

Tongue 'n' Cheek... and Teeth, too!



Dental Association says 'Baby Teeth Matter'!

Cavities are a chronic disease that is four times more common than asthma among our nation's children according to the U. S. Surgeon General.



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The 3,000-member Wisconsin Dental Association wants parents and caregivers to know that baby teeth, even though they eventually fall out, are very important to a child's early physical, social and emotional development.

The WDA's "Baby Teeth Matter" public awareness campaign kicked off in February 2011 during National Children's Dental Health Month.

Healthy baby or primary teeth foster good nutrition through proper chewing, aid in speech development and build self-esteem by providing a beautiful smile. They enable a child to pay attention and learn in school without the distraction of dental pain and save space in the jaw for when adult or permanent teeth come in.

Cavities are a chronic disease that is four times more common than asthma among our nation's children according to the U. S. Surgeon General. An estimated 51 million school hours are lost each year due to dental-related illness.

In Wisconsin, 26 percent of

2 - 4-year-olds and 20 percent of 6 - 8-year-olds have untreated tooth decay, reports the Department of Health Services.

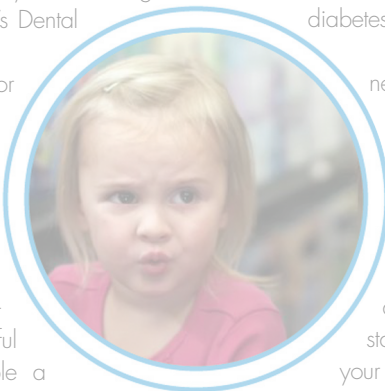
Children also can get gum disease, which may lead to premature or permanent tooth loss. Scientific research suggests a strong link between gum disease and other conditions like heart disease and diabetes.

The good news is early childhood cavities can be prevented. (See box.)

Don't let your child become an oral health statistic. Talk to your dentist today about how to keep those very important baby, and permanent, teeth healthy!

Also, you'll find helpful dental health information for children - and adults - of all ages on the WDA.org website.

Visit the WDA on Facebook to post comments or ask questions and use the special #babyteeth-matter hash tag on Twitter to connect quickly with more tips for keeping young smiles healthy.



How to fight early childhood tooth decay

- Mothers and pregnant women need healthy mouths to avoid transmitting cavity-causing germs to their children. Brush and floss teeth and eat a healthy diet every day and see your dentist regularly.
- Use breast milk, formula or water only in a baby's bottle. Never put juice, soda or other sweetened drinks in a bottle.
- Don't put your child to bed with a bottle unless it contains only water.
- Wait until a child's first birthday before giving juice and then limit to meals and snacks.
- The American Academy of Pediatric Dentistry recommends children drink from a cup by age 1.
- Do not dip pacifiers in anything sweet like sugar or honey. Clean pacifiers with hot water and soap and rinse thoroughly. Never "clean" a pacifier in an adult's mouth.
- Provide healthy snacks (e.g., meat, peanut butter, milk, yogurt, cheese, fruits, vegetables) and limit sweets in quantity, portion size and frequency.
- Before baby teeth appear, gently wipe gums and inside of mouth after feedings and before bed with a clean, warm cloth.
- When the first tooth appears, brush baby teeth twice a day with soft, age-appropriate sized toothbrush and "smear" of fluoridated toothpaste. For 2 to 5-year-olds, use "pea size" amount of toothpaste and help your child brush.

Sports drinks vs. water

Water, not sports drinks, should be the main source of hydration for children, adolescents and adults. In general, you need to drink 4-6 ounces of water for every 15-20 minutes of exercise.

When it comes to staying hydrated, particularly if you or your child plays sports, there's a dizzying array of juices and sports drinks to choose from.

Flavored beverages such as Gatorade or Powerade contain carbohydrates, minerals, electrolytes and sweeteners.

A study published by the American Academy of Pediatrics in May 2011 says sports drinks are intended to replace water and electrolytes lost through sweating during exercise. The drinks can help if an athlete is exercising vigorously for more than an hour or competing in a tournament on a hot, humid day. However, in most cases, they're not necessary on the sports field or in the school lunchroom.

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It tends to be less expensive and more available than any other drink.

"For most children engaging in routine physical activity, plain water is best," said Holly J. Benjamin, M.D., co-author of the study.

Kids should minimize how often they drink these carbohydrate-containing sports drinks, because they can increase the risk of being over-



weight and obese, as well as dental erosion says the AAP.

Athletes most often consume sports drinks after exercise when the volume and protective effects of saliva are reduced.

The study explains that acids in sports drinks can even erode fluoride-rich tooth enamel, which can lead to cavities.

Toothpaste: A brief history...

The development of toothpaste began as long ago as 500 – 300 B.C. in China and India. According to Chinese history, a learned man, Huang-Ti, studied the care of teeth and claimed different types of pain felt in the mouth could be cured by sticking gold and silver needles into different parts of the jaw and gum. Theories such as this led to the development of dental cream.

First attempts included using abrasive substances like crushed bone and egg or oyster shells to clean debris from teeth. Tooth powders were the first noticeable advance and were made up of elements like powdered charcoal or bark with flavoring agents. The substance was applied to teeth using a simple stick.

Toothpowder or dentifrice was first available in Britain in the late 18th century. It came in a ceramic pot and was available either as a powder or paste. Rich people applied it with brushes, while the poor used their fingers. Modern toothpastes were developed in the 1800s. A dentist called Peabody was the first to blend soap into toothpaste in 1824. Chalk was added to toothpaste in the 1850s by Dr. John Harris, who opened the first dental school in the United States.

The first mass-produced, pleasant-smelling toothpaste in a jar occurred in 1873. In 1892, Dr. Washington Sheffield of Connecticut dispensed toothpaste in collapsible tubes and called it "Dr. Sheffield's Creme Dentifrice". Advancements in synthetic detergents after World War II led to replacing soap in toothpaste with emulsifying agents such as sodium lauryl sulphate and sodium ricinoleate.

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If you do consume sports drinks:

- Limit your consumption of sports drinks and substitute a less acidic beverage
- Reduce the frequency and contact time
- Swallow immediately and do not swish around the mouth
- Rinse mouthguards only in water
- Talk to your dentist about training and how to stay hydrated



Dental FAQs

• Are there laws about how often X-rays must be taken?

- X-rays are often a part of dental exams, and while there is no statutory direction as to how often a dentist must take X-rays, there is a general liability issue.

Dentists should take X-rays in a "reasonable" time span to justify that he or she didn't disregard a patient's oral health care. A dentist isn't legally required to take X-rays every six months or every year, particularly in patients who generally enjoy good oral health.

However, if the dentist doesn't take X-rays and something happens, then he or she will be judged by the standards of the profession, which indicate that it is proper to use X-rays for diagnostic purposes; it is difficult to do a thorough diagnosis without taking X-rays in reasonable intervals throughout a patient's "lifetime" at the dental office.

While dental patients have the right to refuse X-rays, dentists also have the right to set a policy in their office dictating how often they take them for diagnostic purposes. X-rays provide your dentist with a valuable diagnostic

tool that helps assess the overall condition of your teeth and their roots, jaw placement and overall composition of your facial bones. X-rays help your dentist to see diseases of the teeth and surrounding tissue that cannot be seen with a basic visual oral examination and to find and treat dental problems early in their development. This can potentially save you money, unnecessary discomfort and maybe even your life.

If the dentist has a policy that X-rays are to be taken at a given interval and the patient refuses, the dentist has the right (although he or she may choose not to exercise it) to dismiss the patient from his or her practice. The reason for this is that both the patient and dentist should be comfortable with the dentist/patient relationship and, should there be disagreement on fundamental treatment, then both parties would be better served in an environment where they both are comfortable.



Don't play tricks on your teeth

The popularity of television shows, movies and books featuring vampires has led some people to actually file their teeth to points, making them look like vampire fangs.

The American Dental Association strongly cautions people against altering their teeth because of a fad. Filing teeth weakens tooth structure and, if the person later changes his mind, restoring teeth to their natural shape can be costly.

If you plan to purchase and wear commer-

cially available vampire-looking mouthpieces, wearing them for an extended amount of time may irritate gums.

Food and other debris also may become trapped under the mouthpiece, leading to plaque buildup that can cause cavities and gum inflammation. These bacteria also may contribute to bad breath.

Wearing a mouthpiece for a short period of time for a costume party is fine. Just be sure to brush your teeth after wearing the mouthpiece to reduce mouth bacteria.



ADA Seal of Approval

For more than 125 years, the American Dental Association has promoted safe and effective dental products.

An ADA committee first prepared a statement in 1866 on early teeth cleaners – fore-runners of today's toothpaste.

The authors questioned whether the extravagant claims made on behalf of tooth powders and other dental treatments and remedies of the time were just "an imposition on the public." The end result was a simple formula for a tooth powder made from chalk, soap and various herbal ingredients.

This was, of course, years before anyone knew about the benefits of adding fluoride to toothpaste to prevent cavities.

New products were regularly introduced and accompanied by extravagant claims about what they could do. In 1930, the ADA adopted guidelines to evaluate dental products for safety and effectiveness and awarded its first Seal of Acceptance in 1931.



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Community water fluoridation update

Water fluoridation and fluoride toothpaste are largely responsible for the significant decline in tooth decay in the U.S. over the past several decades.

The U.S. Department of Health and Human Services and the U.S. Environmental Protection Agency have announced important steps to ensure that standards and guidelines on fluoride in drinking water continue to provide the maximum protection to the American people in support of good dental health, especially in children.

HHS proposed the recommended level of fluoride in drinking water be set at the lowest end of the current optimal range of 0.7 to 1.2 milligrams to prevent tooth decay. The EPA also is initiating review of the maximum amount of fluoride allowed in drinking water.

This updated recommendation is based on recent HHS and EPA scientific reviews that suggest ways to prevent tooth decay while decreasing effects of dental fluorosis in the population (dental fluorosis generally appears as mild, non-harmful tiny white streaks or specks

that are often unnoticeable).

These proposed recommendations were published in the Federal Register, and final guidelines are expected to be published in spring of 2012.

There are several reasons for the changes seen over time, including that Americans have access to more sources of fluoride than they did when water fluoridation was first introduced in the United States in the 1940s.

Water is now one of several sources of fluoride. Other common sources include dental products such as toothpaste and mouth rinses, prescription fluoride supplements and fluoride applied by dental professionals.

Water fluoridation and fluoride toothpaste are largely responsible for the significant decline in tooth decay in the U.S. over the past several decades.

Infant formula guidelines



Recommendations for parents of infants who exclusively consume reconstituted formula as the main source of nutrition:

- Continue using liquid or powdered concentrate infant formulas reconstituted with fluoridated drinking water while being aware of the potential risk for enamel fluorosis.
- Use ready-to-feed formula or liquid or powdered concentrate formula reconstituted with water that is either fluoride-free or has low concentrations of fluoride when the potential risk for dental fluorosis is a concern.

Note: To lessen the chance of mild dental fluorosis, parents can use low-fluoride bottled water some of the time to mix infant formula; these bottled waters are labeled as de-ionized, purified, demineralized or distilled.



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We welcome your comments and suggestions regarding this publication.

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