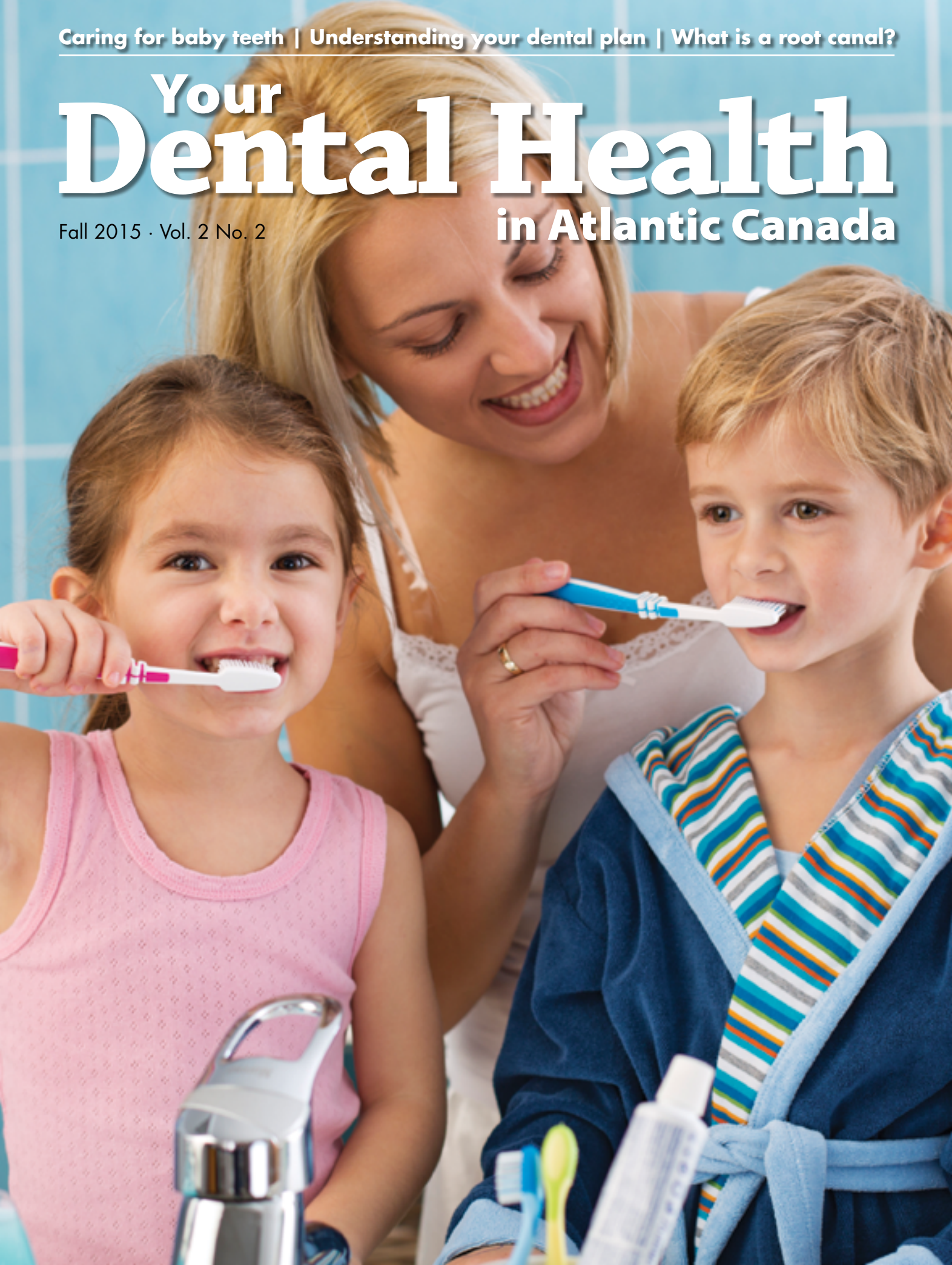


Caring for baby teeth | Understanding your dental plan | What is a root canal?

Your Dental Health

Fall 2015 • Vol. 2 No. 2

in Atlantic Canada



Building Better Teeth!

Talk to your dentist before participating in any physical activity – no matter what level of contact.

We all want to protect our teeth and smiles,

Why not start now?

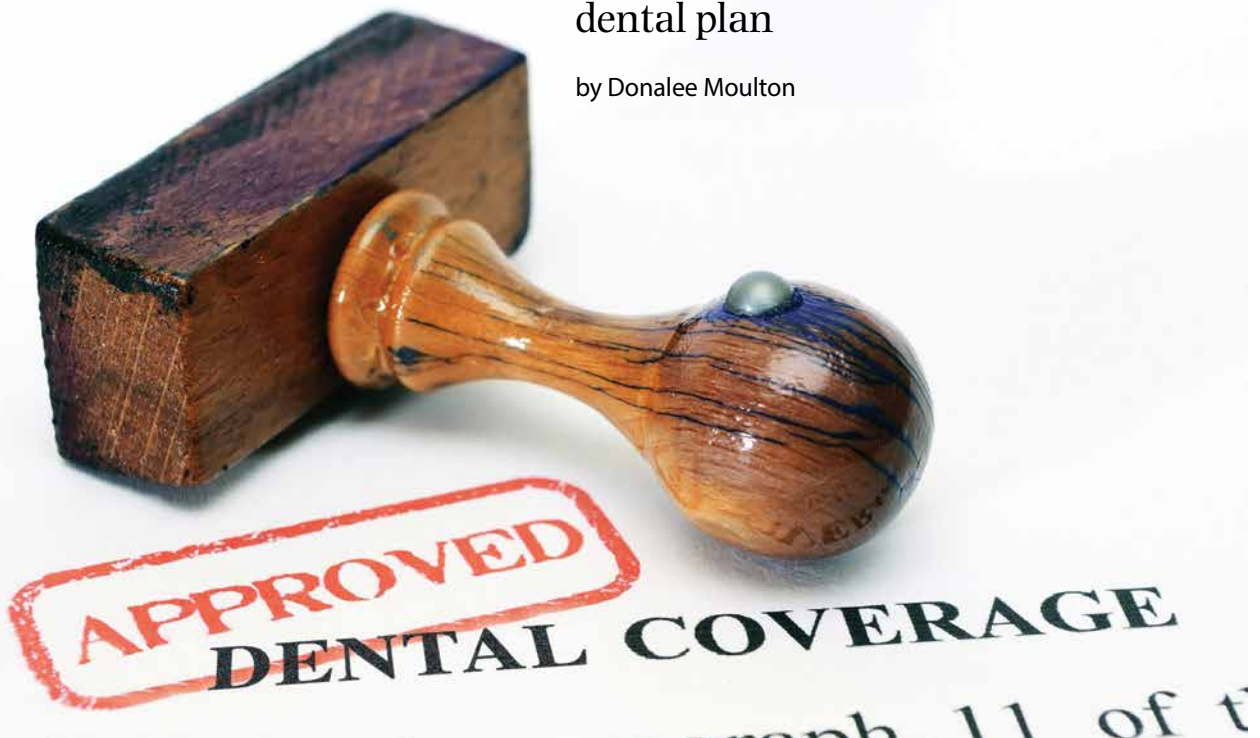


Make your family's oral health a top priority. Not just “kids” need to consider mouth guards for contact sports (adults too!). And this includes a variety of non-traditional contact sports such as skiing, snowboarding, figure skating and more!

Are you covered?

Getting the best out of your dental plan

by Donalee Moulton



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Like many Atlantic Canadians, you may have a dental plan through your employer, union or provincial government. And it's important to understand what that plan covers.

First, remember that a dental plan and a treatment plan are two different things. A dental plan helps you to pay for your dental treatment. Employers provide health and dental benefits for a variety of reasons, including the promotion of good health.

A treatment plan is the personal oral health plan you develop with your dentist. It serves as your road map to good oral health and should not be limited by what a dental plan will cover.

If you have a dental plan, it's up to you as a full partner in your oral health care to know how your plan works. Read the booklet or other materials available from your provider.

Checklist

Some things you need to know about your plan:

- What is covered each year?
- Is there a deductible?
- Is there a total dollar limit on my coverage?
- Can I choose a procedure other than the one my plan covers?
- Will I still be covered if I change jobs?
- To what extent am I covered for cleanings and X-rays?
- To what extent am I covered for dental

treatments such as fillings and root canals?

- What about other treatments such as bridges and crowns, dentures and oral surgery?
- Can I choose my own dentist? (Some plans may restrict you to a list of approved dentists.)
- What's my co-payment? (The part of the bill you won't be reimbursed for.)

How your dentist can help

As mentioned, your dental plan should never dictate your treatment plan. Your dentist can help you estimate how much will be covered before you move ahead. Dentists can submit a pre-treatment plan to your dental plan administrator for a pre-determination of benefits. This is not a guarantee, but it does reduce the chances of your claim for reimbursement being limited or declined. Remember that your dentist is treating you, not your dental plan.

Primary (tooth) care



How to make sure your child has baby teeth clean enough for the tooth fairy

by Donalee Moulton



Baby teeth may not last a lifetime, but they play an important role in a child's oral and overall health. And they help prepare children's mouths for the permanent teeth to come.

"The baby teeth help the jaw bone form properly," explains Dr. Anil Joshi, a pediatric dentist in Moncton. They also help ensure proper spacing of the permanent teeth, he adds. "Teeth are like dominoes: if one goes too early, the others tip."

A little one's little teeth help them develop their speech as well. When baby teeth, also called the primary teeth, are properly in place, children can pronounce words properly, since the teeth prevent their tongue from straying as they're learning to speak. The primary teeth, which begin to fall out at about age six until a child is 12 or 13 years old, are also important for swallowing.

Healthy baby teeth help bolster children's overall health as well. Infections in the teeth or mouth can affect a child's desire to eat and their ability to absorb nutrients. The implications of that on overall health are significant, notes Dr. Ross Anderson, chief of dentistry at the IWK Health Centre in Halifax. "We see kids with pain. We see kids with swollen faces. In the worst cases, we see kids who stop growing."

Infection is common. Bacteria can eat their way into baby teeth, causing a cavity and then spreading rapidly. "It jumps from tooth to tooth," notes Dr. Anderson. "It's like a forest fire in the mouth."

From the time the first tooth

peeks through the gum, children should be brushing twice a day, with some help from their parents.

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A recent report from the Canadian Institute for Health Information found that cases of what is known as severe early childhood caries (or tooth decay) account for 33 per cent of all day surgeries in children's hospitals in this country.

It's the most common day surgery performed on children, and severe early childhood caries is the most common chronic infectious disease of childhood.

He recommends parents keep an eye out for a white chalky area in their child's mouth: the first sign of trouble. Next a brown hole will be visible on the tooth, then surrounding teeth. The disease can also affect older children and adults. "If we let it spread, it will affect your adult teeth," says Dr. Anderson, who is also head of the Department of Dental Clinical Services, Division of Pediatric Dentistry, at Dalhousie University's Faculty of Dentistry.

Before it comes to that, however, parents can take steps to help their children have good oral health. Diet is critical. While milk and fruit juice are healthy choices for growing bodies, they can pose problems for children's teeth. "It's not the amount of juice or milk. It's how long it sits in the mouth," says Dr. Joshi.

When kids sip and play throughout the day, the sugar from the fruit juice has time to make itself at home in their mouths and roll out the welcome mat for bacteria or plaque. The American Academy of Pediatrics recommends children consume only four ounces of juice a day and this should happen during one meal.

"Water is the best in-between drink," notes Dr. Anderson. For parents in communities where water quality is secure, he recommends tap water. "Buy a water bottle together. Make it fun and you'll set their preferences for life."

Fresh vegetables and fresh fruit are also healthy lifetime choices, as is cheddar cheese, which actually fights the bacteria that can cause cavities. Other foods like unflavoured Greek yogurt and hummus are also smart snack choices. Starchy foods in between meals, on the other hand, are not recommended. The starch breaks down into sugar and sticks to teeth.

Brushing is also important, even when there aren't yet any teeth. "It helps kids get used to this, it toughens up the gum pads, and it decreases teething problems," says Dr. Joshi.



From the time the first tooth peeks through the gum, children should be brushing twice a day, with some help from their parents. Use the softest toothbrush possible and ensure you have a good, clear look at the child's mouth while brushing.

Toothpaste is optional for the littlest ones. "Baby toothpaste has nothing in it," notes Dr. Joshi. "It can cover up the crevices of a tooth, [but] it's the brush that does the cleaning."



Infections
in the teeth or mouth
can affect a child's desire
to eat and their ability to
absorb nutrients

When infants become toddlers, using a toothpaste with fluoride is helpful. The key is not to use too much toothpaste since young children have a tendency to swallow it. For children under three years of age, a dab of toothpaste the size of a grain of rice is all that's needed. For older children, the amount should be the equivalent of a pea.

Healthy baby teeth will eventually give way to healthy permanent teeth. In between, expect a visit from the tooth fairy. Even when Dr. Joshi has to extract a child's tooth, he gives it back to the little one to be tucked gently under the pillow that night. 🍷

Left: Dr. Ross Anderson, chief of dentistry at the IWK Health Centre in Halifax.

Your Dentist Treats Your Dental Health, Not Your Dental Plan

Talk to your Dental Plan Provider and Get to Know your Dental Coverage.

Dental plans are changing, with many insurers limiting treatment options and shifting administrative costs onto your dental office.

These changes may affect your treatment costs.



- Your dental plan is not intended to meet all of your oral health needs. Your dentist may suggest necessary care that isn't covered.
- Know your plan. It's your responsibility and in your best interest to be fully aware of what your plan covers.





Carolyn Palmer's daughter Meghan with two young patients who attended a dental clinic in Honduras.

A dentist abroad

When PEI dentist Carolyn Palmer signed up for a medical aid trip to Honduras, she never guessed how much the experience would change her

story by Donalee Moulton
photography Carolyn Palmer

Last summer, dentist Dr. Carolyn Palmer spent two hot, nerve-racking, exhausting and incredibly fulfilling weeks providing dental treatment in Honduras with her daughter, as part of a Global Brigades trip organized by Acadia University students.

Global Brigades is a student-led global health and development organization with university chapters across the world. The Honduras trip offered medical, dental and pharmacy services to towns throughout the country, which is the second poorest in Central America.



Top: Travelling the mountain roads is often by horse or donkey.

Above: Dr. Palmer showing student volunteers the tools they'll use to help provide dental care.

Left: Dr. Palmer in her clinic with her make-shift dental chair.

"It was challenging
and rewarding in a way I have never
experienced before"

"The university kids take charge. It's a way for them to learn about the world and give back," says Dr. Palmer, a dentist with Cornwall Dental Care in Charlottetown.

But it wasn't only the students who expanded their horizons. "It was an experience that changed me," says Dr. Palmer. "It was challenging and rewarding in a way I have never experienced before."

The experience started with an admittedly "frightening" flight into Tegucigalpa, the capital city. (Tegucigalpa is often called one of the world's most dangerous airports because of its steep approach, short runway and nearby mountains.) From there the team loaded themselves as well as medical supplies, equipment and medicine on to buses for a two-hour (and equally frightening) drive to Cantarranas, the mission's base camp. "There was security with us at all times," says

Dr. Palmer. "It wasn't safe. There are times you think, 'Oh my heaven, what are we doing?'"

What they were doing was helping people who desperately needed it. In 2010, the average income in Honduras was approximately \$1,800 US and the country ranks 129 out of 187 countries on the United Nations Development Programme's 2014 Human Development Index. In rural areas, 50 per cent of the population lives in extreme poverty.

At 6am each morning, Dr. Palmer, the other health care professionals and the students would take up to two-hour bus rides to nearby towns like Pajarillos, which has a population of 600. In Pajarillos, the local school, shut down for the day, was transformed into treatment areas for medical procedures, dental services and pharmacy consults.

"When we arrived, there would be hundreds of people waiting. I found that overwhelming," says Dr. Palmer. "You have to process it. This is poverty at a level I had never seen."

There was no electricity, running water or toilet facilities in the communities, so the team brought their own portable generator with them. This meant extractions could be done fairly easily but other dental procedures, such as fillings that require water to clear the mouth, were more difficult. "I brought lots of freezing," says Dr. Palmer, whose patients reclined in a zero-gravity lawn chair while she sat on a wooden school chair.



Hundreds of people came for treatment, many walking for hours to seek medical care.

After the first day, word got out that Dr. Palmer was doing some fillings despite the difficulties, and the line-ups got longer. A cap of two fillings per person was instituted, although the Charlottetown dentist often ignored the directive.

"Some people walked for hours to see me. Many of them were children. I wanted to leave them with the best chance at better oral health," says Dr. Palmer, who also did sealants (a process that covers grooves on permanent molars to prevent decay) for the children.

Each day, once their equipment and supplies were unloaded, the health care professionals and their student assistants worked flat out in 38-degree heat.

"The temperature was a real issue," says Dr. Palmer. Not only did it zap the team, it affected equipment. For example, a curing light used to dry fillings has a fan inside it to keep the instrument cool. That small fan was no match for the heat in Honduras.

The conditions were also no match for Dr. Palmer. "It's great to be outside your comfort zone," she says. Her time in Honduras provided a chance to give back and to connect with her daughter, a third year student at Mount Allison University in Sackville, NB. "We both thought what an opportunity to share." 🍎



Children learning to brush their teeth.



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Medication and your mouth

How your prescription can affect your oral health

by Donalee Moulton

The medications you take—prescription, over the counter and herbal remedies—can affect your mouth in a myriad of ways. Talking to your dentist, knowing the side effects linked to your prescription and taking good care of your oral health can help you deal with side effects from dry mouth to ulcers.

The number one side effect of medications is dry mouth, or xerostomia. “This can be significant,” says Dr. Christopher Lee, an assistant professor at the Faculty of Dentistry at Dalhousie University in Halifax. “Saliva has a lot of effects in helping you chew and swallow. It also prevents the tearing of gums.”



“The number one side effect of medications is dry mouth, or xerostomia,” says Dr. Christopher Lee.

In addition, he notes, when your mouth is dry, dentures may not stay in place as well and you have an increased risk of cavities. “Saliva washes away the bacteria that causes cavities. Those with less saliva tend to have more cavities.”

There are options to alleviate the discomfort and the risk posed by xerostomia. Some are simple and straightforward: carry water to drink, suck on sugar-free hard candy or chew sugarless gum. There are also saliva substitutes, but they aren’t as effective as natural saliva in your mouth. Dr. Lee also notes that there are medications to increase saliva production but these, too, come with their own side-effects.

Warfarin, a blood thinner used to reduce the risk of stroke, can cause excessive bleeding of gums. Herbal remedies can also cause bleeding. “People have had to be transfused after an extraction,” says

Dr. Lee, noting the seriousness of some of these situations. Another side effect of some medications can be gingival hyperplasia. Calcium channel blockers often used to treat cardiac conditions (such as nifedipine, diltiazem, and verapamil), some anti-seizure medications (such as phenytoin), and some immunosuppressants (such as cyclosporine A) can cause the gums to become enlarged and appear puffy. The condition is generally not painful, though if not kept properly clean, the gums can become irritated or infected. “You can undergo surgery to remove overgrown gums, but they’ll grow back,” says Dr. Lee.

Many people take these types of medications to address life-threatening conditions like high blood-pressure, so stopping the prescription is not an option. Luckily, having good oral health tends to lessen the side-effects. Brushing and flossing regularly is important as is using a soft-bristle tooth brush. Talking to your dentist is also essential. Solutions can usually be found to many medication-related problems. “We will see more of these issues as the general population ages,” notes Dr. Lee.

It’s not only adults who encounter problems. Parents may sometimes find their children’s teeth become stained, sometimes permanently, as a result of antibiotics like tetracycline, which is no longer recommended for pregnant women or children under eight years old. Amoxicillin, an antibiotic commonly used to treat babies’ ear infections, has also been linked to tooth enamel problems, but the stains it can cause usually fade.

Another side-effect of many medications is taste alterations. Some antibiotics, for example, can leave you with a metallic taste, but this goes away once you stop taking the drug.

Chemotherapy drugs can lead to dry mouth, taste alterations, pain, ulcers and fungal infections, while long-term use of antipsychotics can cause uncontrolled movement of the lips and mouth.

Many people, of course, take more than one medication, which can compound problems. “Every medication has an effect on another medication. The side effect may be the result of a combination of drugs,” says Dr. Lee. “You don’t want to play roulette. The first course of action is always to manage the side-effect.”

To do that your dentist needs to understand what medications you have been prescribed along with any supplements, vitamins and herbal remedies you use. “Tell your dentist what you are taking and why,” says Dr. Lee. “Together you can explore solutions that will work for you.” 🍎



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Tell your dentist what you are taking and why.

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The root of it

Root canals are a common dental procedure, but still lots of patients want to know—what exactly are they for, anyway?

by Donalee Moulton

1 Freezing with a local anesthetic

2 Opening is made in tooth



After freezing with a local anesthetic an opening is made in the tooth



Infected pulp is removed and canal is cleaned



Opening in tooth is filled with a temporary or permanent filling

More than 15 million root canal treatments are performed in North America each year, yet many people have questions about the purpose, the process and the benefits. *Living Healthy* provides answers to some commonly asked questions.

Q Why do I need a root canal?

A When the nerve of your tooth becomes infected or inflamed, a root canal helps you keep the tooth instead of having it removed. This helps prevent jaw problems and means you won't need an artificial tooth.

Q What does a root canal involve?

A A root canal treatment, also called endodontic treatment, involves removing infected, injured or dead pulp from your tooth. If left untreated, an infection, which causes a tooth to become abscessed, can lead to serious health problems.

Q Who does this procedure?

A Your dentist may do your root canal or refer you to an endodontist, who specializes in treatment of the dental pulp or nerve of a tooth.

Q What happens during a root canal?

A The procedure goes like this (*see left*):

1. The dentist gives you a local anesthetic, or freezing, then places a rubber dam around the tooth being treated to protect it from bacteria that can be found in saliva.
2. An opening is made in the tooth to reach the root canal system and the damaged pulp is removed by cleaning and enlarging the root canal system.
3. After the canal has been cleaned, the dentist fills and seals it.

4. The opening of the tooth is then sealed with either a temporary or permanent filling.

Q How many visits are required?

A Root canal treatment may be done in one or two appointments.

Q Does it hurt?

A Your mouth is frozen during the procedure, and you will not likely have any discomfort during the root canal itself. Afterwards, your tooth may be tender for the first week or two. However, significant pain and swelling aren't common. If either occurs, you should call your dentist or endodontist.

Q Is it always successful?

A Most root canal treatments are successful. But in rare cases, a second treatment is needed. At this time, the filling material is removed, and the canal is re-cleaned, reshaped and refilled. Or, the tooth may benefit from endodontic surgery.

Q Is my tooth protected with a root canal?

A Root canal treatment does not protect your tooth from other types of damage in the future, however. The root canal relieves symptoms, but the tooth still requires a proper final filling or crown. Proper care and regular dental visits for follow-up are required. 🍎



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