

CADS Kit

For dentists making public speaking appearances.



**Central Arizona Dental Society
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480-344-5777**

There are thousands of avenues to market your practice. Education is just one that doesn't cost an arm and a leg. It just takes a little time to identify groups that may be interested in a dental presentation and to research topics that may be of interest to these groups.

This booklet, prepared by the Central Arizona Dental Society, will provide you with information about tackling both of these challenges.

List of Potential Speaking Opportunities

Arizona Public School Districts/Schools

<http://www.azed.gov/school-district-web-sites/>

Arizona Senior Centers

http://www.mycommunitypt.com/arizona/index.php?option=com_cpx&task=search.query&code=TC-5500.8000

Hospitals

<http://www.theagapecenter.com/Hospitals/Arizona.htm>

Long Term Care Facilities

<http://www.assisted-living-directory.com/content/arizona.htm>

Charter Schools

<https://www.ade.az.gov/charterschools/search/>

Churches

Go to your Church or one in your neighborhood.

Other Organizations

Rotary Clubs

Elks Lodge

Girl Scouts

Boy Scouts

Parent-Teacher-Student Associations

Other Resources

ADA MouthHealthy

<http://www.mouthhealthy.org/en/>

Arizona Department of Oral Health

<http://www.azdhs.gov/phs/owch/oral-health/>

10 Honest and Completely Helpful Tips for Hitting a Public-Speaking Homerun

Speaking on stage in front of an audience of people is a wonderfully scary privilege. You have a large group of people's undivided attention, and you can have a direct impact on their lives (and potentially your future). Here's how not to screw it up:

1. Tell great stories. If you read nothing else in this article, focus on this tip. Think about stories you can tell that are interesting but also have a lesson learned in them. We all have stories we can tell, but will those stories resonate with an audience? Will the audience be able to relate to them? If you use a visual presentation -- PowerPoint, Keynote, etc., it should be an accompaniment to your stories.

2. Do NOT read your presentation from your laptop, or worse, notecards. Listen, I get it, speaking in front of an audience can be nerve-racking. But you know what, you agreed to do it! So give the audience and the event the respect they deserve. Practice your presentation and know what you're talking about it. If you lose your train of thought, just glance back at what slide you have up on screen. If you're not using slides, just make a quick self-deprecating joke and move on. The worst thing you can do is sound like a robot on stage.

3. Use video to increase your comfort on stage. Some of you may remember doing this for school projects back in the day. You'd record yourself giving a speech and watch it back to see how you did. The more you do this, the better you'll get at it. Invite a few friends or colleagues to watch you "rehearse" live. Have them give you constructive feedback that you can work on.

4. Don't be the "stats and quotes" person. Someone gets on stage to talk about something interesting, and instead of giving their perspective, their presentation is littered with statistics from other websites and quotes from other people. You can surely back up some of your talk with stats and quotes if needed, but you should first and foremost share new information and offer your own insights. Without knowing it, people will find great quotes from your talk that you didn't even think were great.

5. Use Guy Kawasaki's "10 20 30 Rule of PowerPoint." Guy Kawasaki should be your inspiration for this with his 10 slides, 20 minutes, 30 point font. You don't have to follow this specifically, but it's the backbone to a presentation. Text on a slide, should be big and void of long sentences (short bullet points are great). Typically a presentation should be 20-30 slides, but mostly because you should accompany your stories with photos you've taken or interesting photos that can be found on the web (give photo credit, of course).

6. Bring the energy! You don't have to be a high energy person at all, but just by moving around on stage, having confidence when you speak and engaging with the audience makes a huge impact. If you have energy, the audience will give it back.

7. You don't have to tell jokes. Many aspiring speakers make the mistake of trying to be someone they are not when they're on stage. Most of the time this is by trying to be a comedian. You don't need to tell jokes to make an audience laugh. If you aren't used to telling jokes in front of an audience, your speaking presentation shouldn't be the place to start.

8. The audience is afraid of Q&A. If you want to leave room in your presentation for Q&A, be prepared to have the audience not raise a single hand. Think about it, when was the last time you raised your hand in a crowded audience?

If you plan to have Q&A time at the end of your talk, give the audience a heads-up at the beginning of your talk and say something like "Hey guys, I'll have 10-15 minutes at the end to do Q&A, please write down a question or two while I'm talking so I look popular at the end when everyone raises their hands." By doing this simple thing, it primes people to be ready to ask questions at the end. The audience just needs that kick start to get them going.

9. Don't like Q&As? Take questions after your talk, off stage. Event organizers aren't going to force you to do Q&A and if you're honest with them, they'll tell everyone to ask you questions afterwards. This is an easy way to not have to interact with the entire audience's questions, and you can talk to people one-on-one off stage. You can create some of the best business relationships by doing this. People aren't afraid to talk to you one-on-one, whereas they probably don't want to speak up in front of the entire audience.

10. Be yourself. This sounds so typical, but it's absolutely important to remember. The more you try to act like someone you're not on stage, the more people will see right through you. The more you act like yourself, the more confident you'll seem, and the more the audience will be able to relate to you.

List of Speaking Topics Available

Aging and Dental Health	Dentures
Allergies	Diabetes and Your Smile
Amalgam – Silver Colored Dental Fillings	Dry Mouth
Anesthesia and Sedation	Dry Socket
Antibiotic Prophylaxis for Heart Patients	Extractions
Antibiotic Prophylaxis: Prosthetic and Orthopedic Implants	Fluoridation
Baby Bottle Decay	Fluorosis
Baby Teeth	Grills
Bad Breath	Gum Disease
Bleeding Gums	HPV and Oral Cancer
Bonding	Implants
Braces	Medications & Oral Health
Bridges	Meth Mouth
Brushing Your Teeth	Oral Piercings
Cancer and Dental Health	Osteoporosis & Oral Health
Cancer, Dental Treatment Before	Pregnancy
Cancer, Dental Treatment During	Root Canal
Cancer, Dental Treatment After	Sensitive Teeth
Dental Anxiety	Sleep Apnea
Dental Emergency	Thumbsucking
Dental Sealants	Wisdom Teeth

If the topic you are looking for is not here, please contact Central Arizona Dental Society office at 480-344-5777, Ext 308 and staff will do everything they can to find information for you.

CENTRAL ARIZONA DENTAL SOCIETY

Aging and Dental Health

As you age, it becomes even more important to take good care of your teeth and dental health. One common misconception is that losing your teeth is inevitable. This is not true. If cared for properly, your teeth can last a lifetime.

Your mouth changes as you age. The nerves in your teeth can become smaller, making your teeth less sensitive to cavities or other problems. If you don't get regular dental exams, this in turn can lead to these problems not being diagnosed until it is too late.

If you want to feel good, stay healthy, and look great throughout life, you might be surprised what a difference a healthy mouth makes.

Tips for Maintaining and Improving Your Oral Health

- Brush twice a day with a toothbrush with soft bristles. You may also benefit from using an electric toothbrush.
- Clean between your teeth once a day with floss or another flossing tool.
- If you wear full or partial dentures, remember to clean them on a daily basis. Take your dentures out of your mouth for at least four hours every day. It's best to remove them at night.
- Drink tap water. Since most contains fluoride, it helps prevent tooth decay no matter how old you are.
- Quit smoking. Besides putting you at greater risk for lung and other cancers, smoking increases problems with gum disease, tooth decay and tooth loss.
- Visit your dentist. Visit your dentist regularly for a complete dental check-up.

By adopting healthy oral habits at home, making smart choices about diet and lifestyle, and seeking regular dental care, you can help your teeth last a lifetime—whether you have your natural teeth, implants or wear dentures.

Caregiving for a Disabled or Elderly Loved One

You may have a parent, spouse or friend who has difficulty maintaining a healthy mouth on their own. How can you help? Two things are critical:

- Help them keep their mouth clean with reminders to brush and floss daily.
- Make sure they get to a dentist regularly.

These steps can prevent many problems, but tasks that once seemed so simple can become very challenging. If your loved one is having difficulty with brushing and flossing, talk to a dentist or hygienist who can provide helpful tips or a different approach. There are dentists who specialize in caring for the elderly and disabled. You can locate a specialist through the Special Care Dentistry Association's referral directory. For those who wear dentures, pay close attention to their eating habits. If they're having difficulty eating or are not eating as much as usual, denture problems could be the cause.

When you're caring for someone who is confined to bed, they may have so many health problems that it's easy to forget about oral health. However, it's still very

important because bacteria from the mouth can be inhaled into the lungs and cause pneumonia.

If you are a representative for a nursing home resident who needs dental care and is enrolled in Medicaid, there is a regulation, called an Incurred Medical Expense, that may help pay for medically necessary care as determined by a dentist. The Medicaid caseworker at the nursing facility and the dentist providing care can work together to apply the Incurred Medical Expense to pay for needed dental benefits.



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Allergies

When exposed to latex proteins, a latex-sensitive individual may experience minor symptoms, such as hives or nasal congestion. Severe cases may result in anaphylaxis. This is a dangerous reaction that causes a drop in blood pressure; difficulty breathing; swelling of the throat, tongue and nose; and even loss of consciousness. It could be life-threatening if unattended. Emergency medical attention is needed at the first sign of anaphylactic reaction.

If you have had a prior allergic reaction to latex-containing objects, consult your physician. Your physician can confirm the latex allergy, and determine the best strategy for dealing with it. You should avoid contact with all latex products. Prior to seeing your dentist, update your medical history with the dental office. Your dentist his and her staff will take the appropriate precautions for your next dental visit.



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Amalgam - Silver-Colored Dental Fillings

Dental amalgam is made from a combination of metals that include mercury, silver, tin, and copper. Sometimes described as “silver-colored” fillings, dental amalgam has been used by dentists for more than 100 years because it lasts a long time and is less expensive than other cavity-filling materials such as tooth-colored composites or gold fillings.

Because of their durability, these silver-colored fillings are often the best choice for large cavities or those that occur in the back teeth where a lot of force is needed to chew. Amalgam hardens quickly so it is useful in areas that are difficult to keep dry during placement, such as below the gum line. Because it takes less time to place than tooth-colored fillings, amalgam is also an effective material for children and special needs people who may have a difficult time staying still during treatment.

One disadvantage of amalgam is that these types of fillings are not natural looking, especially when the filling is near the front of the mouth, where it may show when you laugh or speak. Also, to prepare the tooth, the dentist may need to remove more tooth structure to place an amalgam filling than for other types of fillings.

Although dental amalgam is a safe, commonly used dental material, you may wonder about its mercury content. It's important to know that when combined with the other metals, it forms a safe, stable material. Be assured that credible scientific studies affirm the safety of dental amalgam. Study after study shows amalgam is safe and effective for filling cavities. The American Dental Association, U.S. Centers for Disease Control and Prevention, U. S. Food and Drug Administration and World Health Organization all agree that based on extensive scientific evidence, dental amalgam is a safe and effective cavity-filling material. The Alzheimer's Association, American Academy of Pediatrics, Autism Society of America and National Multiple Sclerosis Society—all science-based organizations like the ADA—also say that amalgam poses no health risk.

The Mayo Clinic recently stated that dental amalgam is a safe and durable choice for dental fillings. They also note that "there are several kinds of mercury. The mercury [methylmercury] found in water that can build up in fish and lead to health problems if you ingest too much is not the same type of mercury used in amalgam."

The ADA supports continued research on all dental filling materials and would promptly inform the public if the scientific community and government regulatory bodies determined that any cavity filling material was unsafe for patients. Your dentist's foremost priority is your health and safety. That's why the ADA encourages you to talk with your dentist about your cavity treatment options and what's right for you. For more info, visit the [FDA fact page](#).

Ultimately, the best dental filling is no dental filling. Prevention is the best medicine. You can dramatically decrease your risk of cavities and other dental diseases simply by:

- brushing your teeth twice a day with fluoride toothpaste
- flossing daily
- eating a balanced diet
- visiting the dentist regularly.



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Anesthesia and Sedation

Several medications are available to help create more relaxed, comfortable dental visits. Some drugs control pain, some help you relax, and others put you into a deep sleep during dental treatment. You and your dentist can discuss a number of factors when deciding which drugs to use for your treatment. The type of procedure, your overall health, history of allergies and your anxiety level are considered when determining which approach is best for your particular case.

Your dentist might recommend that your child be administered anesthesia or sedation to relax them in order to safely complete some dental procedures.

Local anesthesia is a type of anesthetic used to prevent pain in a specific area of your mouth during treatment by blocking the nerves that sense or transmit pain, which numbs mouth tissues. Your dentist may apply a topical anesthetic to numb an area in preparation for administering an injectable local anesthetic. Topical anesthetics also may be used to soothe painful mouth sores. Injectable anesthetics may be used in such procedures as filling cavities, preparing teeth for crowns or treating gum disease.

Depending on the procedure, you may need a pain reliever after treatment. Analgesics are used to relieve pain and can be broken into two groups: non-narcotic and narcotic. Non-narcotic are the most commonly used drugs for relief of toothache or pain following dental treatment. They include aspirin, acetaminophen and non-steroidal, anti-inflammatory drugs such as ibuprofen. Narcotic analgesics, such as opioids, act on the central nervous system to relieve pain. They are used for more severe pain.

Be sure to talk with your dentist about how to properly secure and dispose of any unused, unwanted or expired medications, especially if there are any children in the household. Also, take the time to talk with your children about the dangers of using prescription drugs for non-medical purposes.

For some dental visits, your dentist may use a sedative, which can induce moderate sedation. Sedatives can be administered before or during dental procedures. Sedation methods include inhalation (using nitrous oxide), oral (by taking a pill) and intravenous (by injection). More complex treatments may require drugs that can induce deep sedation, reducing consciousness in order to relieve both pain and anxiety. On occasion, general anesthesia can be used, in which drugs cause a temporary loss of consciousness.

Dentists use the pain and anxiety control techniques mentioned above to treat millions of patients safely every year. Even so, taking any medication involves a certain amount of risk. That's why the ADA urges you to take an active role in your oral health care. This means understanding the risks and benefits involved in dental treatment, so that you and your dentist can make the best decisions about the treatment that is right for you. Working together, you and your dentist can choose the appropriate steps to make your dental visit as safe and comfortable as possible, and to help you keep a healthy smile.



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Antibiotic Prophylaxis for Heart Patients

At times physicians and dentists recommend that a patient take antibiotics before certain dental procedures. This is called “antibiotic prophylaxis.” But why do healthcare providers suggest this extra step?

We all have bacteria in our mouths, and a number of dental treatments—and even daily routines like chewing, brushing or flossing—can allow bacteria to enter the bloodstream (bacteremia). For most of us, this isn’t a problem. A healthy immune system prevents these bacteria from causing any harm. There is concern, however, that for some people bacteremia can cause an infection elsewhere in the body.

Who is at risk? Antibiotic prophylaxis is recommended for a small number of people who have specific heart conditions. The American Heart Association has guidelines identifying people who should take antibiotics prior to dental care.

According to these guidelines, antibiotic prophylaxis should be considered for people with:

- Artificial heart valves.
- A history of an infection of the lining of the heart or heart valves known as infective endocarditis, an uncommon but life-threatening infection.
- A heart transplant in which a problem develops with one of the valves inside the heart.
- Heart conditions that are present from birth, such as:
 - Unrepaired cyanotic congenital heart disease, including people with palliative shunts and conduit.
 - Defects repaired with a prosthetic material or device—whether placed by surgery or catheter intervention—during the first six months after repair.
 - Cases in which a heart defect has been repaired, but a residual defect remains at the site or adjacent to the site of the prosthetic patch or prosthetic device used for the repair.

Talk to your dentist about these guidelines if you have any questions about antibiotic prophylaxis.

Antibiotic prophylaxis guidelines have also been revised for people with orthopedic implants such as artificial joints. Learn more about why the ADA and American Association of Orthopedic Surgeons updated the recommendations and no longer recommend antibiotics for everyone with artificial joints.



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Antibiotic Prophylaxis: Prosthetic Joints and Orthopedic Implants

If you have had a joint replacement and taken antibiotics before dental work in the past, you may not need to make a trip to the pharmacy before your next procedure. The American Dental Association has found it is no longer necessary for most dental patients with orthopedic implants to have antibiotic prophylaxis to prevent infection.

What Is Antibiotic Prophylaxis?

Antibiotic prophylaxis (or premedication) is simply the taking of antibiotics before some dental procedures such as teeth cleaning, tooth extractions, root canals, and deep cleaning between the tooth root and gums to prevent infection. We all have bacteria in our mouths, and a number of dental treatments—and even daily routines like chewing, brushing or flossing—can allow bacteria to enter the bloodstream (bacteremia). For most of us, this isn't a problem. A healthy immune system prevents these bacteria from causing any harm. There is concern, however, that bacteria in the bloodstream could cause infection elsewhere in the body.

Prior to 2012, premedication prior to dental procedures was common for joint replacement patients, even though there was little evidence to support the practice and experts recommended against its practice for most dental patients. In 2012, the American Dental Association and American Association of Orthopedic Surgeons published updated guidelines, stating that dentists “might consider discontinuing the practice of routinely prescribing prophylactic antibiotics”. In January 2015, the ADA's Council on Scientific Affairs issued another guideline, which continued to discourage prophylactic antibiotic use for most patients with prosthetic joint implants. Guidelines are re-evaluated every few years to make sure that they are based on the best scientific evidence.

Why Don't I Need Antibiotic Prophylaxis?

Based on careful review of the scientific literature, the ADA found that dental procedures are not associated with prosthetic joint implant infections, and that antibiotics given before dental procedures do not prevent such infections.

In fact, for most people, the known risks of taking antibiotics may outweigh the uncertain benefits. Risks related to antibiotic use include nausea, upset stomach and allergic reactions, including anaphylactic shock (a severe allergic reaction that can be life threatening). Other risks include developing antibiotic resistance in bacteria, which can complicate treatment of infections such as strep throat, pink eye and meningitis; as well as increasing the risk of *C. difficile infection*,

which causes diarrhea and other intestinal problems. Patients over 70 years old are also at increased risk of experiencing adverse reactions to some antibiotics.

Who Can Antibiotic Prophylaxis Help?

Depending on your personal medical history, you may still be a candidate for premedication. For example, antibiotic prophylaxis might be useful for patients undergoing dental procedures who also have compromised immune systems (due to, for instance, diabetes, rheumatoid arthritis, cancer, chemotherapy, and chronic steroid use), which increases the risk of orthopedic implant infection. It may also benefit others with heart conditions. Always talk with your dentist or physician about whether antibiotic prophylaxis before dental treatment is right for you.



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Baby Bottle Tooth Decay

Even though they are temporary, your child's baby teeth are important, and are still susceptible to cavities. Tooth decay in infants and toddlers is often referred to as Baby Bottle Tooth Decay, or Early Childhood Caries. Children need strong, healthy teeth to chew their food, speak and have a good-looking smile. Their first teeth also help make sure their adult teeth come in correctly. It's important to start infants off with good oral care to help protect their teeth for decades to come.

What causes Baby Bottle Tooth Decay?

Baby Bottle Tooth Decay most often occurs in the upper front teeth, but other teeth may also be affected.

There are many factors which can cause tooth decay. One common cause is the frequent, prolonged exposure of the baby's teeth to drinks that contain sugar. Tooth decay can occur when the baby is put to bed with a bottle, or when a bottle is used as a pacifier for a fussy baby.

Tooth decay is a disease that can begin with cavity-causing bacteria being passed from the mother (or primary caregiver) to the infant. These bacteria are passed through the saliva. When the mother puts the baby's feeding spoon in her mouth, or cleans a pacifier in her mouth, the bacteria can be passed to the baby.

If your infant or toddler does not receive an adequate amount of fluoride, they may also have an increased risk for tooth decay. The good news is that decay is preventable.

Preventing Baby Bottle Tooth Decay

- Try not to share saliva with the baby through common use of feeding spoons or licking pacifiers. After each feeding, wipe your child's gums with a clean, damp gauze pad or washcloth.
- When your child's teeth come in, brush them gently with a child-size toothbrush and a smear (or grain of rice sized amount) of fluoride toothpaste until the age of 3.
- Brush the teeth with a pea-sized amount of fluoride toothpaste from the ages of 3 to 6.
- Supervise brushing until your child can be counted on to spit and not swallow toothpaste—usually not before he or she is 6 or 7.
- Place only formula, milk or breastmilk in bottles. Avoid filling the bottle with liquids such as sugar water, juice or soft drinks.
- Infants should finish their bedtime and naptime bottles before going to bed.
- If your child uses a pacifier, provide one that is clean—don't dip it in sugar or honey.
- Encourage your child to drink from a cup by his/her first birthday.
- Encourage healthy eating habits.

When your child's first tooth appears, talk to your dentist about scheduling the first dental visit. Treat the first dental visit as you would a well-baby checkup with the child's physician. Remember: starting early is the key to a lifetime of good dental health. For more information about nutrition and your baby, visit the Academy of Nutrition and Dietetics.



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Baby Teeth

A child's primary teeth, sometimes called "baby teeth," are as important as the permanent adult teeth. Primary teeth typically begin to appear when a baby is between age 6 months and 1 year. Primary teeth help children chew and speak. They also hold space in the jaws for permanent teeth that are growing under the gums.

The ADA recommends that a dentist examine a child within six months after the first tooth comes in and no later than the first birthday. A dental visit at an early age is a "well-baby checkup" for the teeth. Besides checking for tooth decay and other problems, the dentist can show you how to clean the child's teeth properly and how to evaluate any adverse habits such as thumbsucking.

When teeth first come in, some babies may have sore or tender gums. Gently rubbing your child's gums with a clean finger, a small, cool spoon or a wet gauze pad can be soothing. You can also give the baby a clean teething ring to chew on. If your child is still cranky and in pain, consult your dentist or physician. Most children have a full set of 20 primary teeth by the time they are 3.



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Bad Breath

Whether you call it bad breath or halitosis, it's an unpleasant condition that's cause for embarrassment. If you're concerned about bad breath, see your dentist. Bad breath can be caused by a number of sources, and he or she can help identify the cause and determine the best treatment.

What causes bad breath?

- **Food.** What you eat affects the air you exhale, like garlic or onions. If you don't brush and floss daily, particles of food can remain in the mouth, collecting bacteria, which can cause bad breath. Dieters may develop unpleasant breath from infrequent eating.
- **Gum disease.** Persistent bad breath or a bad taste in the mouth can also be one of the warning signs of gum disease; which is caused by plaque.
- **Dry mouth.** This occurs when the flow of saliva decreases and can be caused by various medications, salivary gland problems or continuously breathing through the mouth. Without enough saliva, food particles are not cleaned away. If you suffer from dry mouth, your dentist may prescribe an artificial saliva, or suggest using sugarless candy or increase your fluid intake.
- **Smoking and tobacco.** In addition to staining teeth and being bad for overall health, tobacco can add to bad breath. Tobacco reduces your ability to taste foods and irritates gum tissues. Tobacco users are more likely to suffer from gum disease and are at greater risk for developing oral cancer. If you use tobacco, ask your dentist for tips on kicking the habit.
- **Medical conditions.** Some diseases have symptoms related to bad breath. Sinus or lung infections, bronchitis, diabetes, and some liver or kidney diseases may be associated with bad breath.

If you're concerned about what's causing your bad breath, make an appointment to see your dentist. Regular checkups allow your dentist to detect any problems such as gum disease or dry mouth. Bad breath may be the sign of a medical disorder. If your dentist determines that your mouth is healthy, you may be referred to your primary care physician.

Maintaining good oral hygiene, eliminating gum disease and scheduling regular professional cleanings are essential to reducing bad breath. Brush twice a day and clean between your teeth daily with floss. Brush your tongue, too. If you wear dentures, be sure to remove them at night and clean them thoroughly before replacing them the next morning.

It's important to note that mouthwash will only mask the odor temporarily. Mouthwashes are generally cosmetic and do not have a long-lasting effect on bad breath. If you must constantly use a breath freshener to hide unpleasant mouth odor, see your dentist.



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Bleeding Gums

There are many reasons your gums could bleed.

In some cases, bleeding gums can be a sign of gingivitis, the early stage of periodontal disease. If your gums bleed easily or bleed when you brush, talk to your dentist about your oral health. Gingivitis is reversible and preventable.

If you've just started a new flossing routine, for instance, your gums may bleed at first as they get used to cleaning between the teeth. This usually goes away on its own in about a week. Some pregnant women develop a condition known as "pregnancy gingivitis," an inflammation of the gums that can cause swelling and tenderness. Gums also may bleed a little when brushing or flossing. If you take blood thinners, these medications may cause your gums to bleed. Contact your physician if the bleeding does not stop quickly. Your gums could also be bleeding if you brush too hard. Use an extra-soft or soft-bristled toothbrush when brushing your teeth.

If your gums bleed regularly or enough to worry you, make an appointment with your dentist or physician. It could be a sign that something else is wrong.

Always remember to brush your teeth twice a day, floss once a day and schedule regular dental visits.



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Bonding

Cosmetic bonding is a process where the dentist attaches or “bonds” materials directly to your tooth in order to change the color and shape. The natural tooth enamel is then fused together with bonding materials such as porcelain and resins to create a strong structure that still feels like your original tooth.

While it can be used for different purposes, according to the American Academy of Cosmetic Dentistry, tooth bonding is most useful for repairing chipped teeth. That’s because the bonding materials and porcelain used are natural in color, and allows for a finished product that closely matches your surrounding teeth.



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Braces

Braces and orthodontic treatment are used to correct “bad bites,” or malocclusion (teeth that are crowded or crooked). In some cases your teeth may be straight, but your upper and lower jaws may not meet properly. These jaw or tooth alignment problems may be inherited or could result from injury, early or late tooth loss, or thumbsucking.

If you have an abnormal bite your dentist may recommend braces or another orthodontic treatment to straighten out your smile. Correcting the problem can create a nice-looking smile, but more importantly, orthodontic treatment results in a healthier mouth. Not correcting an abnormal bite could result in further oral health problems, including:

- tooth decay
- gum disease
- tooth loss
- affected speech and/or chewing
- abnormal wear to tooth enamel
- jaw problems

Straightening your teeth can be accomplished in different ways. The kind of orthodontic treatment you have will depend on your preference and the options provided by your dentist or orthodontist. Traditional braces realign teeth by applying pressure. They usually consist of small brackets cemented to your teeth, connected by a wire, which is periodically tightened by your dentist or orthodontist to gradually shift your teeth and jaw. The brackets may be metal or tooth colored. Sometimes they are placed behind your teeth. Removable aligners are another option for treating orthodontic problems.

Orthodontic treatment may be provided by your dentist or an orthodontist, a dentist who specializes in the diagnosis, prevention and treatment of dental and facial irregularities. It will depend on the orthodontic experience of your dentist and the severity of your case.

Since abnormal bites usually become noticeable between the ages of 6 and 12, orthodontic treatment often begins between ages 8 and 14. Treatment that begins while a child is growing helps produce optimal results. That doesn't mean that adults can't have braces; healthy teeth can be orthodontically treated at any age.

Treatment plans will vary based on your situation, but most people are in treatment from one to three years. This is followed by a period of wearing a retainer that holds teeth in their new positions. Today's braces are more comfortable than ever before. Newer materials apply a constant, gentle force to move teeth and usually require fewer adjustments.

While you have braces it's important to maintain a balanced diet for the health of your teeth. Of course, a healthy diet is always important, but eating too many sugary foods with braces can lead to plaque build-up around your brackets that

could permanently stain or damage your teeth. Avoiding foods like popcorn, corn on the cob, chewing gum, whole apples, and other sticky foods is also a good idea. Ask your dentist about foods to avoid while you are in treatment. Not all of us are born with beautiful smiles, but with a good oral hygiene routine, and a little help from orthodontics, you can have a beautiful and healthy smile. You can read more about orthodontists and orthodontic treatment from the American Association of Orthodontists.



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Bridges

If you're missing one or more teeth, you may notice a difference in chewing and speaking. Bridges can help restore your smile.

Sometimes called a fixed partial denture, a bridge replaces missing teeth with artificial teeth and literally "bridges" the gap where one or more teeth used to be. Bridges can be made from gold, alloys, porcelain or a combination of these materials and are attached to surrounding teeth for support. Unlike a removable bridge, which you can take out and clean, a fixed bridge can only be removed by a dentist.

An implant bridge attaches artificial teeth directly to the jaw or under the gum tissue. Depending on which type of bridge your dentist recommends, its success depends on the foundation. So it's very important to keep your remaining teeth healthy and strong.



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Brushing Your Teeth

Brushing your teeth is an important part of your dental care routine. For a healthy mouth and smile the ADA recommends you:

- Brush your teeth twice a day with a soft-bristled brush. The size and shape of your brush should fit your mouth allowing you to reach all areas easily.
- Replace your toothbrush every three or four months, or sooner if the bristles are frayed. A worn toothbrush won't do a good job of cleaning your teeth.
- Make sure to use an ADA-accepted fluoride toothpaste.

The proper brushing technique is to:

- Place your toothbrush at a 45-degree angle to the gums.
- Gently move the brush back and forth in short (tooth-wide) strokes.
- Brush the outer surfaces, the inner surfaces, and the chewing surfaces of the teeth.
- To clean the inside surfaces of the front teeth, tilt the brush vertically and make several up-and-down strokes.
- Brush your tongue to remove bacteria and keep your breath fresh.



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Cancer and Dental Health

According to the National Institute of Dental and Craniofacial Research, more than one-third of all cancer patients develop complications that affect the mouth. These mild to severe side effects can include mouth sores, infection, dry mouth, sensitive gums and jaw pain.

Why are problems common for patients undergoing cancer treatment?

Cancer and its treatments can weaken your immune system. If your mouth is not as healthy as possible prior to your cancer treatment, you may be more susceptible to infection. If the infection is serious enough, it can delay your cancer treatment.

In addition, radiation therapy, especially in the area of the head and neck, can damage salivary glands which can cause thick, sticky saliva and extreme dry mouth. A dry mouth can increase your chances of tooth decay and infection.

Make your dentist part of your cancer care team

By visiting your dentist prior to your cancer treatment, he or she may be able to treat gum disease, tooth decay or other infections inside your mouth. The health of your mouth is an important part of your overall health. Maintaining it at its best health before, during and after cancer treatment could help lessen some side effects and allow you to focus on your overall healing.

Cancer, Dental Treatment Before

If your mouth is not as healthy as possible prior to your cancer treatment, you may be more susceptible to infection. If the infection is serious enough, it can delay your cancer treatment.

Here are some dental health tips to consider before undergoing cancer treatment:

- **Visit your dentist.** Your dentist can evaluate your dental health and discuss which treatment options you should consider prior to your cancer treatment. By treating areas of concern you may reduce potential oral health side effects associated with chemotherapy and radiation. Some treatment options may include fluoride treatments to prevent cavities, filling existing cavities, treating gum disease, removing infected teeth or restoring crowns or bridge work to ensure that you will be able to chew your food.
- **Brush your teeth twice a day with fluoride toothpaste.** You can soak your extra-soft toothbrush in warm water to make it softer. Don't forget to brush your tongue!
- **Floss daily.** This helps remove plaque between teeth. If your gums are sore or bleeding, be gentle and avoid those areas, but floss in between the rest of your teeth.

- **Rinse your mouth often.** This will help keep food and debris off of your teeth and gums. Avoid rinses that have alcohol in them. Rinsing often, along with regular brushing and flossing, may help to reduce the chance of dental decay and infection. Rinsing is also helpful after vomiting to keep the acids from damaging the enamel on your teeth. You may also want to reduce eating citrus fruit or other high acid foods.

Rinsing solution ideas from the National Institutes of Health:

- 1 teaspoon of salt in 4 cups of water
- 1 teaspoon of baking soda in 1 cup (8 ounces of water)
- One half teaspoon salt and 2 tablespoons baking soda in 4 cups of water
- **Don't use tobacco.** Tobacco products are harsh on your body – especially on your mouth health. Stopping the use of tobacco may help your body heal faster.
- **Eat nutritious foods.** Eating healthy foods rich with vitamins and nutrients can help boost your immune system. Your individual nutrition and calorie needs depend on your age, gender, level of physical activity and other health factors, but according to MyPlate, a website from the Center for Nutrition Policy and Promotion, an agency of the U.S. Department of Agriculture, a healthy diet should include: Fruits and vegetables, grains, low-fat or fat-free dairy, and protein such as lean beef, skinless poultry and fish. Vary your protein choices to also include eggs, beans, peas and legumes. Eat at least eight ounces of seafood a week.

Cancer, Dental Treatment During

During the course of your cancer treatment you may experience mild to severe side effects. Be sure to consult with your cancer care team prior to dental checkups especially if you have a port under your skin for receiving medication or feeding. This is important because patients with a port may also take anti-blood clotting medications which can increase bleeding during dental and medical procedures and can increase the risk of infection.

Here is a list of some of the most common side effects and treatment options:

Mouth Sores

Mouth sores are ulcers that form in the soft tissue in and around your mouth including your tongue, gums, or lips. They can be caused by chemotherapy or radiation and can be mild or severe enough to delay your cancer treatment.

Why is this common for cancer patients?

Chemotherapy and radiation work to destroy rapidly growing cells throughout your body. Unfortunately some healthy cells are affected in the process – including the cells in your mouth. Also because your immune system is low, your mouth is vulnerable to infection.

What can I do for relief?

Get a dental checkup and talk to your doctor about treatment options. They may be able to recommend topical treatments that can include coating agents which

form a film to protect the sores or painkillers which can numb the sores in your mouth. Be careful when eating or brushing your teeth while taking numbing medication since you may not be able to feel if you are causing more damage. There are also over-the-counter products, such as fluoride toothpastes, that contain aloe vera and allantoin, which claim to be naturally soothing and gentle. Talk to your dentist about using these products.

Brush your teeth. Brush twice a day with fluoride toothpaste. You can soak your extra-soft toothbrush in warm water to make it softer. Don't forget to brush your tongue!

Floss daily. This helps remove plaque between teeth. If your gums are sore or bleeding, be gentle and avoid those areas, but floss in between the rest of your teeth.

Rinse your mouth often. This will help keep food and debris off of your teeth and gums. Rinsing often, along with regular brushing and flossing, may help to reduce the chance of dental decay and infection. Rinsing is also helpful after vomiting to keep the acids from damaging the enamel on your teeth. You may also want to reduce eating citrus fruit or other high acid foods. Avoid the use of alcohol-based mouth rinses since they can be irritating to mouth sores and dry mouth.

Here are some rinsing solution ideas from NIH:

- o 1 teaspoon of salt in 4 cups of water
- o 1 teaspoon of baking soda in 1 cup (8 ounces of water)
- o One-half teaspoon salt and 2 tablespoons baking soda in 4 cups of water

Stay away from crunchy or spicy foods and alcohol. Your mouth can be very fragile during treatment. Steer clear of foods that can irritate your gums or mouth sores. This includes alcohol-based mouth rinses and alcoholic drinks which can burn mouth sores.

If your mouth sores get worse your doctor may recommend delaying your cancer treatment until the infection is healed. According to the Mayo Clinic, chemotherapy reduces your blood's ability to clot and could cause mild to severe bleeding from mouth sores. Bleeding and painful sores could affect your ability to eat which causes more stress to the body. Be sure to speak with your oncologist and dentist throughout your treatment.

Dry Mouth

Dry mouth happens when you don't have enough saliva (spit). It can be a side effect of certain medications, such as antihistamines, decongestants, pain killers, diuretics and many others. Dry mouth can cause a constant sore throat, burning sensation, trouble speaking, difficulty swallowing, hoarseness or dry nasal passages.

Why is this common for cancer patients?

Saliva is vital to our mouth health. It not only helps us break down and wash away food and bacteria from our teeth and gums, but it also provides disease-fighting substances throughout your mouth to help prevent cavities and other infections. For patients undergoing cancer treatment, the use of certain medications, chemotherapy and radiation can greatly reduce the amount of

saliva produced by directly affecting the salivary glands. Less saliva may increase your risk of tooth decay.

What can I do for relief?

Get a dental checkup and talk to your doctor about treatment options. They may recommend the use of artificial saliva and/or a fluoride rinse or gel which may reduce tooth decay caused by dry mouth.

Brush your teeth twice a day with fluoride toothpaste. You can soak your extra-soft toothbrush in warm water to make it softer. Don't forget to brush your tongue! Avoid mouth rinses with alcohol in them since they may further dry your mouth.

Floss daily. This helps remove plaque between teeth. This is essential since your body is not producing an adequate amount of saliva to rinse inside your mouth. If your gums are sore or bleeding, be gentle and avoid those areas but floss in between the rest of your teeth.

Drink plenty of water. Limit drinking alcoholic beverages since they may cause further dryness. Ask your dentist if other options such as sugar-free candies or gum may be helpful for you.

Sensitive Gums and Gum Disease

Sensitive gums may be a sign of minor tissue swelling from chemotherapy and radiation or a more serious indication of gum disease. Symptoms may include tenderness, bleeding, inflammation or even loose teeth.

Why is this a concern for cancer patients?

Some cancer treatments, such as chemotherapy and bone marrow transplant, weaken your immune system. This can make your body vulnerable to bacteria and infection. The bacteria in the mouth can spread to the rest of the body. That's why it is important to try to see your dentist soon after your diagnosis so that you may potentially treat any existing gum disease before undergoing cancer treatment.

What can I do for relief?

Get a dental checkup and talk to your doctor about treatment options. They may recommend a topical anti-inflammatory or a steroid rinse. An antibacterial or antifungal rinse is also commonly prescribed. By keeping your mouth healthy prior to beginning your treatment you could potentially reduce the risk of further infection which could delay your overall treatment.

Brush your teeth twice a day with fluoride toothpaste. There are also over-the-counter products, such as fluoride toothpastes, that contain aloe vera and allantoin, which claim to be naturally soothing and gentle. Talk to your dentist about using these products. If your extra-soft tooth brush bristles are too hard, soak them in warm water to make them softer and don't forget to brush your tongue!

Floss daily. This helps remove plaque between teeth. If your gums are sore or bleeding, be gentle and avoid those areas, but floss in between the rest of your teeth.

Rinse your mouth often. This will help keep food and debris off of your teeth and gums. Rinsing often, along with regular brushing and flossing, may help to reduce the chance of dental decay and infection. Rinsing is also helpful after vomiting to keep the acids from damaging the enamel on your teeth. You may also want to reduce eating citrus fruit or other high acid foods.

Here are some rinsing solution ideas from NIH:

- o 1 teaspoon of salt in 4 cups of water
- o 1 teaspoon of baking soda in 1 cup (8 ounces of water)
- o One-half teaspoon salt and 2 tablespoons baking soda in 4 cups of water

Jaw Pain

Jaw and facial pain is a common side effect, especially if you have radiation therapy near your head or neck. Jaw and facial pain may include pain in or around the ear, tenderness of the jaw, pain when biting or headaches.

Why is this common for head and neck cancer patients?

Radiation therapy can cause inflammation and scarring around the jaw muscles. Another source of jaw pain may be a result of tooth grinding, which is often associated with stress.

What can I do for relief?

Get a dental checkup and talk to your doctor about treatment options. If your jaw pain is attributed to tooth grinding and stress, talk to your dentist about treatment options, which may include muscle relaxants, exercises and anti-inflammatory medications.

To relieve stiff chewing muscles in your jaw, the NIDCR recommends opening and closing your mouth as far as you can without pain 20 times. Do this 3 times a day. Consult with your dentist for more recommendations.

Patients undergoing head and neck cancer treatments may experience a heavy metallic taste. Eating with plastic utensils helps, as does avoiding certain foods (usually those with higher acid).

Infection

An infection in your mouth can present itself in different ways. According to the NIDCR, you should contact your cancer care team if you see a sore, or a sticky, white film in your mouth or if you experience swelling or bleeding.

Why is this common for cancer patients?

Chemotherapy lowers your immunity, causing the germs that naturally live in your mouth to increase your risk for infections or make any infections you have worse. These mouth infections can be difficult to heal and if they are serious

enough they may even delay your cancer treatment. It's important to try to prevent them from happening in the first place.

What can I do for relief?

Contact your cancer treatment doctors immediately. It will also be helpful to include your dentist.

Brush your teeth twice a day with fluoride toothpaste. There are also over-the-counter products, such as fluoride toothpastes, that contain aloe vera and allantoin, which claim to be naturally soothing and gentle. Talk to your dentist about using these products. If your extra-soft toothbrush bristles are too hard, soak them in warm water to make them softer and don't forget to brush your tongue!

Floss daily. This helps remove plaque between teeth. If your gums are sore or bleeding, be gentle and avoid those areas, but floss in between the rest of your teeth.

Rinse your mouth often. This will help keep food and debris off of your teeth and gums. Rinsing often, along with regular brushing and flossing, may help to reduce the chance of dental decay and infection. Rinsing is also helpful after vomiting to keep the acids from damaging the enamel on your teeth. You may also want to reduce eating citrus fruit or other high acid foods.

Here are some rinsing solution ideas from NIH:

- o 1 teaspoon of salt in 4 cups of water
- o 1 teaspoon of baking soda in 1 cup (8 ounces of water)
- o One-half teaspoon salt and 2 tablespoons baking soda in 4 cups of water

Cancer, Dental Treatment After

The health of your mouth is an important part of your overall health after being treated for cancer. After all, your mouth is the gateway to the rest of your body. You want to do your best to take care of your mouth health for life!

Routine check-ups and cleanings are essential. Visit your dentist on a regular basis.

Treatment may include filling cavities, root canals, or crown and bridge work. Due to the effects of cancer treatment, you may have moderate to severe tooth decay as a result of dry mouth since saliva (spit) is essential in rinsing the mouth of food particles and plaque.

Brush your teeth twice a day with fluoride toothpaste. Don't forget to brush your tongue!

Floss daily. Cleaning between your teeth once a day with floss or another product made to clean between your teeth will help remove plaque from your teeth and gums.

Rinse your mouth often. This will help keep food and debris off of your teeth and gums. Avoid rinses that have alcohol in them. Rinsing often, along with regular brushing and flossing, may help to reduce the chance of dental decay and infection.

Don't use tobacco products. Tobacco is harsh on your body – especially for your mouth health.

Eat nutritious foods. Eating healthy foods rich with vitamins and nutrients can help boost your immune system. Your individual nutrition and calorie needs depend on your age, gender, level of physical activity and other health factors, but according to MyPlate, a website from the Center for Nutrition Policy and Promotion, an agency of U.S. Department of Agriculture, a balanced and healthy diet should include:

- Fruits and vegetables. Combined, these should cover half your plate at meals.
- Grains. At least half of the grains you eat should be whole grains, such as oatmeal, whole wheat bread and brown rice.
- Dairy. Choose low-fat or fat-free dairy foods most often.
- Protein. Make lean protein choices, such as lean beef, skinless poultry and fish. Vary your protein choices to also include eggs, beans, peas and legumes. Eat at least eight ounces of seafood a week.



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Dental Anxiety

Do you ever get nervous just thinking about going to the dentist? With dentistry's many advances, diagnosis and treatment is more sophisticated and comfortable than ever.

Here are some tips on how you can cut down your dental anxiety:

- **Share your anxiety.** If you're tense or anxious, tell your dentist and the dental staff. Getting your concerns out in the open will let your dentist adapt the treatment to your needs.
- **Help yourself.** Choose a time for your dental visit when you're less likely to be rushed or under pressure. For some people, that means a Saturday or an early-morning appointment.
- **Wear headphones.** If the sound of the drill bothers you, bring headphones so you can listen to your favorite music. Some dental offices even show television or DVDs. During the dental visit you might try visualizing yourself relaxing on a warm beach.

These positive techniques work wonders for many. Try them on your next dental visit.



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Dental Emergency

Accidents happen, and knowing what to do when one occurs can mean the difference between saving and losing a tooth.

Here are some tips for common dental emergencies:

- For a knocked-out permanent or adult tooth, keep it moist at all times. If you can, try placing the tooth back in the socket without touching the root. If that's not possible, place it in between your cheek and gums, in milk, or use a tooth preservation product that has the ADA Seal of Acceptance. Then, get to your dentist's office right away.
- For a cracked tooth, immediately rinse the mouth with warm water to clean the area. Put cold compresses on the face to keep any swelling down.
- If you bite your tongue or lip, clean the area gently with water and apply a cold compress.
- For toothaches, rinse the mouth with warm water to clean it out. Gently use dental floss to remove any food caught between the teeth. Do not put aspirin on the aching tooth or gum tissues.
- For objects stuck in the mouth, try to gently remove with floss but do not try to remove it with sharp or pointed instruments.

When you have a dental emergency, it's important to visit your dentist or an emergency room as soon as possible.

Here are some simple precautions you can take to avoid accident and injury to the teeth:

- Wear a mouthguard when participating in sports or recreational activities.
- Avoid chewing ice, popcorn kernels and hard candy, all of which can crack a tooth.
- Use scissors, **NEVER** your teeth, to cut things.

Most dentists reserve time in their daily schedules for emergency patients. Call your dentist and provide as much detail as possible about your condition.



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Dental Sealants

Dental sealants act as a barrier to prevent cavities. They are a plastic material usually applied to the chewing surfaces of the back teeth (premolars and molars) where decay occurs most often.

Thorough brushing and flossing help remove food particles and plaque from smooth surfaces of teeth. But toothbrush bristles cannot reach all the way into the depressions and grooves to extract food and plaque. Sealants protect these vulnerable areas by "sealing out" plaque and food.

Sealants are easy for your dentist to apply. The sealant is painted onto the tooth enamel, where it bonds directly to the tooth and hardens. This plastic resin bonds into the depressions and grooves (pits and fissures) of the chewing surfaces of back teeth. The sealant acts as a barrier, protecting enamel from plaque and acids. As long as the sealant remains intact, the tooth surface will be protected from decay. Sealants hold up well under the force of normal chewing and may last several years before a reapplication is needed. During your regular dental visits, your dentist will check the condition of the sealants and reapply them when necessary.

The likelihood of developing pit and fissure decay begins early in life, so children and teenagers are obvious candidates. But adults can benefit from sealants as well.

Key ingredients in preventing tooth decay and maintaining a healthy mouth are:

- brushing twice a day with an ADA-accepted fluoride toothpaste
- cleaning between the teeth daily with floss or another interdental cleaner
- eating a balanced diet and limiting snacks
- visiting your dentist regularly

Ask your dentist about whether sealants can put extra power behind your prevention program.



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Dentures

Dentures are removable appliances that can replace missing teeth and help restore your smile. If you've lost all of your natural teeth, whether from gum disease, tooth decay or injury, replacing missing teeth will benefit your appearance and your health. That's because dentures make it easier to eat and speak better than you could without teeth—things that people often take for granted.

When you lose all of your teeth, facial muscles can sag, making you look older. Dentures can help fill out the appearance of your face and profile. They can be made to closely resemble your natural teeth so that your appearance does not change much. Dentures may even improve the look of your smile.

Types of dentures:

- **Conventional.** This full removable denture is made and placed in your mouth after the remaining teeth are removed and tissues have healed, which may take several months.
- **Immediate.** This removable denture is inserted on the same day that the remaining teeth are removed. Your dentist will take measurements and make models of your jaw during a preliminary visit. You don't have to be without teeth during the healing period, but may need to have the denture relined or remade after your jaw has healed.
- **Overdenture.** Sometimes some of your teeth can be saved to preserve your jawbone and provide stability and support for the denture. An overdenture fits over a small number of remaining natural teeth after they have been prepared by your dentist. Implants can serve the same function, too.

New dentures may feel awkward for a few weeks until you become accustomed to them. The dentures may feel loose while the muscles of your cheek and tongue learn to keep them in place. It is not unusual to experience minor irritation or soreness. You may find that saliva flow temporarily increases. As your mouth becomes accustomed to the dentures, these problems should go away. Follow-up appointments with the dentist are generally needed after a denture is inserted so the fit can be checked and adjusted. If any problem persists, particularly irritation or soreness, be sure to consult your dentist.

Even if you wear full dentures, you still have to practice good dental hygiene. Brush your gums, tongue and roof of your mouth every morning with a soft-bristled brush before you insert your dentures to stimulate circulation in your tissues and help remove plaque.

Like your teeth, your dentures should be brushed daily to remove food particles and plaque. Brushing also can help keep the teeth from staining.

- Rinse your dentures before brushing to remove any loose food or debris.
- Use a soft bristle toothbrush and a non-abrasive cleanser to gently brush all the surfaces of the dentures so they don't get scratched.

- When brushing, clean your mouth thoroughly—including your gums, cheeks, roof of your mouth and tongue to remove any plaque. This can help reduce the risk of oral irritation and bad breath.
- When you're not wearing your dentures, put them in a safe place covered in water to keep them from warping.
- Occasionally, denture wearers may use adhesives. Adhesives come in many forms: creams, powders, pads/wafers, strips or liquids. If you use one of these products, read the instructions, and use them exactly as directed. Your dentist can recommend appropriate cleansers and adhesives; look for products with the ADA Seal of Acceptance. Products with the ADA Seal have been evaluated for safety and effectiveness.

If you have any questions about your dentures, or if they stop fitting well or become damaged, contact your dentist. Be sure to schedule regular dental checkups, too. The dentist will examine your mouth to see if your dentures continue to fit properly.



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Diabetes and Your Smile

Did you know that 29.1 million people living in the United States have diabetes? That's 9.3% of the population. Approximately 1.7 million new cases are diagnosed each year—and 8.1 million people living with diabetes don't even know they have it.

Diabetes affects your body's ability to process sugar. All food you eat is turned to sugar and used for energy. In Type I diabetes, the body doesn't make enough insulin, a hormone that carries sugar from your blood to the cells that need it for energy. In Type II diabetes, the body stops responding to insulin. Both cases result in high blood sugar levels, which can cause problems with your eyes, nerves, kidneys, heart and other parts of your body.

So what does this have to do with that smile of yours — and how can you protect it? First, it's important to understand the signs of diabetes and the roles they play in your mouth.

The Symptoms of Untreated Diabetes

The warning signs of diabetes affect every part of your body. After a blood test, you may be told by a doctor that you have high blood sugar. You may feel excessively thirsty or have to urinate a lot. Weight loss and fatigue are other common symptoms. Diabetes can also cause you to lose consciousness if your blood sugar falls too low.

If diabetes is left untreated, it can take a toll on your mouth as well. Here's how:

- You may have less saliva, causing your mouth to feel dry. (Dry mouth is also caused by certain medications.)
- Because saliva protects your teeth, you're also at a higher risk of cavities.
- Gums may become inflamed and bleed often (gingivitis).
- You may have problems tasting food.
- You may experience delayed wound healing.
- You may be susceptible to infections inside of your mouth.
- For children with diabetes, teeth may erupt at an age earlier than is typical.

Why People with Diabetes Are More Prone to Periodontal (Gum) Disease

All people have more tiny bacteria living in their mouth now than there are people on this planet. If they make their home in your gums, you can end up with periodontal disease. This chronic, inflammatory disease can destroy your gums, all the tissues holding your teeth and even your bones.

Periodontal disease is the most common dental disease affecting those living with diabetes, affecting nearly 22% of those diagnosed. Especially with increasing age, poor blood sugar control increases the risk for gum problems. In fact, people with diabetes are at a higher risk for gum problems because of poor blood sugar control. As with all infections, serious gum disease may cause blood

sugar to rise. This makes diabetes harder to control because you are more susceptible to infections and are less able to fight the bacteria invading the gums.

How Your Dentist Can Help You Fight Diabetes

Regular dental visits are important. Research suggests that treating gum disease can help improve blood sugar control in patients living with diabetes, decreasing the progression of the disease. Practicing good oral hygiene and having professional deep cleanings done by your dentist can help to lower your HbA1c. (This is a lab test that shows your average level of blood sugar over the previous three months. It indicates how well you are controlling your diabetes.)

Your Diabetes Dental Health Action Plan

Teamwork involving self-care and professional care from your dentist will be beneficial in keeping your healthy smile as well as potentially slowing progression of diabetes. Here are five oral health-related things you can do to for optimal wellness:

- Control your blood sugar levels. Use your diabetes-related medications as directed, changing to a healthier diet and even exercising more can help. Good blood sugar control will also help your body fight any bacterial or fungal infections in your mouth and help relieve dry mouth caused by diabetes.
- Avoid smoking.
- If you wear any type of denture, clean it each day.
- Make sure to brush twice a day with a soft brush and floss correctly daily.
- See your dentist for regular checkups.



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Dry Mouth

Dry mouth—also called xerostomia—results from an inadequate flow of saliva. It is not a disease, but a symptom of a medical disorder or a side effect of certain medications, such as antihistamines, decongestants, pain killers, diuretics and many others.

Saliva is the mouth's primary defense against tooth decay and maintains the health of the soft and hard tissues in the mouth. Saliva washes away food and other debris, neutralizes acids produced by bacteria in the mouth and provides disease-fighting substances throughout the mouth, offering first-line protection against microbial invasion or overgrowth that might lead to disease.

Some of the common problems associated with dry mouth include a constant sore throat, burning sensation, trouble speaking, difficulty swallowing, hoarseness or dry nasal passages. In some cases, dry mouth can be an indicator of Sjögren's (pronounced SHOW-grins) syndrome. Sjögren's syndrome is a chronic autoimmune disorder in which the body's immune system mistakenly attacks its own moisture-producing glands, the tear-secreting and salivary glands as well as other organs.

Without saliva, extensive tooth decay can also occur. Your dentist can recommend various methods to restore moisture. Sugar-free candy or gum stimulates saliva flow, and moisture can be replaced by using artificial saliva and oral rinses.

For more information, visit the Sjögren's Syndrome Foundation.



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Dry Socket

Dry socket is a painful condition that sometimes occurs after a tooth is extracted. It happens when the blood clot that forms over your socket is displaced; leaving bone and nerves exposed. If this happens, notify your dentist.

Treatment may include:

- Cleaning the site of the extraction and placing a medicated dressing in the socket.
- Changing the dressing daily until the pain diminishes and the socket begins to heal.
- Prescribing a nonsteroidal anti-inflammatory drug, such as aspirin or ibuprofen. Avoiding cigarette smoking or other tobacco use, as it can delay healing.



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Extractions

An extraction means to have a tooth removed, usually because of disease, trauma or crowding.

If you need an extraction, your dentist will first numb the area to lessen any discomfort. After the extraction, your dentist will advise you of what post extraction regimen to follow. In most cases a small amount of bleeding is normal. Your mouth will slowly fill in the bone where the tooth root was through the formation of a blood clot.

Here are some tips to follow to make recovery easier:

- Avoid anything that might prevent normal healing.
- Don't smoke or rinse your mouth vigorously.
- Avoid drinking through a straw for 24 hours.
- Follow the diet your dentist suggests.

For the first few days, if you must rinse, rinse your mouth gently. If you experience swelling, apply a cold cloth or an ice bag and call your dentist right away. Ask your dentist about pain medication. You can brush and floss the other teeth as usual. But don't clean the teeth next to where the tooth was removed.

Remember, when having an extraction, today's modern procedures and follow up care (as recommended by your dentist) are there for your benefit and comfort.



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Fluoridation

Adding fluoride to public water supplies is a safe and effective way to prevent tooth decay and has played a major role in improving the public's oral health for 70 years. Because water with fluoride helps prevent tooth decay in children and adults, the Centers for Disease Control and Prevention has proclaimed community water fluoridation as one of 10 great public health achievements of the 20th century.

What Is Community Water Fluoridation?

Fluoridation of community water supplies is simply the adjustment of the existing, naturally occurring fluoride in drinking water to an optimal level for the prevention of tooth decay. Think of it this way: Water that has been fortified with fluoride is similar to fortifying milk with Vitamin D, table salt with iodine, and bread and cereals with folic acid.

The number of communities who make the choice to fluoridate their water continues to grow. From 2000-2014, more than 449 U.S. communities in 42 states have voted to adopt or retain successful fluoridation programs. The latest data show that in 2012, 74.6% of the U.S. population on public water systems, or a total of 210.7 million people, had access to optimally fluoridated water.

5 Reasons Why Fluoride in Water is Good for Communities

1. **Prevents tooth decay.** Fluoride in water is the most efficient way to prevent one of the most common childhood diseases – tooth decay. An estimated 51 million school hours are lost each year due to dental-related illness, and one study has shown that children who live in communities without fluoridation are three times more likely to end up in the hospital to undergo dental surgery.
2. **Protects all ages against cavities.** Studies show that fluoride in community water systems prevents at least 25 percent of tooth decay in children and adults, even in an era with widespread availability of fluoride from other sources, such as fluoride toothpaste.
3. **Safe and effective.** For 70 years, the best available scientific evidence consistently indicates that community water fluoridation is safe and effective. It has been endorsed by numerous U.S. Surgeons General, and more than 100 health organizations recognize the health benefits of water fluoridation for preventing dental decay, including the Centers for Disease Control and Prevention, the American Medical Association, the World Health Organization and the American Dental Association.
4. **Saves money.** When it comes to the cost of treating dental disease, everyone pays. Not just those who need treatment, but the entire community – through higher health insurance premiums and higher taxes. The average lifetime cost per person to fluoridate a water supply is less than the cost of one dental filling. For most cities, every \$1 invested in water fluoridation saves \$38 in dental treatment costs.
5. **It's natural.** Fluoride is naturally present in groundwater and the oceans. Water fluoridation is the adjustment of fluoride to a recommended level for

preventing tooth decay. It's similar to fortifying other foods and beverages, like fortifying salt with iodine, milk with vitamin D, orange juice with calcium and bread with folic acid.

If you have specific questions about your family's fluoride needs, please contact your family dentist, pediatrician or physician.



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Dental Fluorosis

Dental fluorosis is the appearance of faint white lines or streaks on the teeth that only occurs when younger children consume too much fluoride, from any source, over long periods when teeth are developing under the gums. Once teeth break through the gums, you cannot develop fluorosis.

Fluorosis isn't a disease and doesn't affect the health of your teeth. In most cases, the effect is so subtle that only a dentist would notice it during an examination. The type of fluorosis found in the United States has no effect on tooth function and may make the teeth more resistant to decay.

Below are four typical cases of mild fluorosis, seen in children participating in the Iowa Fluoride Study.

What Can I Do to Prevent My Child From Developing Fluorosis?

The chance of developing fluorosis exists until about age eight because teeth are still forming under the gums. Ultimately, getting the right amount of fluoride is best—not too much and not too little. Your dentist, pediatrician or family physician can help you determine the proper amount of fluoride for your child. Here are some things parents can do at home to help prevent fluorosis:

Infant to 3 Years Old:

- Breast feed your child. The American Academy of Pediatrics recommends human milk for all infants (except for the few for whom breastfeeding is determined to be harmful). Breast milk is very low in fluoride. Nursing mothers or pregnant women who drink fluoridated water do not pass significant amounts of fluoride to their child.
- If your baby is primarily fed infant formula, using water with fluoride might increase the chance for mild enamel fluorosis. Still, it is safe to use water with fluoride, as enamel fluorosis does not affect the health of your child or the health of your child's teeth.
- Use powdered or liquid concentrate formula mixed with water that either is fluoride-free or has low concentrations of fluoride. These bottled waters are labeled as de-ionized, purified, demineralized, or distilled.
- Use ready-to-feed formula. This type of formula contains little fluoride and does not contribute significantly to the development of mild dental fluorosis. Consult your doctor on the best type of formula for your baby.
- When your child's teeth start coming in, brush them thoroughly twice a day (morning and night) or as directed by a dentist or physician.
- Supervise children's brushing to ensure that they use of the appropriate amount of toothpaste, which is no more than a smear or the size of a grain of rice.

3-8 Year Olds:

- Continue brushing teeth thoroughly twice a day or as directed by a dentist or physician.
- For children ages 3-6, use no more than a pea-sized amount of fluoride toothpaste.
- Many cases of fluorosis can be prevented by keeping children from swallowing fluoride products like toothpaste. Keep an eye on your child's brushing to help minimize the amount of toothpaste that gets swallowed.
- Do not use fluoride mouth rinses for children under six unless advised to do so by a dentist or other health professional. The American Dental Association does not recommend them at this age because many children younger than six haven't fully developed their swallowing reflex and may swallow more than they spit out.
- Under the Safe Drinking Water Act, the U.S. Environmental Protection Agency requires public water systems to notify its customers if the natural occurring fluoride level exceeds 2.0 mg/L or parts per million. People living in areas where naturally occurring fluoride levels in drinking water exceed 2 parts per million should consider an alternative water source or home water treatments to reduce the risk of fluorosis for young children.
- While the EPA does not have the authority to regulate private drinking water wells, it recommends that private well water be tested once a year. If you home is hooked up to a private well, it's a good idea to have the well tested for the fluoride level yearly especially if there are young children in the home. Naturally occurring fluoride levels can vary greatly from location to location. Provide your dentist and physician with the results of the well water testing so that they can provide you with accurate information on your family's fluoride needs.
- Use dietary fluoride supplements only as prescribed by a physician or a dentist. Fluoride supplements are recommended for children between 6 months and 16 years old living in non-fluoridated areas and at high risk of developing tooth decay. The prescription should follow the dietary fluoride supplement schedule approved by the ADA, the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.



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Grills

Grills, also called “grillz” or “fronts,” are decorative covers often made of gold, silver or jewel-encrusted precious metals that snap over one or more of their teeth. They generally are removable but some grill wearers have had their teeth altered with gold crowns to permanently resemble a grill. And some have tried to attach their grill with glue—something that is not meant for internal use and can damage the teeth and tissues! At present there are no studies that show that grills are harmful to the mouth—but there are no studies that show that their long-term wear is safe, either. Some grills are made from non-precious (base) metals that may cause irritation or metal-allergic reactions.

If you wear a grill, you should be especially careful about brushing and flossing to prevent potential problems. Food and other debris may become trapped between the teeth and the grill allowing bacteria to collect and produce acids. The acids can cause tooth decay and harm gum tissue. Bacteria may also contribute to bad breath. There also is the potential for grills to irritate surrounding oral tissues and to wear the enamel away on the opposing teeth.

To prevent problems, try and limit the amount of time spent wearing removable grills. If you already wear a grill, you should remove it before eating. It should be cleaned daily to remove bacteria and food debris. Avoid using jewelry cleaners or any products that are dangerous to ingest. If you are considering getting a dental grill, make sure you talk to your dentist first. Find out exactly what materials the grill is made of and avoid creating a breeding ground for bacteria. Grills might be trendy for the moment, but “pearly whites” will never go out of style.



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Gum Disease

Gum disease is an infection of the tissues that surround and support your teeth. It is a major cause of tooth loss in adults. Because gum disease is usually painless, you may not know you have it. Also referred to as periodontal disease, gum disease is caused by plaque, the sticky film of bacteria that is constantly forming on our teeth.

Here are some warning signs that can signal a problem:

- gums that bleed easily
- red, swollen, tender gums
- gums that have pulled away from the teeth
- persistent bad breath or bad taste
- permanent teeth that are loose or separating
- any change in the way your teeth fit together when you bite
- any change in the fit of partial dentures

Some factors increase the risk of developing gum disease. They are:

- poor oral hygiene
- smoking or chewing tobacco
- genetics
- crooked teeth that are hard to keep clean
- pregnancy
- diabetes
- medications, including steroids, certain types of anti-epilepsy drugs, cancer therapy drugs, some calcium channel blockers and oral contraceptives

See your dentist if you suspect you have gum disease because the sooner you treat it the better. The early stage of gum disease is called gingivitis. If you have gingivitis, your gums may become red, swollen and bleed easily. At this stage, the disease is still reversible and can usually be eliminated by a professional cleaning at your dental office, followed by daily brushing and flossing.

Advanced gum disease is called periodontitis. Chronic periodontitis can lead to the loss of tissue and bone that support the teeth and it may become more severe over time. If it does, your teeth will feel loose and start moving around in your mouth. This is the most common form of periodontitis in adults but can occur at any age. It usually gets worse slowly, but there can be periods of rapid progression.

Aggressive periodontitis is a highly destructive form of periodontal disease that occurs in patients who are otherwise healthy. Common features include rapid loss of tissue and bone and may occur in some areas of the mouth, or in the entire mouth.

Research between systemic diseases and periodontal diseases is ongoing. While a link is not conclusive, some studies indicate that severe gum disease may be associated with several other health conditions such as diabetes or stroke.

It is possible to have gum disease and have no warning signs. That is one reason why regular dental checkups and periodontal examinations are very important. Treatment methods depend upon the type of disease and how far the condition has progressed. Good dental care at home is essential to help keep periodontal disease from becoming more serious or recurring. **Remember:** You don't have to lose teeth to gum disease. Brush your teeth twice a day, clean between your teeth daily, eat a balanced diet, and schedule regular dental visits for a lifetime of healthy smiles.



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HPV and Oral Cancer

There is a growing body of research that shows an increasing incidence of human papillomavirus-associated cancer in the region of the oropharynx. The oropharynx includes the middle region of the throat, including the tonsils and base of the tongue.

Although the primary risk factors for head and neck cancers remain tobacco use and excessive alcohol consumption, HPV infection is now associated with some 10,000 cases of oropharyngeal cancer diagnosed each year in the United States, according to the Centers for Disease Control and Prevention. In April 2012, the CDC reported that oropharyngeal cancer is the second most diagnosed of cancers associated with HPV. HPV is commonly transmitted through sexual contact.

Not all types of HPV cause cancer, but 40 known strains of HPV can be transmitted through sexual contact.

According to the CDC, cancers of the head and neck are mostly caused by tobacco and alcohol, but recent studies show that about 60–70 percent of cancers of the oropharynx may be linked to HPV. Many of these may be caused by a combination of tobacco, alcohol, and HPV. Regular dental check-ups that include an examination of the entire head and neck can be beneficial in identifying cancerous and pre-cancerous signs and symptoms.

In its Statement on Human Papillomavirus and Squamous Cell Cancers of the Oropharynx, the ADA Council on Scientific Affairs noted that the FDA approved two HPV vaccines for the prevention of HPV-associated cancers of the cervical, vulvar, vaginal and anal mucosa; however, the vaccines may also be effective in the prevention of HPV-associated oropharyngeal cancers. More studies are needed to determine if vaccination aids in the prevention of HPV-associated oropharyngeal cancers. The ADA will continue to provide guidance to the dental profession and public about HPV-associated oropharyngeal cancer.

Talk to your dentist or physician if you experience any of these symptoms:

- persistent sore throat
- difficulty swallowing
- hoarseness
- ear pain
- enlarged lymph nodes

The following federal agencies can provide more information about HPV infection:

- National Institute of Allergy and Infectious Diseases
- Centers for Disease Control and Prevention

The CDC Advisory Committee on Immunization Practices recommends the HPV vaccine for women aged 9-26 years, and for males 11-21 years, to prevent cervical cancer.

There is no current recommendation of this vaccine to prevent other types of cancers.



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Implants

If you are self-conscious because you have missing teeth, wear dentures that are uncomfortable or don't want to have good tooth structure removed to make a bridge, talk to your dentist to see if dental implants are an option for you.

Dental implants are a popular and effective way to replace missing teeth and are designed to blend in with your other teeth. They are an excellent long-term option for restoring your smile. In fact, the development and use of implants is one of the biggest advances in dentistry in the past 40 years. Dental implants are made up of titanium and other materials that are compatible with the human body. They are posts that are surgically placed in the upper or lower jaw, where they function as a sturdy anchor for replacement teeth.

Most patients find that a dental implant is secure, stable and a good replacement for their own tooth. There are generally three phases to getting an implant:

- First, the dentist surgically places the implant into the jawbone. Your dentist may recommend a diet of soft foods, cold foods and warm soup during the healing process.
- Next, the bone around the implant heals in a process called osseointegration. What makes an implant so strong is that the bone actually grows around it and holds it in place. Osseointegration means “combines with the bone” and takes time. Some patients might need to wait until the implant is completely integrated, up to several months, before replacement teeth can be attached to the implant. Other patients can have the implants and replacement teeth placed all in one visit.
- Finally, it's time for the placement of the artificial tooth/teeth. For a single tooth implant, your dentist will customize a new tooth for you, called a dental crown. The crown will be based on size, shape, color and fit, and will be designed to blend in with your other teeth. If you are replacing more than a single tooth, custom-made bridges or dentures will be made to fit your mouth and your implants. (Note: The replacement teeth usually take some time to make. In the meantime, your dentist may give you a temporary crown, bridge or denture to help you eat and speak normally until the permanent replacement is ready.)

If you are interested in dental implants, it's a good idea to discuss it carefully with your dentist first. If you are in good general health this treatment may be an option for you. In fact, your health is more of a factor than your age. You may be medically evaluated by a physician before any implant surgery is scheduled.

Chronic illnesses, such as diabetes or leukemia, may interfere with healing after surgery. Patients with these issues may not be good candidates for implants. Using tobacco can also slow healing.



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Medications and Oral Health

Many medications—both those prescribed by your doctor and the ones you buy on your own—affect your oral health.

A common side effect of medications is dry mouth. Saliva helps keep food from collecting around your teeth and neutralizes the acids produced by plaque. Those acids can damage the hard surfaces of your teeth. Dry mouth increases your risk for tooth decay. Your soft oral tissues—gums, cheek lining, tongue—can be affected by medications as well. For example, people with breathing problems often use inhalers. Inhaling medication through your mouth can cause a fungal infection called oral candidiasis. Sometimes called thrush, this infection appears as white spots in your mouth and can be painful. Rinsing your mouth after using your inhaler may prevent this infection.

Cancer treatments also can affect oral health. If possible, see your dentist before beginning treatment. He or she can ensure that your mouth is healthy and, if necessary, can prescribe treatments to help you maintain good oral health. Your dentist also is interested in the medications you are taking because many can affect your dental treatments. Your dentist may want to speak with your physician when planning your treatment. Rare but serious jaw problems also can occur in people who've received bone strengthening drugs to treat cancer and, to a lesser extent, osteoporosis.

These are only a few examples of how medications can affect your oral health. It is important that your dentist knows about the medications you are taking so that he or she can provide the best dental care for you. Tell your dentist about your medication use and your overall health, especially if you have had any recent illnesses or have any chronic conditions. Provide a health history including both prescription and over-the-counter products. Always let your dentist know when there are changes in your health or medication use.

Be sure to talk with your dentist about how to properly secure and dispose of any unused, unwanted or expired medications, especially if there are any children in the household. Also, take the time to talk with your children about the dangers of using prescription drugs for non-medical purposes.



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Meth Mouth

Meth Mouth, a term for the tooth and oral health damage caused by the illegal and highly addictive drug methamphetamine, is one of many devastating effects this drug can have on users' health. Methamphetamine is a potent central nervous system stimulant that can cause shortness of breath, hyperthermia, nausea, vomiting, diarrhea, irregular heart beat, high blood pressure, permanent brain damage and rampant tooth decay.

Some users describe their teeth as "blackened, stained, rotting, crumbling or falling apart." Often, the teeth cannot be salvaged and must be removed. The extensive tooth decay is likely caused by a combination of drug-induced psychological and physiological changes resulting in dry mouth and long periods of poor oral hygiene. A methamphetamine "high" lasts much longer than a high produced by crack cocaine—12 hours versus one hour for cocaine—which can lead to long periods of poor oral hygiene. And while they are high, users often crave high-calorie, carbonated, sugary beverages or they may grind or clench their teeth, all of which can harm teeth.

According to the 2010 National Survey on Drug Use and Health, methamphetamine use is declining (from an estimated 731,000 past month users in 2006 to 353,000 past month users in 2010). However it is still a concern, particularly in rural areas and in the western, southwestern and midwestern U.S.



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Oral Piercings

Body piercing is a popular form of self-expression. Oral piercings or tongue splitting may look cool, but they can be dangerous to your health. That's because your mouth contains millions of bacteria, and infection and swelling often occur with mouth piercings. For instance, your mouth and tongue could swell so much that you close off your airway or you could possibly choke if part of the jewelry breaks off in your mouth. In some cases, you could crack a tooth if you bite down too hard on the piercing, and repeated clicking of the jewelry against teeth can also cause damage. Oral piercing could also lead to more serious infections, like hepatitis or endocarditis.

If you pierce your tongue, lips, cheeks or uvula (the tiny tissue that hangs at the back of the throat,) it can interfere with speech, chewing or swallowing. It may also cause:

- **Infection, pain and swelling.** Your mouth is a moist environment, home to huge amounts of breeding bacteria, and an ideal place for infection. An infection can quickly become life threatening if not treated promptly. It's also possible for a piercing to cause your tongue to swell, potentially blocking your airway.
- **Damage to gums, teeth and fillings.** A common habit of biting or playing with the piercing can injure your gums and lead to cracked, scratched or sensitive teeth. Piercings can also damage fillings.
- **Hypersensitivity to metals.** Allergic reactions at the pierced site are also possible.
- **Nerve damage.** After a piercing, you may experience a numb tongue that is caused by nerve damage that is usually temporary, but can sometimes be permanent. The injured nerve may affect your sense of taste, or how you move your mouth. Damage to your tongue's blood vessels can cause serious blood loss.
- **Excessive drooling.** Your tongue piercing can increase saliva production.
- **Dental appointment difficulties.** The jewelry can get in the way of dental care by blocking X-rays.

If you already have piercings:

- Contact your dentist or physician immediately if you have any signs of infection—swelling, pain, fever, chills, shaking or a red-streaked appearance around the site of the piercing.
- Keep the piercing site clean and free of any matter that may collect on the jewelry by using a mouth rinse after every meal.
- Try to avoid clicking the jewelry against teeth and avoid stress on the piercing. Be gentle and aware of the jewelry's movement when talking and chewing.
- Check the tightness of your jewelry periodically (with clean hands). This can help prevent you from swallowing or choking if the jewelry becomes dislodged.

- When taking part in sports, remove the jewelry and protect your mouth with a mouthguard.
- See your dentist regularly, and remember to brush twice a day and floss daily.

Of course the best option is to consider removing mouth jewelry before it causes a problem. Don't pierce on a whim. The piercing will be an added responsibility to your life, requiring constant attention and upkeep. Talk to your dentist for more information.



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Osteoporosis and Oral Health

It's important to let your dentist know about all the medications that you take. That's because certain medications can influence dental treatment decisions.

In the case of antiresorptive agents—medicines that help strengthen bones—these medications have been associated with a rare but serious condition called osteonecrosis (OSS-tee-oh-ne-KRO-sis) of the jaw (ONJ) that can cause severe damage to the jawbone.

Some antiresorptive agents, such as Fosamax, Actonel, Atelvia, Didronel and Boniva, are taken orally to help prevent or treat osteoporosis (thinning of bone) and Paget's disease of the bone, a disorder that involves abnormal bone destruction and regrowth, which can result in deformity. Others antiresorptive agents, such as Boniva IV, Reclast or Prolia, are administered by injection. Higher and more frequent dosing of these agents is given as part of cancer therapy to reduce bone pain and hypercalcemia of malignancy (abnormally high calcium levels in the blood) associated with metastatic breast cancer, prostate cancer and multiple myeloma.

How do these medications affect dental treatment plans?

While osteonecrosis of the jaw can occur spontaneously, it more commonly occurs after dental procedures that affect the bone or associated tissues (for example, pulling a tooth). Be sure to tell your dentist if you are taking antiresorptive agents so he or she can take that into account when developing your treatment plan.

It's not possible to say who will develop osteonecrosis and who will not. Most people (more than 90 percent) diagnosed with ONJ associated with these medications are patients with cancer who are receiving or have received repeated high doses of antiresorptive agents through an infusion. The other 10 percent (of people with ONJ) were receiving much lower doses of these medications for treatment of osteoporosis. It may be beneficial for anyone who will be starting osteoporosis treatment with antiresorptive agents to see their dentist before beginning treatment or shortly after. This way, you and your dentist can ensure that you have good oral health going into treatment and develop a plan that will keep your mouth healthy during treatment.

Continue regular dental visits

If you are taking antiresorptive agents for the treatment of osteoporosis, you typically do not need to avoid or postpone dental treatment. The risk of developing osteonecrosis of the jaw is very low. By contrast, untreated dental disease can progress to become more serious, perhaps even involving the bone and associated tissues, increasing the chances that you might need more invasive treatment. People who are taking antiresorptive agents for cancer treatment should avoid invasive dental treatments, if possible. Ideally, these patients should have a dental examination before beginning therapy with antiresorptive agents so that any oral disease can be treated. Let your dentist

know that you will be starting therapy with these drugs. Likewise, let your physician know if you recently have had dental treatment.

Talk to your physician before ending medications

It is not generally recommended that patients stop taking their osteoporosis medications. The risk of developing bone weakness and a possible fracture is higher than those of developing osteonecrosis.

Talk to your physician before you stop taking any medication.

Symptoms of osteonecrosis of the jaw include, but are not limited to:

- pain, swelling, or infection of the gums or jaw
- injured or recently treated gums that are not healing
- loose teeth
- numbness or a feeling of heaviness in the jaw
- exposed bone

Contact your dentist, general physician or oncologist right away if you develop any of these symptoms after dental treatment.



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Pregnancy

Congratulations on this exciting and busy time of your life! You have so much to think about during pregnancy but don't forget about your teeth and gums. It may be easy to overlook your mouth, but pregnancy can actually make some dental problems worse. Brushing and flossing contributes to your overall health, too, and if your mouth is healthy, it's more likely that your baby's mouth will be healthy.

See your dentist

It's important to continue to see your dentist during pregnancy for oral examinations and professional teeth cleanings. Make sure to tell your dentist that you are pregnant and about any changes you have noticed in your oral health. Good daily care is vital. That means always brushing your teeth twice a day with fluoride toothpaste, cleaning between your teeth once a day, eating a balanced diet and limiting between-meal snacks.

To assist you in making healthy eating choices, the National Maternal and Child Oral Health Policy Center has compiled a list of tips to follow during pregnancy that can be found [here](#).

Healthy Habits

Being pregnant comes with many responsibilities—and oral hygiene is no exception. For most women, routine dental visits are safe during pregnancy, but let your dental office know what month you are in when you make your appointment. If yours is a high-risk pregnancy or you have some other medical condition, your dentist and your physician may recommend that treatment be postponed. Be sure to let your dentist know if there is any change in the medications you take or if you have received any special advice from your physician. The benefits of receiving dental care during pregnancy far outweigh potential risks. Be sure to keep your dentist informed of any changes in your mouth such as swelling, redness or bleeding.

Tips for maintaining a healthy mouth during pregnancy:

- Brush thoroughly with an ADA-accepted fluoride toothpaste twice a day.
- Floss between your teeth daily.
- Purchase products that have the ADA Seal of Acceptance.
- Eat a balanced diet. If you snack, do so in moderation.
- Visit your dentist regularly for a professional cleaning and check-up.
- If you need help controlling plaque, your dentist may recommend rinsing at night with an antimicrobial mouth rinse.
- If you have morning sickness and are vomiting frequently, try rinsing with a teaspoon of baking soda mixed with water to stop stomach acid from attacking your teeth.

Concerns unique to you:

Gingivitis

Your mouth can be affected by the hormonal changes you will experience during pregnancy. For example, some women develop a condition known as “pregnancy gingivitis,” an inflammation of the gums that can cause swelling and tenderness. Your gums also may bleed a little when you brush or floss. Left untreated, gingivitis can lead to more serious forms of gum disease. Your dentist may recommend more frequent cleanings to prevent this.

Medications

Some drugs can be used during and after dental treatment to make you more comfortable. Inform your dentist of any prescription or over-the-counter drug you are taking. This will help your dentist determine what type of drug, if any, will be prescribed for you. Your dentist can consult with your physician to determine the drugs—such as painkillers or antibiotics—you may safely take during the pregnancy. Discuss any concerns with your dentist and physician. Both are concerned about you and your baby.

Be sure to talk with your dentist about how to properly secure and dispose of any unused, unwanted or expired medications, especially if there are any children in the household. Also, take the time to talk with your children about the dangers of using prescription drugs for non-medical purposes.

X-Rays

It’s possible you’ll need an X-ray if you suffer a dental emergency or need a dental problem diagnosed. Although, radiation from dental X-rays is extremely low, your dentist or hygienist will cover you with a leaded apron that minimizes exposure to the abdomen. Your dental office will also cover your throat with a leaded thyroid collar to protect the thyroid from radiation.

Pregnancy Tumors

In some women, overgrowths of tissue called “pregnancy tumors” appear on the gums, most often during the second trimester. These non-cancerous growths or swellings are usually found between the teeth and are believed to be related to excess plaque. They bleed easily and have a red, raw-looking raspberry-like appearance. They usually disappear after your baby is born, but if you are concerned, talk to your dentist about removing them. If you notice pregnancy tumors or any other changes in your mouth during pregnancy, see your dentist.



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Root Canal

Root canal treatment is necessary when the pulp (soft tissue inside your teeth containing blood vessels, nerves and connective tissue) becomes inflamed or diseased. During root canal treatment, your dentist or endodontist (a dentist who specializes in treating the insides of teeth) removes the diseased pulp. The pulp chamber and root canal(s) of the tooth are then cleaned and sealed. If the infected pulp is not removed, pain and swelling can result, and your tooth may have to be removed.

Causes of an infected pulp could include:

- a deep cavity
- repeated dental procedures
- a cracked or broken tooth
- injury to the tooth (even if there's not a visible crack or chip)

If you continue to care for your teeth and gums your restored tooth could last a lifetime. However, regular checkups are necessary; a tooth without its nerve can still develop cavities or gum disease. Most of the time, a root canal is a relatively simple procedure with little or no discomfort involving one to three visits. Best of all, it can save your tooth and your smile.



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Sensitive Teeth

Is the taste of ice cream or a sip of hot coffee sometimes a painful experience for you? Does brushing or flossing make you wince occasionally? If so, you may have sensitive teeth.

Possible causes include:

- Tooth decay (cavities)
- Fractured teeth
- Worn fillings
- Gum disease
- Worn tooth enamel
- Exposed tooth root

In healthy teeth, a layer of enamel protects the crowns of your teeth—the part above the gum line. Under the gum line a layer called cementum protects the tooth root. Underneath both the enamel and the cementum is dentin.

Dentin is less dense than enamel and cementum and contains microscopic tubules (small hollow tubes or canals). When dentin loses its protective covering of enamel or cementum these tubules allow heat and cold or acidic or sticky foods to reach the nerves and cells inside the tooth. Dentin may also be exposed when gums recede. The result can be hypersensitivity.

Sensitive teeth can be treated. The type of treatment will depend on what is causing the sensitivity. Your dentist may suggest one of a variety of treatments:

- **Desensitizing toothpaste.** This contains compounds that help block transmission of sensation from the tooth surface to the nerve, and usually requires several applications before the sensitivity is reduced.
- **Fluoride gel.** An in-office technique which strengthens tooth enamel and reduces the transmission of sensations.
- **A crown, inlay or bonding.** These may be used to correct a flaw or decay that results in sensitivity.
- **Surgical gum graft.** If gum tissue has been lost from the root, this will protect the root and reduce sensitivity.
- **Root canal.** If sensitivity is severe and persistent and cannot be treated by other means, your dentist may recommend this treatment to eliminate the problem.

Proper oral hygiene is the key to preventing sensitive-tooth pain. Ask your dentist if you have any questions about your daily oral hygiene routine or concerns about tooth sensitivity.



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Sleep Apnea and Snoring

Sleep apnea is a common and serious sleeping disorder that happens when your regular breathing is interrupted during sleep. Snoring is common among patients with sleep apnea but not all snorers have sleep apnea.

There are two main types of sleep apnea:

- **Obstructive sleep apnea.** The more common form, it is the result of blocked airflow during sleep, usually when the soft tissue at the back of the throat collapses while you sleep. Health factors, such as obesity may contribute.
- **Central sleep apnea.** Results from a problem with how the brain signals the breathing muscles. The airway is not blocked, instead the brain fails to signal the muscles to breathe. This type of sleep apnea can occur with conditions such as heart failure, brain tumors, brain infections, and stroke.

Sleep apnea can affect any one at any age, although men are more likely to develop the disorder. The risk is also greater for those:

- over 40
- overweight
- with large tonsils, large tongue or small jaw
- with a family history of sleep apnea
- with a nasal obstruction due to a deviated septum, allergies or sinus problems.

If left untreated, sleep apnea can result in a number of health problems including:

- high blood pressure
- stroke
- heart failure, irregular heartbeat and heart attack
- diabetes
- depression
- worsening of ADHD.

Sleep apnea can be treated. There are several options:

- **Adjusting sleeping habits.** This may mean simply not sleeping on your back
- **Continuous positive air pressure (CPAP).** This is a device which improves breathing while you sleep. The device supplies air through the nasal passages and the air pressure keeps the airway open while sleeping.
- **Oral appliances.** Certain oral devices can shift and support the jaw to prevent the airway from collapsing. Research shows that oral appliances can successfully prevent sleep apnea in some mild to moderate cases.
- **Surgery.** According to the [American Academy of Dental Sleep Medicine](#), upper airway surgery may be recommended when other treatment options are unsuccessful in eliminating the symptoms of sleep apnea. Depending on the location and nature of the airway obstruction, the procedure may be

minimally invasive or more complex. It may be necessary to remove the tonsils or other parts of the soft palate or throat.

If you think you have sleep apnea, make sure to speak with your physician or dentist for more information and possible evaluation.



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Thumbsucking

Thumbsucking is a natural reflex for children. Sucking on thumbs, fingers, pacifiers or other objects may make babies feel secure and happy and help them learn about their world. Young children may also suck to soothe themselves and help them fall asleep.

However, after the permanent teeth come in, sucking may cause problems with the proper growth of the mouth and alignment of the teeth. It can also cause changes in the roof of the mouth. Pacifiers can affect the teeth essentially the same ways as sucking fingers and thumbs, but it is often an easier habit to break. The intensity of the sucking is a factor that determines whether or not dental problems may result. If children rest their thumbs passively in their mouths, they are less likely to have difficulty than those who vigorously suck their thumbs. Some aggressive thumbsuckers may develop problems with their baby (primary) teeth.

Children usually stop sucking between the ages of two and four years old, or by the time the permanent front teeth are ready to erupt. If you notice changes in your child's primary teeth, or are concerned about your child's thumbsucking consult your dentist.

Tips for helping your child stop thumbsucking:

- Praise your child for not sucking.
- Children often suck their thumbs when feeling insecure or needing comfort. Focus on correcting the cause of the anxiety and provide comfort to your child.
- For an older child, involve him or her in choosing the method of stopping.
- Your dentist can offer encouragement to your child and explain what could happen to their teeth if they do not stop sucking.

If the above tips don't work, remind the child of their habit by bandaging the thumb or putting a sock on the hand at night. Your dentist or pediatrician may prescribe a bitter medication to coat the thumb or the use of a mouth appliance.



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Wisdom Teeth

Wisdom teeth, also referred to as third molars, get their name by being the last teeth to come in during young adulthood. As part of a dental visit, your dentist will examine you to determine if your wisdom teeth are healthy and properly positioned.

Every patient is unique, but in general, wisdom teeth may need to be removed when there is evidence of changes in the mouth such as:

- pain
- infection
- cysts
- tumors
- damage to adjacent teeth
- gum disease
- tooth decay (if it is not possible or desirable to restore the tooth)

Your dentist or specialist may also recommend removal to prevent problems or for others reasons, such as when removal is part of an orthodontic, restorative or periodontal treatment plan.

In addition, the condition of your mouth changes over time. Wisdom teeth that are not removed should continue to be monitored, because the potential for developing problems later on still exists. As with many other health conditions, as people age, they are at greater risk for health problems and that includes potential problems with their wisdom teeth. Regular dental visits are important so your dentist can evaluate not just your wisdom teeth but your overall oral health to help you prevent and manage dental disease and achieve optimal oral health.



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