



# YOUR ORAL HEALTH

SPRING | SUMMER 2014

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ONTARIO DENTAL ASSOCIATION

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## KEEPING A HEALTHY SMILE IN YOUR Golden Years

PLUS

### DENTAL X-RAYS

An overview of  
what lies beneath

### VACATION “TO DO” LIST

A helpful guide to  
maintaining oral health

### GOOD GUYS AND BAD GUYS

Discover foods that are good  
for your oral health ... and not!

# YOUR ORAL HEALTH

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## Your source for your oral health.



**Welcome to our Spring/Summer 2014 issue of  
*Your Oral Health.ca Magazine*.**

As a practising dentist, I see patients every day and I enjoy answering your questions. Your dentist is the best source of information about oral health care, instead of online blogs or magazines that claim to be experts on every health topic. I can confidently say that we are the experts on this particular topic, and we want to discuss with you the dental treatments that have been planned.



All of our content is supplied by and vetted by our member dentists and supported by trusted research — and the topics we have explored in *YOH.ca Magazine* are topics that our patients ask us about during their visits.

Our Consulting Editor is Dr. Ian McConnachie, a Past President of the ODA and a pediatric dentist with a practice in Ottawa. Our Advisory Board consists of Dr. Rick Caldwell, Dr. Jerry Smith, Dr. Victor Kutcher and Dr. Arthur Worth — all experienced ODA-member dentists with busy practices, who are concerned that every patient and indeed, every person living in Ontario, receives the best oral health care and information.

In this issue, we are delighted to include interviews with two dental specialists — prosthodontist Dr. Natalie Wong and periodontist Dr. Lesli Hapak. Dr. Hapak is the spokesperson for our new feature, “Profile of a Periodontist.” Patients often ask us about the various dental specialties (there are actually 10 of them), so we decided to explore one per issue.

This issue also features articles on X-rays (Are they harmful? Why do dentists insist upon them?); oral health care for seniors (and tips for caregivers); plus tooth-friendly foods and a dental quiz to test your oral health knowledge.

We hope that you enjoy this issue of *Your Oral Health.ca*. This is *your* magazine, and if you have an idea for an article or if you want to tell us what you like (or dislike) about *YOH.ca Magazine*, please email us at [yoh@oda.ca](mailto:yoh@oda.ca).

DEBBIE SAUNDERS



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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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The ODA wishes to thank the British Columbia Dental Association and *YourDentalHealth.ca* for sharing selected content for our mutual benefit.

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# Keep a Healthy Smile Into Your Golden Years

There's nothing like your natural teeth.  
And good oral hygiene is the key.  
Here's what you need to know.

*By Cheryl Embrett*



It used to be that with age came tooth loss — and, in many cases, dentures. But thanks to better preventive measures, more seniors are keeping their natural teeth longer and reaping the benefits. “Having a healthy, functional and attractive smile is important at every stage of life,” says Dr. Rick Caldwell, President of the ODA (2013-14). If you have your own teeth, or most of them, into your senior years, you look and feel better.

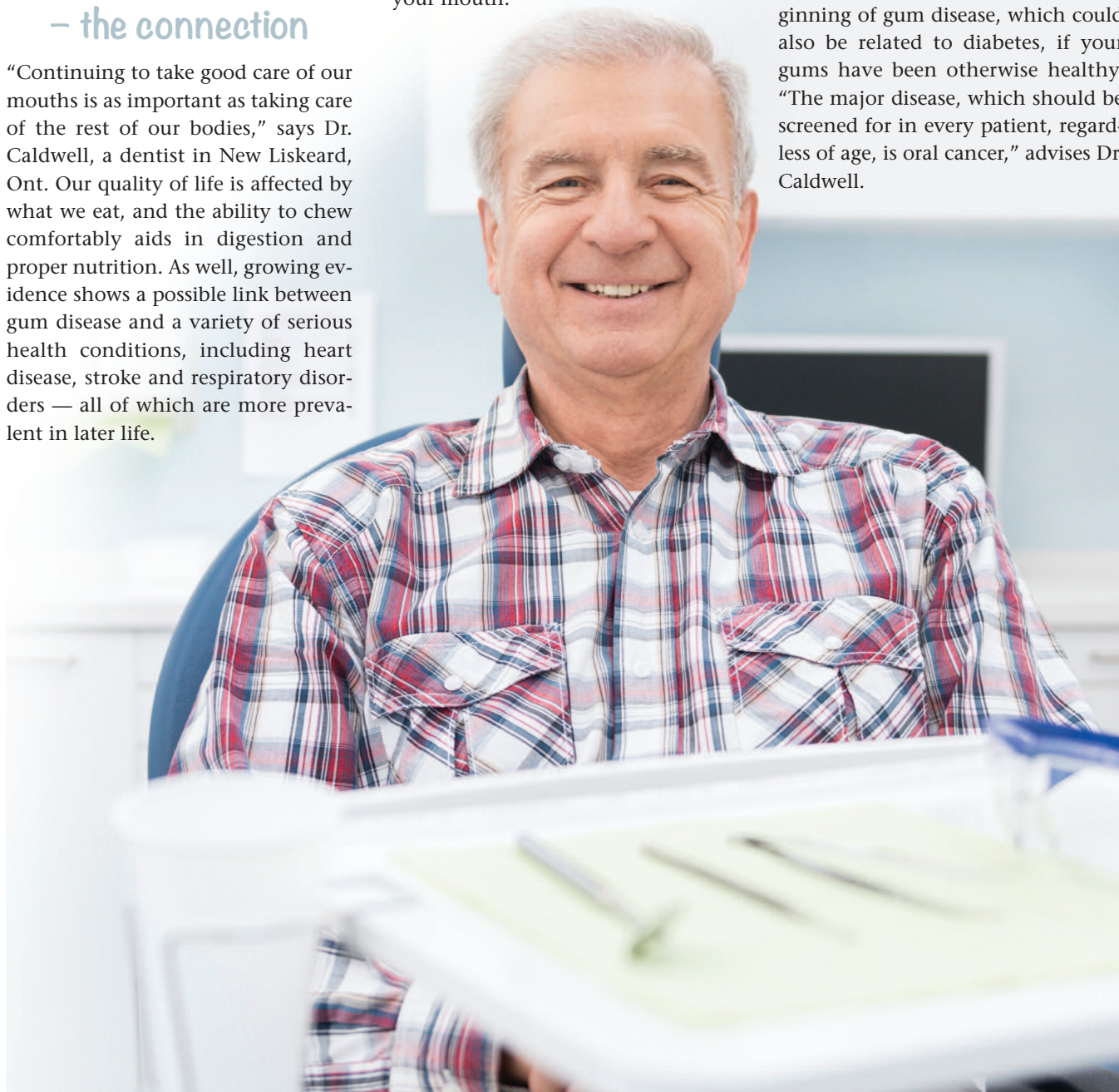
## Oral and overall health – the connection

“Continuing to take good care of our mouths is as important as taking care of the rest of our bodies,” says Dr. Caldwell, a dentist in New Liskeard, Ont. Our quality of life is affected by what we eat, and the ability to chew comfortably aids in digestion and proper nutrition. As well, growing evidence shows a possible link between gum disease and a variety of serious health conditions, including heart disease, stroke and respiratory disorders — all of which are more prevalent in later life.

Keeping your mouth healthy as you age requires diligent do-it-yourself care. That means flossing, brushing and rinsing. “Complete, thorough and daily plaque removal is key,” says Dr. Ian McConnachie, an ODA Past President. “Care for all patients, including seniors, is now very much individualized based on risk assessment. If a senior has a dental implant, for example, that will require additional oral hygiene techniques. Work with your dentist and the dental team to come up with the best techniques for your mouth.”

## You're never too old to visit your dentist

Regular cleanings and oral exams are cornerstones of good dental health. Besides checking out the condition of your teeth (or implants or dentures) and existing dental work such as fillings, root canals and crowns, your dentist will also examine your gums for signs of disease. The condition of your mouth can reflect the condition of your overall health. Bleeding gums, for example, might indicate the beginning of gum disease, which could also be related to diabetes, if your gums have been otherwise healthy. “The major disease, which should be screened for in every patient, regardless of age, is oral cancer,” advises Dr. Caldwell.





## Good communication is key

Make sure you review and update your medical history at every visit. Tell your dentist about any prescription and over-the-counter drugs you're taking, any surgeries you've had (especially those involving the heart or joints — artificial knee or hip replacements, for example) and any existing health conditions such as diabetes, heart disease or cancer that can affect your oral health. "The medications and conditions for which they're prescribed can have an impact on the care provided," says Dr. McConnachie. You want to make sure that any possible negative interactions are avoided and appropriate precautions are taken before beginning routine dental procedures. If you've had a hip or knee replacement or have a heart murmur, for example, you may need antibiotics before any dental work in order to reduce the risk of infection. ■

## Tips for Caregivers

**Caregivers should ensure that a senior's daily oral hygiene is kept up. Three dental experts offer these helpful tips:**

- "If seniors have good habits, don't mess with their routine," advises Dr. Caldwell. "If they need help, be gentle since their tissue is fragile."
- Seniors with arthritis or other dexterity problems may have trouble holding a toothbrush or using floss. "The use of newer oral aids, such as electric toothbrushes with special heads and other oral devices, can make a big difference in oral hygiene," says Dr. McConnachie.
- Seniors are often on one or more medications, which may cause dry mouth or xerostomia, says Dr. Deborah Saunders, Medical Director of the Dental Oncology Program at Northeast Cancer Centre in Sudbury, Ont. "Often loved ones will bring them beverages and candies to help moisten the mouth. Candies sweetened with xylitol are a good option since they help stimulate saliva without the plaque-producing effects of sugar."



## Five Common Concerns and Fixes

### Tooth sensitivity

Don't let sensitive teeth (pain or tingling when you're eating hot, cold and sweet foods and liquids) get in the way of good oral hygiene. Use a soft-bristled manual or electric toothbrush that won't scratch tooth enamel or wear away gum tissue, and brush gently using warm water.

### Dry mouth (xerostomia)

A reduced saliva flow — common in seniors who are taking multiple medications — may lead to all kinds of problems, including bad breath, cavities, gum disease and difficulty swallowing, eating or talking. The best defence against dry mouth is to help restore moisture to the mouth, says Dr. Saunders. Always discuss your symptoms and possible treatment with your dentist.

### Root cavities

Gum tissue naturally recedes with age, and the root surface of the tooth becomes exposed and more prone to decay. Brush regularly with a prescription-strength fluoride toothpaste and try to limit food and beverages that are high in sugar.

### Yellow or discoloured teeth

Teeth naturally darken with age, and coffee, tea, red wine and other factors dim your smile, too. Ask your dentist about in-office bleaching, as well as at-home gels, rinses, toothpastes and strips.

### Periodontal (gum) disease

Swollen and bleeding gums, loose or shifted teeth, bad breath and gum recession may all be signs of periodontal disease. Periodontal disease is easy to control as long as you see a dentist regularly. You may also have to adjust your oral hygiene habits as your gums recede and the spaces between the teeth become more open and harder to keep clean. An interproximal toothbrush (also called a proxabrush, shown at right) and other cleaning and flossing aids can help.







# Book an Exam Today!



A dental examination is the foundation for optimal oral health

*By Donna Paris*

**A dental exam is not just a checkup** — it is a comprehensive assessment that can identify problems at the start, before they become serious. Prevention and early detection are the key components for good dental health, explains Dr. Arthur Worth, Immediate Past President of the ODA (2012-13). “The most important sensation our teeth detect is pain. Often, when a patient experiences pain, the cause may be a variety of conditions. When pain appears, it may be too late for conservative treatment,” says Dr. Worth, who practises in Thamesville, Ont. “Then, instead of just a cavity, for instance, you may need a root canal or even a tooth extraction.”

## Why is a complete dental exam important?

Regular brushing, flossing, good nutrition, not smoking and healthy behaviours are all important in reducing the risk of cavities and gum disease. But a dental exam can identify and diagnose problems early, before they become more serious and even irreversible.

Dr. Deborah Saunders, Medical Director, Dental Oncology Program, Northeast Cancer Centre in Sudbury, Ont., says: “A dental exam encompasses a x-ray and clinical exam, including assessing your teeth, gums and other oral soft tissues, and a visual and palpation exam of the head and neck to detect dental decay, gum disease and other oral conditions, including dry mouth, and oral cancer assessments.”

“We examine all of our patients for oral cancer; early detection can make a huge difference in treatment outcomes,” says Dr. Worth. “Your dentist may also provide advice and assistance that will help you reduce or eliminate lifestyle risk factors such as smoking.”

At the very least, Dr. Worth recommends a dental exam at least once a year.

## What you need to tell your dentist

Each patient is different, of course, so the specific components of the dental examination will vary based on your specific concerns, your current oral and general health, lifestyle factors and frequency of professional dental cleanings. First of all, however, you need to be open with your dentist, informing her or him of any medical conditions, medications, including any vitamin supplements and herbal ones, and the use of tobacco products. Remember to mention anything unusual such as any soreness, sensitivity to heat or cold or any loose teeth.

And tell your dentist if you're anxious when you visit. Talking over your

## What happens during the exam?

Here's what your dentist may look at during an exam, which may include some or all of the following, depending on your needs. As well, he or she may perform parts of the examination in partnership with other members of the dental team, then gather all of the information necessary to make a diagnosis.



- ✓ **Your medical history**, including health conditions or medications that could impact dental care or treatment.
- ✓ **Your dental X-rays**. These allow your dentist to see what's going on below the surface of the teeth and gums such as cavities under existing fillings, impacted wisdom teeth and bone loss caused by gum disease or any infections.
- ✓ **Your oral hygiene**, to confirm plaque and tartar levels that affect gums and teeth.
- ✓ **Your gums**. Your dentist is looking for redness, swelling or infection, which may be signs of disease.
- ✓ **The health of your mouth's soft tissue**, including the lips, tongue, cheeks and upper and lower surfaces of your mouth, for signs of oral cancer or sensitivity.
- ✓ **Your glands and lymph nodes**, inspecting around the neck area for any sign of inflammation.
- ✓ **The condition of your teeth**, identifying any damaged or decayed teeth, along with the condition of any dentures or other prostheses.
- ✓ **Your existing dental work** such as fillings, root canals and crowns.
- ✓ **The function of your jaw**. Your dentist will assess the positioning of your teeth, how they are fitting together, your bite and the overall health and function of the temporomandibular joint (the joint that joins the jaw to the skull).
- ✓ **Any signs of clenching or grinding** your teeth (a treatable problem that can cause headaches or a sore jaw and can, if serious, lead to hearing loss and tooth loss).
- ✓ **The general condition of the bones in your face**, jaw and around your mouth.
- ✓ **The growth and development** of baby and permanent teeth in children.



concerns may help you feel more at ease, and new technologies and procedures can make some treatments more comfortable.

## The dental exam and your overall health

“There are more than a hundred systemic medical conditions that can be detected orally. Many of them are conditions that we are trained to observe,” says Dr. Worth. “For example, a sudden onset of chronic bleeding gums, despite excellent oral hygiene, could be a sign of leukemia.”

In the future, a dental examination may become even more important as newer tests are developed and we gain improved knowledge of the links between oral health and overall health. This is all very exciting, obviously, as we always knew the oral cavity is a gateway to our overall health,” says Dr. Saunders. But, she adds, the best overall benefit to seeing a dentist regularly is maintaining your oral health.

## The bottom line?

“We all like to eat, taste and socialize,” says Dr. Saunders. But when our oral health is impaired, some of the things we enjoy doing can be quickly taken away due to pain, loss of teeth, poor-fitting dentures, dry mouth or taste change. And that can truly alter your quality of life. ■

Visit [youroralhealth.ca](http://youroralhealth.ca)

for more information  
about the dental  
exam and treatment options.



## Your child's first dental visit

The Canadian Dental Association recommends that infants see a dentist within six months of the eruption of the first tooth or by one year of age. “The first visit is also your opportunity to ask questions about anything you are unsure about,” says Dr. Ian McConnachie, a pediatric dentist in Ottawa and Past President of the ODA.

Some children get anxious, as they don't know what to expect. Here, Dr. McConnachie offers valuable tips on taking your child to the dentist for the first time.

**Keep it upbeat and keep the messaging positive.** Focus on how healthy the child's teeth will be, and don't talk about pain or discomfort. And if a parent has his or her own anxieties about dentistry, that parent probably isn't the best one to bring the child; the child will pick up on that. Perhaps have a partner or another family member, like an aunt, accompany the child.

**Don't surprise the child.** Prepare kids by telling them what they can expect at the dental office, and tell them about a positive experience you've had at the dentist or even practise playing “Visit the dentist” at home. If the child is still worried, get a children's book from the library or watch a YouTube video about going to the dentist, such as the ones available in the Berenstain Bears or Little Critter series.

**Make the child comfortable.** No child is at his or her best when tired. Make sure the child is well rested; she or he will handle the experience better. Arrive early at the dental office to allow play time and bring a favourite toy along.

**Make it fun.** “Find a dental home that's happy seeing young children,” says Dr. McConnachie. “Some dental offices don't really feel comfortable seeing young children when they need to be seen, and they tell you it's OK to wait. That's a bad move.” Pediatric dentists, for example, have specialized training with kids, experience putting anxious kids at ease and usually have child-friendly offices.







# 10 who knew FACTS

## about your oral health

By Cheryl Embrett

Test your dental knowledge with these fun and informative trivia questions

1. Flossing can increase your life expectancy. True or false?
2. What percentage of adults are afraid of the dentist?  
a) 25 percent.  
b) 50 percent.  
c) More than 80 percent.
3. Chewing gum is bad for your teeth. True or false?
4. Toothpaste has an expiry date. True or false?
5. What's the hardest substance in the human body?  
a) Bone.  
b) Enamel.  
c) Cartilage.
6. It's OK to keep your toothbrush near the toilet as long as it doesn't fall in. True or false?
7. Your teeth are one-of-a-kind, just like your fingerprints. True or false?
8. If you're right-handed, the right side of your mouth will be the dominant chewing side, too. True or false?
9. It's OK to throw used dental floss in the toilet. True or false?
10. How often should you replace your toothbrush?  
a) Once a year.  
b) When the bristles start looking worn.  
c) Every three to four months.

## answers

1. **True.** By flossing daily, you can gain an additional six years. How? Poor oral hygiene may lead to inflammatory gum diseases and heart disease. By flossing, we rid our mouths of these disease-causing bacteria.
2. **Answer: c.** More than 80 percent of adults experience some degree of dental fear. And more than half say this fear may keep them from seeing a dentist.
3. **False.** Most dentists give gum the thumbs-up — as long as it's sugarless. Chewing gum stimulates saliva flow, which helps protect your teeth against decay-causing bacteria.
4. **True.** Any toothpaste containing fluoride must carry an expiration date and, typically, it's two years after the manufacture date. After this date, fluoride in the toothpaste loses its ability to brush away bacteria in the mouth and protect against cavities. The flavour may also change, and the toothpaste may become too dried out and hard to squeeze through the tube.
5. **Answer: b.** Many people think teeth are made of bone, but they're not. They're actually made up of four layers — enamel, the hardest substance in your body, being the outer protective layer.
6. **False.** A spray of bacteria from flushing can travel up to a distance of six feet. Yuck!
7. **True.** Toothprints are unique to each individual, and nobody has an identical set, not even identical twins.
8. **False.** Chewing-side preference has not been found to be related to an individual's dominant hand side.
9. **False.** Yes, you should floss, but, no, you shouldn't flush your floss. Dental floss is non-biodegradable and wraps around small clogs and tangles them into bigger ones.
10. **Answer: b and c.** You should replace your toothbrush (soft is best) every three to four months or if it starts to show signs of wear, or if you have been ill.

# Going Away?



## Don't Take a Vacation From Your Oral Health

Keep those pearly whites top of mind, even when going on a holiday

By Bonnie Dean

### Your toothbrush – don't leave home without it

Stick to your routine — continue to brush your teeth at least twice per day and floss daily. Carry travel-sized packets of floss or dental picks (such as Stimudents) in your purse or pocket if you'll be out for most of the day. If you're travelling, a collapsible toothbrush and a roll of floss fit nicely into your purse or carry-on luggage. If you have a cottage, stock up on toothbrushes, floss and toothpaste for the season.

### See your dentist

Book a dental exam well before your vacation. Your dentist can detect problems before you may experience any symptoms, and any necessary treatment can be taken care of before you leave. If a family member has braces and will be away for several weeks, it is a good idea to schedule an appointment with the orthodontist prior to leaving.

If you plan on participating in any sport or activity where there is a strong chance for contact with other participants or hard surfaces — soccer, racquetball or in-line skating in the summer, (or skating, snowboarding or skiing in the winter) — you may want to talk to your dentist about a mouth-guard.

### Be prepared

Do your research before your trip on the dental care available in the area where you will be staying. Get the contact information for local dentists and phone ahead for information on office hours. Or, your family dentist may be able to recommend a dentist in the area. This will save you precious time in case of a dental emergency.



Drink plenty of water, every day. It is the best way to stay hydrated, no matter if you're sitting on a beach or hiking in the hills.

## Eat healthily

Indulging in sweet and sticky foods while on vacation may be fun, but try to minimize the amount you consume. Keep those s'mores around the campfire to a minimum. Best bet? Stick to fruits and vegetables as they contain the essential vitamins and minerals teeth and gums need to stay strong and healthy.

Drink plenty of water, every day. It is the best way to stay hydrated, no matter if you're sitting on a beach or hiking in the hills.

## Beware the rays

Moderate exposure to sunlight is the best natural source of vitamin D, which is used by the body to absorb calcium and phosphorous, helping to keep teeth and bones strong. However, prolonged exposure to the sun can increase your risk of cancers, including to the lips and the mouth. ■



Remember to replace your toothbrush every three to four months. Toothbrushes should also be discarded when the bristles look worn and bent or after a cold or illness.

## Did you know?

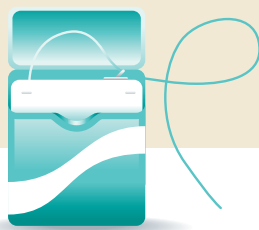
When applying sunscreen, don't forget your nose and lips. Use a lip balm that contains protection against UVA and UVB rays.



## Hard-working Floss

Besides doing dental duty, floss is a great stand-in for all sorts of common items — replacing a shoe lace or hair tie in a pinch, for example. It can also be used to remove cookies from a pan so they don't crumble, tie chicken legs together if you've run out of oven-friendly string and it makes a quick and sturdy clothesline when you're camping. And, come wintertime, you can use it to anchor your holiday tree.

Send us your best tips for the creative use of floss (other than for oral health care), and we may publish them in the next issue of *YOH.ca Magazine*.



## Multi-talented Toothpaste

Toothpaste is as versatile as floss. While we promote it mainly for oral health care, of course, we hear that toothpaste can clean the bathroom sink, remove crayon marks from walls (a little dab will do it) and scuffs from leather shoes. This versatile multi-tasker will even clean gummy residue from your iron.

Let us know if you have any ideas to add to the list, and we may include them in a future issue of *YOH.ca Magazine*.



Our email is [yoh@oda.ca](mailto:yoh@oda.ca).





# Bring in the Replacements!

If there's one thing most of us are self-conscious about, it's our smile – especially if we're missing teeth. But help is at hand – just ask your dentist.

By Donna Paris

## Why does tooth loss happen?

We lose teeth for many reasons: gum (periodontal) disease, tooth decay and trauma — falls, accidents and sports-related injuries. Adult teeth begin to form around birth, says Dr. Ian McConnachie, a pediatric dentist in Ottawa and ODA Past President. “Anything happening to the body during the time of tooth formation can be disruptive.”

If you are undergoing radiation or chemotherapy, one of the side-effects may be a premature loss of teeth. As well, infections can result in damage to adult teeth or their early loss. And some people have missing teeth because they never developed.

## Why replace them?

Missing teeth can result in a loss of self-confidence and lower self-esteem, says Dr. Jerry Smith, a dentist in Thunder Bay, Ont., and ODA President-Elect (2013-14). If you have several missing teeth and difficulty chewing, this could lead to digestive and nutritional problems. Your other teeth may start to shift or over-erupt to compensate for the missing teeth, upsetting the relationship between teeth, muscles and joints. “Loss of many posterior teeth can affect your ability to chew and may also contribute to temporomandibular joint problems,” adds Dr. Smith.

“We’re given a full complement of teeth for a reason,” says Dr. Victor Kutcher, a periodontist in Hamilton and ODA Vice-President (2013-14). “Change in tooth position can influence the ability to properly clean teeth and may also result in increased periodontal issues and cavities developing.”

“See your dentist regularly and look after your teeth with proper oral care at home,” says Dr. Smith. “Your dentist is the oral health doctor who can discuss all your treatment options. He or she will recommend those best suited to you.”

## What are your options?

Keep all factors, not just cost, in mind. For example, implants are a good bet for those who like hard, crunchy foods such as carrots and apples. For those who prefer softer foods like pasta, another option might be preferable. And other factors such as bite or joint problems or some diseases should also be considered.

We asked Dr. Natalie Wong, President of the Association of Prosthodontists of Ontario (APO), to tell us about the various restorative options. ■

## DENTURES

### Complete dentures

Retained and supported by oral tissues, and retention and comfort can be an issue. Dentures can last up to 10 years, but an annual relining of the denture to maintain a good fit is recommended.

#### PROS:

Least-expensive option; no surgery; can be made quickly; look good.

#### CONS:

Uncomfortable if not properly fitted; patients may develop sore spots; gums and bones shrink as we age and dentures accelerate that.

### Removable partial dentures

Supported and held by both tissues and teeth. Metal clasps wrap around various teeth, retaining the partial denture or, in some cases, attachments can be made to implants instead of teeth, which look better esthetically, as metal clasps are eliminated. Last up to 10 years, unless you need a crown or lose teeth.

Cost advantage (use of implants, however, will raise cost).

Relining required to avoid clasps damaging teeth; can contribute to bone loss.

### Fixed bridge

Typically the teeth (or implants if there are not enough natural teeth) on either side act as anchors via crowns to support and retain an artificial tooth or teeth in between; hence, the term "bridge." Can last 10 years or longer; mid-range cost.

Feels natural; very slim compared to a denture; looks great (which is a great psychological advantage); food tastes better since the roof of the mouth isn't covered (where taste buds are).

More expensive than dentures; cost increases if more implants needed to hold the prosthesis; need to reduce tooth size, which may weaken the tooth.

## IMPLANT OVERDENTURES

There are two types of implant overdentures; both can last upward of 10 years.

### Locator overdentures

Your own teeth and as few as two implants placed in the lower jaw or four in the upper jaw can help retain complete dentures. The implant has an attachment that acts much like a snap button, so the denture can snap onto the implant, staying in place.

Implants provide significantly greater retention than a denture without such attachments; greater chewing ability; implants help to maintain the bone.

Bone loss in the areas without the implants; implants are more costly; surgery is involved; annual reline required.

### Bar overdentures

Similar to a locator overdenture, but with more implants, usually four in the lower jaw or six in the upper jaw, to make a "bar" that fits above the gums, called a superstructure. The denture snaps onto the bar.

Significantly more stable; no additional bone loss (except for aging) as there is no friction on the gums since dentures don't sit directly on the gums.

More implants mean more surgery and a higher cost for the bar.

## IMPLANTS

A tooth is attached to an "artificial root" made from titanium or titanium alloy, which is surgically placed in the jawbone, lasting up to 10 years or more.

Tremendous psychological advantage; feels like your own teeth; nothing removable in the mouth; no damage to other teeth; no associated bone loss.

Most expensive option; surgery is necessary.

## Daily care



### If removable:

Remove dentures or overdentures and soak overnight in denture cleanser, warm water or in a mix of warm water and vinegar (half and half). If your denture has metal clasps, use warm water only for soaking. Brush with a denture brush and rinse.

### If fixed:

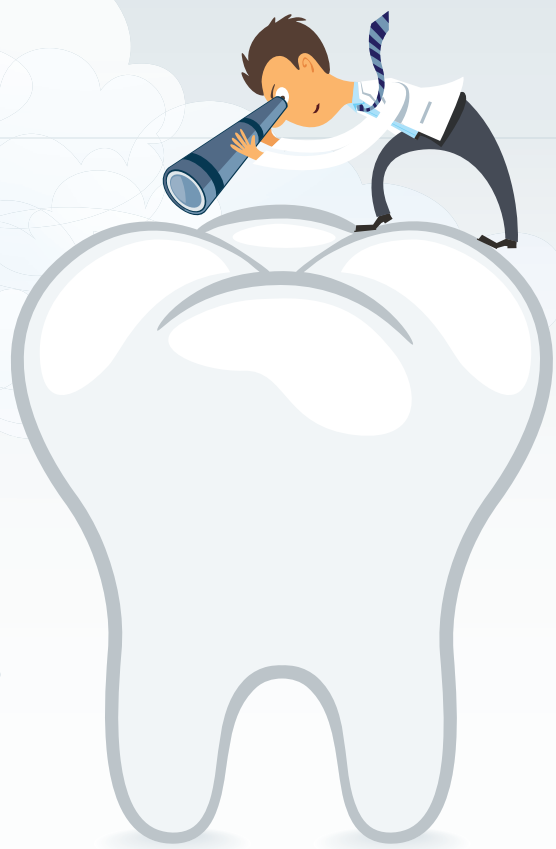
Gently brush and floss daily. These can be treated more like natural teeth, but they are not as strong, so be gentle when brushing and flossing. If you have implants, be especially careful when flossing where the implant meets the gum. Talk to your dentist about using specific cleaners, if necessary.

*It's important to see your dentist regularly for professional cleanings and dental exams, so he or she can detect any problems early or make any necessary adjustments.*

# What Lies Beneath

X-rays help detect dental problems that can't be seen with the naked eye

By Jane Doucet



## Dental X-rays, also known as

dental radiographs, are images of the internal structure of our teeth and bones. X-rays are a form of energy that travels in waves; when these waves travel through solid objects, the object either absorbs the waves or they pass through the object. Our teeth and bones are dense, so they absorb X-rays. Our gums are less dense, so X-rays pass through them. As a result, X-ray images allow dentists to spot problems below the surface of the teeth and gums such as the location of impacted wisdom teeth, cavities, abscesses and tumours.

“Visual exams give us an overview of the mouth’s surface,” says Dr. Victor Kutcher, a periodontist in Stoney Creek, Ont., and Vice-President of the ODA (2013-14). “We can assess the colour, texture and form of the soft tissues, as well as the surface integrity

of the tooth structure visible to the eye, but this is only a fraction of what we may need to know. A wonderful analogy is that visually we can see the tip of the iceberg, and the radiographs help us assess what lies beneath the waterline.”

## Are X-rays harmful?

“Dental X-rays are safe,” says Dr. Rick Caldwell, ODA President and a dentist in New Liskeard, Ont. “However, they do require very low levels of radiation exposure, which makes the risk of potentially harmful effects very small. Dental X-ray equipment and techniques are designed to limit the body’s exposure to radiation, and every precaution is taken to ensure that radiation exposure is as low as possible.” To protect patients, a leaded apron is placed on the abdomen during an X-ray, and a leaded thyroid

collar is recommended for women of child-bearing age, pregnant women and children.

The technology of radiographs has changed markedly over the past decades, resulting in significantly lower exposure levels.

## How often does my dentist need to take X-rays?

“It depends on a patient’s present oral health, age, risk for disease and any signs or symptoms of oral disease,” says Dr. Arthur Worth, Immediate Past President of the ODA (2012-13), who practises at Thames Dental Group in Thamesville, Ont. “Your dentist will review your history, examine your mouth and then discuss with you his or her recommendations for X-rays.” ■



## X-ray history

In 1905, Dr. Wilhelm Reöntgen discovered the X-ray in Württemberg, Germany. Months later, Dr. C. Edmund Kells of New Orleans installed the first X-ray apparatus in his office, where he exposed the first dental radiograph in the Western Hemisphere.

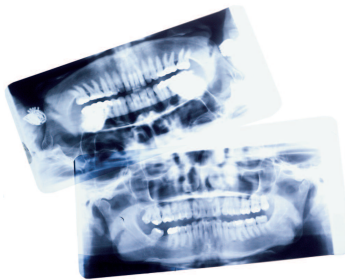
Dr. Frank D. Price, who worked in Toronto from 1892 to 1935, built the first dental X-ray machine in Canada within a year of Dr. Reöntgen's discovery. By this time, dentists had become aware of the dangers of radiation; Dr. Price and his brother developed a process of adding lead salts to rubber to make protective aprons and gloves.

By the late 1930s, dental X-ray equipment was becoming essential to dental practices. The technology appeared around the time when it was recognized that diseases of the mouth might have an effect on general health.

Source: Canadian Dental Association



Early radiograph by Dr. Wilhelm Reöntgen, of his wife's hand.



Radiographs today.

## X-ray beams

Modern X-ray machines in dental offices are "collimated", which means the radiation beam's spread is minimal. This further ensures protection for both dental professionals and patients.



## Don't forget

Your dentist will be happy to discuss with you recommendations for X-rays — and the risks and benefits of those recommendations — or alternative approaches.



## Safety first

Canada has strict federal and provincial controls on the use of dental X-rays. Here are some of the Canadian Dental Association's (CDA) guidelines to protect patients:

- All X-ray equipment and accessories must conform to the federal requirements of the *Radiation Emitting Devices Act* and the *Food and Drugs Act*.
- Radiography exposure to patients should be kept as low as reasonably achievable while providing an adequate exam to provide an accurate diagnosis.
- The number of X-rays required should be kept to the minimum, only enough to obtain a diagnosis.
- Appropriate shielding with leaded aprons should be used when exposing patients to radiation.
- Pregnant patients requiring essential or emergency treatment should receive the minimum number of radiographs needed for a diagnosis.

## Did you know?

Dental staff will leave the room or step back when taking an X-ray in order to reduce their daily radiation exposure. Keep in mind that while patients may only have X-rays taken once a year or even less often, dental professionals could be taking several of them each day throughout their career.



## DENTAL SPECIALTIES



Who are the dentists on your oral health-care team?

## PROFILE OF A **PERIODONTIST**

Dr. Lesli Hapak

By Jennifer D. Foster

**If the dental treatment you need or want calls for extra training,** you and your dentist may be more comfortable if you see a dental specialist. There are 10 recognized dental specialties in Ontario. We'll profile each speciality in future issues of *YourOralHealth.ca Magazine*.

In this issue, we talk to Dr. Lesli Hapak, who has owned a periodontal practice in Windsor, Ont., for 20 years. She is also a member of the ODA's Board of Directors.



**Q: What does a periodontist do?**

**Dr. Hapak:** A periodontist is a dentist who specializes in the diagnosis, treatment and prevention of gum disease (a bacterial infection of the gums that destroys the supporting structures of the teeth). Periodontists are trained in many surgical procedures such as bone grafting, sinus lifting and implant placement. They're also trained in the supporting structures of the teeth, (gums, bone and periodontal ligament), as well as diseases and conditions that affect them.

**Q: What is a typical day for you?**

**Dr. Hapak:** A typical day for me may consist of a variety of procedures such as patient examinations, consultations regarding their treatment options, surgical procedures, producing reports and treatment planning with other dentists and specialists. Managing an office and staff also take up a portion of my day.

**Q: What additional education is required to become a periodontist?**

**Dr. Hapak:** To become a periodontist in Ontario, you must successfully complete a general dental degree and two or three years of post-graduate training in periodontics at an accredited facility (or its equivalent) and then pass a specialty examination before being licensed. In my case, I graduated from the University of Western Ontario's Faculty of Dentistry and then studied periodontics at the University of Toronto.

**Q: Who becomes a periodontist?**

**Dr. Hapak:** Any dentist who chooses to specialize is one who wants to focus on one facet of the dental field and give up the captain's seat. As a general dentist, you are the commander and overseer of a patient's entire dental health and well-being. As a specialist, you give up control of the big picture and control only one specific aspect of that big picture.

A periodontist must enjoy interacting with people of all ages and also performing surgical procedures. Since some treatment may be ongoing, a periodontist must have a certain amount of patience, knowing that a good treatment outcome may be a long way down the road.

**Q: Can you tell us about a memorable case?**

**Dr. Hapak:** One of my patients is a recent immigrant to Canada and had not received any significant dental care in his home country. He had a lot of tartar buildup and was taking blood pressure medication that caused his gums to become very inflamed and overgrown, to the point where you could only see a small amount of tooth surface.

We had several deep-cleaning appointments, surgical intervention and discussions with his physician about his medication. After several months of treatment, the tissues became firm and healthy, the teeth became tighter and the patient felt and looked healthier. It was very rewarding to see the amount of gratitude from a patient for what I consider just doing my job.

**Q: What do you enjoy about being a periodontist?**

**Dr. Hapak:** Periodontics is so varied in the types of cases and people who present themselves to my office that it is always a challenging and learning experience. ■

**Did you know?**

The term **periodontics** is derived from the Greek word *peri*, for around, and *odont*, for tooth.



Visit [youroralhealth.ca](http://youroralhealth.ca)

for more information about the dental specialties.





# THE Good



# THE Bad



# AND THE Ugly



Discover the foods that get your dentist's approval – or not



By Julia Aitken

## We all know that eating a diet

that includes lots of fresh vegetables, fruit and whole grains and a reasonable amount of lean protein is best for our overall health. But, we wondered, are there any specific foods that contribute to smile-worthy dental health? We turned to Dr. Arthur Worth, ODA Immediate Past President (2012-13) and a general practitioner in Thamesville, Ont., to find out about the good, the bad — and the downright ugly.



## THUMBS UP TO...

### Calcium-rich foods

Chow down on unsweetened milk and yogurt, cheese, and almonds.

**Why?** The calcium in these foods helps to protect tooth enamel. Explains Dr. Worth: "Once calcium-rich foods start being digested by our saliva, they provide a source of calcium, which helps to remineralize tooth enamel."

### High-fibre fruits and vegetables

Chow down on fresh berries, apples, pears, mangoes, peas, corn, Brussels sprouts, carrots, parsnips, leafy greens, broccoli and legumes.

**Why?** These pack a double whammy. Because high-fibre foods require more chewing, they cause our saliva to flow, which helps neutralize destructive mouth acids. "And, as we chew them, their fibre can help remove plaque," adds Dr. Worth.

### Water

Drink water every day.

**Why?** We know we need to stay hydrated to be healthy, but, Dr. Worth explains, "swishing your mouth with water as you drink helps neutralize the damaging acids in our mouths and removes some of the sugars and bacteria." The amount of water a healthy adult should drink in a day varies depending on who you ask; even Health Canada's website sets no upper or lower limit, but does state: "Drink water regularly." Dietitians of Canada suggests healthy men aged 19 and older drink about 12 cups (3 L) of fluid per day, and women aged 19 and older drink about nine cups (2.2 L) of fluid daily. But that's *total* fluid, which includes all the non-alcoholic fluids (milk, tea, coffee, juice, water) you may have in a day. For the most up-to-date information, Dr. Worth suggests checking with your doctor or health practitioner.

Visit [youroralhealth.ca](http://youroralhealth.ca)

for more information  
about healthy snacks  
and lunches.





## THUMBS DOWN TO...

### Pop and other sweetened drinks

**Why?** Dr. Worth doesn't mince his words: "The sugar content of pop is outrageous." Many brands of pop (including sports drinks) have the equivalent of more than 10 teaspoonfuls (50 ml) of sugar in a 12 fluid ounce (350 ml) can. Some contain phosphoric acid, "which dentists use to etch tooth enamel when we place white fillings," says Dr. Worth, making pop a dangerous acid/sugar bath for your teeth. (See "Snack Attack" for more information.) And don't forget that so-called energy drinks are also brimming with sugar.

Instead drink unsweetened beverages, diet drinks (in moderation) or water.

### Candy

**Why?** It's not news that candy is bad for our teeth, but, says Dr. Worth, "long-lasting candies or toffees are the worst because they bathe the teeth with sugar for a long period of time, allowing tooth-damaging bacteria to grow."

Got a tickly cough or a sore throat? "Cough drops — even 'natural' ones sweetened with honey — are just as damaging to your teeth as a hard candy," he says.

Choose fresh fruit instead of candy, and opt for sugar-free cough drops or try your grandmother's remedy and gargle with salty water.

### Chewable vitamins

**Why?** "Vitamins are essential to good health," says Dr. Worth, "but chewable vitamin tablets contain acid, which gets into the fissures or grooves of our teeth."

Instead swallow your vitamins whole (even chewable ones) or, better still, get all the vitamins you need from your diet. ■

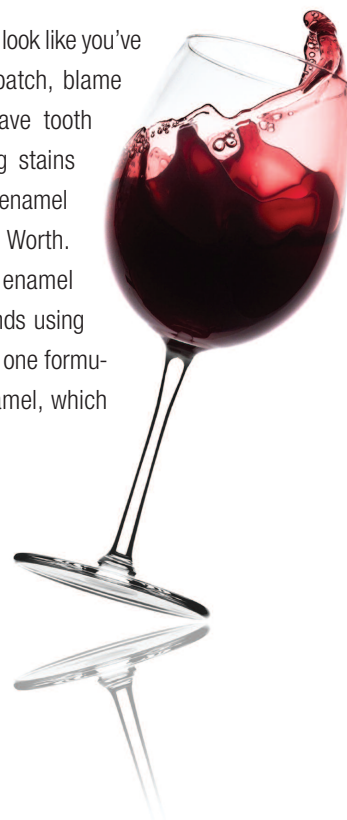


## Snack Attack

One popular snack combo can be very bad news for your teeth. "Potato chips and a can of cola are the perfect recipe for tooth destruction," Dr. Worth explains. Why? Cola contains phosphoric acid (which attacks your tooth enamel) and sugar (which feeds the bacteria in your mouth). Those bacteria produce acids that attack your teeth, causing decay and cavities. Meanwhile, the chips cling to your teeth, where their refined carbohydrate is broken down by plaque bacteria that produce even more acid. Now *that's* a snack attack!

## Your Favourite Whine?

If one sip of red wine makes you look like you've chewed through a blueberry patch, blame your genes. "Some people have tooth enamel like glass and nothing stains them, while others have coarse enamel that stains easily," explains Dr. Worth. While you can't change the enamel you're born with, he recommends using a well-fluoridated toothpaste or one formulated to remineralize tooth enamel, which can also help reduce staining.



## Crunch Time

Our teeth are designed to last a lifetime, but they're not made of titanium. According to Dr. Worth, about 30 percent of the tooth fractures he sees at his dental clinic in Thamesville, Ont., are caused by patients crunching down on unpopped popcorn kernels. A fracture can also occur if you chew ice cubes. "Crunching ice is particularly dangerous," explains Dr. Worth, "because you're cooling down the enamel first, then putting pressure on the teeth, which can result in fractures." Ouch!





## Word Games

Visit the ODA's Kids' Zone at [youroralhealth.ca](http://youroralhealth.ca) for more puzzles and online games!

Unscramble the letters to find the word!

almro \_\_\_\_\_

thsepatoeto \_\_\_\_\_

hetet \_\_\_\_\_

hbsur \_\_\_\_\_

ANSWERS: molar; toothpaste; teeth; brush

How many small words  
can you make from the  
word toothbrush?

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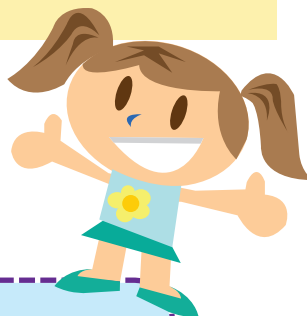
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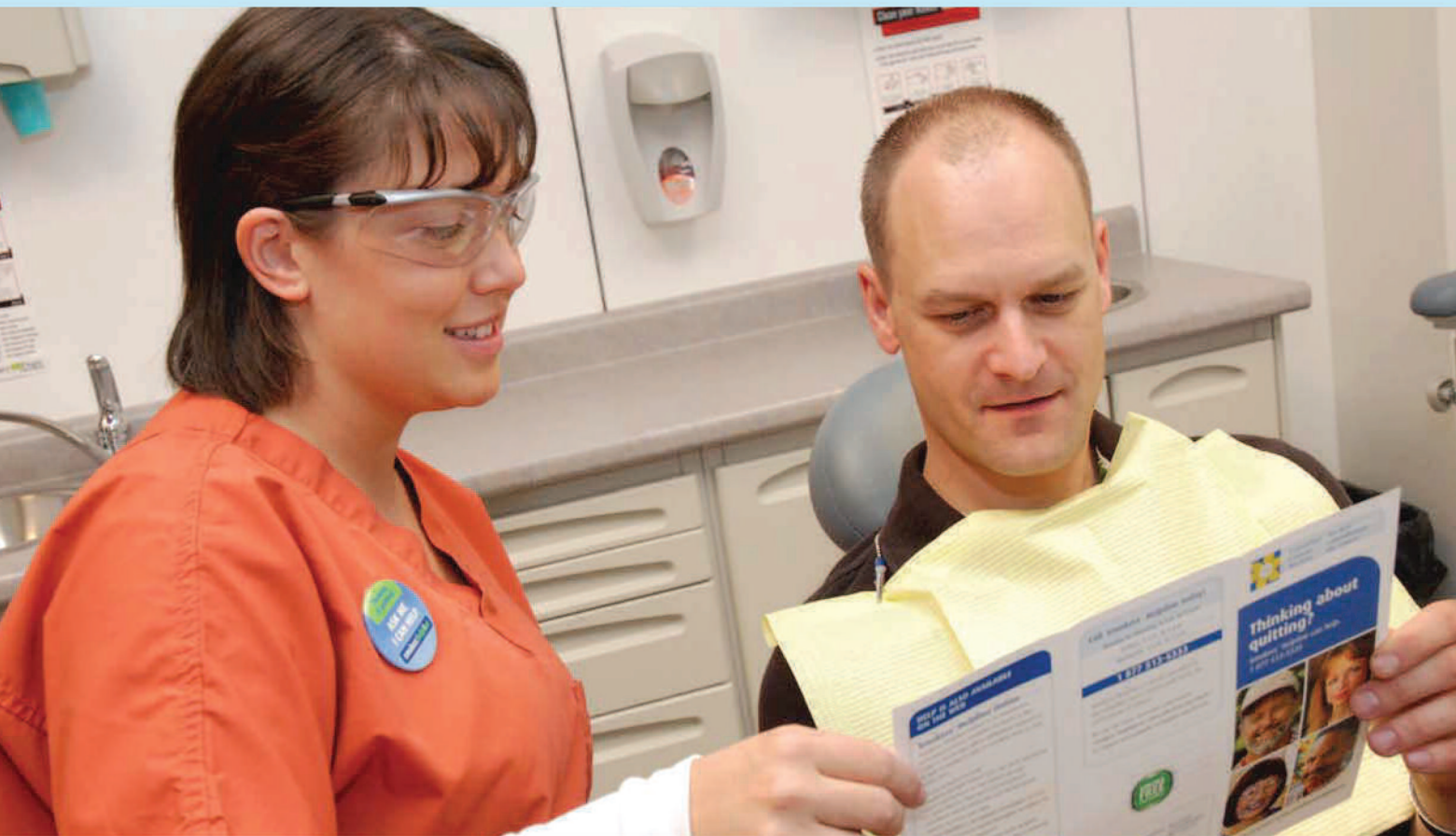
**Pam:** "What did the dentist say to the golfer?"

**Dan:** "I don't know, what?"

**Pam:** "You have a hole in one!"



The majority of people who use tobacco want to quit.



## Thinking about quitting?

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

For more  
information contact  
your local public  
health unit.

**smokers' helpline**

CONNECT TO QUIT

[smokershelpline.ca](http://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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