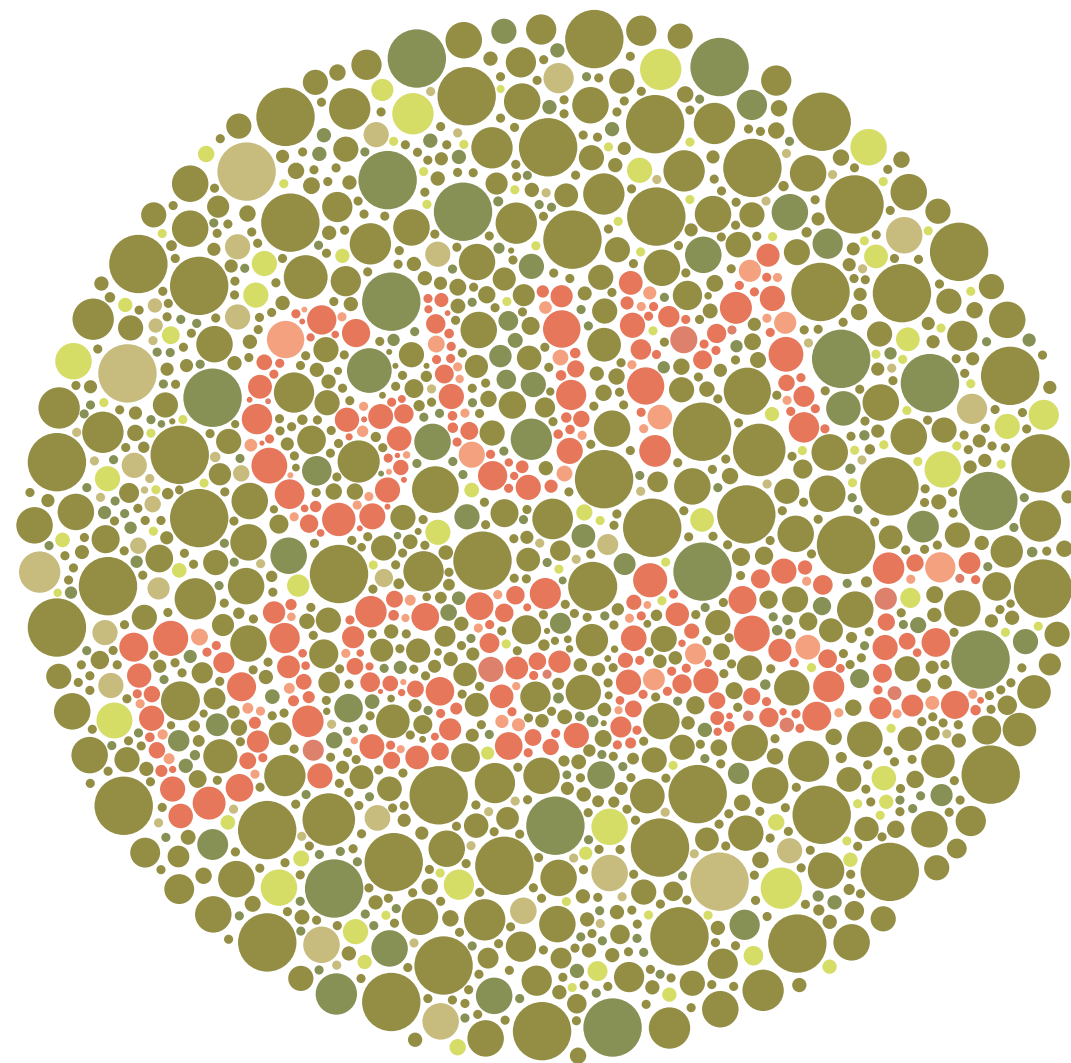


Your Oral Health



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

Children and cavities

Children at risk of tooth decay may benefit from a fluoride treatment. Here are some risk factors for children who may be at risk of early childhood tooth decay, according to the Canadian Dental Association.

The child:

- Lives in a community that does not have fluoridated water.
- Has a visible defect, notch, cavity or white chalky area on a baby tooth in the front of the mouth.
- Regularly consumes sugar, even natural sugars such as fruit juice, between meals, perhaps in a sippy cup.
- Has special health care needs that make it difficult for mom and dad to brush the teeth
- Brushes less than once a day
- Was born prematurely with a very low birth weight of less than 1500 grams (3 lbs)

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Fluoride and your teeth

Fluoride treatment can fight tooth decay—especially for those at higher risk

by Donalee Moulton

Your dentist will often recommend a fluoride treatment. There are two reasons for that recommendation—and both will help make your teeth healthier.

First, notes Dr. Kelly Manning, a dentist in Saint John, NB, fluoride strengthens and repairs teeth that have been weakened by natural acids in the mouth. Second, it helps make teeth resistant to decay.

Topical treatment

At the dentist's office, a fluoride treatment may be applied to the surface of your teeth in gel, foam or varnish form. "A high concentration fluoride is applied for two minutes," says Dr. Manning.



Building better teeth!

Good oral health is very important to your overall wellness.
It takes a lifelong commitment to build better teeth.

Why not start now?



Make your family's oral health a top priority. Encourage daily brushing and flossing for life and make regular visits to your dentist.



At the dentist's office a topical fluoride treatment may be applied to the surface of the teeth in gel, foam or varnish form.

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The topical fluoride you receive at the dentist differs from the action of fluoride in water. At low concentrations, water fluoridation strengthens developing teeth in the jaw up to age 18, which helps make teeth more resistant to natural acids, and decreases acid production caused by bacteria.

Some at higher risk

Anyone with a risk of tooth decay can benefit from a fluoride treatment. At high risk of tooth decay are people with poor oral hygiene or decreased dexterity, such as children, individuals with diseases like Parkinson's and multiple sclerosis and those with dementia. People with reduced salivary flow, individuals with diabetes or those taking medications that cause dry mouth, for example, are also at higher risk. Finally, people with acidic diets or disorders—including pop drinkers and those with reflux problems—may need fluoride to help repair damaged teeth.

Children may also require fluoride, which is a mineral found naturally in soil, fresh water and salt water as well as various foods such as grape juice, spinach and carrots. Your dentist is able to assess your child's risk of developing tooth decay and can advise you of an appropriate level of fluoride protection.

"We take a very cautious approach. Safety is always paramount in infants

and toddlers," says Dr. Ross Anderson, chief of dentistry at the IWK Health Centre in Halifax, NS. "In children below three years of age, have a health professional like your dentist do a risk assessment."

The assessment will determine if a little one is at risk of developing cavities. If a child is drinking juice out of a sippy cup all day and drinking bottled water instead of tap water, for example, they may be at higher risk.

In some cases, a toothpaste with fluoride will be recommended. The toothpaste removes the bacteria or plaque that forms on teeth and gums every day and can cause tooth decay; fluoride helps remineralize damaged teeth and strengthens tooth enamel.

"We need different sources of fluoride throughout our lives to build and keep healthy teeth," says Dr. Manning.

Brush up

The Canadian Dental Association recommends adults and older children use a fluoride toothpaste twice a day to brush teeth. However, because young children tend to swallow toothpaste when brushing, which may increase their exposure to fluoride, they need a helping hand from mom or dad.

Children under three years of age should have their teeth brushed by an adult. For kids at risk of developing cavities, use only a small amount of toothpaste—about the size of a grain of rice, says Dr. Anderson, who is also head of the division of paediatric dentistry at Dalhousie University. If your child is not at risk for cavities, you can forego toothpaste altogether and use a toothbrush moistened with tap water.

For children three to six years of age, a small amount of fluoridated toothpaste, about the size of pea, should be used. While these older kids can do most of the brushing on their own, parents should still assist.

In some cases, the dentist will recommend a fluoride treatment for a child. "We tend to use a fluoride varnish that is painted on quickly and children don't ingest it," notes Dr. Anderson.

Some children will develop white flecks throughout their teeth from fluoride. "It is not a disease, and does not result in tooth loss or pain," explains Dr. Manning. "It's called fluorosis and is rare in Canada."

However, she notes, "white spots on teeth can be other conditions so be sure to check with a dentist for a proper diagnosis." 🍏



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On the lookout for oral cancer

Dental exam about more than healthy teeth

by Donalee Moulton

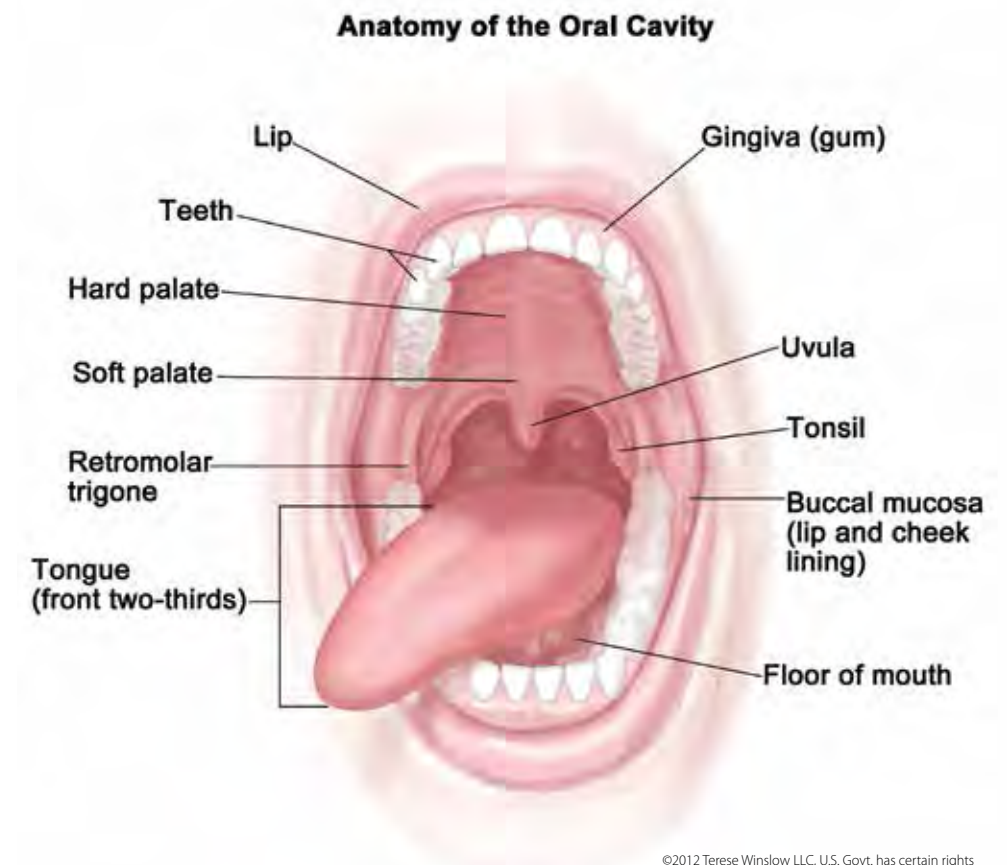


Dr John Lovas, professor in the faculty of dentistry at Dalhousie University in Halifax.

Tips for a healthier mouth

Oral health care is an important part of your overall health care. The Canadian Dental Association recommends the following to keep your mouth, teeth and jaw healthy, and to help identify problems early:

- Brush your teeth and tongue at least twice a day with a soft-bristle toothbrush and fluoride toothpaste to remove plaque and bacteria.
- Floss every day. If you don't floss, you are missing more than a third of your tooth surface.
- Look for warning signs of oral cancer. The three most common sites for oral cancer are the sides and bottom of your tongue and the floor of your mouth.



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Your mouth reveals a lot about your oral health and your overall health—and your dentist can see what you can't.

The dental exam, as the oral health check is called, helps dentists identify and diagnose problems—including oral cancer—often before they become more serious. It is critical to your ongoing health, and only your dentist can perform this procedure.

“Dentists are highly trained to recognize abnormalities occurring within the mouth and are the health care professionals who most frequently perform oral and neck examinations,” says Dr. John Lovas, a professor in the faculty of dentistry at Dalhousie University in Halifax, NS.

Here's what your dentist is looking for:

- A sore on your lower lip that hasn't healed within 10 days.
- A white and/or red patch inside your mouth.
- An unexplained lump on your lip, inside your mouth, or on your neck.
- Soreness or bleeding of your lips, mouth or neck.
- Unexplained sore or loose teeth.
- Abnormal healing after having a tooth pulled.

“Patients should inform their dentist if they've noticed any of the signs

or symptoms,” says Dr. Lovas. “Only the patient knows if they've seen something new in their mouths.”

Oral cancer starts in the cells of the mouth. Normally these cells are quite resistant to damage but repeated injury or irritation may cause sores or painful areas where cancer can start. While the actual cause of oral cancer is not known, important risk factors have been identified. They include smoking, heavy drinking, oral sex, prolonged and repeated exposure of the lips to the sun and poor diet.

Oral cavity cancer starts in cells of the mouth. The oral cavity includes the lips, cheeks, gums and teeth, the part of the tongue in the mouth (oral tongue), hard palate (bony part of the roof of the mouth) and floor of the mouth (under the tongue). A mucous membrane lines and protects the inside of the mouth. The structures in the oral cavity play an important role in speech, taste and chewing.

Read more: <http://www.cancer.ca/en/cancer-information/cancer-type/oral/overview/?region=ns#ixzz2t7Ykps05>

The Canadian Cancer Society estimated that in 2013 more than 4,000 Canadians would be diagnosed with oral cancer and approximately 1,150 would die from the disease, which affects men almost twice as often as it does women.

Early detection is important and can have a marked effect on outcomes, stresses Dr. Lovas. “It's extremely important to report new findings in a timely manner rather than waiting for a scheduled appointment that may be months away.” 🍎



String your mouth along

Flossing is an important—but often overlooked—part of daily oral health care

by Donalee Moulton



Dr. Linda Blakey

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istockphoto/

Flossing 101

It's important to floss regularly—and to floss properly. The Newfoundland and Labrador Dental Association recommends taking these steps to a healthier mouth.

1. Take a length of floss equal to the distance from your

hand to your shoulder. Wrap it around your index and middle fingers, leaving about two inches between your hands.

2. Slide the floss between your teeth and wrap it into a “C” shape around the base of the tooth and gently under the gum line. Wipe the tooth from base to tip two or three times.

3. Be sure to floss both sides of every tooth. Don't forget the backs of your last molars. Go to a new section of the floss as it wears out and picks up particles.

4. Brush your teeth after you floss. It is a more effective method of preventing tooth decay and gum disease.

A little piece of string can go a long way to helping prevent gum disease. Flossing should be part of your daily oral health care. For many Atlantic Canadians, however, it isn't.

“Unfortunately, even though we tell our patients the importance of flossing, most people do not floss. The result is that most people have some degree of gum disease, which can result in bad breath and even tooth loss,” says Dr. Linda Blakey, a dentist in Mount Pearl, NL.

Flossing removes plaque and bacteria that your toothbrush cannot reach. According to the New Brunswick Dental Society (NBDS), if you don't floss, you are missing more than one-third of your tooth surface.

Dr. Blakey recommends flossing twice a day to remove food debris and plaque between teeth. Plaque is an invisible bacterial film that develops on your teeth every day, and the main cause of gum disease. Within 24 to 36 hours, plaque hardens into tartar, which can only be removed by professional cleaning. When you floss, plaque never gets the chance to harden into tartar.

“Clinical studies have shown that when used properly, flossing can improve oral health,” Dr. Blakey notes.

Flossing can also help with your physical health, she adds. “It also protects your heart, your joints and can even help you lose weight.” (Researchers have discovered a possible link between inflammation of the gums and weight gain.)

There are many types of floss. The most common is the string variety. “This is probably the best type as we are able to adapt this floss around the individual teeth,” says Dr. Blakey. “With a bit of practice, you are able to reach to the back molar teeth to ensure thorough cleaning.”

String floss comes in two main varieties: waxed and unwaxed. Because the floss is nylon, it may sometimes tear or shred, especially between teeth with tight contacts. There is another option to help with this: PTFE or monofilament floss, which slides easily between tight spaces but is more expensive than nylon floss.

Dental tape is also available. It is like string floss except it is flatter and wider. It is used in the same way as dental floss,

but some people find dental tape a little easier to work with because it is less likely to get caught between the teeth.

You may also be familiar with what is commonly called floss handles. These are small devices with approximately an inch of floss attached at the end. They can fit between the teeth and allow easier access for people with less dexterity in their hands. “These would be good for children just learning how to floss,” notes Dr. Blakey.

There is also the water flosser, a rechargeable device that uses a steady stream of water to flush out debris between teeth. This can be an effective device for children or people with arthritis. “This is also a useful tool for those wearing braces or who have fixed bridgework where it is more difficult to manoeuvre your floss,” Dr. Blakey says.

Other products are also available to help you clean between your teeth. These include wooden and plastic sticks that can massage your gums, as well to stimulate blood flow, and prox brushes, tiny brushes with short bristles, to get into tight places between your teeth.

Regardless of your personal preference, all of these methods will help remove plaque and debris, as long as you use them properly and consistently.

If you haven't flossed your teeth in a while (or at all), your gums may bleed at first. Not to worry. Bleeding usually stops after a few days. If bleeding does not stop, be sure to see your dentist.

To make flossing less tedious, the NBDS recommends flossing while you are doing something else, like watching TV or listening to music. It's an activity that doesn't require your full attention but it is important for optimal oral health. 🍎

Watch your mouth

Test your knowledge on oral health care and aging



Your mouth isn't separate from your body; it's part of it. This quiz contains information that can help you maintain good oral health—and overall health—in your senior years.

1. Receding gums can be minimized with proper care. True or false?

True. Some seniors' gums may recede as a natural part of aging but some people's gums recede more than necessary. They may be struggling with self-care because of arthritis in their hands or other health issues (poor self-care results in extra plaque, which pushes the gum line back further). Or, they may have been brushing too hard or too often for years.

Give your teeth a gentle to moderate brushing one to three times a day, ideally about an hour after every meal and always before bed. And floss once a day. If you have problems with dexterity, ask your dentist for advice.

2. Teeth naturally darken as we age. True or false?

True. Dentin—the hard tissue that makes up the core of each tooth—changes. It also becomes more visible because the tooth enamel that covers it gets thinner. This is a natural process.

Teeth also darken for another reason: we produce more plaque. Good self-care and regular professional cleanings can help minimize this.

3. The cause of tooth decay is the same for everyone—young and old. True or false?

True. Decay happens for everyone when the bacteria in plaque interacts with the sugar in our diets. An acid is produced that can cause cavities.

Seniors may be at greater risk to get cavities, though. Some chronic health conditions or

medications can reduce saliva flow—and saliva helps protect our teeth by diluting the cavity-causing acid and washing food particles away. Also, receding gums expose the roots of teeth, and roots decay more easily.

4. An increase in risk for dental decay is more greatly affected by the number of times sugar is consumed in a day, compared to the total amount of sugar. True or false?

True. Each time sugar is consumed, acid is produced. Sucking on mints or candies should be avoided because it leaves sugar in the mouth for long periods of time. If a sweet snack or tea with sugar is part of someone's daily diet it is better to be consumed at mealtimes

5. If you have dentures, you no longer need to see the dentist. True or false?

False. People with dentures still need regular check-ups. The dentist needs to check the fit and condition of your dentures, as well as check for signs of gum disease and your overall gum health.

6. Dentures should be replaced periodically because they change shape over time. True or false?

False. Dentures don't change, but mouths do. If dentures no longer fit well, the gums have probably changed or the bone supporting the dentures. Often, such changes are natural. See your dentist so adjustments can be made.

7. The first symptom of gum disease is pain when brushing. True or false?

False. Gum disease can sneak up on seniors because it often progresses slowly, over years, and with no pain. And it can do a lot of harm if undetected.

Early signs include bleeding (when brushing, flossing, or eating hard foods); red, swollen, or tender gums; pus between teeth and

gums (when the gums are pressed); loose or separating teeth; any change in the fit of partial dentures; any change in bite; and bad breath or a bad taste that won't go away.

8. Your dentist needs to know about any medications you are taking. True or false?

True. Medication side effects can include dry mouth, overgrown gums and mouth ulcers. Knowing about your prescriptions can save your dentist from looking unnecessarily for other causes.

9. As a senior, you should protect your teeth and gums by using a soft-bristle toothbrush and eating soft foods. True or false?

True and false. Choose a soft-bristle brush. But crunchy fruits and vegetables are part of a balanced diet. Talk to your dentist and your doctor if you have pain or tenderness in your mouth that makes you restrict your choice of foods.

10. There are links between a healthy mouth and other aspects of your health. True or false?

True. Researchers have become aware of many links in recent years—some of them of special concern to seniors.

Gum disease, for example, has been linked to heart disease, respiratory disorders and stroke. Heart disease is a disease of inflammation, and inflamed gums give the body an extra load to handle. The bacteria that cause pneumonia may begin in the gums, and early signs of diabetes are sometimes found in a dental exam. Also, as noted earlier, a sore mouth can lead to a restricted diet and to nutrition problems.

The links aren't fully understood yet, but they have been proven. Taking care of your oral health is important in itself—and it's also key to taking care of the rest of you. 🍎



Not just a check-up

An important part of your overall health

By Donalee Moulton

Some things your dentist is looking for during a dental exam:

- Damaged, missing or decayed teeth.
- Early signs of cavities.
- Condition of gums, such as periodontal pockets, inflammation, or other signs of gum disease.
- Condition of previous dental treatments, such as root canals, fillings, and crowns.
- Early signs of mouth or throat cancer, such as white lesions or blocked salivary glands.
- Any suspicious growths or cysts.
- Position of your teeth (e.g., spacing, bite).
- Signs that you clench or grind your teeth (a treatable problem that can lead to sore jaw muscles and, if serious, other problems).
- Signs of bleeding or inflammation on your tongue and on the roof or floor of your mouth the overall health and function of your temporomandibular joint (which joins the jaw to skull).
- Early signs of diseases such as diabetes, nutritional problems or bulimia.

While most people think the dental exam is the time the dentist takes to physically examine the teeth and inside the mouth, from the moment the dentist walks in the clinic examining room he or she is looking for signs or symptoms of other potentially serious health problems.

“The dentist will also be looking at your lips inside and out as well as checking for any abnormal looking areas on your face and neck that could indicate a problem including cancer,” says Dr. Brian Barrett, a dentist and executive director of the Dental Association of Prince Edward Island in Charlottetown.

In past visits, you may not have even realized an exam was taking place. Perhaps you thought the dentist was simply checking the hygienist's work. Years of training and experience mean your dentist can quickly detect anything amiss—just as you can spot a tiny dent on your car.

“I have known dentists standing in line in a store who noticed a bump or lesion on someone's face or neck in front of them and urged them to go have it checked, and later they found out it was early skin cancer,” says Dr. Barrett.

“The dental exam can catch problems early—before you see or feel them—when they are much easier and less expensive to treat,” says Dr. Barrett.

As well as a visual and physical

inspection of your mouth, a dental exam will also include a complete medical history, so the dentist will know about any health conditions that may affect the success of dental treatments or procedures. At future appointments you may only be asked if there are any changes since the last visit.

Sometimes the dentist will also examine the glands and lymph nodes for possible signs of inflammation that could indicate general health problems. Dental X-rays may also be required.

Your dentist will often explain what is happening during the dental exam and give you a summary of the findings. “If you have any questions, be sure to ask,” stresses Dr. Barrett. “As a patient, you are a full partner in your oral health care.”

Your dental examination is not meant to be stressful and although everyone wants to have a clean bill of health, delaying can lead to more problems.

“Preventive maintenance is always cheaper than letting things go and trying to fix it when it is really causing you trouble. By then, it may even be too late to do anything,” says Dr. Barrett. 🍎



Atlantic Canada
leading the way
on oral health
research for an
aging population

by Donalee Moulton

Brushing up on seniors' mouth care



Top left: Dr. Mary McNally, associate professor in the faculty of dentistry at Dalhousie University in Halifax.

Dr. Debora Matthews, chair of the department of dental clinical sciences at Dalhousie University in Halifax.

Brushing up on Mouth Care resources are available online at ahprc.dal.ca/projects/oral-care/

Helping seniors with dementia

Individuals with dementia may need a helping hand with brushing their teeth. Here are some recommended steps from the *Brushing Up on Mouth Care* dementia video to help long-term care staff, family and friends:

- Set a routine time and place for oral care.
- Identify yourself and what you plan to do.
- Maintain a calm and quiet atmosphere.
- Provide oral care after a meal or when the person is most content and co-operative.
- Distract the person by singing or giving them something to hold like a facecloth.

The need for good oral health care doesn't diminish with age. Gum disease, cavities and other dental problems can be painful realities for many older Atlantic Canadians. The issues are often magnified for those who depend on others to assist with care needs.

"We have to be attentive to daily oral health care. It sometimes gets lost amongst the busyness of a health care or long term-care residence," says Dr. Mary McNally, an associate professor in the faculty of dentistry at Dalhousie University in Halifax.

Research led by Dr. Debora Matthews at Dalhousie found significant differences between middle-aged and older Nova Scotians living in the community, compared with those living in long-term care. Among those differences:

- 13 per cent of people age 45 to 64 never visit a dental professional or see one only for emergencies, compared with 73 per cent of those living in long-term care.
- Approximately 19 per cent of Nova Scotians age 45 and older living in the community have untreated tooth decay, compared with 35 per cent of long-term care residents.
- Overall, 70 per cent of Nova Scotians living in long-term care had untreated dental care needs.

The findings of the research are significant but not unique to Nova Scotia, notes Dr. McNally. "We just happen to be the canary in the coal mine since we currently have the oldest population in Canada."

The reasons for these differences are numerous. First, there are two important realities shaping the Canadian landscape and, in particular, the Atlantic Canadian landscape: People are both living longer

and keeping more of their natural teeth as they age. On the surface these are welcome trends, but they are resulting in new patterns of oral disease and significant challenges for oral health care.

Second, there are higher risk factors associated with individuals in long-term care. "The ability for residents to do their own hygiene, for example, often decreases. Residents may have reduced dexterity or be suffering from dementia," says Dr. McNally. "Care staff work hard to meet the needs of residents, but now that most people entering long-term care no longer have dentures, daily mouth care becomes very challenging."

It may also be difficult for residents to get to the dentist. Mobility often declines as we age and it can be difficult for individuals in long-term care to get out to the dentist, even with help. While a few dentists do make visits to nursing homes, this service is unusual because the needed equipment is often in the dentist's office.

The best scenario, of course, is prevention. This starts with an emphasis on daily care. "The key is to ensure that this gets well incorporated into daily care routines," says Dr. McNally. "Good oral health



alexath/Bigstock.com

A recent study found that 70 per cent of Nova Scotians living in long-term care had untreated dental care needs.

Keeping your mouth moist

Dry mouth, or xerostomia, affects 60 per cent of older adults. It results from a decreased production of saliva as we get older. Gums that bleed easily, ill-fitting dentures and frequent cavities, may all be signs of xerostomia. Here's what you can do to help your mouth stay hydrated:

- Sip water or suck on ice cubes.
- Brush with fluoridated toothpaste.
- Use a mist humidifier at night.
- Floss regularly.
- Chew sugar-free gum or suck on sugar-free candy.
- Use a water-based lip balm.

is important for our overall physical health.”

“Everything needs to be in place, from policy to a person brushing residents’ teeth,” adds Dr. McNally, who was the principal investigator on the *Brushing Up on Mouth Care* research project. Working out of the Atlantic Health Promotion Research Centre, this research project included three long-term care facilities on Nova Scotia’s Eastern Shore, as well as seniors’ representatives, facility administrators, educators, physicians and decision-makers. The team looked at the factors that influence daily mouth care in long-term care and established a formal process for integrating oral care into daily routines.

As part of the research initiative, an oral care manual for staff in long-term care settings has been

developed to provide educational resources, videos and hands-on tools that can be used throughout Nova Scotia. All of these materials are available on the *Brushing Up on Mouth Care* open access website (ahprc.dal.ca/projects/oral-care/). The site may also be helpful for seniors, caregivers and other health professionals as well.

One recommendation the site offers to help seniors in long-term care is the use of oral care cards that outline the necessary steps for providing daily care to someone with their natural teeth, dentures, partials, or some combination of these.

The resident’s name goes on the front of the card along with any special instructions, including the time of day they prefer to have mouth care done. On the back of the card, there is a place to record the date the person’s toothbrush was last changed and the date of their last visit to the dentist.

It’s also recommended that an oral health toolkit be prepared for every resident. This can be as simple as a small metal basket that contains a disposable cup, toothpaste, a toothbrush, mouth rinse and other oral care items.

“This is all part of daily oral health care,” says Dr. McNally. “Having these tools and these reminders front and centre helps ensure oral care isn’t overlooked and that problems are prevented.” ●