

word of mouth[®]

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A Semiannual Publication of the Massachusetts Dental Society



**BRUSH
WITH
FAME**





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

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

Your comments and suggestions regarding this publication are always welcome. All correspondence and requests for additional copies may be sent to Melissa Carman, Managing Editor, Publications and Web Site, Massachusetts Dental Society, Two Willow Street, Suite 200, Southborough, MA 01745-1027, or mcarman@massdental.org.

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Metal M

Now you see them, now you don't. Braces, that is. Tom Cruise may be the most famous person to have jumped on the invisible braces bandwagon, but everywhere you look, more and more people are sporting the clear tooth-straightening devices. Not that you can see them, mind you.

For years, fixed metal appliances or braces were the only option people had for straightening teeth. Today, instead of brackets and wires, teenagers and adults have the option of wearing either ceramic braces—tooth-colored ceramic materials that are bonded to the



front surface of the teeth in the same manner as traditional metal braces—or custom-made, nearly undetectable removable clear aligners.

Ceramic braces are often referred to as “invisible” because of their relatively low visibility and difficulty in being detected by others from usual conversational distances. The ceramic bracket is designed to blend in with the tooth to which it is attached. Ceramic braces work

outh No More

in the same fashion as traditional metal braces; the only difference is visibility.

Clear aligners, on the other hand, are capable of moving teeth without bonded brackets or wires. In this process, a number of custom-made clear plastic trays, which fit tightly and completely over the teeth, gradually move the teeth until the intended result is achieved. The system may require the successive use of 15 or more different sets of clear aligners, each

Using clear aligners is similar to wearing a traditional retainer, except that a retainer is not likely to be worn as frequently. Nevertheless, a removable appliance—a retainer or a high-tech clear aligner—has limitations and can only be used in certain situations, usually when there is only mild misalignment of teeth. Moderate to severe misalignment or significant problems with one's bite still require braces, which are fixed to the teeth and give the orthodontist complete



of which is worn for approximately two weeks.

As with any removable orthodontic appliance, clear aligners work only when they are worn, and it is therefore recommended that the aligners be worn continuously during the day and night, except to eat, brush, and floss. This is necessary for the tooth movement to proceed as planned.

three-dimensional control of the tooth movement and/or bite correction, as needed.

Due to the technology involved, clear aligners will generally be at least as expensive as braces and usually significantly more expensive than a traditional retainer. Talk to your orthodontist to determine which method of straightening is right for you. ●

BRUSH W

What do Mark Wahlberg, Senator John Kerry, Tom Brady, Joyce Kulhawik, and an American Idol finalist all have in common with you and me?

We all have teeth . . . and we know how to use them.

Admit it: At one point in our lives, whether it's been for screaming out "Cheeeese" for a photograph or preening in front of the mirror, we've all grinned wide enough for our pearly whites to show. And while not everyone leads the exciting life of a movie star, presidential candidate, world-champion athlete, or television personality, most of us still try to take good care of our teeth. So despite the seemingly glamorous lives of well-known celebrities, we can be pretty sure that one thing they still do for themselves is brush their own teeth.

This spring, WORD OF MOUTH surveyed a variety of celebrities with ties to Massachusetts—some locally grown, some nationally known—to ask them what kind of toothbrush they use (electric with all the bells and whistles or no-frills manual) and what color it is.

So if you've ever wondered what type of toothbrush your favorite Boston-area celebrity (and a few you maybe didn't know had ties to the Bay State) uses, read on. And the next time you brush your teeth, you may find yourself thinking about which other celebs use the same color toothbrush you do. 

George Kraychyk



Mark Wahlberg

Actor

Toothbrush color: Multicolored
Toothbrush type: Manual

Special thanks to the Massachusetts Film Bureau for providing contact information.



Joyce Kulhawik

Arts and Entertainment Anchor, CBS4
Toothbrush color: Purple
Toothbrush type: Manual



Senator John Kerry

U.S. Senate (D-MA)

Toothbrush color: Blue
Toothbrush type: Manual

Ray Mickshaw/FOX



Constantine Maroulis

American Idol Finalist, Vocalist, and Graduate of the Boston Conservatory
Toothbrush color: Red & white
Toothbrush type: Manual

New England Patriots



Tom Brady

Quarterback, New England Patriots

Toothbrush color: Blue
Toothbrush type: Manual

New England Patriots



Bill Belichick

Head Coach, New England Patriots

Toothbrush color: Blue
Toothbrush type: Manual

Professional Care

charge

WITH FAME



Dani Michele Photography

Ming Tsai
 Chef/Owner of Blue Ginger
 and Host of the Food
 Network's *East Meets West*
 Toothbrush color: Blue
 Toothbrush type: Both electric
 & manual



Brian Babineau (NBAE/Getty)

Antoine Walker
 Forward, Boston Celtics
 Toothbrush color: Blue
 Toothbrush type: Both electric
 & manual



Bernie Rubin
 Co-Founder, Bernie & Phyl's Furniture
 Toothbrush color: Clear
 Toothbrush type: Manual

Phyllis Rubin
 Co-Founder, Bernie & Phyl's Furniture
 Toothbrush color: Dark blue & white
 Toothbrush type: Manual



Steve Babineau (NBAE/Getty)

Al Jefferson
 Forward, Boston Celtics
 Toothbrush color: Blue
 Toothbrush type: Manual



Liz Walker
 Host and Executive Producer of
Sunday with Liz Walker on CBS4
 Toothbrush color: White
 Toothbrush type: Electric



Brian Babineau (NBAE/Getty)

Doc Rivers
 Head Coach, Boston Celtics
 Toothbrush color: White
 Toothbrush type: Electric



Julie Cordeiro

Mike Timlin
 Pitcher, Boston Red Sox
 Toothbrush color: Usually purple,
 blue, or green
 Toothbrush type: Manual



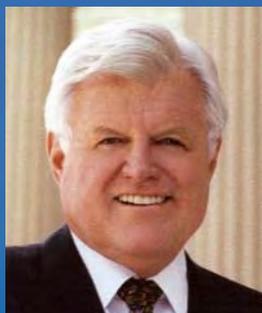
Nancy Kerrigan
 U.S. Olympic Figure Skating Medalist
 Toothbrush color: White
 Toothbrush type: Electric



Steve Babineau

Alan Embree
 Pitcher, Boston Red Sox
 Toothbrush color: Black bristles
 Toothbrush type: Manual

BRUSH WITH FAME



Senator Edward M. Kennedy
U.S. Senate (D-MA)
Toothbrush color: Blue
Toothbrush type: Manual



Doug Flutie
Quarterback, New England Patriots, and 1984 Heisman Trophy Winner
Toothbrush color: Blue
Toothbrush type: Manual



Jasper White
Chef/Owner,
Summer Shack Restaurant
Toothbrush color: Blue & white
Toothbrush type: Electric



Billy Costa
Host, *TV Diner With Billy Costa* on NECN,
and Radio Personality, KISS 108 FM
Toothbrush color: Purple
Toothbrush type: Manual



Mike Eruzione
Captain,
1980 U.S. Olympic Hockey Team
Toothbrush color: Blue
Toothbrush type: Manual



Joseph Funder
Author, *High Crimes, Paranoia,*
and *Company Man*
Toothbrush colors/types: White electric
and purple manual



Rabbi Harold Kushner
Author, *When Bad Things
Happen to Good People*
Toothbrush color: Blue accent
Toothbrush type: Manual



Harvey Leonard
Meteorologist, WCVB-TV Channel 5
Toothbrush color: Green
Toothbrush type: Manual



Mayor Thomas M. Menino
Mayor of Boston
Toothbrush color: Blue
Toothbrush type: Manual



Susan Wornick
Anchor/Consumer Reporter,
WCVB-TV Channel 5
Toothbrush color: Pastel
Toothbrush type: Manual

Don't Let Sports Drinks Leave a Bad Taste in Your Mouth



Sports drinks are everywhere: at the gym, in the supermarket, and on Little League fields. On TV and at sporting events, we see professional athletes gulping down sports drinks in order to rehydrate. However, according to the Massachusetts Dental Society (MDS), the consequences these drinks have on your dental health may be a little hard to swallow.

Last year, Americans spent more than \$5 billion on sports drinks alone. And while most health experts agree that these drinks contain electrolytes and sodium that are beneficial to athletes and marathoners, they have little value for the rest of us.

According to a study in the January/February 2005 issue of *General Dentistry*, the journal of the Academy of General Dentistry, sports drinks may cause permanent damage to tooth enamel and could lead to severe tooth decay. Dental enamel is the thin, outer layer of tissue that helps maintain a tooth's structure and shape, while also protecting it from decay.

For 14 days, the enamel from cavity-free teeth was continuously exposed to a number of popular beverages, including sports drinks, energy drinks, fitness water, and non-cola beverages such as lemonade and iced tea. The study revealed that the damage to enamel as a result of drinking sports beverages was 3 to 11 times greater than from consuming cola-based drinks.

Why? Most cola drinks contain one or more acids, usually phosphoric and citric acids; however, sports beverages and several other popular soft drinks also contain other additives, as well as organic acids. Because organic acids are known to break down calcium, they have the potential to erode tooth enamel. The three beverages that were found to damage enamel the most were, in this order, lemonade, energy drinks, and sports drinks.

Drinking sports beverages does not automatically mean a mouthful of cavities, however. According to the MDS, decay can be avoided by simply brushing your teeth after consuming these acid-containing drinks.

In addition, try not to "nurse" these types of beverages for long periods. Constantly taking sips over an extended amount of time means that the decay-causing acids can stay in your mouth that much longer. It also helps to limit or alter your intake of soda and sports drinks. Instead, drink water, preferably with fluoride, to ensure healthy enamel, which will ultimately protect your teeth from decay.

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



Veneers: A Facelift for Your Teeth

With the abundance of makeover reality television shows and contests for free makeovers populating the airwaves, odds are that you have heard the term “veneers” in recent months. In many of these “extreme” makeover cases, veneers are used to fix badly stained front teeth and improve less-than-perfect smiles. But how do you know if veneers are the right choice for you?

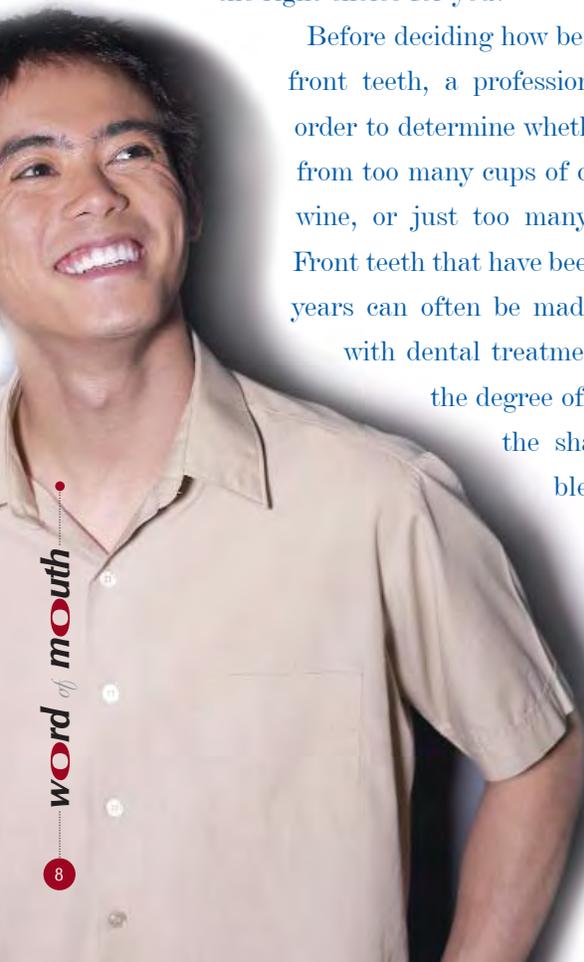
Before deciding how best to treat stained front teeth, a professional cleaning is in order to determine whether the staining is from too many cups of coffee, a lot of red wine, or just too many years on earth. Front teeth that have been stained over the years can often be made more attractive with dental treatment. Depending on the degree of discoloration and the shape of the teeth, bleaching may be the best option. However, tooth whitening can only lighten the color of the teeth; when the size

and shape of the teeth require adjustments to improve their appearance, either veneers or full crowns need to be considered. And when dramatic changes to the shape or position of the teeth are necessary, full crowns are a better choice.

Veneers are very much like artificial fingernails in that they are glued to the front surface of the eight upper front teeth. They produce a smooth, attractive surface on the front of the teeth, the part that shows when you smile. Sometimes, this can be accomplished without removing any of the tooth surfaces. However, most of the time, the front surface of the teeth has to be shaved down to make room for enough plastic or porcelain to cover the stain and to achieve a natural look. It’s important to remember that this procedure is permanent. Unlike artificial fingernails, you can’t take veneers off if you don’t like them.

For younger people, treating only the upper teeth with bleach, veneers, or crowns is often adequate because that is all that shows when they speak or smile. As we age, however, we tend to see more and more of the lower teeth and less of the upper teeth. Therefore, for older people, just treating the upper front teeth does not usually achieve the desired result.

Consult your dentist if you have any questions about veneers or any other cosmetic dentistry procedure. 



ARE YOUR LIPS SEALED?

In order to reduce the risk of skin cancer, it's important that you use a sunscreen with a sun protection factor (SPF) when exposed to the sun for any length of time. However, the Massachusetts Dental Society (MDS) wants to give sun worshippers a little "lip service" regarding another type of cancer.

Along with a rise in the number of cases of skin cancer, there has been an increase in lip cancer. Lip cancer is the most common form of oral cancer, but unfortunately, many times it goes undiagnosed. Often, lip cancer starts out small, with a person believing that he or she simply has a cold sore. But a trip to the dentist can reveal that it's more than that, as dentists are often the ones who discover lip cancer.

Lip cancer is most often found in people over the age of 45. However, fair-skinned people, sunbathers, or anyone who works in or is exposed to sunlight for great lengths of time is at risk, too. In addition, lip cancer has been found to be most prevalent in males. "Men have a higher incidence of lip cancer and appear more susceptible because they tend to get more cumulative sun exposure through outdoor occupations," explains Dr. Heather Nelson, assistant professor of environmental epidemiology at the Harvard School of Public Health. Thirty percent of lip cancer diagnoses are in people with outdoor occupations.

How can you tell if you have lip cancer? Most commonly, lip cancer appears as an ulcer or wartlike growth that does not heal. Other times, it may materialize as an abnormal redness and thickening of the lip. Nearly 90 percent of all cases occur on the lower lip. Lip cancer is uncommon in the corners of the mouth, occurring in only 2 percent of cases.

A good defense against lip cancer is to protect yourself with a lip balm or lip moisturizer containing an SPF. However, it's critical not only that you apply an SPF to your lips, but also that you *reapply* it. Many sunscreens on the market today are waterproof and last for hours, but lip balm or lip moisturizer can be wiped off or just wear off more easily. That's why it's important to reapply it when you're exposed to the sun.

The overall survival rate for lip cancer is 90 percent if detected early enough. This is due to the fact that lip cancer tends to grow very slowly and remains localized rather than spreading as many other cancers do. Unfortunately, the survival rate for advanced cases tends to be only 50 percent. And while sun exposure is one of the risks associated with lip cancer, smokers continue to have the highest incidence of oral cancer, according to the American Cancer Society.

So, if you have what appears to be a cold sore that's lasted longer than a week, or if you suspect that you may have lip cancer, contact your dentist immediately.

For more information on oral cancer, contact the Massachusetts Dental Society at (800) 342-8747 or log on to www.massdental.org. 

A good defense against lip cancer is to protect yourself with a lip balm or lip moisturizer containing an SPF.

Children with Down Syndrome More Susceptible to Gum Disease

Approximately one out of every 800 to 1,100 babies is born with an extra chromosome of the twenty-first group, called trisomy 21, resulting in Down syndrome. Although the incidence of dental cavities in people with Down syndrome has been reported to be low, severe early-onset periodontal disease is often seen in children with Down syndrome. In fact, a staggering 85 to 90 percent of those with Down syndrome have periodontal disease, according to a National Institutes of Health study. Periodontal disease, or gum disease, is a serious chronic bacterial infection affecting the gums and bone supporting the teeth. If left untreated, it can lead to tooth loss.

It's not exactly clear as to why periodontal disease is so prevalent in children with Down syndrome. However, a compromised immune system, along with a decrease in the number of T cells, is thought to be a contributing factor. And according to a 2000

study in the *Journal of Periodontology*, Dr. Atsuo Amano, the study's lead researcher and an associate professor of dentistry for the disabled, says that people with Down syndrome may be more susceptible to gum disease because they "have less immunity, experience deterioration in the mouth due to premature aging, and often have inadequate oral hygiene. In addition, they are apt to have various congenital deformities in the mouth, such as short teeth, a small oral cavity, displaced and missing teeth, defective tooth enamel, and fragile gingival tissue."

According to the Massachusetts Dental Society (MDS), good home dental care is essential for these children. Because a child with Down syndrome may be resistant to brushing and flossing, the newer children's electric toothbrushes and floss



holders may be easier—and more fun—for them to maneuver.

"Plaque control is the most effective strategy in preventing periodontal disease in the Down syndrome population," says Dr. Amano. Also, because of the increased risk of periodontal disease, patients with Down syndrome may require more frequent trips to the dentist. It also may be beneficial for parents to talk to their child's dentist about a periodontal evaluation.

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

Ah, summertime. Staying at that bed-and-breakfast near the beach. Camping on the shores of a pristine lake. A road trip to the Midwest to ride every rollercoaster between here and there. As summer vacation travel kicks into high gear, it's always important to pack for emergencies: a flashlight for the car, extra food and water,



Wax. If by chance an orthodontic bracket or wire breaks, be sure to have dental wax close by. An orthodontist should be seen right away, but until then, wax will temporarily cover any sharp edges that are sticking out. All orthodontic patients are given dental wax to relieve soreness and irritation associated with having braces, so ask for a little extra before leaving on vacation.

Floss. It's important to floss every day, so floss should be packed automatically for vacation. But if something gets lodged between your teeth, do not use a sharp or pointed instrument—such as a toothpick—to remove it. Instead, use your floss to gently try to remove the object. If that doesn't work, contact a dentist.

Your dentist's phone number. If you're traveling, it's always a smart move to have your dentist's phone number and pager number with you. Even better, tell your dentist ahead of time where you're traveling; he or she may be able to rec-

A First Aid Kit for Your Mouth

and, certainly, a first aid kit. While many vacationers pack for a "just in case" medical emergency, many travelers are ill equipped for a dental emergency.

As upsetting as a dental emergency is at home, it may be even more disruptive and stressful when you're traveling and unprepared. According to the Massachusetts Dental Society (MDS), packing some "in case of a dental emergency" items is something to consider. Here are a couple of things that the MDS recommends you have handy while traveling:

Salt. There's nothing like a toothache to ruin a vacation. And if a toothache occurs, a good first step is to rinse with warm saltwater. This may help dislodge trapped food or debris, which may be causing the toothache. Small packets of salt are easily packed and can even be found in most fast-food restaurants. Acetaminophen pain products will help with a toothache, too. If the toothache persists, however, contact a dentist immediately.

Temporary filling material. You never know when or where you might lose a filling, and having temporary filling material on hand will not only relieve discomfort, but will also keep food away from the now-exposed cavity. Temporary filling material is sold over the counter and is available at most local drugstores. But even if you use a filling material, it's still critical to get to a dentist as soon as possible. If the filling material is left in place too long, it may be harmful. And if you've just had crown or bridge work done before you set out on your trip, ask your dentist about temporary cement, which you can use should your crown or bridge become dislodged.

ommend a dentist in the area in the event that a dental emergency should arise. This is an especially good idea if you've just had extensive treatment done before you plan to head out of town.

If you don't have your dentist's phone number handy, the MDS recommends calling information or looking in the phone book for the state or local dental society's phone number in the area you'll be visiting to obtain a referral for a dentist in that area.

The chances of a dental emergency occurring on vacation are slim, but when it does happen, it can ruin an otherwise relaxing vacation. So it never hurts to be prepared, just in case. ●



Always Open



You may not be able to visit your dentist 24 hours a day, but you can access dental health information any time, day or night, by visiting the Massachusetts Dental Society Web site at www.massdental.org. There, you'll find information on a wide range of subjects—everything from braces and bridges to mouthguards and nightguards.

Of course, our Web site is no substitute for actually going to the dentist. But when you visit us online, at least you won't be asked how often you floss.



This message is brought to you by the 4,500 members of the Massachusetts Dental Society.
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