

YOUR ORAL HEALTH

FALL | WINTER 2014/15

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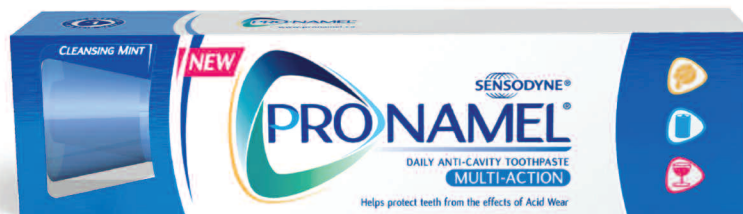
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**Welcome to our Fall/Winter 2014-15 issue of
*Your Oral Health.ca Magazine***

As we move from late fall into winter, many of our kids are enjoying sports — soccer, hockey, rugby, lacrosse — you name it. And, it seems to me that everywhere I look, I see parents and coaches handing out so-called energy or sports drinks to their young athletes. They believe that they are doing a good, positive thing. Don't our kids need these energy drinks, to help them perform better? The simple answer is no.

Growing evidence is showing very clearly that our kids don't need these drinks and that, in fact, they can be downright detrimental to their health. The companies behind these drinks invest heavily in marketing with clear results — in 2009, Canadians spent more than \$500 million (yes, you read that right — \$500 million!) on these products. The sad truth is that caffeine and sugar are the main ingredients. These beverages will actually damage their teeth. Read more in "Power Points" on page 20 — and find out what dentists recommend instead of these caffeinated, sugary beverages.

In this issue, we also deal with dental anxiety — something almost everyone has experienced at one time or another. Our professional panel of experts — all practising dentists — invariably tell us that there's no real reason to feel even the mildest jitters. Read "Are You Afraid of the — Gulp — Dentist?" on page 5 for more information on how to overcome this all-too-common anxiety.

Finally, one of the articles in this issue comes as a direct result of a conversation that I recently had with a patient in my role as Medical Director of the Dental Oncology Program at Northeast Cancer Centre/Health Sciences North in Sudbury. "Cancer and Your Oral Health" on page 12 grew from questions about cancer treatments and their effects on oral health. While people battling cancer might not think first about seeing the dentist, I know that an oral infection could alter or even interrupt the cancer treatment. But there are a number of steps you can take to minimize these occurrences.

Our *YOH.ca* advisory panel is once again made up of our ODA-member dentists — and all of our content is reviewed by them and based on trusted research. We try to answer questions that you, our patients, ask us. Please discuss these articles with your own dentist, if you need and want more information.

As always, we hope to bring you a magazine that you find useful and informative. We publish this magazine for you, our patients, and want to hear your thoughts and ideas. Please email us at yoh@oda.ca and enjoy this issue of *YOH.ca Magazine*!

DEBBIE SAUNDERS



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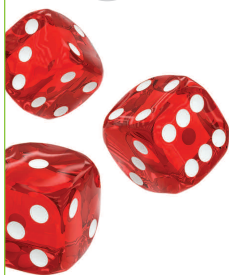
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The ODA is the voluntary professional organization which represents the dentists of Ontario, supports its members, is dedicated to the provision of exemplary oral health care and promotes the attainment of optimal health for the people of Ontario.

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ARE YOU AFRAID of the — gulp — Dentist?

Here's how to
conquer your fear,
once and for all

By Cheryl Embrett

If a visit to your dentist is always a white-knuckle experience, you're not alone. Studies show that between 10 and 40 percent of the population experience some degree of dental anxiety. "It's nothing to be ashamed of," says Dr. Gabor Filo, a dentist in Hamilton, Ont., who focuses on treating patients who dread the dental chair. "It's not your fault, and it's not punishment from the tooth fairy."

Fear of the dentist can range from a sense of uneasiness and butterflies-in-the-stomach to a diagnosed mental health issue known as dental phobia.

"I have a patient who is so fearful that she trembles when she sits in my private office," says Dr. Filo. People who have dental phobia aren't merely anxious, they're terrified or panic-stricken.

Whether mild or extreme, dental anxiety or phobia can cause those who experience it to put off routine oral health care and end up with gum disease, tooth loss and other dental problems. 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.



Why so anxious?

One of the most common reasons for avoiding the dentist is — no surprise — fear of pain. This usually stems from a previous bad experience, says Dr. Filo. “If you talk to some people, the words ‘school dentist’ come up. And the description of the school dentist is pretty universal.” The fear can be intensified by listening to dental horror stories told by family and friends. “Everybody has an Aunt Jane or Uncle Bill who love to tell tales about how their experience was worse than anybody else’s,” says Dr. Filo. “So you build up your own fears based on their experiences — whether they’re inflated or not.”

Some people are also uncomfortable with the physical nearness of the

dentist or hygienist, especially if they’re embarrassed about the appearance of their teeth or poor oral hygiene. Feelings of helplessness and lack of control in the dental chair can also be factors.

It doesn’t help that a lot of people use dentists as the bogeyman, says Dr. Filo. “In any movie or TV show — *Little Shop of Horrors*, for example — the profession is seldom looked upon favourably. Many of the messages out there condition you to accept going to the dentist as a negative experience.” However, most dentists nowadays want to ensure that their patients have a positive experience. And the movies are reflecting this. (See “Top 4 Positive Portrayals of Dentists.”)

How to Deal with Dental Anxiety

Find the right dental home

Call the office and ask for a “meet-and-greet,” advises Dr. Filo. You want to make sure you have a good rapport with the entire dental staff and that you feel comfortable and at ease in the dental environment. Talk to friends, neighbours or relatives to find out who they like (For more information on finding the right dental home, see “Don’t Play Dental Roulette,” on page 10) or consider seeing a dentist who specializes in treating anxious patients. If you have an anxious child, find a dental office that’s comfortable seeing young children, adds Dr. Ian McConnachie, a pediatric dentist in Ottawa and a Past President of the ODA. Pediatric dentists, for example, have specialized training with kids, experience putting anxious kids at ease and usually have child-friendly offices.

Top 4

Positive Portrayals of Dentists

Dentists often get a bad rap in the movies. In reality, most dentists are nice people who spend their lives helping to give us brighter smiles and maintain good oral health. Here are four of our faves with dentists who will make you smile:

4. Thumbsucker (2005)

A movie about a teenager with a problem: he can’t kick his childhood thumb-sucking habit. He meets a dentist, played by Keanu Reeves, who helps our young hero.

3. The Secret Lives of Dentists (2002)

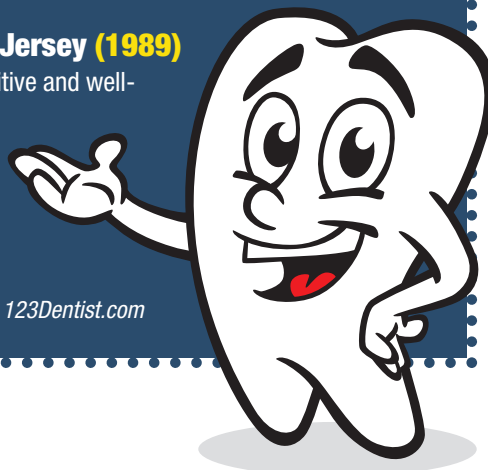
An award-winning drama starring Campbell Scott as a dentist who is dealing with marital and professional problems in his small town — just like so many of us in real life.

2. Ghost Town (2008)

Ricky Gervais is a good dentist with a unique gift (and, perhaps, a less-than-delightful manner) who eventually evolves into a character we can all root for.

1. Eversmile, New Jersey (1989)

Daniel Day-Lewis is a positive and well-meaning — albeit a little quirky — dentist who travels to rural Argentina to offer free dental care to those in need.



123Dentist.com

Speak up

Discuss your concerns and fears with your dentist and his or her team. “The average dental office will work with you to determine what type of help you need,” says Dr. Filo. “Do you need sedation or just some extra TLC with a little extra sense of control and hand-holding?” If your child has anxieties, it’s important to give the dentist the heads-up about that, too, adds Dr. McConnachie. “There are a number of different things we can do to create a more comfortable environment for the child.” (See “Helping Kids Deal with Dental Anxiety.”)

Set yourself up for success

Book your appointments at a time when you’re less likely to be rushed or under pressure (weekends or at the end of the work day, for example). If the appointment is for your child, schedule it for a time when he or she is well-rested and, therefore, a little bit more comfortable, advises Dr. McConnachie.

Take advantage of new technology

If anyone in your family experiences dental anxiety, consider an office that has technology with a few more bells and whistles that can be helpful. “The technological improvements in the past 30 years that I’ve been in practice have been overwhelming,” says Dr. Filo. “Hard-tissue laser can replace the needle and drill, which are the No. 1 and No. 2 items on any dental fear hierarchy.” A laser diagnostic system that is used in some offices instead of X-rays is ideal for children who have a gagging tendency. “It’s essentially like having a little wand shining a light on the tooth,” says Dr. McConnachie. And for kids who are anxious about injections, computer-assisted delivery of anesthetic for freezing can be helpful. “There are a lot of options out there today,” says Dr. Filo. ■

The key to preventing dental anxiety in children is to start early, says Dr. Jerry Smith, ODA President (2014-15), who is a dentist in Thunder Bay, Ont., and has a nine-year-old daughter. “Young children can come in for the first time with the parent, not necessarily for a dental visit themselves, and when Mom or Dad are having their teeth cleaned, we’ll give them a ride in the chair and have a quick look in their mouths and, of course, we have a treasure box that they get to visit, which is a good way to encourage kids from an early age. So they associate us with a nice place to go.” Early visits — the Canadian Dental Association recommends that children should see a dentist within six months of the eruption of their first tooth or by their first birthday — also help prevent problems before they happen. “With early intervention, you can give the parents all the tools they need to prevent disease from developing, so the only sort of interaction on these younger children is essentially oral hygiene-related, as opposed to having treatment of the teeth,” says Ottawa pediatric dentist Dr. Ian McConnachie.

It’s also important to use the right language. Don’t talk about pain or hurt or discomfort. “They associate those words with things that make them cry,” says Dr. Smith. “Instead, when I am about to give them local anesthetic, I have them close their eyes. I tell them that they may feel a tiny pinch and it will feel a little funny or tickle. And we never mention needles. Needles hurt. I use the word ‘syringe’; they have no idea.”

If a parent has his or her own anxieties about dentistry, the other parent or another relative should be the one bringing the child in for a visit, advises Dr. McConnachie. “Otherwise, the anxiety of the adult is going to be picked up by the child.”



Lighten Up!

Do your stained teeth make you frown? **Don't fret.** Your dentist can advise on how best to brighten your smile.



By Jane Doucet

If you regularly drink tea, coffee, cola or red wine, there's a good chance that, over time, your teeth will become discoloured. Years of cigarette smoking and tobacco use also result in dingy-looking or yellowed teeth. "The staining effect is caused by dark-coloured compounds, like the tannins found in tea and coffee or the nicotine in tobacco, that become trapped within the person's tooth enamel," says Dr. Deborah Saunders, Medical Director of the Dental Oncology Program at Northeast Cancer Centre/Health Sciences North in Sudbury. "Blueberries, cherries, cranberries and soy sauce are also known to cause this same effect," she says. "As a rule, if you regularly consume something that would stain your clothes, it has the potential to stain your teeth, too."

Other factors can contribute to staining, advises Dr. Saunders, including age, genetics, a type of bacteria called chromogenic, certain drugs taken at a young age (such as tetracycline, an antibiotic used to treat bacterial infections), deteriorating dental restorations, poor oral hygiene and tooth decay.

In recent years, tooth whitening and bleaching have become increasingly popular, and not just among celebrities. Everyone from your grandmother to your 20-something neighbour is asking for these treatments, too. In response to consumer interest and demand, a wide variety of professional and over-the-counter products and techniques to whiten or bleach teeth are now available, including gels, pastes, strips, gums and rinses.



Whitening or bleaching?

When companies market these products, the terms whitening and bleaching are often used interchangeably, which can be confusing. According to the Canadian Dental Association (CDA), whitening is defined as a “cosmetic process ... that removes debris or staining from teeth through mechanical means” and the effects of whitening products (typically toothpastes or gums) are relatively minor.

Bleaching the teeth, on the other hand, offers “a more significant chemical effect that can’t be immediately reversed.” Current research indicates that over-the-counter tooth bleaching is a generally safe and effective way to improve how our teeth look, provided it’s done under your dentist’s careful supervision and according to the product manufacturer’s directions.

The CDA also notes that, unlike natural enamel, any crowns, fillings and other dental materials won’t be affected by bleaching compounds and may appear darker compared to the teeth that have been whitened. Also, if you have irregular tooth discolouration due to medications, aging or fluorosis (too much fluoride, from any source, over long periods when the teeth are forming during the first eight years of life), bleaching may produce unsatisfactory results.

If you want whiter teeth, but you’re overwhelmed by all of the over-the-counter options, it’s best to trust the experts. During an initial consultation, your dentist will determine the likelihood that bleaching will help and the potential for any negative effects. “Your dentist can let you know the cause of your tooth discolouration,” says Dr. Saunders, “and then recommend how to treat or manage it.” ■

Fact Box

A Caution for Kids and Expectant Mothers

The Canadian Dental Association says that, as with most elective procedures, tooth bleaching should wait until after a woman has had her baby, since the bleaching products haven’t been tested in pregnant women. Also, the products shouldn’t be used on children under 12 years of age.

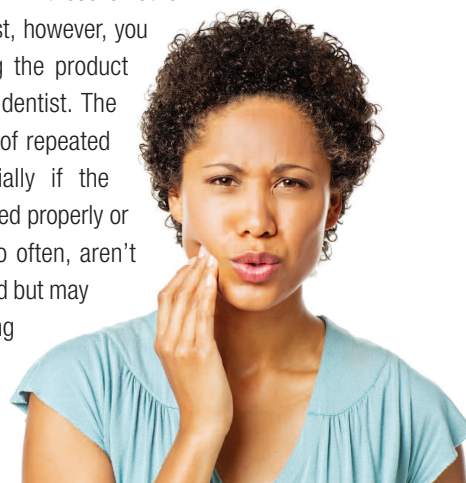
Swimmers Beware

Dark stains have appeared on the teeth of some children who swim in a chlorinated pool up to 14 hours a week. The stain is brown to black in colour and hard in texture and most often observed along the gum line of the upper and lower incisors, says Dr. Saunders. The good news is that a dentist can remove the stain and using a special remineralizing toothpaste may help prevent it from developing.



Possible Harmful Effects

According to the Canadian Dental Association, when bleaching products are used as directed, tooth sensitivity and soft-tissue irritation are the most common negative side-effects; these problems usually go away on their own. If these or other side-effects persist, however, you should stop using the product and consult your dentist. The long-term effects of repeated bleaching, especially if the products aren’t used properly or if they’re used too often, aren’t yet fully understood but may include tooth pitting and pulp (nerve) damage.





By Cheryl Embrett

Finding just the right dentist

for you and your family isn't as easy as flipping through the *Yellow Pages* or randomly searching online. "In the old days, when I was a new practitioner, there was not a dramatic difference in the services provided," says Dr. Ian McConnachie, a pediatric dentist in Ottawa and ODA Past President. "But now, dentistry is far more complex and far more customized. It's very much a question of finding the right fit." And that requires doing some homework.

"Dental diseases such as tooth decay and oral cancer often do not show symptoms until the disease has

progressed, and catching them early is critical to preventing ongoing problems," adds Dr. Jack McLister, a dentist in London, and ODA Vice-President (2014-15). "That's why it's important to find a dentist you can relate to, trust and feel comfortable with and who does the right thing when it needs to be done."

So how do you find a dentist you'll be happy with long-term? "I really value word of mouth," says Dr. McConnachie. "Ask friends, family or relatives you respect for recommendations about a dental office." Many dental association websites also have

a dentist locator or dentist directory. The ODA's public website, for example, has a "Find a Dentist" service that allows you to search by last name, dental specialty or city. "I would make sure the dentist you choose is a member of the ODA," advises Dr. McLister. "The ODA provides dentists with access to a wealth of up-to-date information and resources."

Once you have a few recommendations, a preliminary phone conversation with the office is a good idea, says Dr. McConnachie. "Raising some of the specifics of what you're looking for is really helpful to both you and the dental office."



Here are four key issues to consider:

Location, location, location

Choosing a dental office is like choosing a gym. If it isn't handy, you're less likely to go. Make sure the office is easy to get to from work, home and school, and the office hours are convenient for you and your family. Nearby parking or public transit options are a bonuses.

Atmosphere

"It's a good idea to visit the office first and have a meet-and-greet," advises Dr. McLister. "Does the office appear to be neat and clean and orderly? Is the dental staff helpful and friendly? Does the staff take the time to answer your questions?" Does the staff treat children?

Services offered

If you or someone in your family has specific needs, inform the dentist and ask if he or she has training and/or experience in treating patients with that condition, advises Dr. McLister. If not, ask the dentist if she or he can recommend or refer you to someone who has.

If esthetics are important, you might want to inquire about in-office whitening and restorative options.

If anyone in your family experiences dental anxiety, ask what type of anesthesia can be administered (such as nitrous oxide or oral sedation) to help ease any jitters.

You may also want to check on what procedures are in place for handling dental emergencies (a broken tooth, for example) outside of office hours.

Payment options and procedures

If you require a procedure that isn't covered under your dental plan or if you don't have dental insurance, a dental office that offers payment plans may be a priority. You may also want to inquire whether the office bills your insurance company directly or if it's your responsibility to pay the dentist, and also whether there's a fee for missed appointments. ■



Visit youroralhealth.ca and click on "Find a Dentist" to locate a dentist in your community.





Optimal Oral Health *and* Cancer

What You Need to Know

Taking care of your mouth may be the last thing on your mind when you're living with cancer. But good oral health care will help fight infections and minimize the harsh oral side-effects of treatment.

By Bonnie Dean

When a person is diagnosed with cancer, there are various treatments prescribed to help remove or destroy the cancerous cells. The most common are chemotherapy, radiation, surgery or a combination of all three. But these can have a drastic effect on a person's oral health, which, in turn, can also affect the outcome of the cancer treatment. To help minimize the negative effects of treatment and to prevent complications, it's a good idea to have the dentist as a key member of the cancer treatment team.

Chemotherapy and radiation can weaken the immune system, which

can make you susceptible to developing infections. "When a patient has cancer, his or her immune system is compromised and the patient is at higher risk of infections; this gets worse during cancer-directed treatments," says Dr. Ingrid Harle, Assistant Professor in the Departments of Medicine and Oncology and a Post-Graduate Director of the Palliative Medicine Program for Queen's University in Kingston. "Cancer-directed treatments can cause decreases in white blood cell counts, impairing one's ability to fight infection, and can also cause a decrease in platelet

counts (platelets are cells that help blood clot), putting the person at increased risk of bleeding."

"The oral cavity can be one of the highest sources of infection during cancer therapy," adds Dr. Deborah Saunders, Medical Director of the Dental Oncology Program at Northeast Cancer Centre/Health Sciences North in Sudbury. "If you have uncontrolled gum disease, it can lead to infection when the immune system becomes suppressed." And if a patient develops an infection and it worsens, it could alter and even interrupt the cancer treatment.

Dr. Saunders and Dr. Harle collaborated on Cancer Care Ontario's *Symptom Management Guide-to-Practice: Oral Care*, which was designed to assist health-care practitioners with the assessment and appropriate management of a patient's cancer-related symptoms. Both stress the importance of an all-inclusive, collaborative approach to cancer care.

"The patient needs to be informed that the best care is provided by a team of health-care experts," says Dr. Harle, "so that we can work together to optimize the patient's care."

Dr. Saunders adds, "This is one aspect where teamwork is essential to provide the best cancer care to our patients. It's a prime example of how the mouth is a window to your overall health."

The dentist's role

The patient should consult with his or her oncologist about the optimal times to visit the dentist for treatments, cleaning or checkups, says Dr. Harle. "The timing of dental appointments is very important. The patient should be at the lowest risk of potential infection and/or bleeding." Dr. Saunders agrees: "Consultation with the oncology team is essential to ensure that the timing of the dental treatment is carried out safely."

Both doctors suggest seeing a dentist prior to the start of cancer treatment. An oral assessment will not only diagnose any current infections, they say, but will also identify and manage any oral conditions that could place the patient at higher risk of infection during the course of cancer treatment.

A pre-treatment dental visit is also a good opportunity for the patient to be educated on any possible changes to his or her mouth, the side-effects of the treatments and what the patient needs to do, should specific symptoms occur. "Patients need to be instructed on good oral hygiene and provided with instructions in this regard; this is in addition to counselling on proper nutrition," says Dr. Harle.

Oral health problems of the cancer patient

Common oral health problems that cancer patients experience may include:

- Mouth sores, which can often be painful
- Xerostomia or dry mouth. Since saliva helps rinse your teeth of bacteria, a reduced salivary flow may increase your risk of tooth decay and tooth sensitivity
- A burning feeling in the mouth
- Compromised ability to taste
- Issues with eating and swallowing
- Excessive vomiting, which can wear away tooth enamel, increasing the risk of tooth decay and sensitivity.

These problems can significantly impact the ability to eat and drink, making it difficult for patients to maintain adequate nutrition and hydration. This can further complicate their ongoing treatments and their quality of life.

The importance of education

"There are hard and soft tissues in and around the mouth that both require attention during cancer therapy to provide overall wellness and comfort," says Dr. Saunders. "We have to keep the teeth strong and clean, and keep the mouth moist at all times."

Adds Dr. Harle: "I think it's important that dentists and physicians alike educate the patient about regular flossing, brushing with a fluoridated toothpaste, rinsing and which foods, liquids and oral rinses we would recommend using and/or avoiding." (See "How to Protect Your Mouth" on page 14.) ■



Common Oral Health Problems of the Cancer Patient

Sore mouth and sore throat

Dry mouth

Infections

Eating problems

Bleeding gums

Stiffness in jaw

Cavities

Change in taste

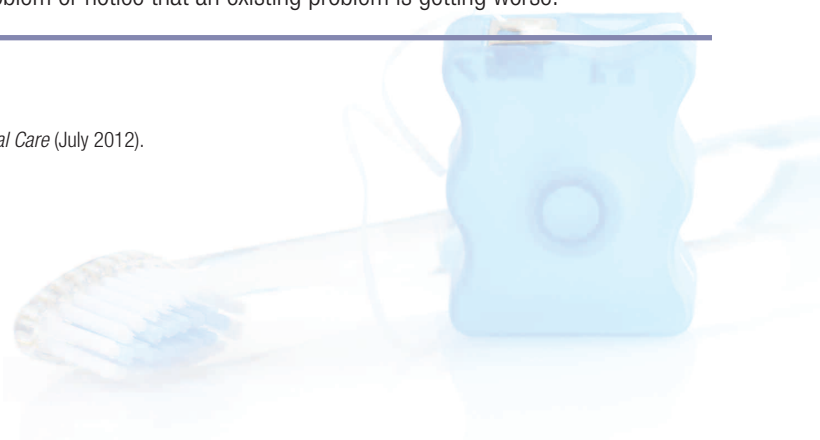
"The mouth is a window to your overall health."



How to Protect Your Mouth*

Brushing	<ul style="list-style-type: none">→ Brush your teeth and tongue gently with an extra-soft toothbrush.→ Brush often — within 30 minutes after every meal and before bedtime.→ Rinse your toothbrush in hot water to soften the brush before using.→ Rinse your brush in hot water after use and allow to air-dry.→ Replace your toothbrush every three months or when the bristles look worn and bent.→ Your dentist may recommend a toothpaste with prescription-strength fluoride to help strengthen tooth enamel.
Flossing	<ul style="list-style-type: none">→ Floss at least once a day.→ Waxed floss or dental tape may be easier to use and may minimize aggravation to the gums.→ If flossing causes bleeding of the gums, consult with your cancer care team.
Rinsing	<ul style="list-style-type: none">→ Rinsing helps maintain the moisture in the mouth, removes any remaining debris or toothpaste and reduces the buildup of plaque.→ Rinse with a solution that you can make on your own: mix one teaspoon of salt and one teaspoon of baking soda in four cups of water. Do this several times a day and after brushing and flossing.→ Rinse, don't brush, after vomiting.
Moisturizing	<ul style="list-style-type: none">→ Moisturize your mouth with water or artificial saliva products. Rinse frequently with solution.→ Keep your lips moist, to avoid chapping and cracking, with water-soluble wax-based (lanolin) or oil-based (mineral oil, cocoa butter) lubricants. Avoid petroleum-based products.
Food and Drink	<ul style="list-style-type: none">→ Choose foods that are soft and easy to chew.→ Opt for foods that are high in calories and protein.→ Avoid foods that can irritate the mouth or throat – those that are abrasive, rough, spicy, acidic, salty, tart or very hot or very cold.→ Ask your cancer care team about nutritional supplements.→ Avoid alcohol and tobacco products.
Self-check	<ul style="list-style-type: none">→ Take a few minutes each day to assess how your mouth looks and feels. Contact your dentist if you see a new problem or notice that an existing problem is getting worse.

*Adapted from Cancer Care Ontario's *Symptom Management Guide-to-Practice: Oral Care* (July 2012).





THE DAILY GRIND

Chances are you've unknowingly done it
at one time or another in your life.

And for a small percentage of the population,
bruxism (grinding one's teeth) is a chronic problem —
but one with solutions.

By Jennifer D. Foster

Bruxism, the medical term for the subconscious, habitual, non-functional grinding and gnashing of teeth, is a condition that many adults experience at some point in their lives. However, according to the Canadian Sleep Society, it's only chronic in about eight percent of adults and teens, three percent of seniors and 14 percent of children. And, according to Dr. Victor Kutcher, ODA President-Elect and a periodontist practising in Burlington, while

"grinding is common in children and is viewed as normal, in adults it's pathological, meaning it may be indicative of a more serious disease."

Some people grind their teeth during the day, but the majority of bruxers grind while sleeping, which is known as nocturnal or sleep bruxism. And, adds Dr. Jerry Smith, ODA President and a dentist in Thunder Bay, "the great majority of people don't know they're grinding their teeth at night or even when they're grinding."



What happens during bruxism

"The forces that occur during bruxism are not vertical in nature, they are horizontal; the jaw shifts and slides from side to side," explains Dr. Smith. "And it's these horizontal forces, mixed with the amount of time the teeth are together, that increase the likelihood of significant damage to the teeth and the supportive structures." For example, with normal chewing and swallowing, teeth come together for up to 20 minutes per day, with natural teeth exerting up to 44 pounds of pressure per square inch (psi). But during bruxing, that pressure can soar to nearly 1,000 psi, and teeth can be together for hours, sometimes up to 40 minutes for every hour of sleep. Talk about the power for potential destruction!



During bruxing, teeth may exert up to nearly 1,000 pounds of pressure per square inch (psi), which is the equivalent to the bite force of a lion.

"Only your dentist can diagnose bruxism, repair the damage and provide treatment that can aid in preventing further damage."

Signs and symptoms

Because so many people grind while sleeping, it's not uncommon for someone in the same room or bed to be the one who often hears the other person grinding and alerts the bruxer, states Dr. Smith. Other tell-tale signs of a grinder? Frequent headaches (especially in the morning) or earaches; sore jaws; jaw-clicking; frequent toothaches; sensitive teeth; facial pain; worn, broken or cracked teeth and/or fillings; (accelerated) gum recession; loose teeth; and indentations on the lateral borders of the tongue. And, adds Dr. Kutcher, the damage from bruxism he sees in his clinic is "cumulative; it's a time-dependent

process, so if there is more wear on the teeth than one would expect for someone at a particular age, then assessing the issue may be necessary." What's interesting to note, however, he says, is "many people seem to grind happily away and have no issues, while others will experience pain in teeth or muscles or joints."

Causes and complications

The exact cause of bruxism is still a medical mystery. But, "it's thought that physical or psychological issues are involved, and some of the suggested causes include: anxiety and stress, frustration or anger, type A personality, dental malocclusion [abnormal alignment of upper and lower teeth], response to pain and sleep issues," says Dr. Kutcher.

Dr. Smith says some studies suggest there might be a genetic link to bruxism. As well, "some drugs may be associated with bruxism or thought to increase bruxism, including dopamine-related drugs, antidepressant drugs, sedative and anxiolytic drugs and drugs of abuse," says Dr. Smith, though he cautions that "the literature is still controversial on this and is based mostly on anecdotal case reports."

The world-renowned Mayo Clinic adds that "smoking tobacco, drinking caffeinated beverages or alcohol and taking illegal drugs, such as methamphetamine or ecstasy, can increase the risk of bruxism." The clinic cites other potential physical and psychological causes may include stomach acid reflux into the esophagus, uncommon side-effects of some psychiatric medications, such as phenothiazines, and complications resulting from disorders such as Huntington's disease or Parkinson's disease.

Treatments

Nocturnal bruxism is thought to be a “central nervous system function,” says Dr. Kutcher. And while many of us grind away and have no issues, so far there is no known cure “because we just don’t have a good handle on the exact triggers for bruxing in each person,” he says, adding, “so from a dentist’s perspective, the most effective method of dealing with bruxism is to interfere with the damage that is occurring to the teeth, and facial and mouth structures.”

If you do show evidence of bruxism and are experiencing signs or symptoms associated with bruxing, there are several treatment options you may want to discuss with your dentist. “The best treatment is usually conservative in nature,” says Dr. Smith. “In addition to repairing any damaged teeth and/or correcting obvious occlusion [bite] irregularities, a night guard (or splint) is fabricated for the patient, which may reduce bruxism, but will certainly prevent further tooth wear and damage,” he stresses. The custom-made appliance is fabricated out of acrylic and must be worn *every* night, fitting over the upper or lower teeth.

“In some cases, medications for pain and muscle spasm are prescribed for the short term,” clarifies Dr. Smith. As well, according to the Mayo Clinic, “Botox injections may help some people with severe bruxism who don’t respond to other treatments.” The Canadian Sleep Society recommends physiotherapy, avoiding noise (TV or computers) in the bedroom and avoiding sleeping on your back (supine position) to help manage bruxism.

Self-care techniques may also be effective for coping with bruxism. The Mayo Clinic suggests reducing stress and anxiety [yoga or meditation, for example], avoiding stimulating substances in the evening (caffeinated coffee or tea, alcohol and smoking) as they may worsen bruxism, practising good sleep habits (which may include treatment for sleep problems) and scheduling regular dental exams.

Bottom line? Don’t ignore bruxism. It can cause significant damage if left untreated, warns Dr. Smith. And, he adds, remember that “only your dentist can diagnose bruxism, repair the damage and provide treatment that can aid in preventing further damage.” ■



SIGNS + SYMPTOMS

- frequent headaches (especially in the morning) or earaches
- sore jaws
- jaw-clicking
- frequent toothaches
- sensitive teeth
- facial pain
- worn, broken or cracked teeth and/or fillings
- (accelerated) gum recession
- loose teeth
- indentations on the lateral borders of the tongue.

DENTAL SPECIALTIES



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

PROFILE OF AN **ORTHODONTIST**

Dr. LouAnn Visconti

By Jennifer D. Foster

If the dental care 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.

In the Spring/Summer 2014 issue of *YOH.ca*, we profiled Dr. Lesli Hapak, a periodontist in Windsor, and a member of the ODA's Board of Directors.

In this issue we talk to Dr. LouAnn Visconti, who has been living and practising as an orthodontist in Timmins, for the past 22 years. Dr. Visconti has served on the ODA's Board of Directors since 2012 and is a member of the Timmins and District Dental Society.

Did you know?

The term **orthodontist** comes from the Greek words *orthos*, meaning straight or correct, and *odont*, which means tooth.



Q: What does an orthodontist do?

Dr. Visconti: The speciality of orthodontics is concerned with the study and treatment of improper bites (malocclusions), which may result from tooth irregularity, disproportionate jaw relationships or both. An orthodontist focuses on dental displacement (crowded, crooked teeth), and controlling and modifying facial/jaw growth, when jaws have grown disproportionately.

Orthodontists bond braces onto teeth and insert metal wires into the braces; the wire moves the teeth into the aligned position. Another method of straightening teeth is with aligners (which resemble thin, clear mouthguards).

Additional appliances are often needed to align jaws, like headgear, expansion appliances and removable functional appliances used for growing patients, with the goal of modifying jaw relationships.

Following alignment of the teeth and/or jaws, retainers are inserted to help maintain the corrected positions of the teeth. Retainers are worn full-time for a while, then reduced to night-time wear, as prescribed by the orthodontist.

Q: What additional education is required to become an orthodontist?

Dr. Visconti: To become an orthodontist in Ontario, you must successfully complete a four-year general dental degree, then two or three years of post-graduate training in orthodontics at an accredited facility (or its equivalent) before being licensed.

I studied orthodontics at the University of Manitoba's Faculty of Dentistry, following my graduation from the Faculty of Dentistry at the University of Toronto.

Q: What is a typical day for you?

Dr. Visconti: A typical day brings with it a variety of procedures. New patient consultations give me a chance to meet new people and discuss problems with their bites, how I can correct them and what is involved, including an estimate of the time and cost. I also discuss the possible issues they may face if they don't seek treatment.

Once a patient decides to proceed with treatment, X-rays, tooth impressions and photos of the face, teeth and bite are all taken. These are measured and a detailed treatment plan is then drawn up and presented. Following this appointment, the braces are bonded and treatment begins. Patients are seen on a monthly basis, working toward straightening the teeth and making sure they fit together well for proper chewing. When treatment is complete, the braces are removed and retainers (removable or fixed) are inserted.

Q: Can you tell us about a memorable case?

Dr. Visconti: One of my most memorable cases involved a 14-year-old girl, who had just moved to Timmins. Her parents were very concerned because she was extremely introverted and wouldn't speak, let alone smile, and her long hair was normally draped in front of her face. She was not doing well in school and hadn't made any social contacts since her arrival in Timmins. She was even reluctant to have me examine her. But, she went through treatment, and as her teeth straightened, you could see the change in her personality. It was like night and day — two different people. Today she has a marketing career in Toronto, and when she's home visiting her parents, she drops into our office to say hello. She said straightening

her teeth gave her the self-esteem and confidence to believe in herself and pursue the career she wanted. It doesn't get any better than that!

Q: Who becomes an orthodontist?

Dr. Visconti: Some of the qualities I feel it takes to be an orthodontist are the same as those of any health professional: someone who is caring and compassionate, with excellent communication skills to discuss a diagnosis and treatment (using terms you can understand); a practitioner who listens and makes you feel all your concerns are important; and one who is willing to take time.

Q: What do you enjoy about being an orthodontist?

Dr. Visconti: The best part of my job is the interaction with my patients. Everyone has a story to tell; everyone can achieve their dreams. It's about giving people self-esteem and confidence, and realizing you're treating the whole person, not just the mouth. My mandate is to put a smile on every patient's face. There is no better profession for me, and I'm thankful every day that my patients have trusted me with such an important mission! ■

Visit youroralhealth.ca

for more information about the various dental specialties.





Power Points

By Julia Aitken



Too many sports drinks and energy bars can give your teeth a workout — and not in a good way

“Performance is best enhanced by drinking lots of water.”

Post-workout Prescription

If you have a favourite sports drink or enjoy snacking on an energy bar now and then, treat them as you would any sugary snack. Dr. Jerry Smith has this advice to lessen their damaging effects:

- **drink the sports drink through a straw**
- **rinse your mouth well with water afterward**
- **chew sugarless or xylitol-containing gum afterward.**

Sports and energy drinks and energy bars are big business. In 2009, the last year for which stats are available, Canadians spent more than \$500 million on them. But do we need to?

For Ottawa pediatric dentist Dr. Ian McConnachie, the answer is no. “They generally have high levels of sugar, and the drinks are acidic. They also tend to be consumed between meals and will linger in the mouth for hours, so they’re particularly damaging to the teeth.”

Sports drinks are formulated to replace water and electrolytes (minerals like salt, potassium, calcium, sodium and magnesium) that we can lose through sweating and are sweetened to replace the carbohydrate we use during activity. Caffeine is the main ingredient in energy drinks, which can also contain guarana extract (similar to caffeine).

“People think they need sports drinks when exercising to adequately replace essential nutrients, but this is nonsense,” says Dr. McConnachie, an ODA Past President. “For anyone who is not an elite athlete, performance is best enhanced by drinking lots of water — with a further bonus if it’s fluoridated — and a balanced diet will provide all the nutrients and electrolytes needed.”

Tip-Top Top-Ups

If you feel the need to refuel after exercise, skip that sugar-loaded energy bar and fill the tank with one of these tooth-friendly snacks:

- ✓ hard-cooked egg, split and spread with hummus
- ✓ unsweetened banana-yogurt smoothie
- ✓ peeled, pitted and sliced avocado spritzed with lime juice
- ✓ drained and lemon-dressed, canned chickpeas
- ✓ apple or pear with cheese
- ✓ bowl of oatmeal
- ✓ regular milk or soy milk
- ✓ multigrain bread and cheese.



“For most people, a balanced diet will provide all the nutrients and electrolytes needed.”

Adds Dr. Jerry Smith, President of the ODA (2014-15), who practises in Thunder Bay, Ont.: “Many of these drinks are high in sugar and are very acidic, with pH levels between 2.3 and 4.5, which is similar to that of a soft drink. Damage to tooth enamel starts to occur at pH levels below 5.5.”

Energy bars are fortified snack bars containing mostly carbohydrates, plus protein, fat, fibre, vitamins and minerals. But, whatever the label might say, many energy bars are no more nutritious than a candy bar. (See “Bar Hopping.”)

Whether you’re working out or not, snacking and rehydrating, says Dr. McConnachie, comes down to common sense: “Limit the amount of carbohydrate at snack time, choose snacks that aren’t sticky or processed and limit their frequency. And, drink lots and lots of water.” ■

Caffeine Caution

The main ingredient in energy drinks is caffeine and too much of it can increase your heart rate and blood



pressure, interrupt your sleep and cause nervousness and irritability. In 2013, Health Canada capped the allowable level of caffeine in energy drinks at 180 mg per serving, about the same as a 237 ml cup of coffee. Nonetheless, **Health Canada recommends that children and teens not consume energy drinks.**

Bar Hopping

Anything you eat or drink that contains calories provides your body with energy. While some energy bars contain extra protein, fibre, minerals and vitamins, check out their calories, fat and sugar content carefully — the differences between an energy bar and a candy bar can be negligible.

To comparison shop, use the calculator app on your cell phone to divide each of the figures in the nutrient panel on the packaging by the weight in grams of the energy bar. **Do the same with your favourite candy bar; the results may surprise you.**





Ontario Dental
ASSOCIATION

kids' zone



Do you enjoy games and activities?

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

Unscramble the letters to find the word!

recsab _____

lsfos _____

sumg _____

ANSWERS: braces; floss; gums

tooth funfact

A snail's mouth is no larger than the head of a pin, but it can have **more than 25,000 teeth!**



Dan: "What is a dentist's favourite musical instrument?"

Pam: "I don't know, what?"

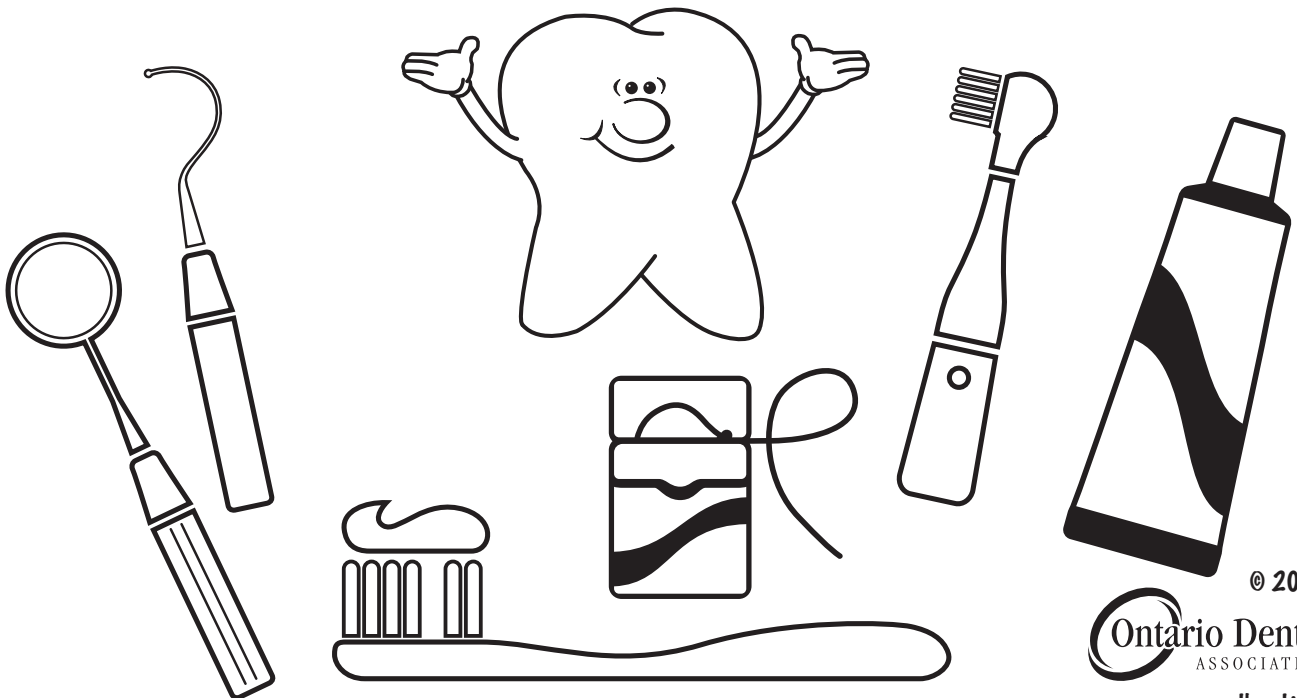
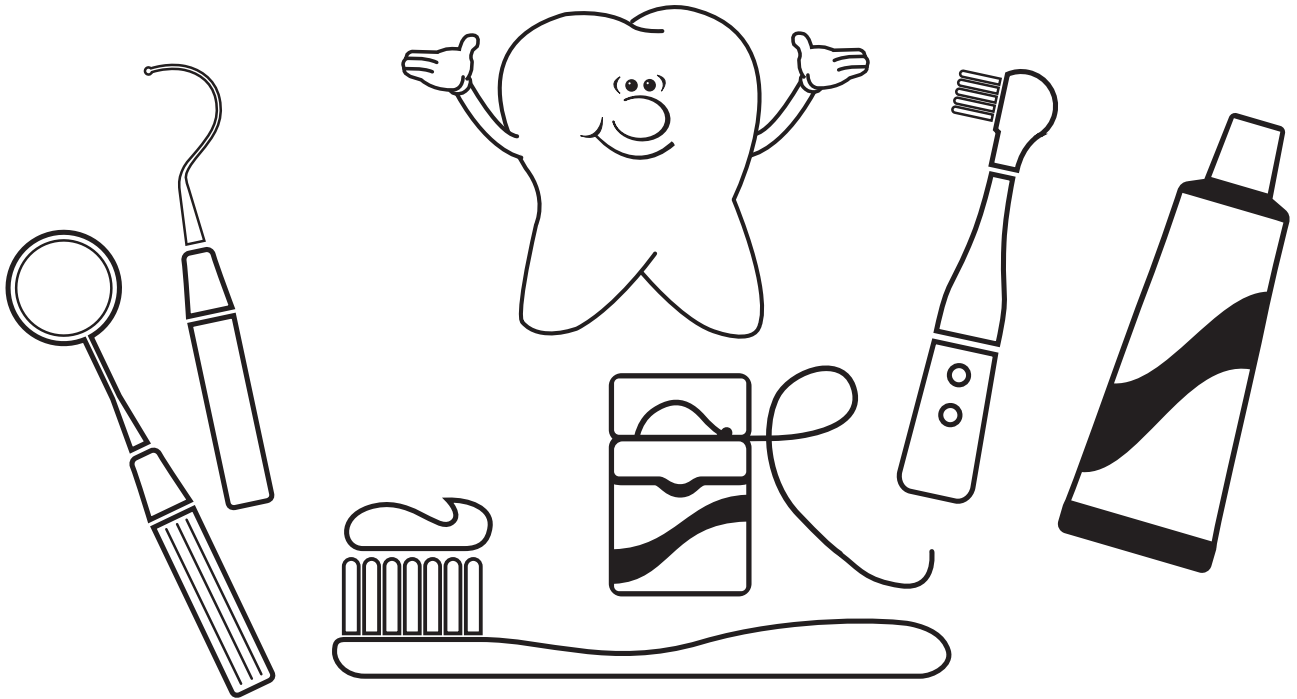
Dan: "A tuba toothpaste!"



Dental

Spot the Difference #1

Can you find the 7 differences?



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