

YOUR ORAL HEALTH.ca™

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BROUGHT TO YOU BY THE ONTARIO DENTAL ASSOCIATION



Talkin' 'Bout Their Generation

Young Adults' Oral Health-Care Habits

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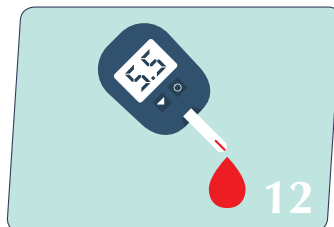
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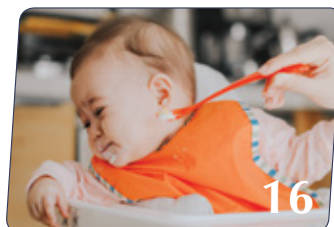
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OUR CONTRIBUTORS



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Julia Stanislavskaia is a Toronto-based registered dietitian. In addition to the usual nutritional and health issues, she loves to discuss dental health with her clients.



Heather White is a freelance writer/editor who has a relationship with her nightguard and believes no one is ever too long in the tooth... except maybe if you are a horse.



WELCOME

from Dr. Deborah Saunders,
Editor-in-Chief

This issue of *YourOralHealth.ca Brought to You by the ODA (YOH.ca Magazine)* began life as an answer to one of our member dentists' questions. This dentist has a patient who is a parent, and like many parents, this patient was curious about the safety of X-rays for her children. She contacted the ODA, looking for information, and we directed her to our *YOH.ca Magazine* online archives, where we had included an article about X-rays in the Spring/Summer 2014 issue of *YOH.ca Magazine*. We decided, though, after five years, it was time to review this topic again. Read "Are X-Rays Safe for You and Your Children" on page 18 for the latest information.

Our cover article on young adults and their oral health-care habits was inspired by a question presented to our Contributing Editor, Dr. Katchky, by one of his patients, who is worried about her daughter's access to dental care while she's attending university. That prompted Dr. Katchky to write the article and to review an internal study that looked at the habits and behaviours of that particular age group — and how they view oral health care. "Talkin' 'Bout Their Generation" on page 8 is the result of that particular conversation!

We have also included articles about the merits of electric and manual toothbrushes, tips on keeping your teeth healthy during the holidays and what Canada's new Food Guide recommends for nutritional guidelines. Many people have been diagnosed with diabetes, and our article reviews the effects that this disease may have on your oral health. "The Diabetes and Dental Health Connection" is on page 12.

I also want to share some good news with you, our readers: *YOH.ca Magazine* is now approaching its seventh birthday, and we continue to receive many accolades and compliments from our readership. We have also recently won an award from the International College of Dentists. Each publication is judged on design, writing and research, and we are proud of how we have been recognized as a reliable source of health information by experts you can trust. My thanks also to all the dentists and other experts who share their valuable knowledge with our writers through the many interviews that contribute to the production of this magazine. Without them, we would not be able to give you the most up-to-date information on oral health care.

If you have a question or would like an article on a specific topic, we would love to hear from you. Please email me at yoh@oda.ca.

Enjoy!

Dr. Deborah Saunders

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- fostering collaborative relationships that promote creativity, personal development and professional growth while celebrating achievements.

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Holiday Survival 101

By Maggie Blood

Caring for your oral health during the fall and winter holidays



This time of year can be like running a gauntlet when it comes to healthy eating. Between Thanksgiving, Halloween, Hanukkah, Christmas, Kwanzaa, New Year's and a host of other holidays and celebrations, your social calendar will likely be hopping, and your mouth inundated with a wide array of foods and beverages you probably try your best to avoid year-round.

As with all good things, moderation is the key. Knowledge is your best friend when it comes to navigating the dinners, snacks, hors d'oeuvres, cocktails, mocktails, desserts and candies that are always on full display during this extended festive season.

Let's break it down by category, so you understand what all these different foods and beverages do to your mouth, and how you can lessen the damage while still enjoying them!

Sugar: Hard candies of all shapes, sizes and flavours look delightful, but they're a nightmare for your teeth. Sucking slowly on these treats bathes your mouth in sugar, but



biting on them could do more damage by possibly chipping, cracking or breaking a tooth. Cookies, cakes, pies and other pastries are sugary and can get stuck in the nooks and crannies of your teeth, and so can caramels. On a high note, plain chocolate is one of the better sweets out there because it dissolves quickly.



Starches: When the weather gets cold, pasta, mashed potatoes, stuffing, bread, crackers, potatoes and tortilla chips can be awfully tempting. But all these starchy foods can get stuck in your teeth, and while they may not be sweet, if left to linger on or in between the teeth, they actually break down into sugars, and that can cause tooth decay.



Stress: It's one of those things we don't always like to talk about, but it's an issue for a lot of people at this time of year. Whether it's from the pressure of hosting a party, spending time with family, loneliness, financial difficulties, social anxiety or something else, the holidays can be very demanding and wreak havoc on not only your emotions, but also your oral health.

Ontario Dental Association President Dr. Kim Hansen says that "stress can be taken out on the teeth by grinding and biting down [on them] in your sleep or subconsciously throughout the day. This can lead to tooth sensitivity, worn-down enamel, loose teeth, jaw pain and headaches. But there are treatments specifically for this. Something as simple as a nightguard can really help with the strain." [yoh](#)

Spirits: Alcohol is not good for your mouth. According to the Oral Cancer Foundation, heavy drinking is the second largest risk factor for the development of oral cancer, but even light drinking can cause issues. Wine is sugary and high in acid, and red wine can stain teeth. Champagne, cider and beer have high levels of carbonation, which can also erode tooth enamel. And dark beer can also discolour the surface of teeth. Many mixed drinks — from juice and pop to soda water and tonic — have lots of sugar and carbonation in them. Too much alcohol can also dry out your mouth and cause bad breath.

Icebreakers: Another important thing to remember is, never chew ice! Some people like to bite down on ice cubes that are in their beverages, but the cold temperature mixed with the ice's hardness can crack or break your teeth.



Dental Rescue 101

Resist the temptation to brush your teeth right after eating. Tooth enamel softens when you eat, so to avoid wearing down your enamel, wait at least 20 minutes after a snack or meal before brushing your teeth.

Flossing daily is important! It's about more than just clearing that holiday turkey dinner from between your teeth. ODA President Dr. Kim Hansen says that "biofilm — that sticky coating on your teeth when you wake up in the morning — can be brushed off parts of your teeth, but you need floss to get at it between the teeth. When you don't, bacteria breeds, and that can lead to gum sensitivity, cavities and even loss of teeth and permanent damage to the gums."

Water is everything. Now that you know all about the sugar, starches, carbonation and acidity that can build up in your mouth from eating and drinking, your best line of defence is water. A few swishes of H₂O can help neutralize the acids, dislodge food and wash away the sugar.

Tooth-friendly snack ideas: Munching on some cheese is a great way to neutralize acids in the mouth from sugary foods and wine. Fresh vegetables are mostly water and loaded with nutrients. Shelled nuts of all varieties are also a healthy snack choice for the teeth. Sugar-free gum can freshen breath, loosen up any food stuck in your teeth and increase saliva flow, washing away debris and lingering sugar in the mouth.

Now That Cannabis Is Legal, Don't Let It All Go to Your Head... or Mouth

However you consume it — smoking, vaping or eating edibles — be aware of what cannabis can do to your dental health



Oral cancer:

Just like with cigarettes, cannabis smokers run the risk of developing oral cancer from both the drug itself and carcinogens in the smoke that can damage tissues in the mouth.

Dry mouth:

More than just annoying, dry mouth is a serious side-effect of smoking cannabis that can lead to aggressive gum disease and cavities.



Dental procedures:



Using cannabis can increase your risk of bleeding and can cause complications for healing after dental procedures. It can also impact the effects of anesthesia and medications needed for your procedure.

Cannabis edibles:

Watch out for the sugar content in edibles, such as candies, chocolate and baked goods.



Munchies:



We've all heard about people getting very hungry after smoking cannabis, and the traditional go-to snacks usually aren't celery sticks. So be sure to rinse with a few swigs of water after snacking to prevent cavities from developing. It'll also help with the dry mouth!

Talk to your dentist:

They can monitor your mouth and give you tips on how to prevent cavities and other problems from developing into something more painful and costly to fix. To ensure your safety, your dentist needs to know if you have used cannabis before your dental appointment.



Staining:



We all like to have nice, white teeth, but cannabis smoke stains your enamel and can actually cause demineralization, making staining that much harder to get rid of.





Talkin' 'Bout Their Generation



**Q: My daughter is going away to university in the fall. This will be the first time she's been away from home for an extended time and from her mother – me – who books her dental appointments. How can I make sure that she looks after her own oral health care, without my having to nag her?
– Already Worried Mom**

Dr. Allan Katchky, *YourOralHealth.ca's* Consulting Editor, answers this issue's question.

A: This scenario is played out time and again in family-oriented dental practices across Ontario. A family with dental benefits brings their children to the family dentist every six months for a preventive checkup and cleaning. In addition to the cleaning, a fluoride treatment may be provided to prevent the formation of cavities, and in some cases, diagnostic X-rays are taken periodically to check for small cavities that may be forming in between the teeth.

As the family's children grow up, college or university or an apprenticeship, often out of town, may follow graduation from high school. The dental cleaning and checkup visits may become less frequent and may even start to lapse. Sometimes grad school or travel or an



unpaid internship follows a post-secondary education, or perhaps an entry-level job or contract work — without dental benefits. Throw in leaving home and paying rent for the first time, and you have young adults now labelled as the new “working poor.”

Living on a tight budget and with no oral health-care benefits often mean preventive dental care lapses even further. In many cases, these young adults are now in their late twenties or early thirties when they resume dental care. Sometimes they return to a regular oral health-care checkup routine because they now have benefits. Other times it’s because they have developed dental discomfort or even toothache symptoms.

To the mutual dismay of the returning patient and the dentist, the dentist finds five to 10 large cavities in a mouth that had never had previous problems. It would be easy to blame the lack of regular dental visits as the sole cause of the problem. However, there are other factors which also contribute to this unfortunate scenario. For one, the diet of young adults away from home or on a budget sometimes changes, often in a negative way. Evidence abounds that clearly shows the link between stress and oral health, such as the stress of exams or job hunting, not to mention the social stresses of living away from home for the first time. Sometimes it’s merely the feeling of invincibility that creeps in after so many years of cavity-free checkups. It is easy to see how the “perfect storm” for dental disease can be created.

Here are some simple strategies to avoid this far-too-common scenario:

1. Try to continue scheduling appointments during winter breaks, reading weeks and summer breaks from post-secondary school. Many dental offices are also open evenings and weekends to accommodate demanding schedules.
2. Even if it can’t be every six months, create a new cleaning frequency by talking to your dentist, such as every 12 or 18 months.
3. Consider visiting a dental school or hygiene college clinic, where low-cost cleanings are provided by dental or hygiene students under supervision.
4. Check to see if your college or university offers any dental benefits.
5. Floss — daily!
6. Talk to your dentist about your treatment plan; they may offer a variety of payment options.

Your dentist can help devise creative strategies to manage this vulnerable period in your young adult’s life. Take advantage of their experience in this area. [yoh](#)



Attitudes Toward Oral Health in Young Adults

In a study commissioned by the ODA in 2019 on the dental attitudes and habits of people in Ontario, we found that young adults (aged 18–34 years) are the age group least likely to visit the dentist regularly; place less importance in going to the dentist over older age groups; and are the ones most likely to visit the dentist only when they think there’s a problem. What is interesting to note from the study, however, is that the trust placed in dentists is significantly higher among young adults (78 per cent), compared to older age groups. Overall, the study found that four out of five young adults agree that seeing a dentist is crucial for their oral health. As a group, young adults feel that brushing, flossing and taking care of your teeth are very important. However, they are less likely to take the time to visit their dentist (55 per cent) when compared to older age groups.

What Canada's New Food Guide Means for Your Oral Health

By Helen Racanelli

The Government of Canada revamped the Canada Food Guide earlier this year. Here's what you need to know, and why it may be a change for the better



Image reprinted with permission of the Government of Canada.

When Health Canada released its new Canada Food Guide (CFG) in January 2019, it not only rolled out a fresh look, but also new recommendations. "It has changed from being focused on food groups to a visual plate called the 'food guide snapshot,'" says Jodi Robinson, registered dietitian and owner of Crave Health, based in Vineland, Ont. "Basically, it's a plate model that visually represents how Canadians are encouraged to eat at mealtimes," she says. Gone are the measurements and numbers of the previous CFG, last updated in 2007. For example, the old guide suggested that adults eat seven to 10 servings of fruits and vegetables daily. Also gone are the food and drink illustrations on a rainbow-coloured background. Find the new food guide at food-guide.canada.ca.



A real photo of real food

The new CFG features an actual photo with real food that's ready to eat: cut-up fruits and vegetables, cooked proteins and grains. "The new food guide contains simple graphics and is easy to understand," says Dr. Charles Frank, Vice-President of the Ontario Dental Association (ODA) and a general practitioner dentist in Windsor. The poster shows the approximate proportions of vegetables and fruits, protein and whole grains that are recommended, he adds.

Also, the new guide doesn't list portions and quantities, which is a welcome change because people have different food requirements, says Dr. Frank. "The beauty of this food guide is that, although the poster is simple, there are multiple links [on the website] to the recommendations that provide more clarification and varying levels of detail," he says.



What to drink

In the new guide, water is the drink of choice. Water hydrates the mouth, removes food debris and reduces acidity in the mouth, says Dr. Kim Hansen, President of the ODA. And for those drinking fluoridated water, it also provides the benefits of fluoride," he adds, making teeth more resistant to decay and preventing or even reversing tooth decay that has started.

Water is healthier, and it reduces the risks of cavities, root canals and the loss of teeth, says Dr. Hansen. "From an overall health perspective, we may see a decrease in diabetes and hypertension, for example."

Sugary drinks, including soda pop, fruit juice and 100 per cent fruit juice, are not recommended. "Not only does the sugar [from juice and soft drinks] break down on the presence of the bacteria in your mouth to form acids that form cavities, but also the acidity of pop and fruit juices further contribute to this attack on the teeth," says Dr. Frank. "Another issue with fruit juices is that, although you are getting the calories from the beverage, you miss out on the fibre you would get from eating the whole fruit."

Milk, dairy and calcium

What about milk and dairy? Many of us grew up thinking of dairy as a distinct food group, which has since been changed in the new guide.

As for calcium, "the food guide is quite detailed as to where the traditional sources of calcium, phosphorous, and vitamins A and D can be readily obtained," says Dr. Hansen, whose dental practice is in Prescott, Ont. Milk and dairy are not as prominent in today's CFG, but they are still included. "Dairy is still recommended as part of the new food guide as an option to help meet your protein needs," says Robinson, "which is why it's now included as part of the quarter-plate for protein options, as a picture of yogurt."

Talking to your dentist about food guidelines

Dr. Hansen discusses aspects of the (new) food guide daily with his patients. "I have noticed many more food allergies over the past few years, and many different diets are in vogue," he says. This can lead to nutritional deficiencies, such as those that "affect the teeth, jaws and healthy gums," he says "And certain vitamin deficiencies can be seen in the tongue and other areas of the mouth." Consequently, Dr. Hansen says he discusses how to get

essential elements of the CFG back into his patients' diet. For example, how they can take in more calcium. Food quantities come up for Dr. Hansen, too. He says he also discusses portion size and snacking in regard to eating too much sugar. And "timing of snacks is another area, more so in the adolescent population," he says, which anyone with a late-night teenaged snacker in the house can relate to.

The new CFG: a change for the better

The new food guide also teaches bigger-picture lifestyle and skills. "The food guide isn't just a list of recommended types of foods portions," says Dr. Frank, "but stresses lifestyle choices and literacy, development of food skills, reading and understanding of food labels." "What really impressed me about the new food guide is that it is based on science, free of bias or commercial interests. It is a document that I trust," he says. Hopefully, this guide improves Canadians' eating habits, and consequently, their oral health in years to come. ^{yoh}



Key points from the New Canada Food Guide

Jodi Robinson, registered dietitian, outlines the key takeaways from the revamped Canada Food Guide:

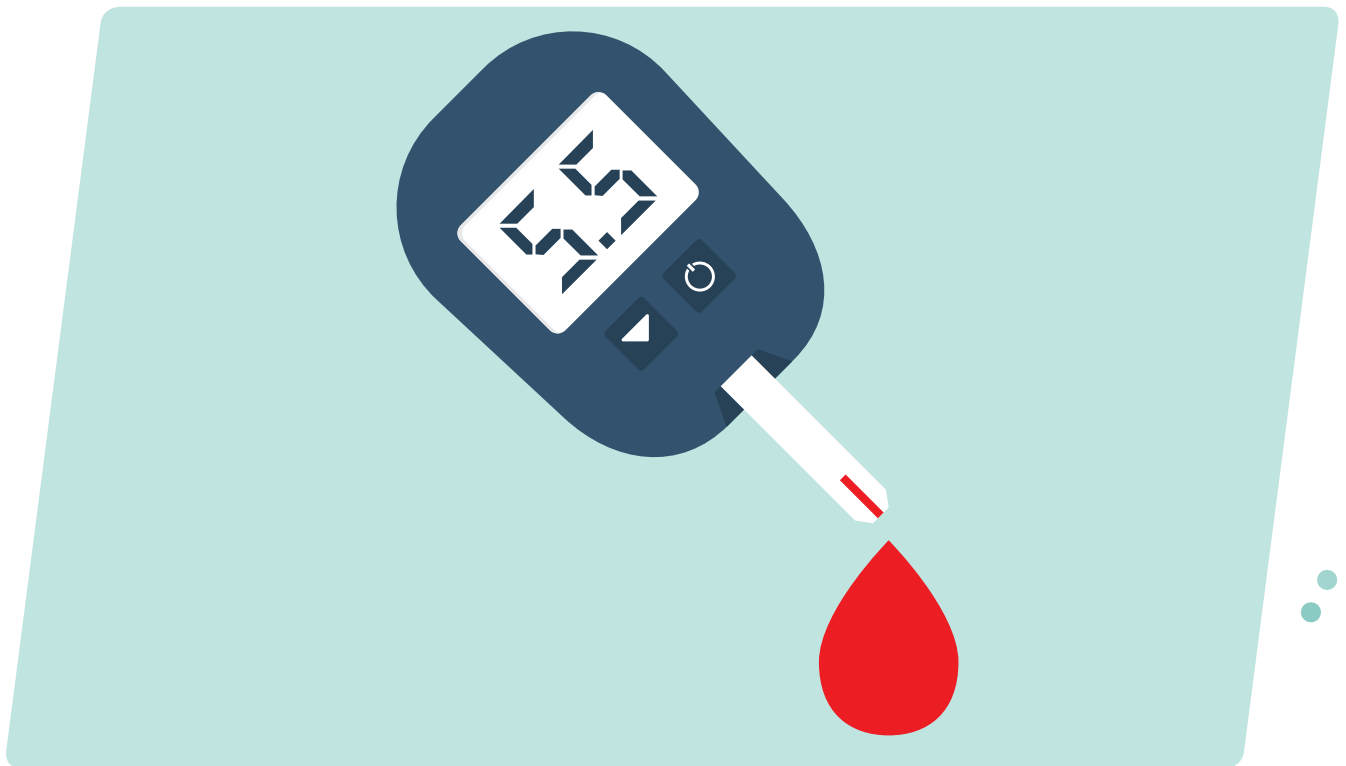
- Cook more often;
- Enjoy your food and be mindful of your eating habits;
- Eat meals with others;
- Replace sugary drinks with water;
- Ensure the majority of sugars consumed in your diet come from natural sources, such as fruit, vegetables and unsweetened dairy products (plain milk and yogurt); and
- Include more plant-based proteins, such as legumes (beans/lentils), soy-based foods (edamame and tofu), and nuts and seeds in your daily diet.

For more information, please go to:
food-guide.canada.ca

The Diabetes and Dental Health Connection

By Donna Paris

If you've been diagnosed with this disease, you already know why it's important to keep blood sugar levels under control. But what you may not know is the tie-in between diabetes and your oral health

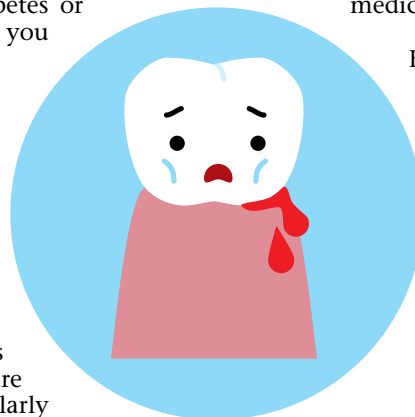


It's a disease that doesn't discriminate between age, gender or race, and diabetes is starting to crop up more and more in medical histories at the dental office. About 11 million Canadians are living with diabetes or prediabetes, so chances are, diabetes affects you or someone you know.

To start, you need to tell your dentist you have diabetes. "It's important to know, so we can explain the impact that diabetes will have on a patient's oral health," says Dr. Kim Hansen, President of the ODA, who maintains a dental practice in Prescott.

But some patients don't even know they have it. A dentist can't diagnose diabetes simply by looking at a patient, but there are signs. "Uncontrolled gum disease, particularly if it affects different teeth at different times, is

an alarm bell," says ODA's Past President, Dr. David Stevenson, who has a practice in Carleton Place. "As is a recent development of dry mouth, with no medications to cause the condition," he says.



Here's one thing that all the experts agree with. "Oral health is an important part of overall health," says Joanne Lewis, Director of Knowledge Management, Diabetes Canada. "People living with poorly managed diabetes are at greater risk of bleeding gums and periodontal disease, which needs to be managed to preserve teeth and gums." The good news? Treating either gum disease or diabetes can lead to improvements in the other.

How diabetes can affect your oral health

Research shows that people with diabetes are at a higher risk for oral health complications and are more susceptible to infections.

Inflammation and gum disease: Gum disease is a major issue that shows up in people with diabetes. “Without meticulous detail to brushing and flossing, the gum surrounding a tooth becomes more infected and more inflamed, which has negative effects on the supporting bone and can lead to cavities at or below gum level, increased tooth mobility and eventual tooth loss,” says Dr. Hansen.

As well, women diagnosed with gestational diabetes (diabetes while pregnant) can have an increased risk of swelling of the gums. “This inflammation may increase complications throughout pregnancy,” says ODA President-Elect Dr. Lesli Hapak, a periodontist, who practises in Windsor.

Infection and delayed healing: People with uncontrolled high blood sugar levels are at increased risk of infection and delayed healing. “It lowers the ability of the body to fight infection and it slows down healing, which can have a huge impact on the mouth,” says Dr. Hansen. “A patient could be more prone to an oral infection and less able to both fight and then heal from them.”

Tooth decay and loss: There is an increased risk for new cavities, cavities around existing fillings and major dental work with people who have diabetes. If tooth loss does occur, the impact is huge. “Aside from the cost of extractions, the cost of replacing these teeth can be expensive and less desirable,” says Dr. Hansen. It also takes longer to heal from a procedure. “Implants can be placed, but ongoing monitoring and meticulous oral care habits must be maintained,” he adds.



• **What your dentist wants you to know.** The key word with diabetes is “control.” Maintaining regular follow-ups with your medical team will help to achieve the best possible outcome. “And very important: don’t smoke — it has a huge impact on dry mouth and gum disease!” says Dr. Stevenson.

• **See your dentist regularly.** When you have diabetes, your body is less able to fight off infections, and this includes infections of the mouth. So it’s very important to see your dentist regularly. You may require more frequent cleanings and must be more diligent with home care through proper instruction to prevent gum disease.

• **Best way to prevent dental problems associated with diabetes.** Maintain good blood sugar levels, follow a healthy eating plan, check blood sugar levels regularly and maintain regular visits to both your physician and your oral health-care team, the latter of which includes a thorough exam of your mouth and routine cleanings. It works both ways. “Gum disease is a bacterial infection that raises a person’s overall inflammatory signals, which in turn raise a person’s blood sugar,” says Dr. Hapak.

Fungal infections: Thrush (an oral fungal infection) can also be more prevalent in a person with poorly controlled blood sugar levels. “This is sometimes seen more commonly in patients who wear dentures,” says Dr. Hapak. If you wear a denture, cleaning it every day will help prevent fungal infections.

Dry mouth: This is important, as dry mouth means less saliva is being produced. It can be a symptom of high blood sugar and can also cause an increase in high blood sugar levels, according to Dr. Hapak. “With less saliva, you can have an increase in bacteria, which can increase your risk for cavities and gum disease,” she adds. Your dentist may be able to recommend oral moisturizers, and sugarless gum or mints may also help.

Loss of taste: Some people with diabetes will notice a change or a loss in their ability to taste as a result of the changes to the taste bud tissues situated on the tongue.

Bad breath: A dry mouth and increased periodontal issues can cause bad breath. “A patient may become aware of it, and the dental team can help identify measures to best help the patient,” says Dr. Hansen.





What you need to tell your dentist

- If your diabetes is under control;
- If you take insulin and when your last usual dose of insulin was administered;
- If there has been any other change(s) in your medical history; and
- The names of all the herbal medicines, prescription and over-the-counter drugs you are taking.

Burning sensation and pain: In people with poorly controlled diabetes, a risk factor is the development of a condition called diabetic neuropathy (damage to nerves that can cause weakness, numbness and pain), which is usually in the hands, arms and feet. Neuropathy can also affect your mouth, so you may feel a burning, scalding or tingling sensation, numbness and/or pain.

How a specialist can help

According to the American Academy of Periodontology, people with diabetes are three to four times more likely to develop periodontal disease, which, like any other infection in the body, can impair the body's ability to process and use insulin.

If you're having issues with gum disease, your dentist may refer you to a periodontist, who specializes in the diagnosis, treatment and prevention of gum disease. A specialist would first assess a patient's periodontal status by conducting a thorough exam inside their mouth, as well as having an in-depth conversation about the patient's overall health and diabetes control. This may include a discussion with the patient's other health-care providers, such as their physician or endocrinologist (a doctor who specializes in glands and hormones).



Based on the degree of gum disease, a specialist would recommend treatment options that can slow or stop the gum disease from progressing and causing pain and tooth loss," says Dr. Hapak. These treatments may include scaling and deep root planing, antimicrobial/antibiotic therapy, regular maintenance therapy and oral surgery.

"When a patient's gum disease is under control, the inflammation of the gums is gone, and with no inflammation, blood sugar levels are lower, hence lowering the risk of diabetic complications associated with high blood sugar levels," she adds. Regular maintenance visits can also keep gum disease in check, since the gums and bone are assessed at every visit. [yoh](#)

Looking for more info?

Visit diabetes.ca, where you will find many useful tools to help manage diabetes, including:

- An interactive test to help you find out if you are at higher risk of having prediabetes;
- Basic meal-planning tips and diabetes-friendly recipes;
- How to manage blood sugar levels;
- Tips on stress management, as stress can affect blood sugar levels; and
- Information on drinking alcohol and how it affects blood sugar levels.

Diabetes: Fact Sheet

What is diabetes?

The pancreas produces insulin that moves sugar from food into cells to use as energy.

With diabetes, this sequence is broken.



What is prediabetes?

Blood sugar levels are high, but not high enough to be type 2 diabetes.

Half of those with prediabetes develop type 2 diabetes if nothing is done.



Types of diabetes

Type 1

- Pancreas unable to produce insulin
- Cause unknown, can't be prevented
- 5 – 10% of all diabetes patients

Type 2

- Pancreas can't produce insulin or body can't use it
- Usually develops in adulthood
- About 90 – 95% of all diabetes patients

Gestational

- Temporary during pregnancy
- Increases risk of type 2 diabetes later for mother and child



Type 2 diabetes risk factors

Factors you can't change

- > 40 years of age
- Family history
- Indigenous, Asian, Hispanic or African descent



Environmental factors

- Lack of access to healthy food
- Neighbourhoods not designed for walking



Lifestyle factors

- Poor diet
- Lack of physical activity
- Smoking



Signs you may have diabetes can include



Significantly increased thirst



Frequent urination



Weight gain or loss



Extremely tired or no energy



Blurred vision

If you have any of these signs,

contact your health-care provider. If you are 40 or older, get checked regularly — at least every three years — even if you don't have signs, as you may not display any.

Need more information?

diabetes.ca/risk-factors | diabetes.ca/about-diabetes/signs-and-symptoms
diabetes.ca/take-the-test (online risk assessment test) | Call 1-800-BANTING (226-8464)



Join us to end diabetes. Diabetes is an invisible epidemic and Diabetes Canada is making it visible and urgent. We are the national health charity that helps the 11 million Canadians with diabetes or prediabetes live healthy lives and educates those at risk.

Diabetes Canada relies on generous donations from people like you to help Canadians with diabetes or prediabetes and to end diabetes. Donate now at diabetes.ca/donate.



diabetes.ca
1-800-BANTING (226-8464)

DIABETES CANADA | **END DIABETES**

Feeding Your Baby in the First Year: Part 2

By Julia Stanislavskaia, MSc, RD

In Part 1 of “Feeding Your Baby in the First Year,” we talked about introducing first solids, nutrients for good oral health and general feeding tips. Now we move on to the second half of baby’s first year, which goes by even faster as they speed through feeding and other milestones

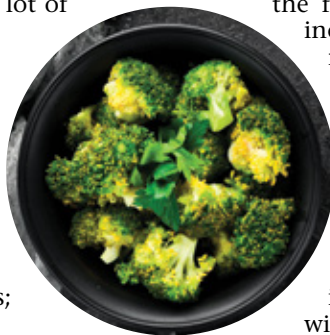
Meals for baby at nine months of age

By the time your child is eight to nine months old, solid foods gradually start taking priority over breast milk and formula. Foods should now be offered first, followed by breast milk or formula. At this point, you want to be offering three balanced meals per day and one to two snacks, depending on your child’s appetite. One important change is the progression of texture to finger foods from purées as your child’s chewing skills develop. This change allows you to eat some of the same foods and act as a model for them, as baby’s meals can increasingly start to resemble yours.

Dr. Sean Murray, a Sudbury-based pediatrician, says he’s seen an increase in food aversions in his practice. While we don’t know the exact reasons why, Dr. Murray cites a lack of education and exposure among parents, especially when it comes to progressing to solids or finger foods. This challenge has been compounded by the shorter time window to introduce finger foods, as outlined by the new World Health Organization Guidelines. We all know every baby is different, but some texture progression should start to happen in healthy, full-term babies who are between eight and 11 months old. At this age, most babies are ready to move on and may now reject the boring purées, so if you find your baby is starting to fuss at these and rejecting them, consider it a sign. Anything that is small, crunchy and easy to grab, such as a piece of meatball or crispy tofu, is usually popular at this stage. Failure to progress with texture can lead to a lot of conflicts during meals.

Some signs that your baby may be ready for finger foods:

- They may be starting to crawl;
- You may note the “pincer grasp,” which means your baby can now use their thumb and index finger to hold objects; and
- They show signs of mild use of the rotary chew (their jaw is moving side to side and in a circular motion, instead of the munch chew, which is an up-and-down motion).

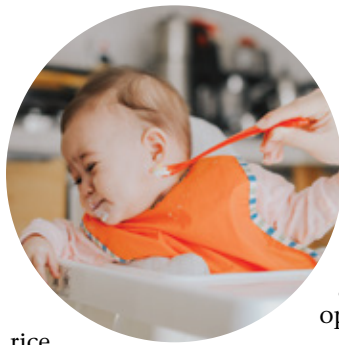


Another significant change is the growing need for independence, and food is the first area where children can show this. The age for this change can vary, but if your little one has a strong personality, it may become apparent even before nine months of age, as they insist on grabbing their own food and crying up a storm if you try to touch it, like my son. It is important to allow for some self-feeding at this stage, but just brace yourself for the fun mess. Often not giving children enough independence during meals leads to rejection of food and stressful mealtimes. Make sure to give your child room to self-feed, explore, touch and feel the food — and make a mess. It is also important to act as a model and enjoy foods similar to what your infant is eating, as they will want to mimic what and how you are eating.

Some meal examples for this age group may include a fish patty cut into pieces or tofu cubes with steamed broccoli and sweet potato wedges. Another example may be scrambled eggs in a pita with quartered or halved cherry tomatoes on the side, or pasta with meatballs and soft veggie chunks in sauce.

What to expect at 12 months

By the time your child is 12 months old, things are really shifting. Milk consumption should be down to 16 ounces per day, and your child is eating three balanced meals daily, along with two to three snacks. This is the time you can transition from formula or breast milk to cow or goat's milk.



Words of Caution: Plant-based milks like rice, almond or cashew milk are not appropriate for young children, as they are very low in calories and lack the protein and fat your baby needs. Using plant-based milk would likely result in poor weight gain or even weight loss. If your child has an allergy to cow's milk, you will need additional support from your pediatrician and ideally a registered dietitian, to explore other options. If you are returning to work and need to transition from breastfeeding to cow's milk, you need to have a plan of gradual reduction in nursing and an increase in cow's milk. Often mothers may require additional support, as this tends to be one of the harder transitions.

After 12 months, the growth rate slows down substantially, and you will see an expected decrease in appetite. You may notice more fluctuations in the amount of food your child eats. One day, your child “picks away” more than you, then the next day, your child may eat a negligible amount, and this is all normal.

Not only is this the time your little one is eating like a grown-up, but it is also time for your child's first visit to



the dentist. Dr. Edina Heder, a Toronto-based pediatric dentist, says: “We discuss oral hygiene and show the parents how to brush. We find some parents do not brush baby teeth because they simply did not know they should. Our big saying is, “Two for two is what we do,” meaning brush two times a day for two minutes.” Also, she says, “we show parents how to floss if there is no space between the teeth,” as it's important “to educate parents about prevention.”

As a registered dietitian and mother of two, I agree with Dr. Heder on the importance of educating parents and caregivers on the impact of snacking and grazing. Says Dr. Heder: “We find that snacking has more of an impact on teeth, as these tend to be high in sugar or high carbohydrate foods. So again, we go back to saying that fresh is the best: fruits, vegetables, plain yogurt or nut butters.” And as we mentioned in Part 1 of this article — avoid juice! It fills kids and adults with empty calories and increases the risk of cavities. Dr. Heder also notes that as

taste buds develop in your baby, it is crucial to avoid introducing sugary foods that may be appealing to eat, but can lead to tooth decay.

Some crucial tips for mealtimes:

- Do not offer too many options or alternatives if your child rejects the food. This opens the floodgate to picky eating.
- “Food jags” are common, so if your child keeps asking for the same food, take a holiday from it to help increase variety.
- Make sure your baby is not drinking too much milk or eating too many snacks. If your baby is filling up on 20 to 30 ounces of milk or grazing on fruit and crackers, why would they want to eat at mealtime?
- Don't be afraid to use herbs like mint or basil and spices like cumin, paprika and other strong flavours like lime and garlic. Once you know what your little one likes, use it to your advantage.
- Don't worry if your child rejects the food. Try a food 15 to 20 times before giving up on it.
- Eat together when you can, remove distractions (TV, toys, etc.) and stay positive! Kids feel our stress and anxiety, and this tends to have a negative effect on their appetite. Remember: Occasional bad days or a “bad meal” are normal, as long as they are not becoming a pattern.
- Now that you may be eating the same meals together, you can use Canada's new Food Guide (read our article on page 10 and visit food-guide.canada.ca) to help plan balanced and nutritious family meals. Just remember that Canada's Food Guide is not designed for young children, but it can certainly be used as a guide to plan the overall menu.
- Most importantly, remember that most food rejections in the second year of life are about testing emotional boundaries and not so much about the food. Because of this, all kids are picky at one point or another, but they usually outgrow it. Focus on setting firm boundaries and not just on your cooking creativity!

Last words of caution

Make sure you avoid giving your child honey in their first year of life. Cow's milk can be introduced between nine and 12 months of age. Avoid added sugars in baby's food, and make sure you are not offering any juices, as that can quickly lead to cavities if juice becomes your child's preference. Bottle-feeding at night is also implicated in developing cavities, so avoid this habit unless indicated by your health-care provider. Otherwise, all other foods that don't present a choking risk are game.

Food is one of your child's first ways to express their unique personality, independence and preferences. And this is yet another great opportunity to get to know them and take funny pictures. Take the time to enjoy this process, but if you find it to be a source of stress, discuss it with your pediatrician and pediatric dentist. [yoh](#)

Are X-rays Safe for You and Your Children?

By Talyssa Ferrer and Heather White



In 1895, German physicist Wilhelm Röntgen accidentally discovered the X-ray. Not initially knowing what kind of ray he had discovered led to it being called an “X-ray,” and the name stuck. Of course, X-rays are no longer a mystery; they are a major tool of dental and medical diagnosis. Even though the name has not been updated, the technology has evolved immensely. But are X-rays safe?

What are X-rays?

X-rays are a form of electromagnetic radiation, also called radiographs, used to take pictures; dental X-rays take images of the teeth and jaw. “We use them in every aspect of dentistry,” says Dr. Waseema Ali, a general practitioner dentist in Stouffville. “They help to assess teeth for cavities, check the presence and position of wisdom teeth, bone quality for implants, teeth position and growth patterns for orthodontics, root canal procedures, bone loss under the gums and in the assessment of infections in both teeth and bone.”

But are they necessary? Radiography is an effective imaging tool that can reveal lots of information about the teeth and bones that cannot otherwise be seen, says



German physicist Wilhelm Röntgen

“Your dentist uses the information from radiographs to identify dental problems and plan your treatment.”

Dr. Susanne Perschbacher, an oral and maxillofacial radiologist, assistant professor at the University of Toronto in the faculty of dentistry and a consultant for the dental department at The Hospital for Sick Children, Toronto. “Your dentist uses the information from radiographs to identify dental problems and plan your treatment.”

Dentists may take X-rays annually as part of a routine checkup; however, the needs of each patient differ. “Certain dental procedures require more X-rays to help guide the treatment,” says Dr. Ali. An ongoing treatment for implants, for example, requires several types of X-rays, she says. Emergency visits may require X-rays to identify the cause of the pain and/or the problem, while the annual checkups are beneficial for finding issues to avoid an emergency.

On par with background radiation

“Patients should be aware that medical and dental X-ray procedures do expose them to small amounts of radiation,” says Dr. Perschbacher. However, she notes, the amount for dental radiographs is especially small — comparable to the amounts you receive from simply going about your daily activities.



“We are all exposed to an amount of radiation that occurs naturally, termed ‘background radiation’; we receive this radiation from energy and particles that come from space and from elements in our planet,” says Dr. Perschbacher. “The amount depends on where we live or how we travel. For example, higher background radiation is received at higher altitudes and during air travel.”

All patients having X-rays taken by the dentist have protective aprons placed on them to cover the thyroid and other sensitive organs. “These are made from either lead or a lead equivalent material that blocks radiation going to the body,” says Dr. Ali.

While radiation exposure from an X-ray is low and the benefits generally outweigh the risks, sensitivity to radiation may depend on your age, with children being more sensitive than adults.

What about children?

As with adults, the frequency of X-rays recommended for children depends on each mouth, but they don’t have

to be routine, says Dr. Ali. “Recently, we had a child who has both his adult and baby teeth. The adult teeth are just coming in, and he was due for X-rays, but I thought, ‘We don’t need them today. We’ll wait for the teeth to grow in a bit more, so I can see more of what I’m looking for, as opposed to looking just for cavities.’”

On the other hand, she says, “if a child has a high risk of cavities developing due to, say, poor brushing habits, high sugar intake or genetics, the dentist may recommend X-rays more frequently, as compared to a child who has never had a cavity and has great oral hygiene. Or if a child is going through orthodontics, more X-rays may be needed to assess spacing and the presence of adult teeth,” says Dr. Ali.

However, the amount of radiation can be reduced, depending on the size of the patient. Says Dr. Perschbacher: “A fair question to ask is, whether the dentist will use a pediatric exposure. It’s not a different type of exposure for a child, it’s just less of it because they are smaller, so you don’t need as much to get a good picture.”

Generally, she says, “dentists are happy to discuss why they are taking the image and what they expect to find from it.” Also, strict guidelines exist that all dentists must follow in prescribing X-rays, to ensure patient safety, quality radiographs and that the equipment meets provincial regulations.

Digital versus film

“Digital is replacing film radiology gradually because that’s the newer technology,” says Dr. Perschbacher. “It’s not necessarily the case that the newer technology is better; it’s how you use it,” she says. “You can achieve a lower dose of radiation with digital, but it’s not going to change that much for the patient.”

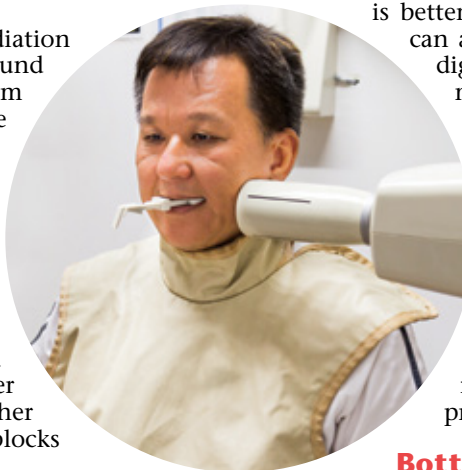
The best thing dentists can do to moderate patient exposure, says Dr. Perschbacher, is to be selective about what images they take.

“Take the ones you need, by all means, but don’t take them if you don’t need them. That’s the No. 1 rule. Then, whether you use digital or film technology is really up to personal preference.”

Bottom line

Maintaining good oral health through ongoing home dental care routines and regular preventive visits to the dentist help limit the number of radiographic examinations that are needed for overall care.

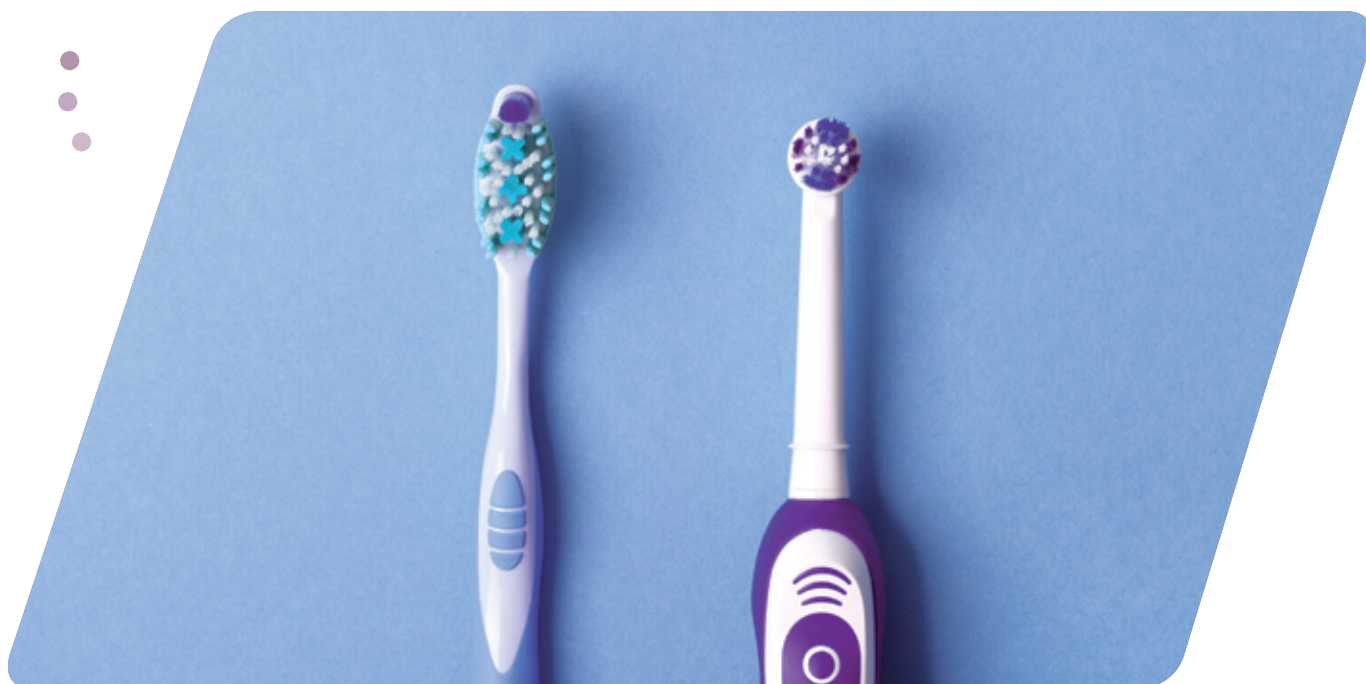
But X-rays are sometimes needed, as Dr. Perschbacher explains: “We still have to investigate when a patient complains about a toothache.” [yoH](#)



Power Up Your Toothbrushing Routine

By Donna Paris

You may have always used a manual toothbrush, but maybe it's time to upgrade to an electric one. Here's everything you need to know to power up your oral health care



The humble toothbrush — a small but important tool in your daily oral health-care routine. And now there are so many options. Does an electric toothbrush really make a difference? Is the extra cost worth it? What about kids — can they use electric toothbrushes? Here's a handy guide, complete with tips and information to help you make the right decision for you and your family.

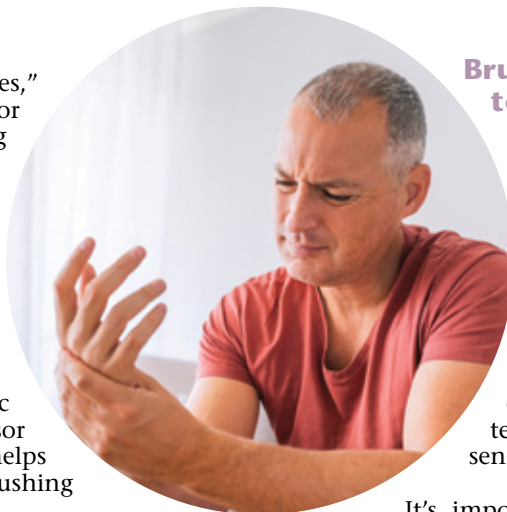
Dr. David Stevenson, ODA's Past President, who maintains a dental practice in Carleton Place, recommends electric toothbrushes to his patients. But he says that "electric versus manual is not just a simple matter of either/or, and every patient is different." Brushing our teeth is the best way to remove plaque and provide our teeth with the benefits of fluoride (from toothpaste) at home, he adds. "But some patients, such as those with limited dexterity, absolutely need to use an electric toothbrush whenever they can." For others, he simply encourages their use because of patients' ineffective techniques with a manual toothbrush.

Six reasons to use an electric toothbrush:

1. "There are scientific studies that show using an electric brush will provide a better clean, since it will brush faster and brush more areas in the same amount of time when compared to a regular manual brush," says ODA President-Elect Dr. Lesli Hapak, who maintains a periodontal practice in Windsor.

"We should all become proficient at using a manual toothbrush, as they can be much easier for travel." — Dr. Stevenson

2. “They have comfortable handles,” she says, “which is great for patients who have trouble using their hands, have arthritis, muscle weakness or arm, shoulder, wrist or hand pain.”
3. In her practice, Dr. Hapak sees many patients who already have gum recession from brushing too vigorously with a manual brush for many years, so she recommends “an electric toothbrush with a pressure sensor that alerts them, and this helps break them of the habit of brushing too hard.”
4. Unlike manual toothbrushes, electric ones have smart timers. “They let you know you have brushed for two minutes,” she says.
5. Electric toothbrushes come with different brush modes. “These brushes can also come with different intensity settings that can be changed from regular power mode to a sensitive power mode,” says Dr. Hapak.
6. “Many of the newer versions of electric toothbrushes have an app for your smartphone, which can give you real-time information about your brushing technique, areas you are missing and how you can improve your brushing,” she adds.



Brusher beware: A word about technique

“Whether a person uses a manual toothbrush or an electric toothbrush, they have to exercise some caution or care when brushing their teeth,” says Dr. Hapak. “Brushing too hard, overbrushing, using too much toothpaste (which all have some abrasive agents in them) or a combination of these can cause wear on your tooth enamel and root surface, create gum recession and cause your teeth to be cold- and hot-temperature sensitive.”

It’s important to remember to let the electric brush do the work and simply to position it properly. “If we combine the techniques of manual toothbrushing with an electric toothbrush, it can be too abrasive on our teeth and hard on all dental work,” says Dr. Stevenson. In fact, he still recommends soft bristles, as the power of an electric toothbrush itself adds to the effectiveness, and hard bristles can be too aggressive on both teeth and dental work.



Manual versus electric

Are they worth the extra cost, or is your manual toothbrush good enough? “If you’re diligent enough to always brush for at least two minutes and ensure you can get into all areas of your mouth, then a manual toothbrush is just fine. But few of us can honestly make this claim,” says Dr. Stevenson. “The evidence tends to favour the effectiveness of electric toothbrushes.”

Three besties

Best for taking along on a trip: “We should all become proficient at using a manual toothbrush, as they can be much easier for travel.” — Dr. Stevenson

Best for people with gum disease: “Gingivitis can be an indication that the brushing technique has been ineffective, so an electric toothbrush can be very helpful.” — Dr. Stevenson

Best for those of us with a strong gag reflex: “Think about a child-sized brush! Some brands of electric brushes have smaller versions of their adult-sized brush heads for children. These smaller brush heads are compatible with a regular-sized handle. For many patients who have a strong gag reflex when they brush their teeth, I recommend the smaller, child-sized brush head.” — Dr. Hapak

Who shouldn’t use an electric toothbrush? “Very young children may not tolerate the sensation of an electric toothbrush, and introducing them too early may actually discourage brushing habits,” he says.

Square or round? Sonic or not?

There are two main types of brushes that most people refer to as “electric toothbrushes.” The square head and the round head options usually depend on the action of the toothbrush. Sonic or vibrating toothbrushes tend to be square, and rotating toothbrushes tend to be round. “One has a round brush head and uses rotation-oscillation technology to clean, and the other has a traditional brush head similar to one on a manual brush. It uses high-frequency vibration technology to clean,” says Dr. Hapak.

In her practice over the years, she has found that many patients who have never used an electric toothbrush before adapt more quickly to the sonic-type brush, since it has a traditional brush head like their manual one.





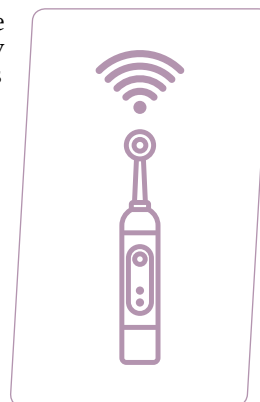
Just for kids

Electric toothbrushes can be particularly effective for kids, as there are so many different ones to choose from — and they're fun to use! If you're looking for a kid's electric toothbrush, check out these tips:

- Don't just hand your child an adult electric toothbrush. Look for one designed specifically for children (ergonomic handles, cushioned non-slip grip, soft bristles and small brush heads).
- Don't be afraid to let them have a little fun. Look for electric toothbrushes featuring their favourite cartoon characters and interactive elements. One electric toothbrush unlocks new characters and stickers as kids keep brushing as a fun reward.
- Pump up the tunes. Catchy music will entertain children during their brushing routine. One toothbrush even cues them to move the brush to a different part of their mouth as they continue to brush.

Tech-savvy brushes and more

- Some electric toothbrushes can remove up to 100 per cent more stains in just a few days, compared to a manual brush.
- Brushes with smart sensors offer real-time feedback, including pressure sensors that alert you when you're brushing too hard.
- If you're not willing to dish out big bucks for a high-end model, look into battery-operated brushes, which have come a long way. And they can be just as powerful as more expensive models.
- Bluetooth tracking on some toothbrushes offers all the bells and whistles, including tracking your habits, helpful oral-care tips to motivate you and a customized brushing routine.
- Looking for whiter teeth? There's an electric toothbrush for that, too! [yoh](#)



"The round brush head using the rotation-oscillation technology cleans one tooth at a time, so it may take someone a little longer to adjust to a different brushing technique," she adds.

Q: Are electric toothbrushes safe for people who have dental implants or have had other periodontal treatment?

A: Electric toothbrushes are recommended for patients who have dental implants and/or have had other periodontal treatment, such as gum grafts, bone grafting, periodontal surgery and ongoing routine periodontal maintenance. Immediately and for a certain amount of time after any oral surgical treatment, a toothbrush (electric or manual) will not be used. Once the tissue has healed, using an electric toothbrush is perfectly acceptable. An electric toothbrush itself will not cause damage to a dental implant or other periodontal work. Improper brushing techniques can cause an issue, whether a manual or electric toothbrush is used.

— Dr. Hapak

It takes a little getting used to

"My wife, Dr. Rita Trinka (who is also a dentist!), tried an electric toothbrush early on when they first became available. She found the action too ticklish and stopped using it. However, a couple of years ago, she required surgery on her right shoulder, and her arm was in a sling for eight weeks. She was forced to brush her teeth with her left hand, and an electric toothbrush came to the rescue. Even now, after a full recovery of her shoulder, she continues to use an electric toothbrush. But, they do take a little getting used to."

— Dr. Stevenson

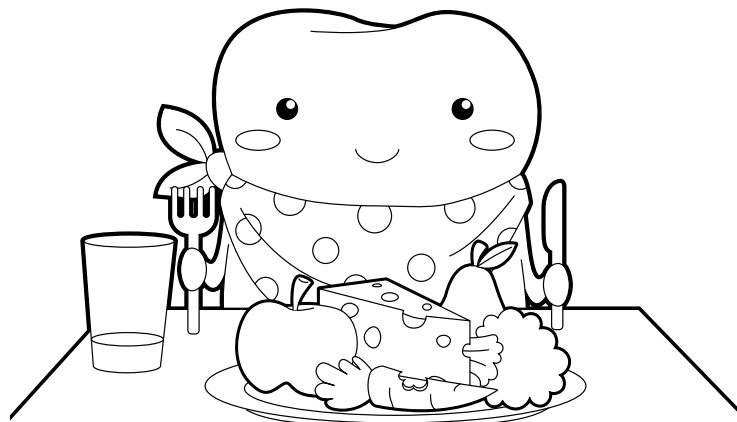
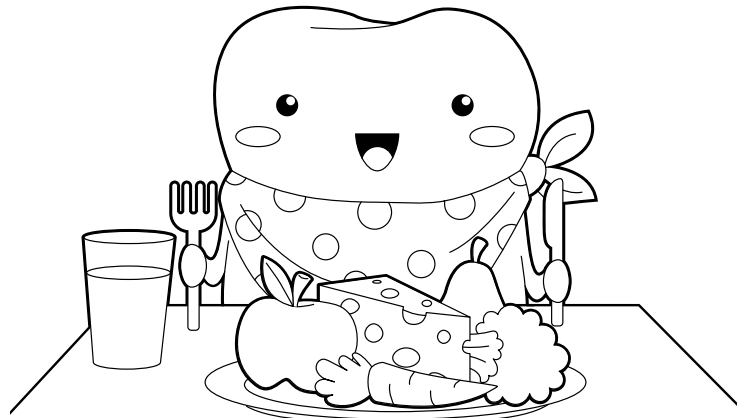


A reminder from our dentists: Toothbrushes don't reach in between your teeth. Only brush and floss the teeth you want to keep. Interdental brushes make flossing easier for anyone with flexibility and/or dexterity issues.

Dental

Spot the Difference Game

Can you find the five differences?



Illustrator: Kristine Villeneuve

Feeding Your Baby in the First Year: Part 2

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to your list of ways
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