma to a permanent tooth can also cause discoloration over time, says Dr. Caldwell. "In the short term, there can be bleeding inside the tooth, and as this blood breaks down, the tooth can appear greyish. Over time, the permanent tooth can change to a more yellowish or opaque appearance as the nerve area is replaced by more dentin, in response to the trauma." Dr. Caldwell and Dr. McConnachie both advise that you take your child to the dentist for diagnosis and treatment immediately (or as soon as possible) following an injury to any tooth — primary or

permanent — to reduce the risk of discoloration.

Another type of discoloration that can affect children's teeth is that of brown lines on the tooth surface, and these could be from one of several causes, says Dr. McConnachie. "A horizontal brown line on the tooth is most likely related to a disruption at the time this part of the tooth was forming. A classic example of this is a high fever over a number of days. The remaining part of the tooth is unaffected, and the enamel is sound," he explains. "Vertical brown lines, on the other hand, are more likely associated with a genetic predisposition." Parents concerned about the colour of their children's teeth should always consult their dentist for advice on diagnosis and treatment options.

Medications

The drug most commonly associated with discoloration in developing teeth is any of the tetracycline family of antibiotics, says Dr. McConnachie. "These antibiotics should not be prescribed to children before or around the age of 10, as they are known to cause darkening in teeth that are

still forming." According to Dr. McConnachie, the colour change, which is especially undesirable in cosmetically important front teeth, can range from yellow to brown to red-brown and even grey. Other classes of drugs can also cause colour changes if given during the time of tooth formation to about age eight, but the possibility of tooth discoloration is partly related to how long and how often these drugs are given. "When a drug is prescribed for your child, you should ask the doctor or dentist whether there is any known potential for tooth colour change and, if so, whether there are any alternative drugs that could be used," cautions Dr. McConnachie.

Food and Beverages

Surface staining can occur from dark or coloured foods and drinks such as artificially coloured gum, candy, colas and cheesy snacks. These can usually be removed by a thorough professional cleaning, but, as a parent, you should control your child's intake of these foods or try to avoid them altogether, says Dr. Caldwell. ■



How to Help Kids "DIS" Coloured Teeth

- Have your child brush and floss at least twice daily and take your child to the dentist for regular professional cleanings.
- Avoid giving your child artificially coloured food and drinks.
- Have your child wear a mouthguard to protect his or her teeth when playing contact sports.
- Take your child to the dentist immediately, or as soon as possible, following an injury to any tooth or teeth.
- Ask your child's dentist and doctor about the tooth-discolouring effects of any medication prescribed for your child before the ages of eight to 10.



The Mystery of Burning Mouth Syndrome

It shows up without warning, can be difficult to
diagnose and even more difficult to treat

By Cheryl Embrett

If you've ever scalded your tongue on something hot — soup, coffee, curry — you know what a relief it is when that burning feeling subsides. But for people who experience a condition called burning mouth syndrome (BMS), that sensation just doesn't go away.

BMS appears suddenly and, often, for no apparent reason. It can be quite

severe — and very frustrating! The discomfort can affect your tongue, lips, palate or your entire mouth. It's something of a mystery disease, since the cause can be difficult to determine, and there's no definitive cure. But, armed with the following information, and with the help of your dentist and physician, you can get BMS under better control.

Symptoms

Besides oral burning, you may experience a dry, gritty feeling in the mouth, as well as numbness, tingling and alterations in taste, says Dr. Victor Kutcher, a periodontist in Burlington, Ont., and ODA Vice-President (2013-14). For many people, the burning sensation begins in late morning, builds to a peak by evening and often subsides at night. Some people feel constant pain; for others, the pain comes and goes. Whatever the pattern, BMS may last for months or for years.

Causes

BMS can affect anyone, but it's most common in women 50 to 70 years of age, says Dr. Kutcher. It has been associated with a number of conditions, including hormonal changes, neurological issues, nutritional deficiencies, stress, smoking, poorly fitting dentures, allergies, oral candidiasis (a fungal infection in the mouth), dry mouth (which can be caused by many medicines and disorders such as Sjögren's syndrome or diabetes), and anxiety and depression. But in many cases, the exact cause — or causes — is elusive. "I like to reassure patients if the cause is unknown, that BMS is not infectious or inherited, as they may worry about passing it onto their loved ones," says Dr. Deborah Saunders, Medical Director of the Dental Oncology Program at Northeast Cancer Centre in Sudbury, Ont., and Assistant Professor at the Northern Ontario School of Medicine.

Diagnosis

A review of your medical history, a thorough oral examination and a general medical examination by your physician and a dental professional trained in managing this condition may help identify the source of your burning mouth. Blood tests and a biopsy may be required. Often, however, there are no abnormal clinical or laboratory findings, says Dr. Kutcher.

Treatment

Depending on the cause of your BMS symptoms, treatment will be tailored to your individual needs. That may include:

- adjusting or replacing poorly fitting dentures.
- taking supplements for nutritional deficiencies.
- switching medications, if possible.

When no underlying cause can be found, treatment is aimed at the symptoms. Avoidance of alcohol and certain foods is often recommended.

As frustrating as this condition is, keep in mind that there are no long-term health consequences, other than the discomfort it brings, says Dr. Saunders. ■

Helpful Tips

In addition to medical treatment, there are some self-help measures you can try:

- drink water regularly to keep the mouth lubricated
- avoid spicy, hot and acidic foods (citrus fruits and juices, for example)
- take steps to reduce excessive stress
- brush your teeth/dentures with baking soda and water
- avoid tobacco and alcohol products (including alcohol-based mouthwashes) that irritate oral tissue

Your Guide to Braces, Spacers and Retainers

If you need orthodontics, then you've probably got questions. Here, we tackle some of the more common ones.

By Donna Paris



If there's one thing that can dramatically improve your appearance, health and even your psyche, it would be orthodontics. Most people who undergo treatment are very happy with their improved appearance and increased self-confidence.

Kids and adults can get braces at any age. "Early preteens and teens would be the easiest time for treatment, when bone is still actively growing – but treatment in older individuals is also very effective," says Dr. Rick Caldwell, ODA President (2013-14), who maintains a dental practice in New Liskeard, Ont. Start by talking to your dentist, who may refer you to an orthodontist. But one thing's for sure: once you do make the decision, you'll have questions about your braces, spacers and retainers. Here's what you need to know.

Why do I need braces?

Most recommendations for orthodontic care involve a combination of improved function or improved esthetics, says Dr. Ian McConnachie, a pediatric dentist in Ottawa and ODA Past President. Problems with function can result in further damage to teeth, gums or bone supporting the teeth, or can result in problems related to jaw function, he explains. And problems with esthetics may arise from teeth that are crowded and overlapping, or teeth with spacing between them.

Am I too old to wear braces?

No. Age is no longer a factor, and these days orthodontics for adults are particularly popular. "A large percentage of the patients in our office are in

the 40- to 70-year-old age group," says Dr. Jeff Berger, an orthodontist in Windsor, Ont.

Where can I find more information?

Patients should only start treatment after a thorough assessment of the benefits and risks — and a thorough discussion with your oral health-care provider. Check out these websites for more information:

- Ontario Association of Orthodontists (www.oao.on.ca)
- Canadian Association of Orthodontists (www.cao-aco.org)
- American Association of Orthodontists (www.mylifemysmile.org)

And, of course, ask your dentist or orthodontist if you have any questions.

What's new compared to 20 years ago?

These days, braces are much smaller and many no longer require metal ties or coloured rings to hold the wire in the brace. And arch wires are much more flexible with lighter force levels, which all add up to greater patient comfort. Invisalign™ has become a popular way to move teeth. "These clear, transparent, removable tooth aligners are a welcome alternative to braces for some of our teenage and adult patients," reports Dr. Berger. One of the latest innovations is the use of laser-scanning technology to create extremely precise images of the teeth, which avoids the need for dental impressions.



The goal of orthodontic treatment is a good bite — meaning straight teeth that mesh well with the teeth in the opposite jaw. A good bite makes it easier for you to bite, chew and speak. This can enhance your dental health and your overall health, and may improve self-esteem.

— Courtesy of the Ontario Association of Orthodontists' website: www.oao.on.ca.

What is an orthodontist?

An orthodontist is a highly trained specialist who has not only graduated as a dentist but has returned to university for post-graduate studies. Your orthodontist will work one on one with you and your dentist to provide you with the best treatment plan to suit your needs.

— Courtesy of the Ontario Association of Orthodontists



If I'm seeing an orthodontist, I don't need to see a dentist, right?

Wrong! "All orthodontic patients need to see their dentist on a regular basis for tooth cleaning and routine checkups," emphasizes Dr. Berger. "This is really a group effort, and it is important that patients also participate by maintaining good oral hygiene, so that teeth and gums are kept in peak condition."

My son took his retainer out, then forgot about it and stepped on it. Do I need to replace it?

Retention is a lifelong process. That is a change in recommendation as a result of newer science on this issue, says Dr. McConnachie. Why? As with the rest of the body, the mouth and the bite change with age. If you wear the retainer, the teeth won't shift; it's that simple. The bottom line for broken or lost retainers is that new ones are needed. ■

Glossary

Aligners, braces, retainers and spacers: A Glossary

Orthodontics involves different treatments and procedures, depending upon the problem. The recommendation may include one of the following types of appliances:

Aligners: Aligners are made of a clear plastic or acrylic material and are custom-shaped to your teeth. A series of aligners progressively move teeth toward their desired positions. They must be removed to eat, brush and floss. Because they are removable, patients must be sure to follow their orthodontist's instructions for daily wear.

Braces: Braces generally have two components: brackets, made of metal or tooth-coloured ceramic, and wires, which are threaded through slots in the brackets and do the actual work of moving the teeth. An orthodontist needs to adjust the wires periodically.

Retainers: These "retain" teeth in their position. This is done most often after a period of orthodontic treatment and can be either removable or fixed in place with orthodontic cement. Retainers preserve and stabilize the results of orthodontic treatment — and must be worn as prescribed.

Spacers: A space maintainer (either a removable appliance or attached into position as a "fixed" appliance) holds certain teeth in position while waiting for further development of the bite. Often used when a primary or baby tooth has been lost prematurely, due to accident or decay, and to hold the space until the permanent tooth comes in.



By Julia Aitken

Processed food is handy,
but convenience comes at a price

*"If it came from a plant, eat it;
if it was made in a plant, don't."*

— Michael Pollan, *Food Rules: An Eater's Manual* (Penguin, 2009)

It's clear food writer Michael Pollan

doesn't think much of processed food, but we all lead such busy lives, it's often tempting to reach for something ready-made. Is that so bad?

When it comes to our teeth, that's a yes. "Processed food has been altered to affect its taste, texture or shelf-life and this frequently involves the addition of sugars," explains Dr. Ian McConnachie, a pediatric dentist in Ottawa.

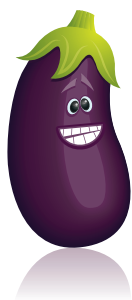
"The past decades have seen a significant increase in the sugar content of our diets, and certain foods, including processed foods, can be significant factors in development of decay," Dr. McConnachie adds.



Don't Walk Down the Aisle!

The healthiest foods are those that have had least done to them: fresh fruits and vegetables, dairy products, fresh meat, poultry and fish, and whole grains. Most supermarkets display these around the edge of the store, with aisles of processed food in the centre.

Avoid the aisles and you're well on your way to eating more healthily.



Aren't We Sweet Enough?

High-fructose corn syrup (HFCS) is a man-made sweetener found in a wide range of processed foods from pop to pasta sauce. According to a number of recent global news reports, it's been linked to the rise in obesity, type 2 diabetes and heart disease. But, when it comes to oral health, HFCS is no different than any other sugar — all can contribute to decay, says ODA Past President Dr. Ian McConnachie. ■

Visit youroralhealth.ca



for more nutritional information
and ideas for healthy snacks.

Nutrition Facts 101

In Canada, prepackaged foods must display a Nutrition Facts table (exceptions include foods prepared in-store or those that contain few nutrients, like tea, coffee and spices). The Nutrition Facts tell you a lot about the food inside.

- ✓ **Check the portion or serving size;** sometimes it's probably much less than what you'd actually eat.
- ✓ **Nutrients like fat, sodium and carbohydrates are listed as a percentage of Daily Value** (the amount Health Canada recommends in a daily diet). As a rule of thumb, five percent or less is a little; 15 percent or more is a lot.
- ✓ **Sugars are listed in grams.** Divide the number of grams by four to find out how many teaspoonfuls are in each portion.



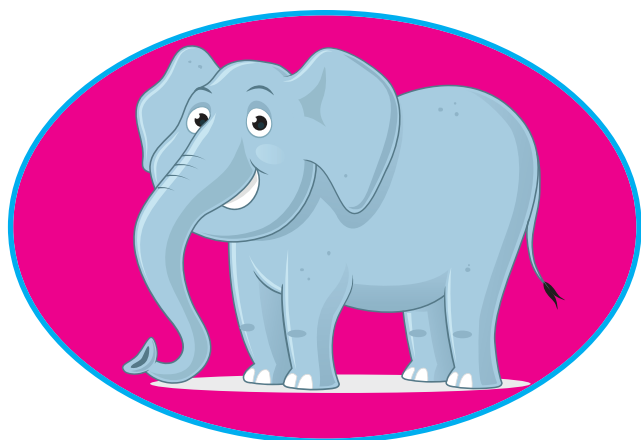


Do you enjoy games and activities?

Visit the ODA's Kids' Zone at youroralhealth.ca for puzzles and online games!

Did you know?

An elephant's tooth can weigh
over 6 pounds!



Unscramble the letters to find the word!

ofsls _____

ticvya _____

ersni _____

ANSWERS: floss; cavity; rinse

Dan: "What does a dentist do on a roller coaster?"

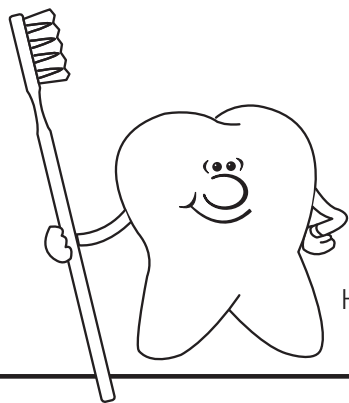
Pam: "I don't know."

Dan: "He braces himself!"

joke

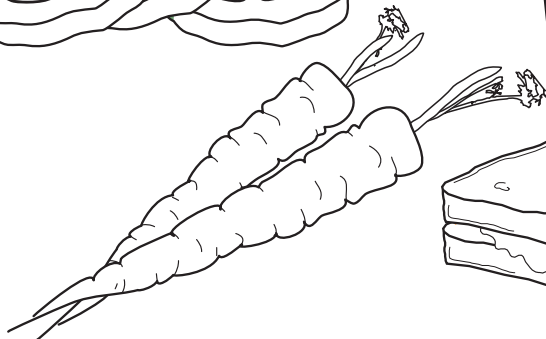
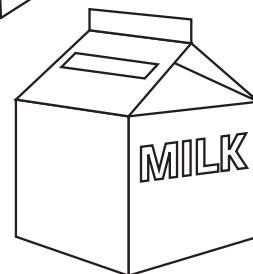
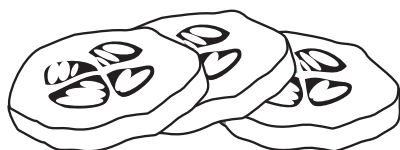
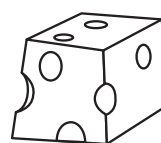
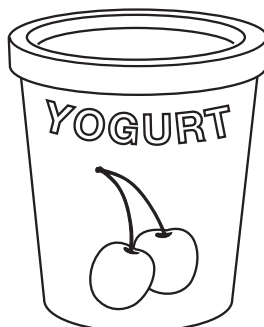
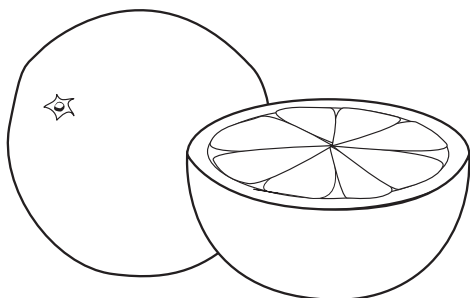
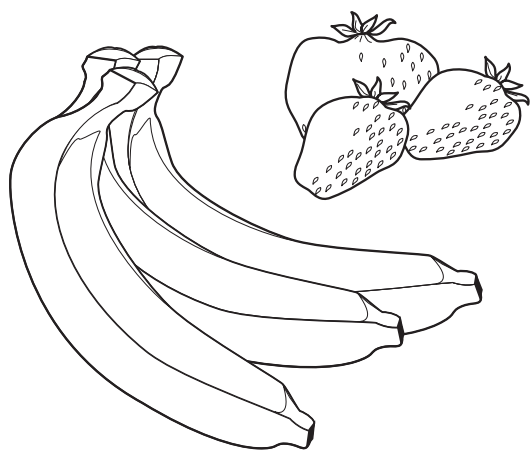
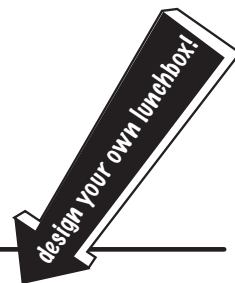
corner





Dental Colour Sheet #1

Here are a few healthy ideas of what to pack
in your lunchbox – **colour it in!**



© 2013
Ontario Dental
ASSOCIATION
www.youroralhealth.ca

Dental Word Scramble #2

Unscramble each of the words on the left side of this page, then copy the letters from the circled areas to find **the secret word!**

RHSBU

— — — — —

RLOMA

— — — — —

SIRNE

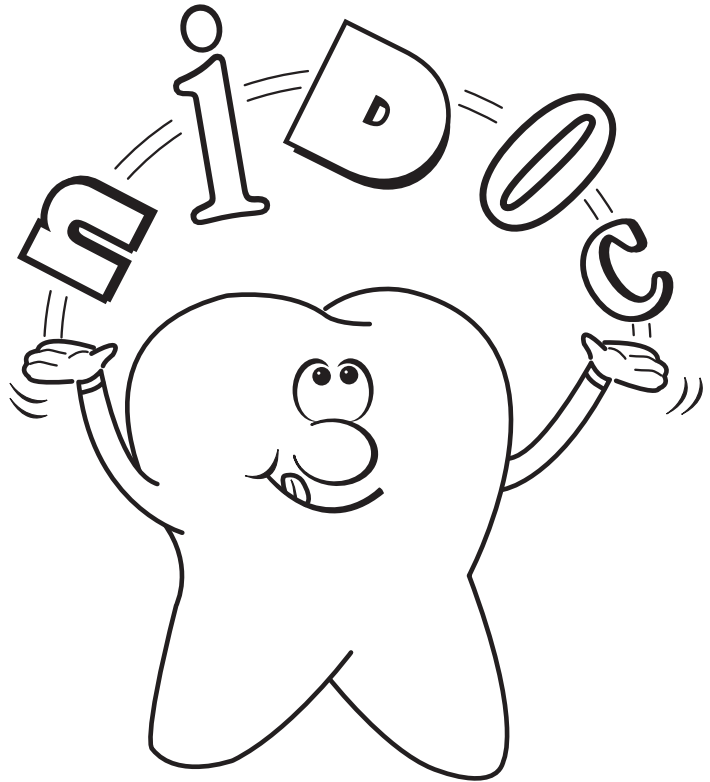
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SFOLS

— — — — —

OPTOATESHT

— — — — — — — — —

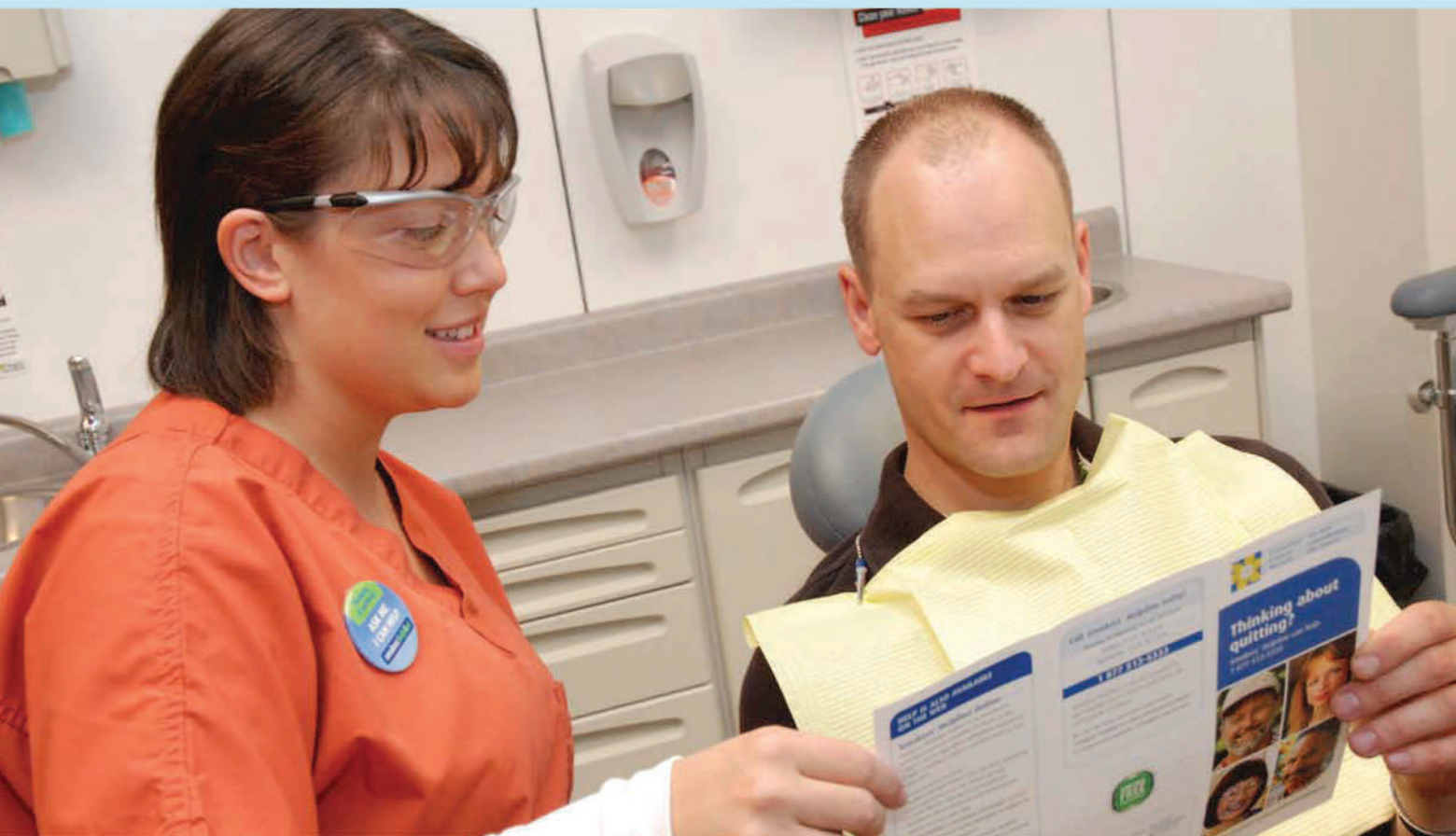


Visiting the dentist can make you

Answers:

1. brush 2. molar 3. rinse 4. floss 5. toothpaste
Secret Word: smile

The majority of people who use tobacco want to quit.



Thinking about quitting?

Ask your dentist, or call
Smokers' Helpline. We can help.

Local Public
Health Unit

smokers' helpline

CONNECT TO QUIT
smokershelpline.ca
1 877 513-5333



A TOOTHPASTE THAT HAS GINGIVITIS SHAKING IN ITS GUMS.



A toothpaste clinically proven to reverse gingivitis in just four weeks.

Crest Pro-Health Clinical Gum Protection. It helps fight plaque at the gumline, helping prevent gingivitis. It protects these areas dentists check most: cavities, gingivitis, plaque, sensitivity, tartar, whitening, and fresh breath.

life opens up when you do **Crest**

PRO-HEALTH

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