

word of mouth[®]

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A Semiannual Publication of the Massachusetts Dental Society

Pregnancy & Oral Health

what to expect
when you are
expecting





word of mouth[®]

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

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

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

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A Bundle of Joy

A woman's body goes through many changes when she is expecting a baby. Weight gain, breast changes, swollen feet, back pain, and hemorrhoids are just a few examples of the fun things to expect. But some moms-to-be may not be aware that, as a result of pregnancy, their teeth and gums also undergo changes that can have health ramifications. Since oral health is a part of overall health, it comes as no surprise that maintaining a healthy mouth during pregnancy can lead to a healthier mom and a healthier baby.


During pregnancy, the body's hormone levels rise considerably, and pregnant women can see an increased chance of developing gingivitis, a milder and reversible form of periodontal disease. (Left untreated, gingivitis may lead to a more serious, destructive form of periodontal disease called periodontitis.) Gingivitis, which is especially common during the second to eighth months of pregnancy, may cause red, puffy, or tender gums that bleed when brushed. This sensitivity is an exaggerated response to plaque and is caused by an increased level of progesterone in the body. More frequent cleanings during the second trimester or early third trimester can help expectant mothers avoid gingivitis.

According to the American Dental Association, another oral condition that can occur during pregnancy is something called "pregnancy tumors." Less scary than they sound, though still a concern, pregnancy tumors are localized growths or swellings of gum tissue that appear between the teeth during the second trimester. Believed to be related to excess plaque, these growths are red with a "mulberry-like" surface and have a tendency to bleed. They are often surgically removed after the baby is born.

Lastly, studies have shown a relationship between periodontal disease and the delivery of preterm, low-birth-weight babies. According to the American Academy of Periodontology, pregnant women with periodontal disease may be seven times more likely to have a baby born too early and too small. Low-birth-weight babies

and a healthy mouth

have a higher incidence of breathing problems, anemia, jaundice, mental retardation, cerebral palsy, congestive heart failure, and malnutrition. Researchers believe the cause is a labor-inducing chemical found in oral bacteria called *prostaglandin*. Very high levels of prostaglandin are found in women with severe cases of periodontal disease. Periodontal disease is caused by a bacterial infection that attacks the gums, ligaments, and bone in the mouth. Three out of four adults are affected by periodontal disease or gum disease at some point in their lives; however, women are especially susceptible to periodontal disease during pregnancy. Periodontal disease can be treated safely during pregnancy with a procedure called scaling and root planing, which cleans out the pocket between the tooth and gum.

If you are pregnant or thinking about becoming pregnant, the Massachusetts Dental Society (MDS) recommends that you include a periodontal screening as part of your prenatal care. The MDS also advises pregnant women to maintain good oral health, including brushing regularly—two to three times daily—with a soft-bristled toothbrush and fluoride toothpaste, and flossing daily. And in addition to all of the appointments with your obstetrician, you should be sure to schedule regular visits with your dentist to further ensure your oral health and the health of your baby. 

“Women are especially susceptible to periodontal disease during pregnancy.”



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



When It Comes to Tooth Whitening Shoppers Beware



In these modern times, the shopping mall has become more than just a place to buy a new sweater or that last-minute birthday present. Shoppers visiting malls can now do everything from mail a package, to buy a puppy, to ride a roller coaster, as well as pamper themselves by visiting hair salons, sitting in a massage chair, or getting a quick manicure or pedicure. But there's one other cosmetic procedure that's becoming more commonplace at the mall that the Massachusetts Dental Society (MDS) advises is one purchase you may want to think twice about: tooth whitening.

Kiosks and stores for tooth whitening have been springing up across the nation's malls, promising whiter, brighter teeth in just 20 to 30 minutes, with a lower cost than at the dentist's office. The process is fairly simple: A kiosk employee fills a mouth tray with a special whitening gel, the customer places the tray in his or her own mouth, and is then seated in a reclined position in front of a special blue light that activates the gel. The cost is anywhere in the hundreds of dollars.

But is it worth it—and is it safe?

Having your teeth whitened in a mall would not necessarily be dangerous, says the MDS, but by not having a dentist evaluate your teeth prior to the whitening process, you risk not identifying important reasons to not whiten, or the presence of other oral diseases that may supersede whitening.

The employees at these franchise-owned stores and kiosks are not dentists, dental hygienists, or dental assistants. They are called "tooth-whitening technicians"—all they do is direct customers as to how to insert the gel-filled tray into their own mouths and then position the light that activates the whitening gel. These stores and kiosks do not fall under the umbrella of dentistry, and this has the American Dental Association (ADA) concerned.


"The mall kiosks, unfortunately, are not regulated," says Dr. Matthew J. Messina, an Ohio-based dentist and consumer advisor for the ADA. "They are operating outside of the dental practice acts in each state, and as such, people should not expect infection control guidelines to

be followed. Also, HIPAA [Health Insurance Portability and Accountability Act] requirements do not apply, so confidentiality is not ensured.

"The employees of the kiosks are not dental professionals. In effect, they are masquerading as health care professionals," continues Dr. Messina, indicating a cause for concern within the dental profession. "The public expects a high standard of care from the dental profession, and these kiosks are not in the business of living up to that standard because they are not part of the profession."

So how does one whiten his or her teeth safely? The Academy of General Dentistry says that the best whitening results depend on the use of a custom-made bleaching tray, which a dentist will be able to fit properly. At-home whitening strips may be another effective option. In any case, having a thorough exam performed by your dentist is critical to detect any issues, such as dental decay or gum recession, that need to be addressed prior to whitening. That is why it's extra important that those individuals who are considering whitening their teeth have had a dental exam within the last year. Additionally, some people may not be aware that these whitening methods will not work for crowns, bridges, or other prosthetic dental work, and may result in tooth discoloration or even end up damaging existing dental work.

Tooth whitening is safe, but, ideally, it should be done under the watchful eye of a dentist to ensure proper results. Keep in mind that any damage to your teeth or tooth enamel caused by tooth whitening unsupervised by a dental professional is one purchase you can't return—even if you have a receipt.

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

Kids Eye View

I remember when I was a little kid, I was scared of going to the dentist, but that was silly because it doesn't hurt as much as you think.

One time I had a tooth ache. It hurt really bad. So I had to go to the dentist. I was afraid to get in the chair, but I did. The dentist said I had a cavity and I needed a filling. I was afraid it was going to hurt but it didn't!

Dentists are really nice, and kids shouldn't be scared to go to the dentist. You feel better after you go to the dentist, because the dentist helps you. I have to go to the dentist next week and I'm not afraid to go to the dentist anymore, like I was when I was little.

by Nicholas Cowhig, age 10
Falmouth, Mass.

Sedation Nation

In 1978, when the punk rock band the Ramones wrote the song “I Wanna Be Sedated,” it’s highly doubtful they were talking about dental appointments. These days, however, many patients are saying just that before they climb into the dental chair to have a cavity filled or other treatment performed. Modern dentistry offers a variety of options that can make your time in the chair a lot more comfortable. One of the techniques gaining in popularity in recent years is sedation, which is used to help patients who experience anxiety and fear during dental treatment. When used alone or in conjunction with anesthesia, sedation can provide a stress-free—and sometimes pain-free—dental experience.

Local anesthesia is the type of anesthesia most commonly used in the dentist’s office for such procedures as filling cavities, preparing teeth for crowns, or treating gum disease. This method is available in both injection and topical form. Injectable local anesthetics (e.g. Novocain) prevent pain in a specific area of the mouth during treatment by numbing oral tissues and blocking the nerves that sense or transmit pain. But for those patients who suffer from anxiety related to visiting the dentist, local anesthesia may not be enough.

Many people avoid visiting the dentist because they have a dental phobia, sometimes related to a previous painful dental experience. Young children and physically or mentally challenged persons may experience severe anxiety while undergoing dental treatment, which can make the experience stressful. Sedation is used to help these patients relax during treatment, allowing them to access the comprehensive care that relieves pain and restores form and function.

Conscious Sedation

Sedation can be divided into two types—conscious and deep. Conscious sedation (also known as minimal or moderate sedation) allows the patient to achieve a relaxed state where all bodily functions remain normal, and the patient is able to breathe on his or her own and respond to physical and verbal stimuli.

Minimal sedation is achieved through the inhalation of nitrous oxide (commonly known as “laughing gas”) through a mask, but sometimes patients are also given an antianxiety pill (benzodiazepine) to take while in the office, according to the Academy of General Dentistry (AGD).

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

Moderate sedation, on the other hand, is achieved by using a medication or combination of medications that are taken orally or intravenously while in the dental office. All patients who undergo minimal or moderate sedation are awake during the process; however, your dentist will instruct you as to what you should and should not do while still under the effects of the sedatives after your appointment, such as driving a car (which is a no-no).


Deep Sedation

Deep sedation results in a depressed level of consciousness whereby patients are not easily awakened and may not respond to some stimulation. Deep sedation is generally administered intravenously, orally, or in combination with gases. Patients who undergo deep sedation will also be required to refrain from driving, so you’ll want to make sure you are accompanied to your appointment. With intravenous deep sedation, a needle is inserted into the arm or hand, so those with a fear of needles may not necessarily find this method very relaxing.

Patients who undergo all types of sedation treatment may experience some level of amnesia about what happened during their dental appointment, which may be a plus for some patients, according to the AGD.

Sedation is a safe option for those patients who experience anxiety while receiving dental treatment, says the American Dental Association. However, it is not for everyone. For example, minimal sedation cannot be administered to patients suffering with respiratory problems such as emphysema or asthma, or those who are sensitive to the class of drugs used for the sedation, according to the AGD. Speak with your dentist or specialist to make sure you understand how sedation works and what to expect both during and after the procedure. Also, your dentist will want to be familiar with your health history to ensure that any medications you are taking or allergies you may have don’t react adversely with the chosen sedation method.

When it comes to sedation, it’s important to note that the patient’s safety and comfort is the foremost consideration for the dentist, and that patients should consult with their dentist about what option is best for them for dealing with dental anxiety.

Sedation may just have patients saying, to paraphrase the Ramones, “Hey! Ho! Let’s go—to the dentist!” 





Basketball players: Be on

GUARD

when it comes to protecting your smile

More than 40 million children today participate in organized sports in the United States. According to the U.S. Centers for Disease Control and Prevention, sports-related craniofacial injuries account for 600,000 emergency room visits each year. This adds up to millions of knocked-out, cracked, or chipped teeth, lip lacerations, and even jaw fractures. No one argues that safety is a critical factor when a child is participating in a contact sport. When playing football, hockey, and lacrosse, student-athletes wear helmets to protect against concussions. They wear pads on their shoulders and around their knees and elbows to safeguard against breaks and bruises. And they wear mouthguards to protect their teeth, jaws, and skull from injuries related to blows to the face or head.

Maybe it's because the players don't swing a stick around or make a game out of tackling the other team, but basketball is all too often overlooked as being a contact sport. But anyone who's ever been on the receiving end of a wayward elbow under the net, had a ball clip them on the chin mid-pass, or fallen face-first onto the parquet scrambling for a rebound would attest otherwise. Basketball *is* a contact sport, and the Massachusetts Dental Society (MDS) wants children and teens who play basketball to do everything they can to protect themselves from orofacial injuries.

Orofacial injuries are very problematic because they generally involve the nerves of young, permanent teeth and can require a lifetime of follow-up care and expense for athletes and their parents. In fact, costs can be as high as \$10,000 to \$15,000 per injured tooth, not to mention numerous hours in the dentist's chair.

Mouthguards help prevent injury to the mouth area, especially the teeth, lips, cheeks, and tongue. Even athletes who use helmets or face masks should wear mouthguards, since they also protect against head and neck injuries by helping to cushion blows. In fact, athletes who do not wear mouthguards during games and practices are 60 times more likely to suffer an orofacial injury, according to the MDS.

Until recently, in Massachusetts mouthguards were required in basketball, along with football, field hockey, ice hockey, lacrosse, soccer, and wrestling. However, in May 2007, the Massachusetts Interscholastic Athletic Association (MIAA), the governing body


that oversees high school mouthguard regulations, voted to rescind its mouthguard mandate in basketball. Now mouthguards are only "recommended" in basketball instead of "required."

In basketball alone, a player's risk of orofacial injury is 15 times that of a football player, according to the Academy of General Dentistry. In 2002, Boston Celtics forward and team captain (and 2007–2008 NBA Finals MVP) Paul Pierce had two teeth broken during a game against the Phoenix Suns. He was not wearing a mouthguard. This unfortunate incident resulted in Number 34 spending time off the basketball court and in the dental chair to repair the damage.

The MDS is concerned that because mouthguards are now only "recommended" in basketball, the majority of players will not wear them, and the number of orofacial injuries to student-athletes will almost certainly increase.

There are three types of mouthguards available: custom-made, boil-and-bite, and stock. Dentists strongly recommend that athletes wear custom-made mouthguards, because in terms of fit, comfort, and protection, they are by far the best because they are made from dental impressions of the teeth. By pressure-laminating the mouthguard during its fabrication, the final product is designed to fit an athlete's mouth exactly. As a result, the athlete breathes better, speaks more clearly, and most importantly, receives the best protection from an orofacial injury.

The MDS recognizes that custom-made mouthguards are more costly than store-bought mouthguards. To that end, since 2002, the Massachusetts Dental Society's *Grin and Wear It*® mouthguard program has been providing custom-made mouthguards to students for a discounted or nominal fee. More than 170 dentists throughout the state currently volunteer for this initiative.

So, for all the point guards, power forwards, and centers out there, before you race down court to make that game-winning layup, please make sure you don't get laid out with an orofacial injury. Wear a mouthguard. 

For more information on mouthguards or the *Grin and Wear It*® Program, contact the Massachusetts Dental Society at (800) 842-3747 or visit www.massdental.org.



Do You Dairy?

“Milk. It does a body good.” We’ve all heard that slogan before, and we all know that dairy products help build and maintain strong bones and healthy teeth. But there’s another part of the mouth that benefits from a diet rich in dairy products: the gums. According to a study published last year in the *Journal of Periodontology*, a publication of the American Academy of Periodontology (AAP), regular intake of dairy products may help promote periodontal (gum) health. And since periodontal health has been linked closely to cardiovascular and overall health, it’s doubly important that you maintain optimum oral health, because it affects more than just your smile, and that’s reason enough to “milk” good oral health habits.

Periodontal disease is a bacterial infection affecting the gums and bone supporting the teeth, and it is a major cause of tooth loss in adults, says the AAP. According to the American Dental Association, researchers have found that periodontitis (the advanced form of periodontal disease that can cause tooth loss) is linked with other health problems, such as cardiovascular disease, stroke, and bacterial pneumonia. Additionally, pregnant women with periodontitis may be at increased risk of delivering preterm and/or low-birth-weight infants.

In the study, researchers analyzed the periodontal health of 942 subjects and determined that those who regularly consumed dairy products, such as milk, yogurt, and cheese, had a lower instance of gum (periodontal) disease. The test subjects, who ranged in age from

40 through 79, were examined on two periodontal parameters that can indicate gum disease: periodontal pocket depth (PD) and clinical attachment loss (CAL) of gum tissue. The researchers found that subjects who consumed 55 or more grams of products containing lactic acid—read: dairy products—daily had a significantly lower prevalence of deep PD and severe CAL, which indicated a lower instance of periodontal disease.

The health benefits of a diet rich in dairy are well known: Calcium (which is also the building block of teeth and jaws) promotes strong bones and teeth, and protein helps build lean muscle. But dairy products have also been shown to aid in weight loss, as many weight-loss studies have found that dieters who consumed three servings of dairy products daily were less likely to feel deprived.

So by making sure that you get your daily dose of dairy, however you swallow it, you’ll also make sure that your teeth and gums are as strong and healthy as possible. And that’s an “udderly” satisfying thought. ◻



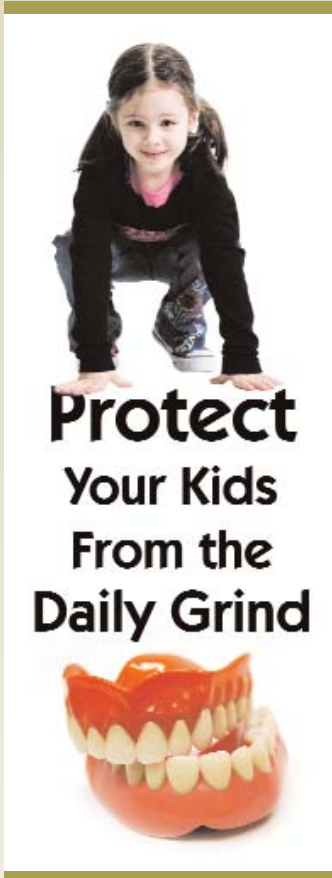
For more information on periodontal disease or your oral health, contact the Massachusetts Dental Society at (800) 342-8747 or visit www.massdental.org.



Grown-ups have lots of reasons to be stressed. Working. Paying the rent or mortgage. Keeping up with the rising cost of gasoline and heating oil (and sinking 401(k) balances). Maintaining relationships. Raising a family. Putting food on the table. As a result, this stress sometimes manifests itself in physical symptoms, one of which has implications for oral health: teeth grinding (also known as bruxism). While they may not have to worry about making the mortgage payment or spending \$75 to fill the gas tank, children experience their own forms of stress, which means that they, too, can fall victim to bruxism, resulting in headaches, earaches, and in chronic cases, facial pain and temporomandibular joint (TMJ) disease. By being aware of the signs of bruxism, parents can be better prepared to help their children maintain optimum oral health, resulting in happier and healthier children.

Many people with bruxism—which can develop at any age, according to the American Dental Association (ADA)—are unaware that they have it because either they don't realize they are grinding their teeth or it only happens when they are asleep. Children, especially, are less in tune with their health and not always able to pinpoint where or why something is hurting them. And with a condition like bruxism, which oftentimes only occurs during sleep, parents need to pay extra attention to suss out the symptoms.


In the majority of cases, parents detect bruxism through the sound of their children's upper and lower teeth clenching together when they are sleeping. Although research has not attributed the cause of teeth grinding to any single factor, pain and discomfort from colds, ear infections, allergies, and other ailments may cause children to unwittingly grind their teeth. Problems in sleeping, an abnormal bite, and crooked or missing teeth are also thought to be causal factors in bruxism, according to the ADA. Psychological factors, such as stress and anxiety, should not be overlooked. A change in routine



(such as switching schools or the birth of a younger sibling) or worries about an upcoming test or soccer game can be very stressful for youngsters who have yet to develop healthy coping mechanisms. And this stress can result in grinding, which can lead to oral health problems.

In children, bruxism can be considered a nervous habit similar to thumb and finger sucking or lip biting. And like thumb and finger sucking, bruxism can oftentimes be an unconscious occurrence, meaning that children aren't aware that they are grinding their teeth. Unfortunately, bruxism is also similar to thumb and finger sucking in that prolonged grinding can result in damage to the teeth and jaws.

Damage to a child's primary dentition, or baby teeth, from teeth grinding can range from slight wear on the surface of the molars and/or incisors to severe wear of the entire dentition. In most cases, such wear is not painful to the child because the loss of tooth structure takes place over a relatively long period of time. However, in some severe cases of bruxism, tooth sensitivity and even nerve infection may occur.

Fortunately, in the majority of cases of pediatric teeth grinding, the habit disappears as the child ages. However, parents who suspect their child is experiencing bruxism should be sure to contact their dentist for an evaluation. Based on the diagnosis, the dentist may recommend a custom-made nightguard to be worn during sleep. The nightguard fits over the teeth on one jaw and acts as a buffer between the upper and lower teeth, absorbing the pressure of biting and preventing further damage to the tooth surface. If stress is considered to be a factor, parents should talk with the child to help allay his or her fears, and adopt calming habits before bedtime, such as taking a warm bath, reading a book, or going for a relaxing walk. 

Bruxism

In the majority of cases, parents detect bruxism through the sound of their children's upper and lower teeth clenching together when they are sleeping.



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



In this “go-go-go” modern age, it’s no wonder the popularity of energy drinks is on the rise, especially among adolescents and young adults looking for that late-night boost for studying or for staying out with friends, or as a performance boost before a sporting event. However, the Massachusetts Dental Society (MDS) warns that while these trendy drinks may help you stay up later or wake up for an early morning class, they pack a different kind of punch on your oral health: Full of calories, caffeine, and sugar, energy drinks may prove very harmful to your teeth.


Most of these canned beverages are marketed as “high-energy,” claiming to give you a boost in alertness and energy after consuming them. This boost comes from the addition of caffeine, as well as natural substances and vitamins. The drinks also contain a great deal of sugar, artificial colors and flavors—and acids that can wear away at tooth enamel. What’s more, many of these canned drinks are often packaged as two servings, although many consumers

don’t read the nutrition label carefully and will drink the entire beverage in one sitting so, in actuality, they are getting twice the calories, twice the caffeine, and, potentially, twice the danger to their oral health.

A 2007 study published in *General Dentistry*, a clinical publication from the Academy of General Dentistry, examined the acidity levels of five popular soft drinks on the market and discovered that energy drinks and sports drinks have the strongest potential for erosion of dental enamel. The beverages contain acid, which eats away at dental enamel, resulting in discoloration, sensitivity, and cracks or chips.

If these beverages are consumed frequently, the MDS wants you to know that your teeth will suffer. Therefore, it is important to vigorously rinse sugars and acids from the teeth. And, not to be underestimated, brushing and flossing frequently and using high-fluoride toothpaste and fluoride rinse are all helpful.


If you do consume these high-energy beverages, sipping through a straw and drinking a glass of water afterward can help minimize exposure and damage to your teeth. Water helps by diluting the sugars and acids from the tooth enamel. But your best bet for a healthy mouth is to limit your intake of these beverages.

The Massachusetts Dental Society recommends getting plenty of sleep, eating a well-balanced diet, and exercising as natural ways to maintain energy levels. Walking, jogging, or participating in other cardiovascular activities can have a positive effect on your mood and energy levels. Drinking plenty of water and avoiding overly caffeinated and sugary beverages can help you stay hydrated and focused, and keep your teeth healthy, too. 

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


TOOTH "PICKS"

SURVEY SAYS . . . toothbrush is tops



There's no overestimating the importance of a clean mouth. Sixty-two percent of Americans say that if they had to spend an unexpected night away from home, not having their toothbrush would be worse than not having a change of clean underwear, according to a 2008 survey conducted by Los Angeles-based Kelton Research. In the same survey, 48 percent of Americans said that if they were stranded on a desert island, having their toothbrush would be more important than having toilet paper.

Sssssssss.....not sutures




Snake venom may speed healing time for patients recovering from oral surgery procedures. A 2007 study published in the *Journal of Periodontology* followed 15 patients who had gingival (gum) graft surgery and whose surgical wounds were closed with an adhesive that was made from an enzyme found in snake venom. The researchers found that this adhesive was more effective and more beneficial for closing surgical wounds than traditional sutures, and those patients had a faster recovery and better results than sutured patients. The study's authors believe that this unique type of adhesive may stimulate faster tissue repair.

There's gold in them thar drawers

With the economy reaching all-time lows, more and more people are turning to the practice of selling off personal items in an effort to increase the amount of cash in their pockets. And that is leading many people to dig through their drawers and blow the dust off boxes in the attic looking for old fillings, crowns, and bridges that were made from gold, according to the Associated Press. Though now considered a thing of the past, gold crowns, fillings, and bridgework are usually made of 16-carat gold. Instead of hanging onto these dental "souvenirs," people are selling them to pawnbrokers, coin shops, and specialized firms that buy dental gold. And with the gold market priced at anywhere from \$800 to \$1,000 an ounce, that's no "bullion."

When it comes to cavities, can you blame your genes?



Genetics plays into a lot of things when it comes to our physical makeup: eye color, height, weight, and even a receding hairline. But do we also have a genetic predisposition to getting cavities? Researchers at New York University are currently studying the oral health history of 1,100 pairs of twins to determine how genetics and the environment interact in the development of caries, or cavities. The researchers are comparing potential cavity factors in identical twins versus fraternal twins, who share only half their genetic makeup. If the identical twins are shown to have a tendency to develop caries a certain way, that could indicate that genetics helps determine more than what color your eyes are.



MILE-HIGH tooth pain club

Air travel is putting the "squeeze" on more than just your wallet and the number of bags you can bring with you: It could be causing your teeth to ache. "Tooth squeeze," or *barodontalgia*, occurs when there is a change in barometric pressure, causing toothaches or dental pain, according to the Academy of General Dentistry. The pain can become more severe as the plane climbs to higher altitudes, and dissipates as the plane descends. Common sources for tooth squeeze are abscesses, cavities, and dental fillings, so if you experience discomfort the next time you hit the wild blue yonder, be sure to check with your dentist when you land.

A candy that's good for your teeth?

The future is upon us. Researchers have discovered a new technology that can replace sugar in candy, gum, and other treats, but the catch is that this new ingredient actually helps *prevent* tooth decay. CaviStat® mimics the cavity-fighting benefits of saliva by neutralizing harmful plaque acids while also promoting the remineralization of the tooth structure. Study results show that children who were administered mints made with CaviStat had 62 percent fewer cavities in their molars after one year compared to children in the placebo group. Now if only they could make a candy that's good for your waistline, too.



Something Healthy to Chew On:



WARNING: Smokeless Tobacco
is Not Harmless Tobacco.

Tips on Spit is a program sponsored by the Massachusetts Dental Society (MDS) developed to spread the word that *smokeless tobacco is not harmless tobacco.*

What Is Spit Tobacco?

There are two forms of spit tobacco: chewing tobacco and snuff.

Chewing tobacco, packaged in a pouch, is usually placed between the cheek and gum, with users keeping it in their mouths for several hours to get a continuous high from the nicotine in the tobacco.

Snuff tobacco, usually sold in cans, is placed between the lower lip and the gums. Just a pinch is needed release the nicotine, which is then swiftly absorbed into the bloodstream, resulting in a quick high.

The “Tooth” About Smokeless Tobacco

- According to the Centers for Disease Control and Prevention, as many as 20 percent of high school boys and 2 percent of high school girls use smokeless or chewing tobacco.
- Spit tobacco has a higher dose of nicotine than cigarettes.
- The most serious effect of using spit tobacco is an increased risk of oral cancer. Research has shown more than half of spit tobacco users have noncancerous or precancerous lesions in their mouths, and unfortunately, oral cancer kills 50 percent of its victims within five years of diagnosis.

So remember . . . whether you call it chewing tobacco, dip, or spit—tobacco is still tobacco. And all forms of tobacco are harmful.

For a free copy of the brochure *Tips on Spit*, contact the Massachusetts Dental Society at (800) 342-8747.



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