

YOUR ORAL HEALTH

SPRING | SUMMER 2013

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.ca

Cavities and kids

Questions and (sometimes surprising) answers

SWEET AND SNEAKY SUGAR

It's everywhere – and
it's bad for your teeth

SENSITIVE TEETH

Talk to your dentist

SLEEP APNEA

What is it – and why
are you losing sleep?

DRUGS AND YOUR DENTIST

The importance of keeping
your dentist informed

IN ASSOCIATION WITH



New Brunswick
Dental Society
Société Dentaire du
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The New Brunswick Dental Society has created this Public Information section of our website to provide you with answers to your questions about dental procedures and terms.

You'll also find advice on regular oral health care, fun facts, and contact information for dental professionals across the province ready to help you care for your teeth.

www.nbdental.com



**Welcome to our Spring/Summer 2013
issue of *Your Oral Health.ca* (YOH.ca)!**

We asked you what you wanted to read about in this issue of YOH.ca. and here's what you told us — more oral health-care information for moms — both first-timers and vets like myself (I have three kids) — you had questions about what to put in your baby's bottle; whether you need to clean a baby's gums and what the best toothbrush is for your toddler.

Plus, we have a very informative article on sugar — did you know there is sugar in almost everything and that it's a major culprit when it comes to childhood cavities?

Finally, we have included an article on sleep apnea. This topic is a great example of where dentists and physicians can play a dual role in helping to manage your health and well-being, so we wanted to explore it a bit for you and we look forward to your feedback.

As always, our articles are vetted and reviewed by a number of ODA member dentists. As you read this in your dentist's reception area, if you have questions about the articles — or any oral health-care topic affecting you or your family — we hope you'll take a moment to talk to your dentist about it.

And please don't forget to visit our public website — www.youroralhealth.ca — for more oral health-care articles, tips and quizzes.

We hope you enjoy this issue of our magazine — and thanks again for your interest in *Your Oral Health.ca*. If you have feedback about YOH.ca, we'd love to hear it. Please email us at yoh@oda.ca.

DEBBIE SAUNDERS



Our Contributors



Julia Aitken writes about food and nutrition for many Canadian magazines and newspapers such as the *Toronto Star*, *Food & Drink*, *Diabetes Dialogue* and *Expressions*, and has authored three cookbooks, the latest being *125 Best Entertaining Recipes*. Since she eats for a living, Julia takes very good care of her teeth, including religiously wearing a nightguard.



Cheryl Embrett is a Toronto freelancer writer/editor who has written for many national magazines including *Canadian Living*, *Today's Parent* and *Best Health*. She is happy to report that her 12-year-old daughter has never had a cavity.



Jennifer D. Foster is a freelance writer, editor and fact-checker whose clients include *The Globe and Mail*, *Kids Can Press*, the *Art Gallery of Ontario* and *Ontario Dentist*. She lives in Toronto with her husband, Greg, and their 10-year-old son, Darius, and they all brush and floss daily!

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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.

What's Inside



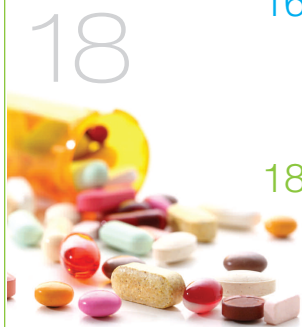
- 5** Somebody Bring Me Some Water
Xerostomia can leave you feeling parched.
Cheryl Embrett



- 7** Sense and Sensitivity
Tooth sensitivity is a pain
– talk to your dentist about it.
Julia Aitken
- 9** Brushing and Flossing and Rinsing.
Oh my!
What parents need to know
about kids' oral health care.
Jennifer D. Foster

- 12** Expert Advice About Cavities
and Kids
Answers to your questions.
Cheryl Embrett

- 14** Sweet and Sneaky
Sugar – it's everywhere and it's bad for your teeth.
Julia Aitken



- 16** Obstructive Sleep Apnea
What is this – and why are so many
losing sleep over it?
Cheryl Embrett

- 18** Drugs and Your Dentist
Why you need to tell your dentist
about your medications.
Cheryl Embrett

- 20** Kids' Zone
Quizzes, puzzles, fun facts and more!

Did you know?

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



– the ODA's website.

And it's all ODA-approved!

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Somebody Bring Me Some Water

Xerostomia (or dry mouth as it is commonly referred to) can leave your mouth feeling as parched as the Sahara

By Cheryl Embrett

If your mouth often feels dry and uncomfortable, you may have xerostomia. That's the clinical term for dry mouth — a common condition that occurs when the amount of saliva in your mouth, well, dries up. A reduced saliva flow may lead to all kinds of problems, including bad breath, cavities, oral trauma, gum disease, mouth infections and difficulty swallowing, eating or talking.

Saliva has antibacterial, digestive, mineralizing and lubricating properties that keep the mouth healthy, and both the quantity and quality are important, says Dr. Deborah Saunders, Medical Director of the Dental Oncology Program at North East Cancer Centre in Sudbury, Ont.



Who gets dry mouth?

While anyone can develop dry mouth, it's most common in older patients who tend to be on more medications and are more likely to have had a recent change in health, says Dr. Gillian Soskin, a full-time dentist at London Health Sciences Centre in London, Ont.

What causes it?

Dry mouth can be caused by many factors, but medications are the biggest culprit, especially medications for anxiety, depression or hypertension, says Dr. Saunders. And taking multiple medications complicates matters, she adds. "One medication may cause a bit of dryness but when you add another one plus one plus one, you have four-fold dryness and that may have a huge impact." Medical conditions such as cancer, diabetes and Sjögren's syndrome are also associated with xerostomia. (Sjögren's is an auto-immune disorder that can cause dry, sandy eyes and a dry mouth¹, notes Dr. Saunders.)

"It's important that people are aware of the medications they're taking and the medical conditions that can have an effect on the environment in their mouth and talk to their dentist about it," says Dr. Ian McConnell, an Ottawa pediatric dentist and Past President of the Ontario Dental Association.



Visit youroralhealth.ca

for more information
about dry mouth.



Ways to decrease and treat dry mouth symptoms

There are a number of dry mouth treatments that will help restore moisture to the mouth. But the first step is always to discuss your symptoms and possible treatment with your dentist. Says Dr. Saunders: "The best defence against dry mouth is moisturizing the mouth to relieve dryness. As plaque is difficult to control in a dry mouth, sugar-free foods are recommended. Saliva also serves to wash away food debris and this helps to control plaque as well."

"Your dentist can help you come up with a plan to treat both the symptoms and the side-effects, such as decay," says Dr. Soskin. Your dentist may suggest one or more of the following:

- **H2O.** While there are many salivary substitutes on the market, some people don't like the texture," says Dr. Soskin. "A lot of my patients prefer to take frequent sips of water instead."
- **Bland mouth rinse.** Dr. Saunders recommends a standard bland rinse from Cancer Care Ontario for anyone experiencing dry mouth. Mix $\frac{1}{2}$ teaspoon of baking soda and $\frac{1}{2}$ teaspoon of salt in two cups (500 mL) of water and rinse whenever your mouth is feeling dry. (Do not refrigerate.²) "If you have a dry mouth, your oral environment tends to be acidic and the sodium bicarbonate in baking soda helps neutralize that acidity," says Dr. Soskin.
- **Xylitol lozenges.** These can be purchased at the drugstore or through your dental office to help stimulate saliva and keep your mouth free of plaque, advises Dr. Saunders.
- **Your dentist may also recommend topical fluoride application trays (to be used in the dental office under your dentist's supervision).** "These are a major part of treatment since the biggest problem for patients with dry mouth is rampant decay," says Dr. Soskin. ■



¹ Mayo Clinic website: www.mayoclinic.com/health/sjogrens-syndrome/DS00147

² Cancer Care Ontario website: www.cco.ca



Sense *and* Sensitivity



Tooth sensitivity is a pain and
your dentist needs to know about it

By Julia Aitken

Tooth Sensitivity 101

Your dentist needs to know if your teeth are sensitive because the causes can include:

- tooth decay or damage
- gum disease and recession
- tooth grinding

Think having sensitive teeth is just an inconvenience? Think again. When ice cream or frosty drinks come with an “ouch” factor, it’s time to tell your dentist. “Tooth sensitivity may be an initial marker for something more serious,” explains Dr. Harry Höediono, Past President of the Ontario Dental Association and a dentist in Kitchener, Ont.

Tooth sensitivity occurs when the protective enamel on the tooth is damaged or when receding gums or periodontal disease exposes the dentin at the roots. Explains Dr. Höediono: “Dentin is the material that makes up the part of the tooth below the gums, the tooth root, and is found under the tooth’s enamel layer. It is a much softer material



than enamel and contains tubules, tiny tubes that connect to the tooth's pulp or nerve chamber. When this material is exposed to the air, cold, acidic drinks or infected with decay, the tooth may exhibit signs of discomfort."

Once you've spoken with your dentist and the major causes have been treated and/or eliminated (see "Tooth Sensitivity 101"), there are several ways to relieve the discomfort.

Brushing regularly with a desensitizing toothpaste helps because it contains ingredients such as potassium nitrate that seal the tubules in the dentin, says Dr. Gillian Soskin, a dentist at London Health Sciences Centre in London, Ont. "It's like putting a sweater on the tooth and insulating it," she explains.

(Please visit the Canadian Dental Association's website — www.cda-adc.ca — and look on the CDA Seal of Recognition page for a list of recommended desensitizing products.)

Using a fluoride rinse or gel may help to harden the enamel, protecting the teeth. Depending on their strength, these rinses or gels are available with or without a prescription. Talk to your dentist about whether this option is suitable for you — and how frequently it should be used.

Another option available that your dentist may recommend is a fluoride varnish, a thick paste with a high concentration of fluoride that's applied to sensitive teeth every two or three months.

Bonding is a more permanent fix where an insulating layer of tooth-coloured composite resin is applied to exposed, sensitive roots. According to Dr. Höediono, this can provide long-lasting protection from tooth sensitivity provided you use a soft toothbrush, warm water and gentle brushing.

If grinding your teeth at night has caused tooth enamel to wear away, your dentist might suggest making you a close-fitting, thermoplastic nightguard to protect your teeth while you sleep. ■

Fighting the "Ouch" Factor

Here's how to help prevent tooth sensitivity:

Keep your teeth clean: plaque forms bacteria that irritates your gums and may make them recede.

Use a desensitizing toothpaste and fluoridated dental products.

Use a soft toothbrush that won't scratch tooth enamel or wear away gum tissue and brush gently using a circular motion.

Use warm water when brushing your teeth to soften your toothbrush's bristles.

Avoid tobacco in any form. In addition to its carcinogenic effects, smoking cigarettes or chewing tobacco may cause gums to recede.

Reduce your intake of acidic foods and sugary snacks and drinks.

Dental 911

You should always tell your dentist if your teeth are sensitive to hot, cold or sweet, but Dr. Höediono says you should call your dentist at once if you experience any of these symptoms:

- **Your teeth are also sensitive to pressure.**
- **Your tooth sensitivity doesn't decrease after using a desensitizing toothpaste for a few weeks.**
- **The pain from tooth sensitivity lasts longer than one hour.**
- **The gums around your sensitive teeth appear to be changing colour.**



Brushing and Flossing and Rinsing.



Oh my!

What parents need to know about kids' oral health care

By Jennifer D. Foster

It's probably not news to any parent that regular toothbrushing and flossing, combined with routine dental visits, are key to healthy teeth and gums. But with an awe-inspiring array of dental products available on every drugstore shelf, does it make a difference as to what kind of toothbrush or floss you buy for the kids? And, what may be news to parents (especially those first-timers) is that “practising good oral hygiene habits need to start long before you buy a toothbrush for that child,” says Dr. Rick Caldwell, ODA President-Elect, who maintains a busy dental practice in New Liskeard, Ont.

Newborns and infants: Some new moms and dads may think that no teeth equals no brushing. Not according to Dr. Jerry Smith of Thunder Bay, Ont., and ODA Vice-President. “For babies without teeth, their gums should be wiped with a clean, soft cloth moistened with water, after every feeding.” This accustoms baby to having her mouth cleaned and sets the stage for toothbrushing — once the little one has teeth.



When to brush?

As soon as baby's first tooth appears, Mom or Dad can brush it carefully using a toothbrush with a very small head and soft, rounded bristles, advises Dr. Smith. "Use plain water and no toothpaste, unless there is a level of caries [decay] risk, as determined by your dentist. In that case, an amount the size of a small grain of rice may be used." Once children are over the age of three, "a fluoridated toothpaste can be used twice daily by Mom or Dad to brush their kids' teeth, using an amount similar to the size of a small green pea," he says. "And ensure the child is able to spit it out."

How long a parent is the sole brusher of the child's teeth varies. ODA President Dr. Arthur Worth, of Thamesville, Ont., says the ability of a child to brush unassisted depends on his or her motor co-ordination skills. "Most children, regardless of their enthusiasm for brushing, simply don't have sufficient dexterity to allow them to effectively clean all the tooth surfaces, until six to eight years of age." And that's precisely why adult supervision is crucial. According to the Canadian Dental Association, your child is ready to do an effective job brushing when she or he can write (not print) his or her name.

So, manual or electric?

Manual toothbrushes, in general, tend to have smaller brushing heads than the electric spin-type brushes, accessing the harder-to-reach areas more easily. But, for some children, "the novelty of a brush that spins may get them to brush longer and, thus, a better job is potentially done," says Dr. Caldwell. And, he says "an electric toothbrush could be recommended when there are dexterity issues (that is, an electric brush might be easier to hold) or when the device will help mitigate some behaviour issues." But, warns Dr. Caldwell, "the potential con of some electric brushes is that the child could actually damage teeth or tissue, if she presses too hard or long in one area."

What about those electric brushes that play music? "Part of the training that goes with the musical brush is that the child will learn how long it takes to brush her teeth properly. If that is learned, it's a very inexpensive but valuable lesson," says Dr. Caldwell. Dr. Worth agrees, adding: "Anything that encourages good oral hygiene is a great idea. Electric toothbrushes offer initial greater uptake and usage, but, as with most items, there's an initial peak use and then familiarity will often lessen interest, in the long run." Over time, he says, "either brush type is effective."



Look for a toothbrush with a child-sized head and handle, and one with soft, round bristles. As the child grows, so, too, must the size of the brush. When in doubt, smaller is usually better. Overall, "just getting any toothbrush, be it manual or electric, in the child's mouth is helpful," stresses Dr. Caldwell.

Regardless of whether a manual or an electric brush is used, children should brush (with supervision) or have their teeth brushed twice daily. And remember, stresses Dr. Smith, "all toothbrushes need to be changed at least every three to four months and immediately after any sickness."



How much?

A small rice-sized portion of toothpaste on the left — and a portion the size of a small green pea on the right.

Source: Canadian Dental Association website:
www.cda-adc.ca

Flossing 101

Flossing should begin as soon as your child's teeth are touching. "These are areas where plaque will accumulate, and the bristles of the brush cannot reach; hence, common areas for decay," says Dr. Smith. Dr. Worth concurs: "Once a child's teeth start to fit closely together, usually between the ages of two and six, parents should get their children in the habit of flossing daily."

But, because flossing requires more manual dexterity than using a toothbrush, younger children will need to have their teeth flossed by a parent, states Dr. Caldwell. "You can teach children with good hand dexterity how to floss using regular floss at varying ages; for others, you can teach them how to use aids, like floss picks and floss wands." But are all flosses created equal? The flavour doesn't matter; although, flavoured floss may increase the taste appeal. What does matter, says Dr. Caldwell, is what material the floss is made from. "Some flosses are a plain, twisted fibre that can shred in tight contacts; others are waxed to help prevent shredding. And others are made from a more high-tech material that slides through tight contacts, with no shredding and few breakages." Ultimately, "flossing is a valuable preventative dental measure," stresses Dr. Worth. "Just floss the teeth you wish to keep!"

Mouth rinses and mouthwashes: What's the difference?

As with toothbrushes and flosses, a wide variety of mouthwashes and rinses flood the oral hygiene shelves. But are they necessary? "Children, typically, do not need to use a mouth rinse, unless the child, through a caries



[decay] risk assessment by his or her dentist, is determined to be of moderate to high risk of dental caries," advises Dr. Smith. And "what we are talking about here are fluoridated mouth rinses that do not contain alcohol and are used daily or weekly that are very effective at reducing the incidence of dental decay, when used correctly," he adds. If the dentist decides that a fluoride rinse is a necessary part of your child's oral hygiene regimen, your child must be able to rinse for a period of time, then spit the rinse out. "This is typically somewhere around the age of six," says Dr. Smith.

What about mouthwashes or rinses that contain alcohol for kids? Drs. Worth, Smith and Caldwell all agree they're an absolute no-no for children.

When it comes to home care, "the goal is to limit materials used only to those that are specific to the needs of the child," says Dr. Ian McConnachie, a pediatric dentist in Ottawa and ODA Past President. "This becomes more relevant these days, as there are more toothpastes and mouth rinses with additional additives for different therapeutic purposes. This underscores the need for open communication between dentist and patient."

And regardless of which brush, floss, toothpaste or rinse is used, "every child should visit a dentist by age one year or when the first teeth appear," says Dr. Smith. "Dental caries is a disease that is, by and large, preventable with regular home care, proper nutrition and regular visits to the dentist."

Toothpaste

Are all toothpastes created equal? Look for the Canadian Dental Association's Seal of Recognition when selecting a toothpaste, advises Dr. Smith. ■



Top 5 Tips

For Getting Your Child to Brush and Floss Every Day

It's no secret that getting kids to brush and floss regularly can be a struggle. Here are your best bets for getting your child into a daily dental hygiene routine:

- 1 Provide a good example for your child by having him see you brush and floss your teeth twice a day.
- 2 Have your child brush earlier in the evening, when snacks are finished, instead of right before bed. Children are more awake and tend to do a better job.
- 3 Instead of using a timer, have your child choose her favourite song, then brush to get rid of the "sugar bugs" until the song is over.
- 4 Let your child pick out the toothbrush, toothpaste and dental floss, as long as all three are age-appropriate.
- 5 Create a rewards chart. For example, after two full weeks of regular brushing and flossing, decide on a treat (not food-related) such as an afternoon at the zoo, staying up a little later on the weekend or watching a new or favourite movie together.



The best rewards, however, aren't found on a chart: fewer cavities, healthy teeth and gums, and a beautiful smile!





Expert Advice About Cavities and Kids

Questions and (sometimes surprising) answers

My 12-year-old has never had

a cavity. I'd like to take credit for that by saying she brushes and flosses regularly and never consumes sugary juices or candy. But the truth is her brushing sometimes consists of a quick swipe and spit, and her favourite beverage is mango juice. Still, for the most part, we've tried to do all the right things to ensure a clean bill of health from our dentist. Here's what the experts say is important to know about dental decay from the moment those little teeth start making an appearance.



Q: What exactly is tooth decay, anyway?

A: Tooth decay starts when the normal bacteria (germs) in your mouth combine with food and saliva to form a sticky substance called plaque that attaches to the teeth. According to the Canadian Dental Association, when your child consumes sugary food or drinks, the bacteria in the dental plaque mix with the sugars to make a mild acid. This acid attacks the hard outer layer of the tooth, called the enamel. If the dental plaque is not removed every day by brushing and flossing, over time, the enamel gets soft and a cavity forms.

Q: How does sugar affect teeth?

A: "Sucrose is the No. 1 bad guy," says Dr. Ian McConnachie, a pediatric dentist in Ottawa, and an ODA Past President. Sucrose is the technical name for table sugar, cane sugar or white sugar and is found in numerous processed foods. Limiting how much and how often your child consumes foods and beverages that contain sugar will help prevent cavities. Sugar in fruit, says Dr. McConnachie, is not as destructive to our teeth, except if it is found in dried fruit or fruit products, which may linger or "stick" to the teeth. Fruit in general is considered to be very tooth-friendly.

Q: What contributes to causing cavities?

A: • **Too little fluoride.** This natural compound makes teeth more resistant to decay and can prevent or even reverse tooth decay that has started. It's added to the water supply in many communities, as well as to toothpastes. And dentists sometimes apply it to teeth as part of a child's normal checkup.

"Some children who come from non-fluoridated areas certainly have more decay than those from fluoridated areas," says Dr. Rick Caldwell, a dentist with a busy practice in New Liskeard, Ont., and President-Elect of the ODA.

• **Medications.** There are many medications that can alter or reduce the saliva in your child's mouth and puts him or her at a much higher risk of developing tooth decay, says Dr. McConnachie.

• **Poor oral hygiene.** Brush, floss and see that your child visits your dentist regularly for exams and professional cleanings. "Kids who have good, healthy diets, brush their teeth well a few times a day and floss regularly wouldn't be expected to have a huge decay issue," says Dr. Caldwell.

• **Bedtime bottles and sippy cups.** Don't let your child fall asleep with a bottle or sippy cup filled with juice or milk. Those sugary liquids (yes, even milk contains some sugar) can pool in her mouth and cause baby bottle tooth decay. If your baby is thirsty, it's a good idea to only offer water after the evening toothbrushing, advises Dr. McConnachie.

Q: Is it OK to give my child healthy snacks such as granola bars and raisins?

A: They may be nutritious, says Dr. McConnachie, but they're not great foods for growing teeth since they are high in sugar and stick to the teeth for a long time. If you give them to your child as a treat, make sure he brushes well afterward. Even better, choose tooth-friendly snacks like cheese cubes and raw fruits and veggies the majority of the time.

Q: What are the warning signs of tooth decay?

A: Any colour change on any teeth. Also, any tooth that is sensitive to hot, cold, sweetness or pressure. If your child is experiencing any of these symptoms, talk to your dentist.

Q: Why all the fuss about taking care of baby teeth when they're just going to fall out?

A: "If baby teeth aren't cared for carefully, they can decay, cause pain and infection, and that can affect the spacing of permanent teeth," says Dr. McConnachie.

Q: Is there anything new in the treatment of dental decay?

A: Nowadays, dentists put more emphasis on assessing the various risk factors in a child's mouth that puts him or her at a low, moderate or high risk for decay, says Dr. McConnachie. "And then we want to alter those risk factors through dietary changes, or hygiene adjustments or possibly adding in fluoride." The goal is to stop the process before the cavity is formed.

Q: Any other tips for preventing cavities?

A: Chew gum. We're not kidding. For the high-risk patient, gum that contains xylitol may actually lower the bacteria that causes decay and may reverse early cavities, says Dr. McConnachie. The American Dental Association (ADA) agrees; it has studies that show chewing sugarless gum for 20 minutes promotes the flow of saliva, which helps wash away food and other debris.¹ But, cautions the ADA, it's obviously not a substitute for brushing and flossing.

And, finally, don't share utensils with your child or lick off a dirty pacifier and put it back in her mouth (yes, some parents do this). The bacteria that starts cavities can be passed from parent or caregiver to child (more often from the mother, says Dr. McConnachie) and may cause tooth decay. ■

Visit youroralhealth.ca

for brushing and flossing tips.



¹ For more information about preventing cavities, visit the ADA's website: www.mouthhealthy.org



Sweet and Sneaky

It's in cereal, milk shakes, pasta sauce and even potato chips: sugar's everywhere, and it's bad for your teeth!

By Julia Aitken

Chow down on something

sweet and the sugar provides food for your mouth's bacteria which then produce acids to attack your teeth. No wonder dentists want us to reduce the sugar in our diets!

Perhaps you have cut back on candy and pop but there are lots of other sources of sugar. Many processed foods contain it (see "Sneaky Sugar") and in its 2004 *Canadian Community Health Survey*, Statistics Canada estimated that the average Canadian ingests about 30 pounds of sugar each year from manufactured products. A recent article in *The Globe and Mail*¹ quoted Statistics Canada as stating that Canadian children, ranging in age from one to 13, get more than 25 percent of their daily calories from sugar — more than any other age group.

Cutting down on processed foods helps, but there are other natural-sounding sources of sugar that may surprise you. Dr. Deborah Saunders, a dentist practising in Sudbury, Ont., suggests limiting our intake of dried fruit as it is concentrated and retentive in nature. The "stickiness" of some foods plays a key role, she explains. Anything that is high in carbohydrates can be broken down by plaque bacteria. The byproduct of that bacteria is acid, which demineralizes your teeth, leading to tooth sensitivity and cavities. "Would you eat two cups of fresh grapes?" she asks. "Probably not, but that's equivalent in sugar to eating less than one-quarter cup of raisins."

But, does avoiding sweet things mean fresh fruit is off-limits? Absolutely not, says ODA President-Elect Dr. Rick Caldwell, a general-practice dentist in New Liskeard, Ont. "The key to snacking on naturally sweet foods, such as fruit, is to eat it over a short period of time to reduce the amount of time your teeth are exposed to acid," he explains.

For advice on a balanced diet, reach for the *Canada Food Guide*, says Dr. Arthur Worth, President of the Ontario Dental Association and a general practitioner in Thamesville, Ont. "You do need fruit in your diet," he says, "but don't eat it in excess. Tangerines are fine but having five or six in one day might harm your teeth."

¹ *The Globe and Mail* — "Junk is the new normal." March 25, 2013

If you can't resist a sugary treat, Dr. Ian McConnachie, a pediatric dentist in Ottawa, has some advice. "Eat it with a meal rather than on its own, because the higher saliva flow that occurs during a meal will neutralize the acids that develop when you have sugar."

Always brush after eating any snack or rinse your mouth with water. In a pinch, says Dr. McConnachie, chew on sugarless gum, such as one sweetened with xylitol, a natural sugar substitute which may help to remineralize tooth enamel. Sweet!

Do the (Scary) Math!

Dr. Don Dempsey, President of the New Brunswick Dental Society, who has a general dental practice in Bathurst, N.B., suggests this easy way to figure out how much sugar a product contains:

One teaspoonful of granulated sugar weighs four grams. If a product's label tells you that an item contains, say, 20 grams of sugar per portion, divide the number of grams by four to find out the number of teaspoonfuls. In this case, **it would be five teaspoonfuls of sugar per portion!**

Nutrition Facts Valeur nutritive	
Per 1 bowl (300 g) / Pour 1 bol (300 g)	
Amount	% Daily Value
Servir	% valeur quotidienne
Calories / Calories: 640	
Fat / Lipides 12 g	24 %
Saturated / Saturés 4 g	8 %
Trans / Trans 0.2 g	
Cholesterol / Cholestérol 35 mg	
Sodium / Sodium 800 mg	16 %
Carbohydrate / Glucides 12 g	24 %
Fibre / Fibre 4 g	8 %
Sugars / Sucres 20 g	
Protein / Protéines 12 g	



The Low-Fat Trap

The fat in food makes it taste good so some manufacturers add flavour to low-fat products by bumping up the sugar. Choosing a low-fat muffin over a donut at our favourite coffee shop is a given for most of us. But take a look at the nutritional information for the following: (The low-fat muffin is probably still a good choice, but who would have thought it contained that much sugar?)



Berry Muffin	340 calories	11 g fat	25 g sugar (6.25 tsp)
Low-Fat Berry Muffin	290 calories	2.5 g fat	30 g sugar (7.5 tsp)
Honey Dip Donut	210 calories	8 g fat	11 g sugar (2.75 tsp)

Sneaky Sugar

It's surprising how many prepared products in your supermarket might contain sugar. Here are just a few:

- baked beans
- barbecue sauce
- bread
- breakfast cereal
- cookies
- crackers
- dried fruit
- frozen dinners
- fruit juice
- fruit spreads
- fruit yogurt
- granola and other multigrain cereals
- granola bars
- iced tea
- instant oatmeal
- ketchup
- muffins and muffin mixes
- pasta sauce
- peanut butter
- potato chips
- protein drinks
- some reduced-fat products (see "The Low-Fat Trap")
- salad dressings
- sports drinks



What's in a Name?

For the best dental health, buy products with the least amount of sugar (it will be included toward the end of the ingredient list). When checking labels, you might not always see the word "sugar," but these are all a form of it:

- barley malt
- cane juice
- corn syrup
- dextrose
- fructose
- glucose
- sucrose
- honey
- maltodextrin
- maple syrup
- molasses



You've seen those commercials on TV and the Internet — What is sleep apnea and why are so many losing sleep over it?

By Cheryl Embrett

Obstructive Sleep Apnea

Does your bed partner complain about your snoring? Are you unusually sleepy during the day and don't know why? These are two of the most common symptoms of obstructive sleep apnea (OSA), a sleep-related breathing disorder that can cause you to stop breathing dozens or even hundreds of times each night.¹ According to The Canadian Lung Association, these breathing episodes usually last for 10 to 30 seconds —

not long enough to fully wake you up but enough to prevent you from enjoying the restful sleep your body needs to recharge its batteries and stay healthy.

A *Canadian Community Health Survey* conducted in 2009 by the Public Health Agency of Canada found that an estimated 858,900 Canadian adults, 18 years and older, reported being told by a health professional that they have sleep apnea.²

"Only a physician can diagnose obstructive sleep apnea," says Dr. Deborah Saunders, a dentist practising in Sudbury, Ont. Dentists do not diagnose OSA. However, a dentist may see patients who they suspect may be at risk and will refer them to their family physicians for further diagnostic followup.

As they do with discussing tobacco intervention or oral cancer with patients, dentists have advantages over other health-care professionals in identifying patients at risk of OSA, because dentists generally see their patients on a more frequent and consistent basis. As well, because the jaws and related structures may influence OSA, dentists play an important role in identifying patients who should be assessed [by a physician] and helping to institute treatment in selected cases.⁴

Treatment options

The most effective treatment for mild or moderate sleep apnea, says The Canadian Lung Association, is continuous positive airway pressure (CPAP). With CPAP you wear a special mask attached to a CPAP machine. A steady stream of air is blown through the mask, into your nose and down your throat. The pressure helps keep your airways open so you can breathe properly all night. Other treatments for mild sleep apnea include lifestyle

changes such as losing weight, avoiding alcohol and sedatives and sleeping on your side, not your back.⁵

Your doctor may also recommend that you use a dental (or an oral appliance) that fits over your teeth and prevents your tongue and jaw from blocking your airway. In comparison to CPAP devices, these appliances are sometimes regarded as a convenient, silent and more bed partner-friendly choice, says Dr. Alan Lowe, Professor and Chair of the Division of Orthodontics, University of British Columbia's Faculty of Dentistry. There are more than 80 different oral appliances currently available.⁶ These should only be prescribed by your family physician, who may refer you directly to your dentist, says Dr. Saunders.

A cautionary note from Dr. Saunders: some patients who have been diagnosed with sleep apnea may be curious about ordering prefabricated devices over the Internet. "Think twice," she says. "You may end up with jaw pain or other problems. That could be significant and serious."

For more information on sleep apnea — including a quiz to help identify the main symptom of sleep apnea, daytime sleepiness — visit The Canadian Lung Association's website at www.lung.ca. ■

Do you think you have sleep apnea?

Other signs and symptoms of sleep apnea may include:

- **high blood pressure**
- **irritability**
- **gasping or choking during sleep**
- **depression**
- **problems concentrating**
- **morning headaches**
- **memory problems/memory loss³**

If you have any of these symptoms and think you may have sleep apnea, you might want to discuss them with your family doctor.

1 The Canadian Lung Association: www.lung.ca.

2 2009 Canadian Community Health Survey — "Sleep Apnea Rapid Response": Public Health Agency of Canada

3 The Canadian Lung Association: www.lung.ca

4 Goodday, R.H.B. et al. "Obstructive Sleep Apnea Syndrome: Diagnosis and Management" *Journal of the Canadian Dental Association*, 2001.

5 The Canadian Lung Association: www.lung.ca

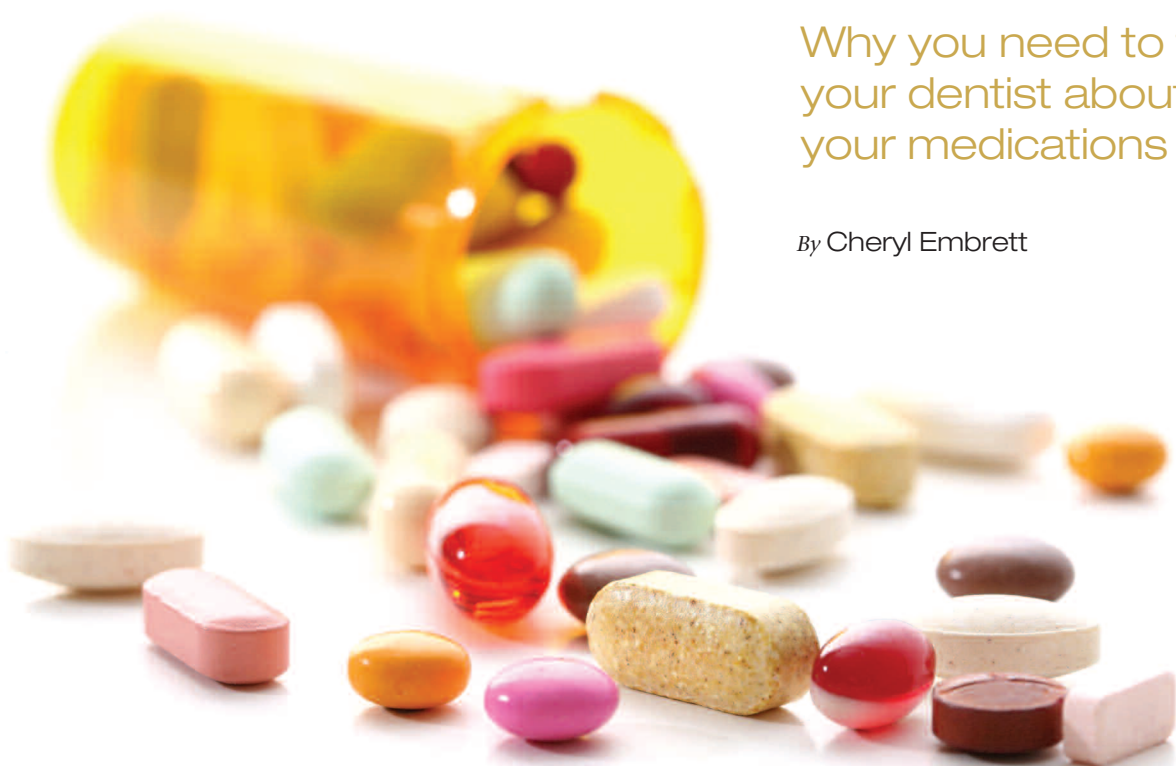
6 The Canadian Lung Association: www.lung.ca



Drugs and Your Dentist

Why you need to tell
your dentist about
your medications

By Cheryl Embrett



You know it's important to update your doctor on your health and medication status, but what about your dentist? Good communication with your dentist about your overall health is vital, says Dr. Lynn Tomkins, a clinical instructor in the Department of Oral Diagnosis and Medicine at the University of Toronto's Faculty of Dentistry and a Past President of the ODA. "What happens in your mouth affects your body, and what happens in your body affects your mouth."

Your medical history tells the story of your health, adds Dr. Arthur Worth, President of the ODA and a dentist

with a general practice in Thamesville, Ont. It gives your dentist with important information needed to provide the best care possible.

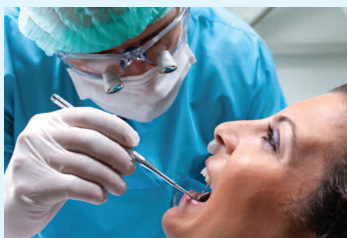
With so many different medications available, both over-the-counter and prescription, making sure your dentist is aware of everything you are taking ensures that any possible negative interactions can be avoided and appropriate precautions may be taken before beginning routine dental procedures.

Your dentist may also wish to communicate with your family physician to co-ordinate your oral health care with your medical condition, advises Dr. Worth.

If you've had a hip or knee replacement or have a heart murmur, for example, you may need antibiotics before any dental work in order to reduce the risk of infection. You want to be sure that the antibiotics your dentist prescribes won't interfere with any medications you're already taking. Your dentist is also in a good position to notice any changes in your mouth that may signal potential health problems. Bleeding gums, for example, may indicate the beginning of gum disease, which could also be related to diabetes if your gums have otherwise been healthy. Or they may indicate the use of blood thinner medications (see "Blood Thinner Alert!")

Blood Thinner Alert!

If you are on blood thinner medications, **it is important that your dentist be made aware of the type and dosage you are taking**, says Dr. Worth. These medications act to reduce the body's natural clotting mechanisms. Since it is not uncommon for minor amounts of bleeding to occur during even simple dental procedures, such as tooth cleaning and scaling, it is very important to let your dentist know at least several days PRIOR to any treatment that you are taking blood thinner medications. Your dentist may wish to consult with your family doctor about the advisability of discontinuing this particular medication for a day or so prior to your dental appointment.



During your first visit, your dentist will ask for a thorough medical history, including lifestyle information (whether or not you smoke, for example). This history, along with the results of your initial examination, will help your dentist determine the best treatment approach. Mention everything about your health, advises Dr. Worth, even if you don't think it's important.

Don't forget about those medications only taken occasionally as well, adds Dr. Tomkins. For example, you may use a puffer only at certain times of the year when your asthma flares up, but you need to tell your dentist about that as well. ■

Tell Your Dentist About...

Make sure you update and review your medical history every time you see your dentist, advises Dr. Worth. Here's a checklist of what your dentist will need to know to provide you with the best possible care.

- **All medications that you take, both prescription and over-the-counter.**
- **Vitamins.**
- **Naturopathic or herbal supplements.**
- Any **medical conditions** being treated by your physician. For example, chronic diseases such as diabetes, thyroid problems, heart conditions, autoimmune diseases and respiratory conditions such as asthma.
- **Antidepressants** – they may cause xerostomia or dry mouth, which can have significant effects on the teeth and gums. (See page 5, "Somebody Bring Me Some Water", for more information about xerostomia.)
- Any **surgeries** you've had, especially those involving the heart or joints (artificial knee or hip replacement, for example) or head and neck areas. Antibiotics may be required to prevent infection associated with certain dental procedures.
- Your **family history** – for example, if you have or had cardiovascular disease, cancer and diabetes, and any dental history of periodontal disease.
- Whether you **smoke** or **consume alcohol** frequently. If so, you may be at greater risk for certain types of oral cancer.
- If you're **pregnant**. Your dentist may suggest that you postpone certain treatments for the duration of your pregnancy.



Also, don't forget about **allergies to specific drugs**, cautions Dr. Worth. Your dentist and dental team wear latex gloves, so an allergy to latex is definitely the first thing you should tell your dentist.

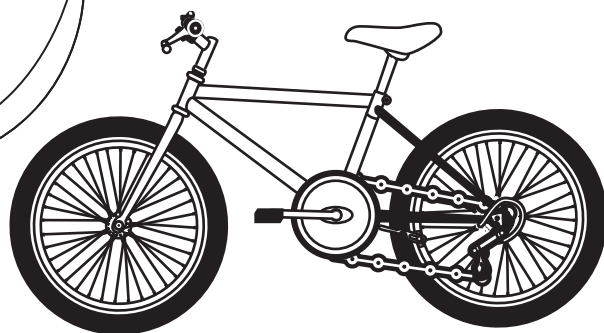
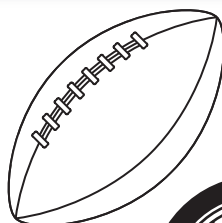




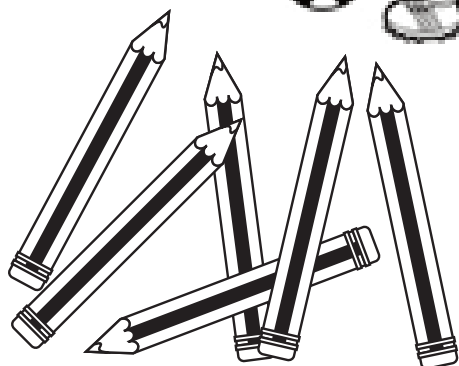
What activities will you do this summer?

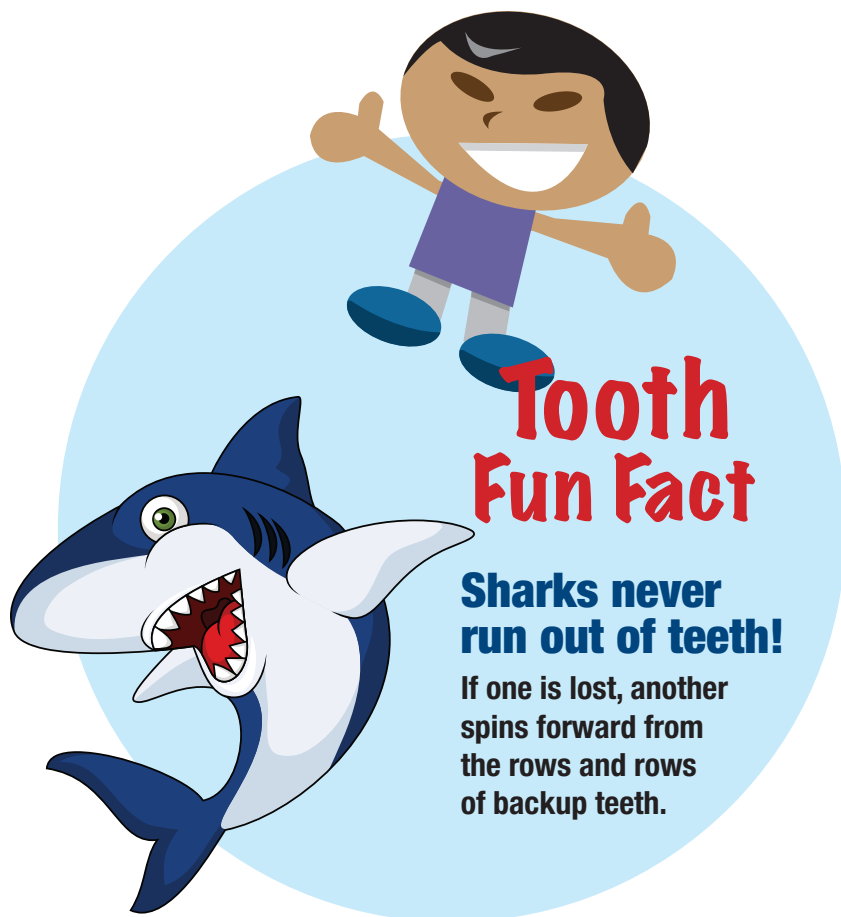
Remember your mouthguard when playing sports!

colour it in!



Draw a picture
of what
you'll be doing
this summer!





Unscramble the letters to find the word!

elmis _____

romla _____

gouten _____

rebcas _____

hurbs _____

ehtet _____

ANSWERS: smile; tongue; braces; brush; teeth

Did you know?

No two people have the same set of teeth — **your teeth are as unique as your fingerprints!**



Pam: "Why did the tree go to the dentist?"

Van: "I don't know. Why?"

Pam: "To get a ROOT canal!"

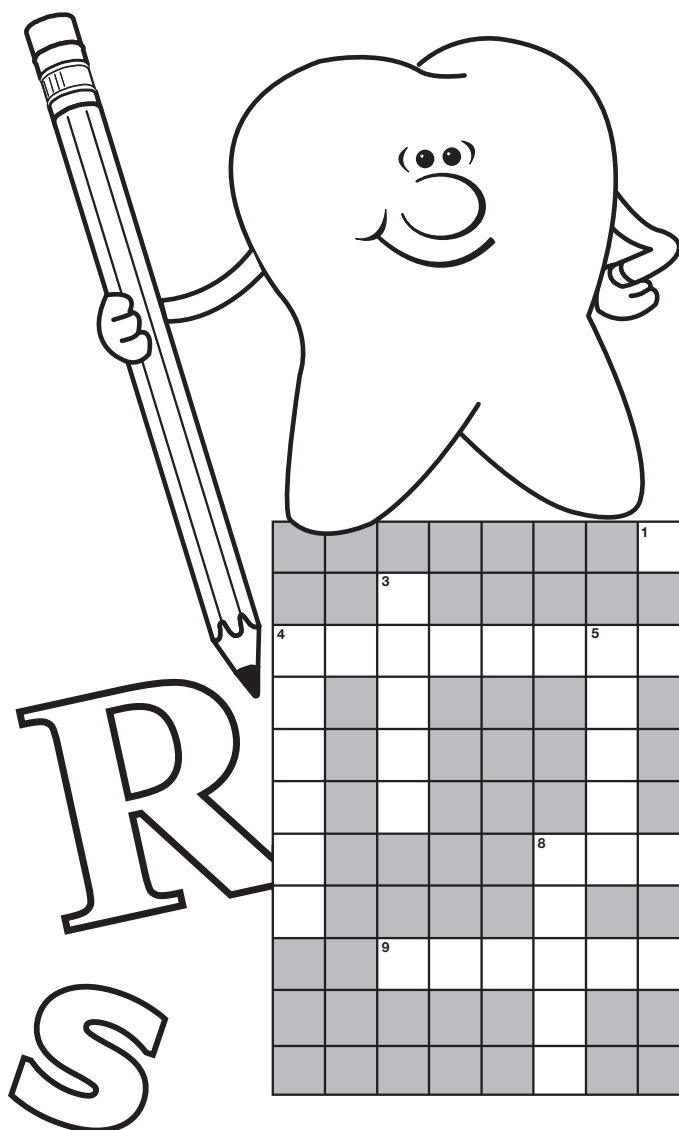
Q: What's soft and furry and shaped like a tooth?

A: A molar bear!



Visit youroralhealth.ca
Click on Kids' Zone for more games and puzzles!





Dental Crossword Puzzle

Across

1. These help straighten teeth. (6)
4. Use this to help clean your teeth. (10)
7. This type of tooth is in the back of your mouth. (5)
8. This person helps keeps your smile healthy. (7)
9. You should have one every six months. (7)

Down

2. Too much of this sweet stuff isn't good for your teeth. (5)
3. You open this up to show the dentist your teeth. (5)
4. After brushing your teeth, give this a brush too! (6)
5. After you brush your teeth, use water to do this. (5)
6. This cleans between your teeth, where brushing can't get. (6)
8. If you don't look after your teeth, they will start to do this. (5)

Answers:

Across: 1. braces 4. toothbrush 7. molar 8. dentist 9. checkup
Down: 2. sugar 3. mouth 4. tongue 5. floss 6. rinse 8. decay

Dental Word Scramble

Unscramble each of the words on the left side of this page, then copy the letters from the numbered boxes to the boxes below to find **the hidden phrase!**

LMRAO

14		16		8

VCITYA

	5					12

LEMSI

	15				7

SFOSL

	9				13

SBUHR

					6

TTSIDNE

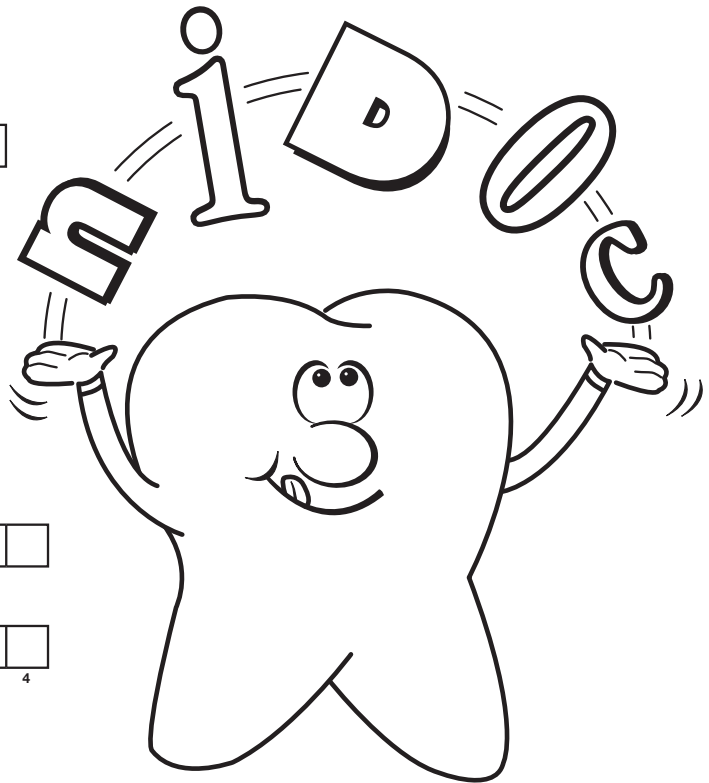
	3				10	

PKCUHEC

	11					1	4

EHETT

	2				17



Visiting the dentist helps you

1	2	3	4

5

6	7	8	9	10	11	12	

13	14	15	16	17

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.

#nbdent
Brush, Floss, for Life.

Follow #nbdent on Twitter for tips and ideas on maintaining your family's good oral health.



Find us on Facebook
www.facebook.com/NBDental

For more information, contact your dentist,
or visit **nbdental.com** to find one near you.

