

word of mouth[®]

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A Semiannual Publication of the Massachusetts Dental Society



got dentist?



word of mouth®

The Massachusetts Dental Society (MDS) is pleased to make this publication available to our member dentists as a way of communicating important oral health information to their patients.

Information in WORD OF MOUTH articles comes from dental health care professionals of the MDS and other leading professional dental organizations, including the American Dental Association. If you have any questions about specific content that may affect your oral health, please contact your dentist. For timely news regarding oral health, visit the "For the Public" section of the MDS Web site at www.massdental.org.

Your comments and suggestions regarding WORD OF MOUTH are always welcome. All correspondence and requests for additional copies may be forwarded to Melissa Carman, Managing Editor, c/o Massachusetts Dental Society, Two Willow Street, Suite 200, Southborough, MA 01745-1027, or email mcarman@massdental.org.

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got dentist?

We know that many of you already have a dentist whom you visit twice a year for regular dental checkups and treatment. But surprisingly enough, nearly half of all Americans (46 percent) do not have a general dentist, according to the Academy of General Dentistry. And for those of you who move to a new city or town, or whose dentist retires, finding a new dentist can be a difficult task, especially if you are living in a community where you don't know many people. Asking for referrals is a good place to start, but ultimately you will have to decide which dentist is best suited to your individual needs and situation. A variety of factors can come into play when choosing a dentist, ranging from the office's location to the practice's hours to the level of care you require to the languages spoken to whether the practice is accepting new patients.

There are many ways you can find a dentist. The Massachusetts Dental Society (MDS) and the American Dental Association (ADA) offer these suggestions to get you started:

- Ask family, friends, neighbors, or coworkers for recommendations.
- Ask your primary care physician, other health care providers, or your local pharmacist.
- If you're moving to another town, ask your current dentist to make a recommendation.
- Use the MDS's Find a Dentist Web site (www.massdental.org/find-a-dentist) to search for dentists in Massachusetts or the ADA Member Directory (www.ada.org) to search for dentists out of state based on a variety of criteria.

FIND AN MDS DENTIST



To find an **MDS dentist**, contact the Massachusetts Dental Society at **(800) 342-8747** or visit www.massdental.org/find-a-dentist.



Consider this . . .


You may have specific considerations when choosing a dentist; these criteria should reflect your own needs and priorities. The following questions can help you define what is most important for you:

1. Where is the practice located? Will it be easy for you to get there? Is it accessible by public transportation? Is there ample parking? Is it handicapped accessible (e.g., elevators, ramps)?
2. Which dental procedures are completed in-office and which procedures will be referred out?
3. How long will you wait for an appointment after you call?
4. Does the office keep open appointment times for emergencies?
5. What are the covering arrangements when your dentist is unavailable or on vacation? Whom should you call if you have a problem after-hours? If the dentist works in a group practice, are you comfortable with being seen by one of the practice associates?
6. Is the office staff friendly and courteous?
7. If you call with a question about your care, does a dentist or dental assistant return your call promptly?
8. Does the dentist speak your language fluently, or would he/she require an interpreter or other translation services?
9. What is the educational background of the dentist, and is he/she board certified in a specialty?
10. Does the dentist accept your dental benefit plan? Does the office process insurance claims, or will you be required to pay up front for services and file the claims yourself?

After you've gathered your research,

you'll want to evaluate your options and consider what the most important attributes are for you. Once you have selected the dentist who meets your needs, set up an appointment for a general exam, which consists of a cleaning, X-rays, and medical health history, to see if the dentist meets your expectations. This visit is your opportunity to give the dentist a test run. Bring any questions you have regarding the dental practice and your treatment, and don't be afraid to ask them.

One other thing you'll want to know is if the dentist you decide on is a member of both the MDS and the ADA (MDS members are required to be members of the ADA). The MDS and ADA help members stay current with the latest information affecting dentistry and clinical information to provide the best possible patient care. Additionally, MDS/ADA members voluntarily agree to adhere to high ethical standards of conduct, as described in the ADA Principles of Ethics and Code of Professional Conduct.

You may want to call or visit more than one dentist before making your decision. Dental care is a very personalized service that requires a good relationship between the dentist and the patient, so you'll want to make sure you find the best fit for you. 

DENTAL DENIAL

Have you ever asked a question, only to discover several differing—and contradicting—answers? When it comes to your oral health, misconceptions can also be all too common. But if taken as sound advice, some of these can jeopardize your oral and overall health, since the two are closely related. That's why the Massachusetts Dental Society (MDS) wants to make sure that you are not in "dental denial" about issues related to your oral health.

Misconception: Smokeless tobacco is safer than cigarettes.

This is one common oral health misconception with deadly consequences. It's a well-known fact that cigarette smoking is bad for your health. In fact, cigarette manufacturers have been required by law since 1965 to include a statement on each package that cigarette smoking may be hazardous to your health. People may think that smokeless tobacco is safer than smoking tobacco, but they would be wrong.

Also known as spit, snuff, or chewing tobacco, smokeless tobacco is *not* a safe alternative to smoking. In fact, according to the National Spit Tobacco Education Program, the nicotine content in a can of smokeless tobacco is approximately 144 milligrams, which is equal to about 80 cigarettes. In other words, one can of smokeless tobacco is equal to four packs of cigarettes. Smokeless tobacco is absorbed quickly and directly through the inside of the mouth, making it very dangerous.

According to the American Heart Association, smokeless tobacco has been directly linked to cancer of the mouth, pharynx (throat), and larynx (voice box). It can also cause cancer of the esophagus, as well as gum disease and tooth loss. Research has shown that more than half of all smokeless tobacco users have noncancerous or precancerous lesions in their mouth, with the chance of their getting oral cancer 400 percent greater than for nonusers.



But don't take it from us. When it comes to smokeless tobacco, look no further than the package. In October 1986, the Federal Trade Commission issued regulations that require smokeless tobacco packages to feature the following warning labels, rotated on a quarterly basis:

WARNING: THIS PRODUCT MAY CAUSE MOUTH CANCER.

WARNING: THIS PRODUCT MAY CAUSE GUM DISEASE AND TOOTH LOSS.

WARNING: THIS PRODUCT IS NOT A SAFE ALTERNATIVE TO CIGARETTES.

For more information on oral cancer and smokeless tobacco, contact the Massachusetts Dental Society at **(800) 342-8747** or visit **www.massdental.org**.

One Time It's Good to Be a Quitter

The third Thursday in November is designated as the American Cancer Society's Great American Smokeout, and there's no reason that smokeless tobacco users can't join in. So on November 19, 2009, kick that smokeless tobacco can to the curb and give your health a chance. Better yet, why wait for November? Why not start now? For more information on overcoming a nicotine addiction, visit the Web sites of the American Heart Association (www.americanheart.org) or the American Cancer Society (www.cancer.org), or call **(800) QUIT-NOW**, a free service from the U.S. Department of Health and Human Services to help people stop using tobacco. Also, the Massachusetts Department of Public Health has a Web site (www.trytostop.org) devoted to making smoking history.



A Healthy Mouth Starts with Good Vision



Oral Health/
Overall Health

Access to
Care

Prevention

Imagine a world where:

- Everyone recognizes the importance of good oral health as it relates to total health and well-being.
- Every adult and child in Massachusetts has access to oral health services regardless of ability to pay.
- Every child has at least one comprehensive dental exam prior to entering school and where no child ever has to suffer in silence from tooth pain because he or she can't afford treatment.
- Thousands of dentists participate in the state's MassHealth Program, providing care to underserved populations; more dentists choose to work in community health centers; and dental students practice in these settings while in school or as part of a loan repayment or tuition reimbursement program after graduation.
- Retired dentists can voluntarily donate the same services they provided when they were in active practice.
- The death rate for oral cancer declines dramatically through public education about risk factors and by early detection, and anti-tobacco funds are utilized to discourage not just the use of cigarettes, but also the use of smokeless tobacco.
- Community water fluoridation is available in every city and town in Massachusetts that can have access to it.
- Soda and sugary snacks are no longer accessible to students through vending machines in schools.
- Mouthguards are required protection for every child participating in any contact sport, thus preventing thousands of injuries and saving families hundreds of thousands of dollars in dental costs.


The Massachusetts Dental Society (MDS) imagines such a world, and that's why we have spent more than a year developing the **Call to ACTION**, a comprehensive vision plan to improve the oral health of all residents in the Commonwealth by the year 2013.

The **Call to ACTION**, which was officially released in February, focuses on three targeted goals: Oral Health/Overall Health, Access to Care, and Prevention. Specific objectives are described within each goal.

The Oral Health/Overall Health Goal looks at the importance of a healthy mouth in relation to a healthy body, and includes an objective requiring every child entering school for the first time to have a dental examination performed by a dentist. The MDS filed a bill—An Act Relative to Pupil Dental Health—regarding this objective in the state legislature earlier this year as part of its legislative agenda.

The Access to Care Goal addresses the need for all Massachusetts residents to have access to dental care. Objectives of this goal include: increasing the number of dentists participating in the MassHealth dental program, which the MDS has been successfully striving to do for more than a year; enhancing the state's oral health structure; increasing the capacity of community health centers; and filing and working to enact the Volunteer Dental License Bill, creating opportunities for retired dentists to provide care to underserved populations.

The Prevention Goal seeks to educate the public and legislators on the importance of preventive measures to avoid future oral health problems, such as tooth decay and orofacial injuries. Objectives of this goal include: supporting community water fluoridation; filing legislation requiring students at all levels of school to wear mouthguards in contact sports; funding anti-smokeless tobacco education initiatives; and supporting legislation to ban the sale of soda, fruit juices, sports drinks, and sugary snacks from school vending machines.

Just as the obstacles to good oral health for all Massachusetts residents didn't surface overnight, the solutions won't come immediately. And the MDS needs the support and partnership of a wide range of groups and concerned citizens to work collaboratively in finding practical and meaningful ways to address these issues. With the **Call to ACTION**, it's the MDS's hope that we will have constructed a solid foundation on which together we can build a strong oral health care system that can be sustained for many years to come. 



For more information or to request a copy of the **Call to ACTION**, please call **(888) MDS-2013** or visit **www.massdental.org/calltoaction**.



An Inconvenient Tooth

Supernumerary teeth exceed the typical 32 teeth in a person's mouth.

It's a common problem in many aspects of life—lack of space, the trouble and inconvenience of how to fit what where. In dentistry, proper spacing of teeth may be an aesthetic issue, but it can also be a factor in one's oral health. Selective extractions—notably and commonly of wisdom teeth—along with orthodontics are well-known approaches to correcting simple spacing problems in an otherwise normal set of teeth, allowing room in the mouth for each tooth to grow healthy and straight. However, some dental spacing issues grow into more than mere inconveniences and beyond the scope of standard procedures. For those affected by a condition known as supernumerary teeth, this may be all too clear.


The ideal mouth contains 32 teeth: 16 uppers and 16 lowers. But, as the name implies, supernumerary teeth exceed the typical number, potentially appearing at any position in the dental arch. A supernumerary tooth may appear as a primary (baby) tooth, but more commonly develops later, as part of the permanent set. Affecting approximately 2 percent of the population, supernumerary teeth occur twice as often in men as in women and most often as anterior, or frontal, teeth.

As one might expect, the presence of supernumerary teeth often leads to problems with the eruption and spacing of normal permanent teeth, at times causing crowding and displacement. Extraction of the supernumerary tooth is recommended in these cases, but if the dental arch can accommodate the extra tooth, and the development of regular teeth is not impeded, removal may not be necessary.

Supernumerary teeth fall into two general categories—supplemental and rudimentary. Supplemental supernumerary teeth resemble normal teeth, and are in addition to the regular, 32-tooth series. Rudimentary supernumerary teeth usually appear underdeveloped and small, and are often pointed or cone-shaped.

The exact cause of supernumerary teeth is still subject to debate, but some theories include:

- Hyperactivity of the dental lamina, which causes an overabundance of tooth development
- Splitting of the tooth bud, which creates extra tooth development from the resulting buds
- Atavism, which is a regression to the dental forms of earlier stages in human evolution

Whatever the root cause, identifying and locating supernumerary teeth is very important to an individual's oral health. Generally, the emergence of a supernumerary tooth can be discovered through clinical examination by a dentist and standard X-rays. Once identified, the dentist and patient can decide on the best approach to take with this potentially "inconvenient tooth." 

For more information on supernumerary teeth or your oral health, please contact the Massachusetts Dental Society at (800) 342-8747 or visit www.massdental.org.





Baby Talk

As a rule, babies are pretty needy creatures. They can't walk, they can't talk, and they can't dress, clean, or feed themselves. So, as a parent, you take on the responsibility of ensuring that your infant's needs are met. You make sure she gets the proper nutrition necessary to grow. You take him to the doctor's office for checkups. And just because he or she may not have a full set of teeth yet doesn't mean that your baby's oral health should be overlooked. The Massachusetts Dental Society (MDS) wants to remind you to consider your baby's oral health needs, too, because taking care of your infant's teeth is not just "baby talk."

Generally, a baby's four front teeth begin to appear between the ages of six months to one year. The remainder of primary, or baby, teeth will erupt usually in pairs on each side of the jaw, until the child is approximately 3 years old. Most children have a full set of primary teeth by age 3 and will keep those teeth until

age 5 or 6, when they begin to loosen and fall out, according to the Academy of General Dentistry (AGD).

While your infant's mouth may be toothless, you still need to make sure he or she gets the proper oral care. Begin oral health care as soon as you bring your baby home from the hospital by cleaning his or her gums with a clean gauze pad or washcloth after each feeding. The MDS recommends that as soon as the first tooth appears, parents begin brushing baby teeth with a soft-bristled toothbrush and a small amount of water. Unless your child's dentist advises it, do not begin using a fluoridated toothpaste until the age of 2, and then use only a pea-sized amount. Children should be taught to spit out toothpaste and rinse with water after brushing. Flossing should begin as soon as any two teeth touch. Parents should assist their children until they are old enough to brush and floss on their own—usually by age 6 or 7.

As your child's baby teeth begin to erupt, he or she will most likely experience painful gums and oral discomfort—"teething." Signs that teething is causing your infant discomfort include crankiness, appetite loss,

excessive drooling, pink or red cheeks, coughing, or increased chewing or

sucking of fingers and/or toys, says the AGD. When your child experiences discomfort from teething, there are some things you can do to help alleviate the pain. Giving your baby a cold, wet cloth to suck on can soothe painful gums. Many stores carry teething accessories or toys that are designed specifically to help relieve the pressure that comes from teething, such as water-filled plastic devices that can be frozen.

Primary teeth are just as important as adult, or secondary, teeth because they help children with biting, chewing, and speaking, and even help give the face its shape and form, says the American Dental Association. Early tooth loss from dental decay can have a serious impact on your child's self-esteem and self-confidence.

Teach your child from an early age the importance of eating a healthy diet, along with practicing routine oral hygiene, to maintain healthy teeth and gums for a lifetime of smiles. **o**



For more information on your baby's oral health, contact the Massachusetts Dental Society at (800) 342-8747, or visit www.massdental.org.



Smile Safety Tips for Summer Swimmers

Now that the dog days of summer are in full swing, many children and adults alike look to cool off in a nearby pool to beat the heat. Before they dive in, swimmers should be aware that excessive exposure to chlorinated water and pool-related oral injuries might hurt their teeth, as well as their summer fun, according to the Massachusetts Dental Society (MDS).

Excessive exposure of the tooth enamel to chlorine, a chemical added to disinfect pools, may cause brownish discolorations, primarily on the front teeth. These discolorations are due to chemical additives in the chlorine, such as antimicrobials, which give the water a higher pH than saliva, causing salivary proteins to break down quickly and form organic deposits on the swimmer's teeth, according to the Academy of General Dentistry (AGD). Swimmers—especially those who are in the pool for more than six hours a week—can avoid this staining by brushing their teeth immediately after swimming. Swimmers can also have regular cleanings and whiten their teeth to keep the staining under control. But this isn't just a summertime concern. Since chlorine is added to indoor pools, such as those found at hotels and YMCAs, year-round swimmers will want to adopt these post-swimming oral care habits to keep their pearly whites sparkling.

While it sure is fun to frolic poolside on a hot summer day, dental and mouth injuries as a result of accidents near the pool are all too common. Those "No Running" and "No Diving" signs posted on the fence at your local pool may seem like a killjoy, but they're there for good reason, because swimming pool accidents are the number one cause of dental emergencies during the summer, according to the AGD. The hard cement and ceramic surfaces around the pool ledge are oftentimes wet and slippery, and one can easily lose his or her footing and crash face-first into the concrete or a chair, damaging teeth in the process.

Swimmers (and sunbathers) should be careful not to run near the pool, to wear appropriate footwear to avoid slipping on wet surfaces, and to be very cautious when jumping and diving. It's also important to look before you leap, so know where you are before diving in. Many accidents occur when swimmers misjudge dives into too-shallow water and hit the pool bottom, or pull up too close to the edge of the pool, hitting their face and/or loosening their front teeth.

Whether swimming or playing in or around the pool, everyone should be aware of their surroundings. Exercising caution around pools this summer (and year-round) is a must for avoiding any type of injury. The MDS wants you to have fun this summer, but we also want you to have a healthy, pain-free mouth. **o**

For more information on your oral health, contact the Massachusetts Dental Society at (800) 342-8747 or visit www.massdental.org.





Survey Says

True or False ?

A little bleeding from brushing is normal.

True or False ?

Poor oral health can cause serious health conditions, such as stroke, heart disease, and diabetes.



For more information on your oral health, contact the Massachusetts Dental Society at **(800) 342-8747** or visit www.massdental.org.

How important is your oral health to you?

If you're like the 80 percent of respondents in a recent survey conducted by the American Dental Association (ADA) and Crest and Oral-B, you believe that taking care of your mouth, teeth, and gums is absolutely necessary. Surprisingly though, only one-third (33 percent) of respondents believe they take "excellent" care of their oral health. So, when it comes to comparing your oral health to that of other Americans, do you talk the talk or walk the walk?

The survey of 1,000 Americans ages 18 and older focused on the public's perceptions of their oral health; Americans' knowledge of effective and essential oral health care habits; oral health habits among young Americans; and the psychological benefits of a healthy smile.

Some of the results are very telling. For instance, more than half (55 percent) of respondents agreed that the smile is a person's most important physical attribute, but more than one-third did not realize that a beautiful smile is not always a healthy smile and can in fact mask underlying problems. Thirty-three percent of those surveyed thought that a little bleeding from brushing is normal, when actually it is not and could be a sign of periodontal disease. One in three (33 percent) were unaware that periodontal disease needs to be treated because it will not go away on its own. And 37 percent didn't know that poor oral health has been associated with other serious overall health conditions such as stroke, heart disease, and diabetes.

There's More to a Smile Than You Think

Survey participants realized that a healthy smile is not only essential to overall physical health, but it can also affect self-esteem and success in life. Only one in three (37 percent) said that they were completely happy with their own smile, while nearly one in five said that they avoid having their picture taken because they are self-conscious about their smile. Additionally, while many feel that a smile is the most attractive feature in another person, the majority (73 percent) are adamant that no matter how nice a person's smile is, yellowed teeth ruin the effect.

When it comes to oral health habits, the survey found that men and women differ in their attitudes toward their oral health. According to the results, 86 percent of women brush their teeth twice or more a day, while only 66 percent of men do so. However, the avoidance of flossing knows no gender lines: Only 49 percent of those surveyed said they floss their teeth one or more times a day, and 10 percent said they never floss at all. Regular brushing (at least twice a day) with a fluoride toothpaste and daily flossing are the two best ways to maintain good oral health, which means that according to this survey, more Americans need to step up their game.

So, WORD OF MOUTH readers, where do you rate your oral health? If you follow the oral health tips you see regularly in this publication or on the MDS Web site, you should be well above average. **o**

TOOTH "PICKS"

Bacon-Flavored Floss?

For a few years now, toothpaste manufacturers have been expanding their product lines beyond the old standby mint toothpaste to include a variety of flavors—citrus, berry, grape, and bubblegum, to name a few—all in the interest of encouraging children and adults to brush their teeth more. So it may not be too much of a stretch to find flavored dental floss on the market. But several new gag gifts are being marketed as dental floss products that you may want to avoid.

A line of floss can now be found online in flavors such as bacon and cupcake frosting. While these fun flavors may encourage you to floss more often, be warned that neither contains fluoride, the cavity-fighting ingredient found in many dental flosses manufactured by oral health care companies.



Don't Get Diver's Mouth

Do you scuba? If so, you may want to see your dentist first because this sport can lead to jaw joint and/or tooth pain and gum tissue problems. "Diver's mouth syndrome" is a condition that is caused by the mouthpiece and the air pressure change involved in scuba diving, according to the Academy of General Dentistry. Divers may be initially unaware of the discomfort in their mouths that is caused by an ill-fitting mouthpiece, but when they finish their dive, they may notice jaw joint pain or gum lacerations.

"Cankering" for Some Licorice?

Canker sores can be uncomfortable and unsightly, but an unlikely root plant may provide relief. A study published last fall in *General Dentistry* reported that licorice-laced adhesive patches given to 23 adults suffering from canker sores led to a faster recovery. Seven days after application, sores grew significantly smaller and less painful, while study members who'd received no treatment saw their sores increase by 13 percent. It's believed that stress and hormonal changes often cause canker sores, and licorice helps to knit the tissue back together and heal the sore. Keep in mind that the licorice used in this study was in its more natural state, not the red twisty sticks you find at the movie theater. Glycyrrhizin, one of the main components found in licorice, is believed to contribute to the herb's healing properties. Laboratory studies have reported that glycyrrhizin reduces inflammation, according to the University of Maryland Medical Center.

Chew Smart

WORD OF MOUTH has previously touted the oral health benefits of chewing gum. In a nutshell, the act of chewing produces saliva, which helps wash away harmful bacteria on the teeth. But a 2008 Australian study hypothesizes that chewing gum has other health benefits as well, including relief from stress and anxiety and an increase in alertness. The study's gum chewers showed a reduction in anxiety compared to non-gum chewers by nearly 17 percent during mild stress and 10 percent during moderate stress, while 19 percent showed improvement in alertness over non-gum chewers. Just remember to chew sugar-free gum or gum containing xylitol, a natural sweetener that has been shown to dramatically reduce cavities.

Another Reason to Go "Green"

The health benefits of drinking green tea have long been promoted. Its health benefits have been linked to weight loss, heart health, and cancer prevention. And a recent study in the *Journal of Periodontology* indicates that the tasty beverage may help promote healthy teeth and gums, as well. Researchers analyzed the periodontal (gum) health of 940 men and found that those who regularly drank green tea had superior periodontal health to subjects who consumed less. The study's authors believe that the secret weapon is the presence of an antioxidant called catechin. Antioxidants have been shown to reduce inflammation in the body, and it is suggested that by interfering with the body's inflammatory response to periodontal bacteria, green tea may actually help promote periodontal health.

For Whiter Teeth, Stop "Wine-ing"

All you oenophiles out there may already know that drinking red wine can increase your risk for stained teeth. But is switching to white wine keeping your whites any pearlier? Not necessarily, according to a recent study by New York University College of Dentistry researchers. The study used two sets of cow's teeth, whose surface closely resembles human teeth, soaking each for one hour in either water or white wine and then immersing them in black tea. Researchers found that the teeth soaked in white wine for one hour, which the researchers say is similar to the effect of sipping white wine with dinner, had significantly darker stains than the teeth soaked in water before exposure to the tea. The acids in wine create rough spots and grooves, which allow the chemicals in other beverages, such as coffee or tea, to penetrate deeper into the surface of the tooth.



Red, white, or whitening?