

YOUR ORAL HEALTH

FALL | WINTER 2015-16

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Shaking the Added Sugar Habit

Making Healthy
Food Choices

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The latest on
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5 TIPS FOR A FABULOUS HOLIDAY SMILE

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Your medications
may be to blame



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Welcome from Dr. Deborah Saunders, Editor-in-Chief

The Ontario Dental Association (ODA) recently conducted a survey called *The Future of Dentistry*. We reached out to Ontario patients to ask their thoughts about communication with their dentists and their oral health-care teams. It is interesting to me, as a dentist, to read that while all age groups prefer oral health-care information to be available in pamphlets (and in *Your Oral Health.ca Magazine*) in their dentist's office, the second preferred format was — of course — the Internet. But of even more interest to my colleagues and me was that younger patients prefer, above all, to have a conversation with their dentist.



Enhanced communication with patients is one of the key principles of good oral health care, and it is also one of the reasons we decided to launch *Your Oral Health.ca Magazine* four years ago. While it will never replace the one-to-one conversations that you have with your dentist, this resource, as well as information on the ODA's website, youroralhealth.ca, are trusted, reliable sources to give you the information you need to take care of your oral health. We also provide information on everyday topics related to oral health care in the form of Patient Fact Sheets, which you can read online and download.

In this issue of *Your Oral Health.ca Magazine*, we are including information on tobacco cessation in one of our Patient Fact Sheets, along with our article on e-cigarettes ("To Vape or Not to Vape?" on page 14). At first glance, you might not think of your dentist when you think about smoking or vaping, but these behaviours can contribute to oral diseases and oral cancer. Dentists work with patients to detect these diseases — as your mouth doctors, we are concerned about your oral and your overall health.

Our *Your Oral Health.ca Magazine* Advisory Panel is made up of our ODA member-dentists, and all of our content is reviewed by them and based on trusted research. We try to answer questions that you, our patients, ask us. If you have questions or concerns about oral health topics that you want us to address, please let us know. As always, we hope to bring you a magazine that you find useful and informative. We publish this magazine for you, our patients, and want to hear your thoughts and ideas. Please email us at yoh@oda.ca, and enjoy this issue of *Your Oral Health.ca Magazine*.

A handwritten signature in black ink that reads "DEBORAH SAUNDERS".

For information about a variety of oral health-care topics, please visit our public website at youroralhealth.ca. You will also find Patient Fact Sheets, brochures and posters that you can download and recent issues of *Your Oral Health.ca Magazine*.

Our Contributors



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Mission of the Ontario Dental Association

At the Ontario Dental Association we provide innovative and inspired leadership to deliver exceptional value by:

- Promoting the highest standards of dental care and supporting our diverse membership in their pursuit of professional excellence and personal fulfillment;
- Fostering a collaborative workplace environment which promotes creativity and personal growth while celebrating achievements; and
- Advocating with a unified voice for accessible and sustainable optimal oral health for all Ontarians.

What's Inside

5 How Sweet It is... or is it?

The dangers of added sugar.

Julia Aitken

8 Dental Emergencies

Would you know what to do?

Bonnie Dean

10 Dental Specialties

Profile of a Pediatric Dentist: Dr. Sara Werb

Jennifer D. Foster

12 5 Ways to a Fabulous Smile

How to keep your pearly whites looking their best during the holidays.

Melissa Harripersad

14 To Vape or Not to Vape?

Everything parents need to know about e-cigarettes.

Cheryl Embrett

16 Feeling Parched?

Dry mouth may be caused by your medications.

Cheryl Embrett

18 Cracking Up

When a cracked tooth becomes a problem.

Jane Doucet

20 Patient Fact Sheet Common Dental Procedures

Crowns, root canals and more.

21 Patient Fact Sheet

Tobacco Use:

Questions & Concerns

How to quit smoking today.

22 Kids' Zone

Puzzles, jokes and a crossword.



18



How
Sweet
It Is...

OR IS IT?

Dentists and the World Health Organization agree that the last thing we need is to add more sugar to our diets

By Julia Aitken

In early 2014, health experts from around the world formed a group called Action on Sugar to help the public become more sugar-aware and avoid products full of hidden sugars in order to “tackle and reverse the obesity and diabetes epidemic.” On the group’s website, one of the founders, Simon Capewell, professor of clinical epidemiology at the University of Liverpool, U.K., calls added sugar “the new tobacco” when describing its damaging effects on health.





Seriously Supersized

Remember when your parents or grandparents told you to eat everything on your plate? So why weren't we all obese? It might be, in part, because, we're eating more.

According to the *Journal of the American Dietetic Association*, fast-food restaurants in 1955 offered pop in only a one-size-fits-all seven-ounce portion. Now, the largest size at some Canadian fast-food joints brims over at almost 25 ounces.

And the sugar in those drinks? Drink every drop of a regular pop back in 1955 and you'd be consuming about seven teaspoons of sugar. A supersized pop today contains about 20 teaspoons of sugar!



SUGAR SHOWDOWN

Added sugar can tiptoe into our diets without us realizing it. We asked EatRight Ontario's Rita Barbieri, a registered dietitian, for some equally sneaky ways to shut it out:

- You can't eat what's not in your kitchen, so give your supermarket's cookie and pop aisles a pass.
- Choose snacks that pack a punch of protein and/or whole-grain carbs that leave you feeling satisfied and full: hummus and veggies, plain yogurt with fresh fruit added, a small bowl of high-fibre cereal and low-fat milk or a small handful of mixed unsalted nuts are all good choices.
- Discuss healthy food options with your children and talk about why some foods are not good choices.

Is added sugar really this scary? Dr. Jack McLister, ODA President-Elect, thinks so. “This is not fear-mongering because increased sugar intake is a major contributing factor in childhood obesity and type 2 diabetes in adults.”

According to Stats Canada’s 2004 *Canadian Community Health Survey — Nutrition* (these are the latest figures available), the average Canadian consumes about 26 teaspoons of sugar per day. While that total includes all our daily sugar — the naturally occurring sugars in fruits, vegetables and dairy products, as well as the added sugar from sweetened processed foods, candy, cookies, pop and that teaspoonful we sneak into our morning mug of java — it’s still a heaping bowlful.

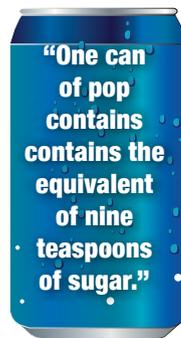
What’s all that sweet stuff doing to us? And, more specifically, what’s it doing to our teeth? “I see a greater incidence of cavities and swollen gums in patients who have a higher concentration of sugar in their diets,” says ODA Vice-President Dr. LouAnn Visconti. And the trouble doesn’t stop there.

A recent study by scientists in the U.K., published in the *British Medical Journal* in July 2015, showed that consuming sugar-sweetened drinks increases a person’s likelihood of developing type 2 diabetes. And people with diabetes, explains Dr. Visconti, a specialist in orthodontics who practises in Timmins, “are more prone to infections, like gum disease. Also, high blood sugar levels increase the risk of tooth decay, fungal infections and dry mouth.”

It’s not just dentists who are urging us to kick the sugar habit. Earlier this year, the World Health Organization published guidelines recommending that adults and children worldwide limit the added sugar in their diets to less than 10 percent — or, better still, five percent — of their total daily energy intake.



Based on a 2,000-calorie-per-day diet — Health Canada’s recommendation for a 10-year-old male with a low activity level — five percent of calories from added sugar translates to 25 grams of sugar or less than six teaspoons per day.



Dr. McLister, Assistant Clinical Professor at Schulich Dentistry in London, puts this neatly into perspective: “One can of pop contains the equivalent of nine teaspoons of sugar, while one tablespoon of ketchup contains one teaspoon of sugar.”

But here’s where sugar can get confusing. We know that candy, cakes, pop and processed foods — all stuffed with added sugar in its various forms — are bad for us, but fresh fruit and milk contain sugars. Do we avoid those, too?

Definitely not, says Rita Barbieri, a registered dietitian with EatRight Ontario. “Naturally occurring sugar — in fruit, milk and some vegetables — is a beneficial source of carbohydrate,” Barbieri explains. “These foods con-

tain natural sugars, along with other key nutrients. For instance, as well as lactose — its natural sugar — milk provides protein, vitamins A and D, zinc, calcium and other nutrients. Fruits and vegetables come with fibre, antioxidants and various vitamins and minerals, depending on the variety.”

To make things sweetly simple, try shopping around the edges of the supermarket during your next trip, avoiding the processed and packaged foods in the centre aisles. That way, you’ll load up on fresh fruits and vegetables, dairy products, lean meat and fish, and you’ll be well on your way to avoiding added sugars. ■

Need More Info?

If you have questions on healthy eating and nutrition, visit the EatRight Ontario website at eatrightontario.ca or call 1-877-510-5102.

EatRight Ontario is a confidential phone service — open to all residents of Ontario — where callers can speak to a registered dietitian for free. The service is offered Monday to Friday, 9 am to 5 pm, and extended on Tuesdays and Thursdays until 9 pm.



Dental EMERGENCIES

Would you know what to do?

By Bonnie Dean

Accidents can happen to children

anytime and anywhere. Falling off a skateboard, getting hit in the face with a baseball or even just biting into a hard candy can cause chipped or cracked teeth or even cause teeth to fall out. Knowing what to do when a dental emergency occurs can mean the difference between saving a child's teeth and serious damage to their smile and their health.

"Early access to dental care can really affect the outcome," says Dr. Victor Kutcher, President of the ODA and a periodontist who practises in Hamilton. "Get to a dentist as soon as you can to prevent infection and increase the chances of saving the tooth."

Be sure you're prepared *before* an accident happens. While dentists will accommodate patients with dental emergencies during office hours, talk to your dentist about where to go for after-hours emergency care. Your dentist will provide you with an alternative phone number or the location of an emergency dental clinic in your area. Have this information readily available: post it on your refrigerator or store the number in your cell phone.

Here are some tips for dealing with common childhood dental emergencies.

What to do if a baby tooth is knocked out

Contact your dentist as soon as possible. If there is bleeding, rinse the mouth with water and place gauze in the opening. You can also apply a cold compress on the outside of the mouth to reduce swelling. Keep

the child calm instead of looking for the tooth; baby teeth can never be replanted. Never try to reinsert the tooth into the opening as you may damage the permanent teeth growing underneath.

What to do if a permanent tooth is knocked out

Find the tooth. Rinse it gently in cool water; do not scrub it or try to clean it with soap. If possible, gently place the tooth in the socket and hold it there with clean gauze or a washcloth. If the tooth does not fit in the socket, or if you think the child may swallow the tooth, place it in a container of milk. Ensure the child receives dental care immediately.



What to do if a tooth is chipped, cracked or broken

If your child's mouth is bleeding or in pain, contact the dentist

immediately. Fast action can save the tooth, prevent infection and reduce the need for extensive dental treatment. Rinse the mouth with water and apply a cold compress to reduce swelling. Bring the broken tooth fragment to the dentist, if you can find it.

Many dental emergencies can be prevented. According to the American Academy of Pediatric Dentistry, sports accidents reportedly account for 10 to 39 percent of all dental injuries in children. Any sport or activity with a strong chance for contact with other participants or hard surfaces requires mouth protection. Players who participate in basketball, baseball, soccer, wrestling, squash, racquetball, lacrosse, rugby, in-line skating and martial arts, or even recreational sports such as skateboarding and bicycling, should wear mouthguards when practising or competing. Talk to your dentist about the type of mouth protection that is right for your child. ■



DENTAL SPECIALTIES



Who are the dentists on your oral health-care team?

PROFILE OF A **PEDIATRIC DENTIST**

Dr. Sara Werb

By Jennifer D. Foster

If the dental care you need or want calls for extra training, you and your dentist may be more comfortable if you see a dental specialist. There are 10 recognized dental specialties in Ontario.

In this issue we talk to Dr. Sara Werb, a pediatric dentist working in a private practice in Toronto since 2007. Dr. Werb is an active member of the North Toronto Dental Society, the Canadian Academy of Pediatric Dentistry and the Ontario Society of Paediatric Dentists, among others.

Did you know?

The term **pediatric** stems from the Greek words *pais/paid*, meaning child, and *iatros*, which means doctor/healer.



Q: What does a pediatric dentist do, and why did you decide to become one?

Dr. Werb: A pediatric dentist is a specialist in the field of dentistry dealing particularly with the oral health care of children from infancy through to the teenage years, treating a wide variety of children's dental problems. They are trained and eligible to obtain sedation licences. They are also trained and qualified to care for patients with medical, physical or mental disabilities.

I was a teacher before I went to dental school. I always enjoyed working with children, so in the back of my mind I thought I might want to specialize. The first day I stepped in the pediatric clinic in dental school, I knew this is what I wanted to do.

Q: What additional education is required to become a pediatric dentist?

Dr. Werb: In order to become a pediatric dentist in Ontario, you must first complete a general dentist degree, then two or three years of post-graduate training in pediatric dentistry. The candidate must pass an exam before being licensed as a pediatric dental specialist. I went to the University of Toronto for my dental degree, then did my pediatric dentistry specialty training at the Jacobi Medical Center in the Bronx, New York. I then returned to Toronto and passed my fellowship exams from The Royal College of Dentists of Canada.

To read the profiles of Dr. Simone Seltzer, an endodontist in Toronto, in our Spring/Summer 2015 issue of *Your Oral Health.ca Magazine*, Dr. LouAnn Visconti, an orthodontist in Timmins, in our Fall/Winter 2014-15 issue, and Dr. Lesli Hapak, a periodontist in Windsor, in our Spring/Summer 2014 issue, visit our website at youroralhealth.ca.

Q: What is a typical day for you?

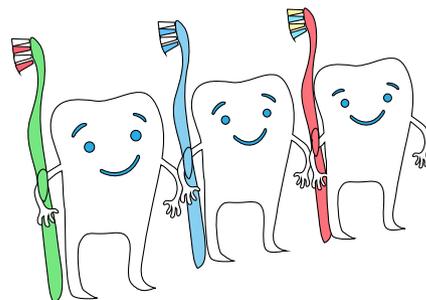
Dr. Werb: A typical morning will consist of treating sedated patients and performing fillings, root canals and extractions on those patients. The rest of the day usually consists of performing fillings, root canals and extraction on patients who don't need sedation, cleaning teeth, doing checkups to make sure my patients are taking care of their teeth, performing new patient examinations and discussing with parents the treatment options for their children. All patients and parents get oral hygiene education. Of course, there usually is an emergency such as someone falling at school, at the park or at home. Some of my patients get all of their dental care in my office, while some see a general dentist for their checkups and cleanings, only coming to see me if they need work done.

Q: Do you have a memorable case you can share with us?

Dr. Werb: My most memorable case was a patient who wouldn't even walk into the office. I had to do his oral exam in the parking lot. I had to sedate him in the hallway for the first treatment I did on him. Eventually, over the course of a few years, I gained his trust, and now he has typical dental appointments.

Q: What is the best part of your job? The most difficult?

Dr. Werb: The best part is a tie between when a child overcomes his or her fears of dentistry and is able to have a regular checkup appointment without sedation, and when a family really starts working on their oral health and they make the "Cavity-Free" wall. The most difficult is when a child comes in with infected teeth, and his or her family doesn't think the child needs treatment because the "baby teeth will eventually fall out." That infection can spread to other teeth and, even worse, the body, and some children don't lose their last baby tooth until the age of 14.



Q: What kind of person do you think it takes to be a pediatric dentist?

Dr. Werb: Someone who enjoys working with children and who understands that each child is going to be different and require different approaches, and someone who is interested in education and likes to teach parents and children how to care for their teeth. ■

Visit youroralhealth.ca

for more information about the various dental specialties.





5 WAYS TO A FABULOUS SMILE

Here's how to keep your pearly whites looking their best during the festive season

By Melissa Harripersad

With the holidays just around the corner, now is the perfect time to toss out bad oral health habits and take new steps to rejuvenate your smile. Get your oral health-care routine ready for the food, the parties and the selfies of the yuletide season with these five tips.

1 Replace that old, frayed toothbrush. Give yourself the gift of continued oral health with a brand-new toothbrush. The ODA suggests that you get a new toothbrush every three to four months, when it becomes worn or after an illness. Rinse your toothbrush and store it upright to air-dry, preventing bacteria from accumulating on the bristles.

2 Reduce sugary snacks and acidic beverages. The holidays can be a time of overindulgence for many of us when it comes to delectable desserts and fancy cocktails, but these types of foods and drinks, in excess, can damage your teeth. “I can always tell when patients have a diet high in acidic foods or beverages, like juices and some soft drinks, by the look of their teeth,” says Dr. Gerald Smith, ODA Past President and a dentist in Thunder Bay. “Acidic drinks and foods can erode your teeth’s enamel and also make them more susceptible to decay.” Holiday treats are also high in sugar, and sugary snacks can cause cavities and harm your overall health. The ODA suggests healthier alternatives such as fruits and vegetables, like apples and celery, which are low in acid and good for your gums. Finishing your meal with dairy products, such as cheese and milk, will help stimulate your mouth’s production of saliva and help keep your teeth clean.

3 Try your best to avoid stress. Between planning parties and attending them, the holidays can bring on stress. “While stress can cause high blood pressure and heart problems, many people don’t realize the negative effect stress has on their mouths,” says Dr. Victor Kutcher, President of the ODA and a periodontist in Hamilton. “One common stress-related symptom that I’ve seen in my patients is the grinding of teeth, also called bruxism.” According to the ODA, bruxism can lead to worn tooth surfaces, receding gums or, in some cases, fractured and loose teeth. “Stress can also deplete your immune system,” says Dr. Kutcher, “increasing your susceptibility to infections, including the bacteria that cause gum disease.” To destress, the ODA suggests relaxation, eating a balanced diet and getting plenty of sleep.

4 Brush your teeth at least twice a day and floss daily to help fight tooth decay. Fresh breath is a courtesy when mingling with guests or greeting family members. While the causes of bad breath vary, brushing and flossing your teeth regularly are great ways to stay on top of your oral health this holiday season. According to the ODA, regular brushing is a crucial step in preventing tooth decay and gum disease because it removes bacteria and plaque, which build up just minutes after eating. Ideally, you should brush after every meal. Whether you’re travelling over the holidays or entertaining at home, be sure to continue your oral health-care routine to combat tooth decay and gum disease.

5 Visit your dentist. While your own personal oral hygiene routine is important, including regular brushing and flossing, visits to the dentist are also key to maintaining optimal oral health and a healthy smile. “Visiting your dentist regularly can help your dentist spot oral problems early on,” says Dr. Smith. The ODA recommends a dental exam and a cleaning at least every six months or as needed, based on your personal oral health. “Remember that if you smoke, have a history of gum disease or have diabetes or heart disease, you should see your dentist more often,” says Dr. Smith. ■





To Vape or Not to Vape?

More and more young people are trying e-cigarettes. But how do they work? Are they really safer than regular cigarettes? Here's what parents need to know.

By Cheryl Embrett



When my 14-year-old announced that one of her friends was smoking, I was shocked. This was a kid who had always told me cigarettes were “disgusting.” My daughter was quick to reassure me “they’re not real cigarettes. They’re e-cigarettes, and they’re a lot safer.”

I didn’t know much about e-cigs, as they’re called, before I had this conversation with my daughter. But if they were on her radar, I figured, as a parent, they should be on mine, too. Here’s what I learned after talking to the experts.

What, exactly, are e-cigarettes?

E-cigs mimic the look of an ordinary cigarette in their appearance and how they’re used, but instead of inhaling smoke from burning tobacco, users inhale an electronically vaporized solution (hence the term “vaping”). The vapour typically contains three main ingredients: nicotine, a flavouring of some kind and propylene glycol. However, ingredients can vary, and not all devices contain nic-

otine. While e-cigs without nicotine are legal in Canada, e-cigs preloaded with nicotine are illegal, but the regulation is not well-enforced.

What’s the attraction for teens?

“Adolescents and kids are naturally curious and will try almost anything once,” says Dr. Peter Selby, Chief of the Addictions Division at the Centre for Addiction and Mental Health in Toronto. And teens consider vaping a cooler and less dangerous alternative than smoking. The fact that e-cigs are available in kid-friendly flavours adds to their appeal. “When you get into cotton candy and tutti-frutti, you know these flavours aren’t being marketed to a 34-year-old,” says Dr. Deborah Saunders, Medical Director of the Dental Oncology Program at Northeast Cancer Centre in Sudbury. However, the Ontario government has passed a law to ban e-cigs wherever smoking is already prohibited, as well as to restrict anyone under the age of 19 from buying them. Until January 1, 2016, e-cigs are

easily accessible to teens online, at mall kiosks and at vapour shops. “I can’t believe that Sudbury has three,” says Dr. Saunders. No surprise, then, that, according to a 2014 *National Youth Tobacco Survey* published by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration’s Center for Tobacco Products in the United States, the number of middle and high-school students who use e-cigs tripled from 2013 to 2014.

Is vaping safer than smoking real cigarettes?

Puff for puff, yes, say the experts. E-cigs do not contain many of the toxic substances and carcinogens such as tar and carbon monoxide that are in cigarette smoke. “It’s not the nicotine that’s going to kill anybody, it’s the cancer-causing agents added to the tobacco that will,” says Dr. Saunders. Still, smokeless doesn’t mean harmless. Some researchers worry about by-products from heating electronic cigarettes and

the solution inside them. And nicotine is extremely addictive and can be harmful to the growing brain. E-cigarettes are under-studied and unregulated, cautions Dr. Selby. "It's buyer beware because you don't know what you're dealing with."

Are e-cigs a gateway drug?

In a recent report in the *Journal of Clinical Oncology*, the American Association for Cancer Research and the American Society of Clinical Oncology say there is insufficient data at this time to determine the effect of electronic nicotine delivery systems such as e-cigs on the use of combustible tobacco products (a.k.a. cigarettes) by non-smokers. But Dr. Saunders is concerned that e-cigs might be a slippery slope to tobacco addiction. "It's fun for teens

to inhale something that looks like a cigarette and has no nicotine, but has a yummy flavour," she says. "But, at some point, they may get a cartridge or a couple of cartridges that do have nicotine, and they don't know how difficult it is to become unaddicted. What product are they going to use down the road if e-cigs become inaccessible?"

Bottom line: While the e-cigarette industry promotes the use of e-cigs as a smoking-cessation aid and a harm-reduction strategy for those who use tobacco, these claims have yet to be supported by any conclusive, high-quality, long-term research. As well, the health risks from second-hand e-cigarette vapour are still unknown. If your teen already smokes, vaping may be a less dangerous alternative. But, otherwise, do they really want to take a risk with their health? ■

**Smokeless
doesn't
mean
harmless.**





Feeling Parched?

Your meds may be to blame

More than 400 commonly used medications can cause that dry, uncomfortable feeling in your mouth. Here's how to identify the culprits — and get some relief.

By Cheryl Embrett

Almost everyone's mouth is dry occasionally — when you're nervous or stressed, for example. But if the dryness and discomfort persist, you may have xerostomia (ZEER-oh-STOH-mee-ah), the technical term for dry mouth. It's a common condition that occurs when you don't have enough saliva, or spit, in your mouth. That may not sound too serious — better dry than drooling, right? But we need saliva to keep our mouths moist, wash away food and neutralize acids caused by plaque, says Dr. Deborah Saunders, Medical Director of the Dental Oncology Program at Northeast Cancer Centre in Sudbury. A reduced saliva flow can lead to all kinds of problems, including a substantial increase in dental decay, saliva gland enlargement or infection, bad breath, cracking or fissuring of the mouth, inflammation or ulcers on the tongue and cheeks, and oral fungal infections. People with dry mouth may also find it difficult to speak, chew and swallow.

The number 1 culprit: medications

While anyone can develop dry mouth, it's more common as we age, as we tend to be on more medications and are likely to have had a recent change in health. Dry mouth can be caused by many factors, but medications are the biggest culprit, 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." In fact, data shows that as many as 20 to 30 percent of patients taking just one drug daily report dry mouth. This progressively increases to greater than 60 percent when six or more different drugs are taken daily. Alternatively, less than 20 percent of people who do not take any drugs complain of oral dryness.

The following are some of the more common medications — both prescription and over-the-counter — that can leave your mouth feeling as parched as the Sahara.

Common **prescription medications** associated with dry mouth:

- acid reflux medications
- analgesics (pain medications)
- antianxiety medications
- antidepressants
- antidiarrheal/gastric medications
- antihypertensives (drugs used to lower high blood pressure, including diuretics, alpha and beta blockers and ACE inhibitors)
- chemotherapy medications
- seizure disorder medications
- some Parkinson's disease medications.

Common **over-the-counter medications** associated with dry mouth:

- allergy medications
- antihistamines
- decongestant/cold medications
- diet pills.

Most people who are diabetic will also have dry mouth symptoms, but in this case it's the disease itself that leads to mouth dryness, rather than the medications they're taking for treatment, says Dr. Saunders. Other medical conditions, such as Sjogren's syndrome (an autoimmune disorder), are also associated with xerostomia.

Treatment tools

If you think you have dry mouth (see "Symptoms of dry mouth include:"), consult with both your dentist and your doctor. "Your doctor may adjust the dosage of medication that's causing the dry mouth or switch you to another medication that doesn't cause dry mouth," says Dr. Jack McLister, a dentist in London and ODA President-Elect. And your dentist can also give you the tools you need to treat the condition, including the following:

- Take frequent sips of water.
- Chew sugarless gum or lozenges and avoid citrus flavours as they can be acidic.
- Consider using an over-the-counter saliva substitute to improve oral comfort.
- Try to breathe through your nose instead of your mouth.
- Use a humidifier or steam vaporizer in your bedroom at night.
- Avoid irritants that can make your symptoms worse, such as caffeine, alcohol, tobacco, over-the-counter antihistamines and decongestants.
- Brush with a fluoride toothpaste and use a fluoride rinse. Your dentist may also recommend topical fluoride application trays to be used in the dental office, under your dentist's supervision.
- Use a non-petroleum-based lip ointment containing ingredients such as beeswax and lanolin.
- Treat the soft tissues in your mouth — tongue, gums, cheeks, lips — with a bland mouth rinse.

Dr. Saunders recommends the following oral rinse from Cancer Care Ontario: mix one teaspoon of baking

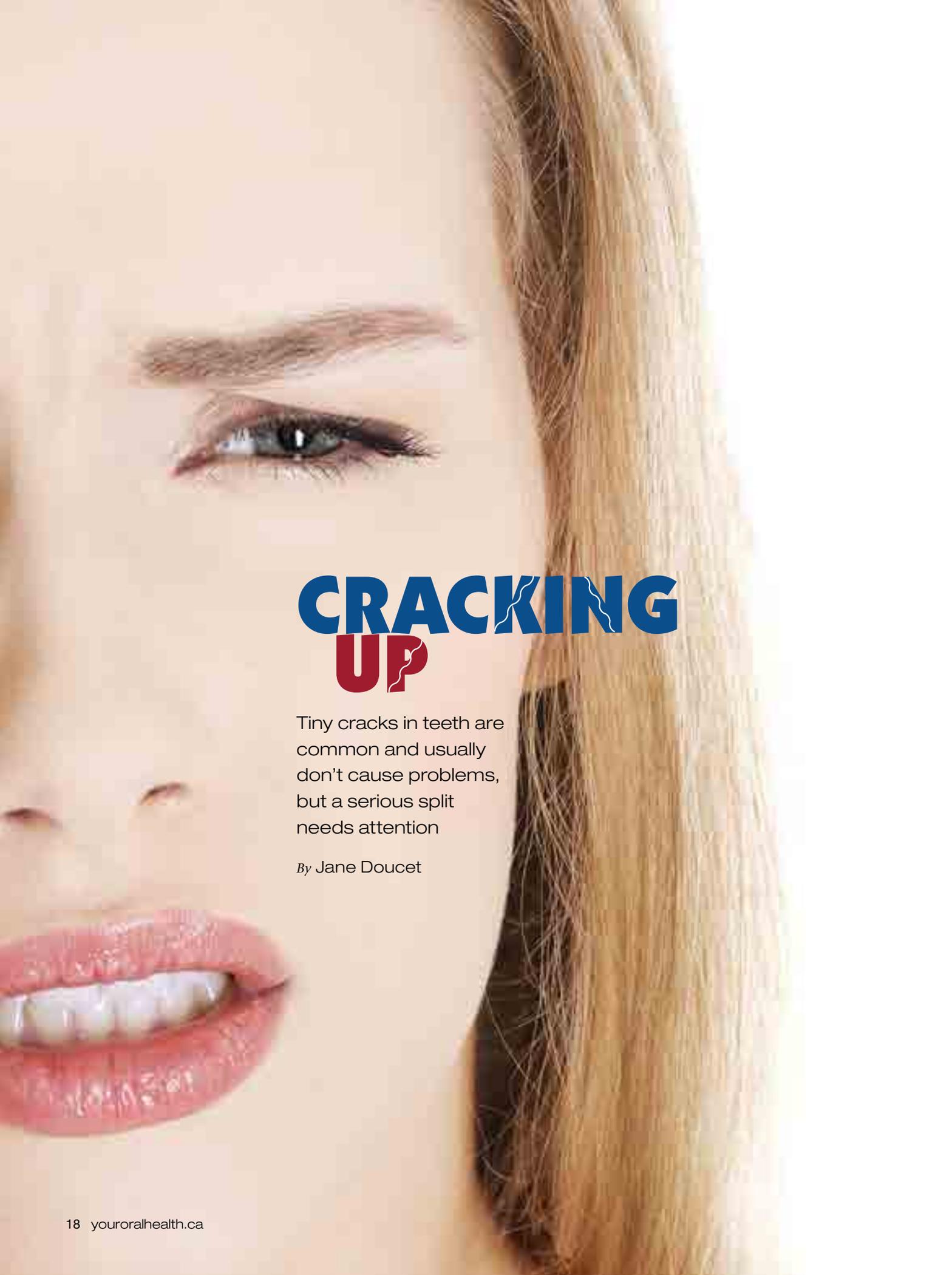
soda and one teaspoon of salt in four cups of water and rinse whenever your mouth is feeling dry. This is an inexpensive and effective way to keep your oral environment healthy. ■

TIP

A good test of the degree of oral dryness is to hold a tongue depressor against the inside of the cheek. If it falls off immediately when released, the flow of saliva is normal. If there is difficulty removing the tongue depressor, the flow of saliva is not normal. For women, the lipstick sign, where lipstick sticks to the front teeth, is a good indicator of dry mouth.

Symptoms of dry mouth include:

- **DRY**, raw, red tongue
- **STICKY**, dry feeling in the mouth and throat
- **FREQUENT THIRST**, especially at night
- **BURNING OR TINGLING** sensation in the mouth, particularly on the tongue
- **PROBLEMS SPEAKING** or difficulty eating dry foods, such as crackers
- **BAD** breath
- **HOARSENESS**, dry nasal passages, sore throat
- **DENTURE WEARERS** may have problems with denture retention
- **SORES IN THE MOUTH**, sores or split skin at the corners of the mouth, cracked lips
- **BLISTERS** or mouth ulcers.



CRACKING UP

Tiny cracks in teeth are common and usually don't cause problems, but a serious split needs attention

By Jane Doucet

If you've ever had a cracked tooth, you know it isn't any fun. The crack can cause sharp pain while you chew, sensitivity to hot and cold foods and drinks, and, in some cases, ongoing pain. But what causes a tooth to crack, and why does it hurt so much? "Biting on hard food or objects, faulty or large fillings and grinding your teeth are all causes," says Dr. Jack McLister, President Elect of the ODA and a dentist who practises in London. "Lower molars and upper bicuspid are the most common teeth to crack." (The lower molars are the bottom back large teeth, and the upper bicuspid are the smaller top teeth that are found just forward of the larger back teeth and just behind the eye teeth.)

Dr. Natalie Dugas is an endodontist in private practice in Sudbury, who regularly treats patients with cracked teeth. "If the cracks extend through the outer enamel layer of the tooth and progress into the inner dentine layer, pain can develop," she says. "This is because the dentine has small tubules (channels) that communicate with the pulp (nerves and blood vessels) of the tooth. As bacteria from the mouth begin to flow through the crack into the deep layers of the tooth, they can gain access to the pulp, causing it to become inflamed."

Common symptoms and treatment

A typical symptom is intense sharp pain when chewing that feels like lightning bolts are shooting through the tooth. "The tooth is also intensely sensitive to temperatures and can throb spontaneously," notes Dr. Dugas. "Your dentist can treat cracked teeth with fillings that cover the crack or crowns," says Dr. McLister. "But a root canal treatment may be necessary if the crack involves the pulp."

If your dentist suspects the crack involves the pulp, you may be referred to an endodontist. The endodontist will be able to accurately assess the depth of the crack with a specialized microscope; it's vital that the crack be accurately assessed in order to ensure

proper treatment. "If a crack is detected early on, with minimal pain and no detected inflammation or infection in the pulp, then it's recommended that the crack be treated by binding it closed with a crown," says Dr. Dugas.

A typical symptom is intense sharp pain when chewing that feels like lightning bolts are shooting through the tooth.

Getting to the root of the matter

Root canal treatment is often not required in the early stages, but if a crown isn't placed, the crack will eventually progress to the pulp and maybe even into the roots, the latter of which would mean the loss of the tooth.

A root canal removes the inflamed or infected pulp from the roots of the tooth, in order to prevent or treat a dental infection. After administering local anesthesia, a rubber dam is applied to the tooth, and the endodontist accesses the pulp through a small hole in the chewing surface. The endodontist will then use a specialized microscope to examine the crack internally.

If the crack doesn't extend below the gum line, the endodontist will perform a root canal. This involves the use of small files and disinfectant rinses to clean all of the inflamed or infected pulp from within the root canals. Afterward, a rubber-like filling is heated and moulded into the root canals to seal them against reinfection. The patient will need to have a crown (cap) placed over the tooth soon after, binding the crack together so it can't progress. Also, since the crown covers all surfaces of the tooth down to the gum line, it can cover the crack completely, which prevents bacteria from entering.

While tiny cracks are common and usually don't cause problems, regular dental checkups are important because they allow your dentist to diagnose and treat a problem in the early stage. If you're experiencing tooth pain, and you aren't sure why,

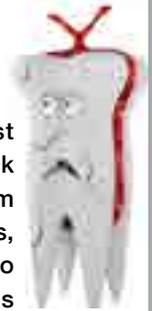
avoid chewing on that side of your mouth and book an appointment with your dentist. ■

Crowning glory

A patient's dietary habits, oral hygiene practices, how much healthy tooth remains, bite forces, location in the mouth and other factors can all have an impact on the lifespan of a crown. "Although it's highly variable, we can anticipate crowns to last approximately 15 years," says Dr. Dugas. That said, it isn't uncommon for them to stay secure for more than 20 years. "It's important to keep in mind that there is still actual tooth remaining within and below the crown. If the crown isn't cared for by a patient with proper plaque control — brushing, flossing or rubber tipping — it can fail much sooner through decay," she advises.

When it's time to say goodbye

If your endodontist notices that the crack extends below the gum line and into the roots, the tooth will need to be extracted. "This is because a crown would be unable to cover the crack on the roots. Enough bacteria would eventually get through, causing the tooth to (re)abscess," says Dr. Dugas. "In other words, root canal treatment on a tooth with a cracked root is hopeless, and, therefore, extraction and replacement with a dental implant is recommended if there's a root fracture."



According to the American Dental Association, a crack may appear as a hairline fracture, running vertically along the tooth. It is often invisible to the eye and may not even show on an X-ray.

Common Dental Procedures

A new section of the magazine, "Patient Fact Sheet" was developed exclusively by the ODA's Oral Health Strategy Committee. The fact sheets feature current information on commonly asked questions designed not only to educate, but also to help initiate and enhance discussions with your dentist and the oral health-care team.

A healthy oral hygiene routine includes brushing and flossing twice daily and regular visits to your dentist that may involve having your teeth professionally cleaned or filling a cavity.

However, diligently brushing and flossing your teeth are not always enough to protect against the unexpected damage or loss of a tooth. When this happens, your dentist may recommend that the tooth be replaced in order to ensure a healthy mouth and regain your ability to chew and prevent your teeth from shifting.

The following are some of the common procedures that can be performed by your dentist. In difficult cases, your dentist may refer you for further consultation and treatment.



Crowns



When a tooth has been damaged by decay or through an accident, rather than remove the tooth completely, it may be possible to fit a cover — known as a crown or cap — over the remaining tooth. Under local anesthetic the tooth is reduced in size to the same thickness as the final crown, which will be cemented onto the tooth. Crowns are commonly made by a dental laboratory technician.

Root canal

Often when a tooth has become infected or abscessed as a result of decay or an injury, it is possible for your dentist to save your tooth by performing root canal treatment. (Your dentist may also refer you to an endodontist for treatment.) During the root canal treatment, an opening is made in your tooth to access the infected nerve, which is then removed. Following root canal therapy, your dentist may place a temporary seal or a permanent filling over the tooth. Most teeth that have root canal treatments will require a crown to support the remaining tooth structure.

Sealants

Dental sealants, usually applied to the chewing surface of teeth, act as a barrier against decay-causing bacteria. The sealants are usually applied to the back teeth (that is, premolars and molars). They are most effective when placed soon after the adult tooth has erupted.

Replacing a lost tooth

There are three main types of artificial teeth and each one is designed for a particular circumstance.



Dental implants

Dental implants are made by surgically placing one or more small metal posts beneath the gum directly into the jawbone. Implants are integrated

with the surrounding bone and serve as anchors to which replacement teeth can be attached.



Dentures

A removable or partial denture replaces all lost teeth in the arch. The denture is held in place by clasping it to the remaining adjacent teeth. A complete denture is required when none of the natural teeth remain. In the case of a complete upper denture, suction helps hold it in place.



Bridges

A bridge or "fixed bridge" is a replacement appliance that is cemented to adjacent teeth and cannot be removed. Typically, the two remaining healthy teeth on either side of the lost tooth are prepared for crowns. A unit consisting of a false tooth and two crowns on either side is custom made to fill the area where the tooth has been lost. The appliance is then cemented into place.

Bonding

Applying composite tooth bonding is a restorative procedure that uses tooth enamel-coloured composite resin (plastic) to repair teeth that are decayed, chipped, cracked or discoloured. Tooth gaps can also be closed. Unlike veneers, which require laboratory work, bonding is done in the dental office.

Fillings and repairs

Dental fillings and repairs use restorative materials to repair teeth which have been compromised due to cavities or trauma.



Tobacco Use: Common Questions and Concerns

A new section of the magazine, "Patient Fact Sheet" was developed exclusively by the ODA's Oral Health Strategy Committee. The fact sheets feature current information on commonly asked questions designed not only to educate, but also to help initiate and enhance discussions with your dentist and the oral-health care team.

Smoking is a hard habit to break. But every attempt you make to quit is one step closer to success.

Quitting tobacco is the best thing you can do to improve your health and prolong your life.

Here are some answers to the most commonly asked questions.

Talk to your dentist about your options. Be a quitter.



I want to quit, but a cigarette is my closest companion and friend. I have cigarettes with me wherever I go.

What am I going to have to do to get them out of my life?

One thing that you can do is to list your reasons for wanting to quit and review them during the quitting period. Making plans for how to deal with problems you will encounter before you quit is important. Think about what triggers you to smoke, and what you can do instead of lighting a cigarette at those times. Think about the routines and rituals associated with your smoking that you will need to change during the process of quitting.

I just don't think I can do it. I tried to quit once. I was very irritable and only able to stop for two weeks.

Most people do not succeed the first time they try to quit, but many are successful if they continue to try. Most users make several attempts before succeeding. The fact that you have tried and were able to go for two weeks is very positive. You are closer to being tobacco-free. Think about your quit attempt: what worked and what didn't, and use that experience to plan for your next attempt. There are a number of medications that can help to reduce the withdrawal symptoms. Talk to your health-care provider about available choices.

The information provided here is courtesy of the American Academy of Oral Medicine.

This is a bad time for me to try to quit. I am way too busy and have too much stress in my life right now.

Using tobacco doesn't help with stress. It just relieves the nicotine withdrawal symptoms when you haven't used tobacco for a while. It is common to use tobacco when things get tough because of your dependence on nicotine. Once you are tobacco-free, your stress levels will eventually fall below what they were as a stressed-out tobacco user.

I smoke only low-tar/nicotine cigarettes. I know they are healthier for me.

People who use low-tar/nicotine cigarettes smoke more cigarettes and inhale more often and more deeply to compensate for low nicotine levels in these cigarettes. They end up getting the same tar/nicotine levels as they would with higher tar/nicotine brands.

My spouse (closest friend) smokes.

Is he or she willing to stop when you do? If not, ask him or her to assist you in your effort and not to smoke or leave cigarettes around you. Establish no smoking zones in your home. Explain that you are doing this for yourself and not to put any pressure on anyone else.

Won't I gain weight if I stop smoking?

Many tobacco users gain weight when they quit, but it is usually less than 10 pounds. Don't attempt to diet when first stopping — that can be done when you are an established non-user. Avoid high-calorie snacks. Exercise is an effective technique to help cope with withdrawal symptoms and life stress and also to help reduce weight gain. Some of the medications to help you quit may limit weight gain while you are taking them.

My friend who quit smoking was very irritable and had a hard time concentrating. Will that happen to me if I quit?

Irritability and loss of concentration are normal symptoms of nicotine withdrawal. Some users have few or no withdrawal symptoms and some have a number of symptoms. Some other physical and psychological withdrawal symptoms are nervousness, lightheadedness, sleep disturbances, fatigue, constipation, mouth sores, headache, hunger, depression and cravings. Most symptoms pass within two to four weeks after quitting. When you do decide to quit, talk to your health-care provider about different medications that can help to reduce withdrawal symptoms.

I'm 60 years old. My body is too old to recover from years of smoking.

Many of the effects of tobacco use are reversible after cessation, regardless of your age. After quitting there is a decreased risk of many of the effects of tobacco use, including cancer, heart conditions, lung diseases, oral cancer and gum disease.

Should I tell other people I'm trying to quit?

Yes. You should enlist the support of your family, friends and co-workers.

I use snuff. I thought I would be able to quit anytime I wanted. I tried cold turkey, but it didn't last two days.

Smokeless tobacco is as addictive as smoked tobacco, heroin and cocaine. When you are ready to quit, talk to your health-care professional about referring you to a helpline and discuss some smokeless tobacco alternatives and medications that might be useful in helping you quit.



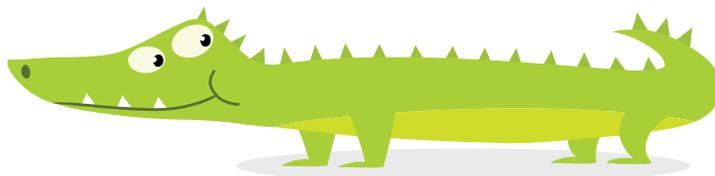
Ontario Dental
ASSOCIATION

kids' zone

Do you enjoy games and activities?

Visit the ODA's Kids' Zone at youroralhealth.ca for more puzzles and online games!

tooth funfact



Crocodiles have 60 teeth in their mouth at any one time and can grow between 2,000 to 3,000 teeth during their lifetime!



did you
know...

Humans form two sets of teeth over the course of their lives. The first set (sometimes called baby teeth) features **20 teeth**. The second set (sometimes called adult teeth) features **32 teeth**.

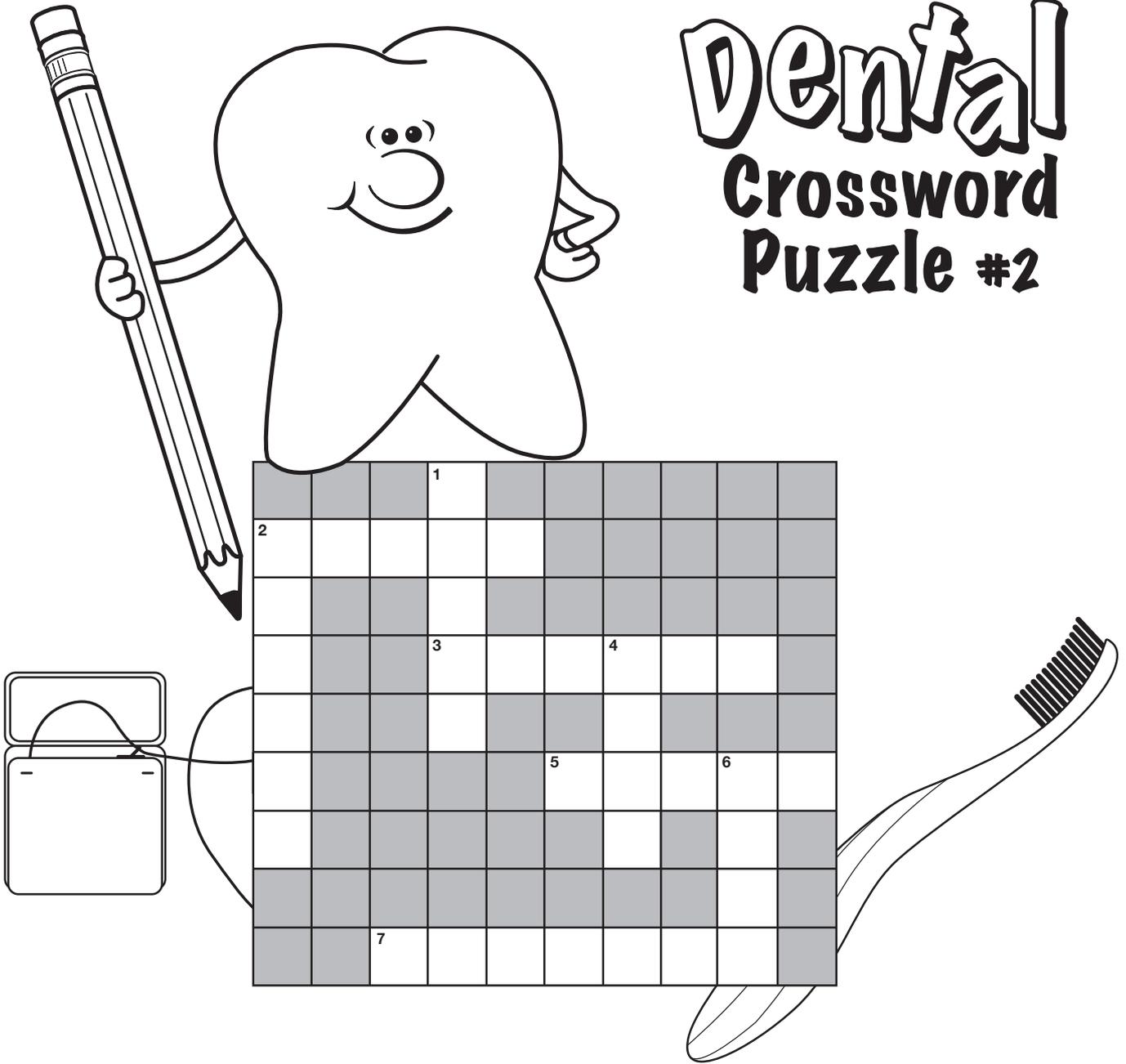
Pam: "What did the dentist say to the computer?"

Dan: "I don't know, what?"

Pam: "This won't hurt a byte!"



Dental Crossword Puzzle #2



Across

2. Too much of this sweet stuff isn't good for your teeth. (5)
3. This part of your teeth is the hardest material in your body. (6)
5. This cleans between your teeth, where brushing can't reach. (5)
7. This person helps keeps your smile healthy. (7)

Down

1. Rinse your mouth with this after brushing. (5)
2. The liquid that forms in your mouth — also known as "spit." (6)
4. This calcium-rich drink is good for teeth and bones. (4)
6. After you rinse your mouth, you do this into the sink. (4)

Answers:

Across: 2. sugar 3. enamel 5. floss 7. dentist
Down: 1. water 2. saliva 4. milk 6. spit



MAKE YOUR TEETH A **BIG DEAL.**



**Make time for you and your family
to see your dentist regularly.**