

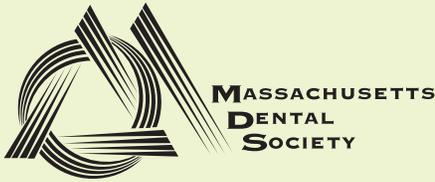
WORD of MOUTH[®]

A Semiannual Publication of the Massachusetts Dental Society

Summer-Fall 2013



Summer
Smile
Safety Tips



www.massdental.org
 (800) 342-8747

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** articles 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 website 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, Director of Publications, Massachusetts Dental Society, Two Willow Street, Suite 200, Southborough, MA 01745-1027, or email mcarman@massdental.org.

Copyright © 2013 The Massachusetts Dental Society

- Robert E. Boose, EdD, *Executive Director*
- Scott G. Davis, *Chief Communications Officer*
- Melissa Carman, *Director of Publications*
- Jeanne M. Burdette, *Manager, Graphic Design*
- Shelley Padgett, *Graphic Designer*
- Jennifer Hanlin, *Administrative Coordinator*

While many of us are enjoying time away from work and school by lounging at the beach, camping in the mountains, or embarking on another summer adventure, we often don't think about our oral health. As the Go-Gos sang in their 1982 hit, “Vacation, all I ever wanted!” However, the Massachusetts Dental Society (MDS) notes that one thing you don't want on your summer vacation is a dental disaster.

Many dental emergencies require immediate attention, which can create difficulties when you are traveling and away from your familiar surroundings. Being prepared is the best way to handle any dental situation that may arise, so it's a good idea to perform some research prior to your trip to identify dentists in the area in the event of an emergency.

One of the common ailments that may occur is a broken tooth or filling, which can happen when chewing on ice or on crunchy foods such as popcorn. To remedy this situation, apply ice or cold compresses to the side of your face if there is minor swelling. (If you have severe swelling, you should go to a hospital emergency room.) Most pharmacies also sell a temporary material you can use to “patch” the tooth until you can get to a dentist.



Also in This Issue:

Breaking Bad (Breath)	4-5
Smile Friendly Snacks for Children's Backpacks	6
WORD OF MOUTH Word Search	7
Lip Cancer & High Blood Pressure Medicine: Not Just Lip Service	8-9
Contagious Cavities?	10
Tooth “Picks”	11

A knocked-out tooth can also occur, especially while playing sports or engaging in other physical activities. If a tooth is knocked out, hold it by the top, being careful not to touch the roots, because the roots could become damaged and that could potentially cause the body to reject the roots during implantation. You'll also want to rinse the root of the tooth with milk if it is dirty. If possible, gently replant the tooth back into the socket or place it in the space between your teeth and gums. If those options are not possible, keep the tooth moist by putting it in a cup of milk or wrapping it in gauze soaked with saline solution. Getting to a local dentist as quickly as possible is important, as tooth reimplantation within 30 minutes



has the best rate of success. Most importantly, use proper protection, such as a mouthguard, when engaging in activities that may lead to injury to your teeth, gums, or lips.

Excessive exposure of the tooth enamel to chlorine, a chemical added to disinfect pools, may cause brownish discolorations, mainly to the front teeth. These discolorations are due

to the acidic pH of the chlorine, which causes saliva proteins to break down and form deposits on the enamel. Swimmers can avoid this staining by brushing their teeth immediately after getting out of the pool.

Dental and mouth injuries that happen near the pool are also common during the summer months. To avoid these injuries, you should be careful not to run near a pool, and be sure to wear appropriate footwear to avoid slipping on wet surfaces. You should also exercise caution when jumping and diving into the water.

Another important summer smile safety tip is to apply sunscreen to protect your skin from the sun's damaging and cancer-causing rays. In addition to your body, don't forget to protect your lips with a lip balm containing a sun protection factor (SPF) of at least 15. For ultimate protection, aim for SPF 30.



By being safe around the pool and doing some pre-vacation oral health planning, you can avoid dental problems—and enjoy your summer vacation with a smile.



Summer Smile Safety Tips



Breaking Bad (Breath)

Whether it's that Italian sub with extra onions you had for lunch, the two cups of coffee you downed before you left for work, or just poor oral hygiene habits, one thing is certain about bad breath: It stinks. But the Massachusetts Dental Society (MDS) wants you to know that if you suffer from chronic bad breath (also known as halitosis), you don't have to spend the rest of your life embarrassed, with your hand over your mouth. When it comes to breaking the cycle of bad breath, it's important to know both the causes and the treatments.

So what causes bad breath? There are a several possibilities, including poor oral hygiene, diet, oral conditions, medical conditions, or dry mouth.

Oral Hygiene

As with most problems, prevention is usually the best cure, so let's talk about oral hygiene first. Any time we eat something, food particles may remain in the mouth and become lodged between teeth, along the gum line, or on the surface of the tongue. According to the American Dental Association (ADA), when this happens, bacteria that are naturally present in the mouth begin to break down these food particles, releasing chemicals with a strong odor. The surface of the tongue is a major breeding ground for the same bacteria that attack teeth and gums and cause bad breath. Additionally, plaque—the sticky, colorless film of bacteria that builds up on the surfaces of the teeth—also gives off an odor that can sour your breath.

Diet

You know the saying "You are what you eat"? Well, the same can be said for your breath. Certain foods, such as garlic and onions, possess strong odors that can negatively affect your breath, and when these foods are digested, the odor-causing chemicals can be absorbed into the bloodstream and even move into the lungs. So when you exhale, these chemicals (and odors) are also exhaled.

And if you're following a low-carbohydrate/high-protein diet, you may also be at increased risk for halitosis, according to the MDS. In order to effectively burn fat, you must have a certain amount of carbohydrates in your diet. When you are on a low-carbohydrate diet, the body modifies the way it deals with fat by producing a chemical substance called ketones, which can give your breath a different, and oftentimes bad, odor.

Oral Conditions

Often, halitosis may be a sign of an infection in your mouth, which could take the form of tooth decay (cavities) or periodontal (gum) disease. One of the warning signs of periodontal disease is persistent bad breath. Periodontal disease is caused by plaque that forms on the teeth, and it can cause gum tissues to pull away from the teeth and form pockets. Bacteria love to get into these pockets, and if they stay there, they can also cause bad breath.

Medical Conditions

Halitosis may be the sign of an underlying medical disorder, such as a local infection in the respiratory tract (nose, throat, windpipe, or lungs), chronic sinusitis, postnasal drip, chronic bronchitis, diabetes, gastrointestinal disturbance, or even a liver or kidney ailment. If your

dentist determines that your mouth is healthy, you may be referred to your primary care physician or a specialist to determine the medical cause of your bad breath.

Dry Mouth

Bad breath may be caused by dry mouth (also called xerostomia), which occurs when the flow of saliva decreases. Saliva is essential for cleaning the mouth, removing particles that may cause odor and neutralizing acids produced by plaque. Dry mouth can also be caused by some medications or by constantly breathing through the mouth. According to the ADA, more than 500 medications can contribute to xerostomia, including antihistamines, antihypertensive medications, decongestants, pain medications, diuretics, and antidepressants.

Treatment

If you suffer from bad breath, you should first try to determine whether your oral hygiene habits and/or your diet are the culprits. Good oral hygiene is the first step to caring for your mouth and warding off bad breath. That's why the MDS recommends that you brush your teeth at least twice a day with fluoridated toothpaste and floss between teeth once daily. And don't forget to brush your tongue, since odor-causing bacteria can cling to that surface.

It may be tempting to try to solve your bad breath with a quick fix, like a mouthwash, gum, or mints, but you should be aware that these fixes merely cover up the problems and don't have a long-lasting effect on breath. Over-the-counter mouthwashes and breath mints help get rid of a temporary mouth odor; however, if you find yourself frequently using mouthwash or a mint to cover up bad breath, you should consult with your dentist, who can determine the source of the problem. Your dentist will want to rule out any oral disease or other medical condition before he or she can recommend or prescribe specific products, medications, or treatments that can help you break that bad breath. For example, if your dentist determines that medication-induced dry mouth is the cause of the halitosis, he or she may recommend that you chew sugar-free gum or use sugar-free candy or lozenges, or even an artificial saliva product to help stimulate saliva flow.

While bad breath may be annoying and embarrassing, the most important thing is to have good oral health and good overall health. Maintaining good oral health is necessary to avoid many dental problems—including bad breath—before they occur.

smile-FRIENDLY snacks

for Children's Backpacks



As your children head back to school this fall, planning snacks and a midday meal for their lunchbox may be on your growing list of things to do. The Massachusetts Dental Society (MDS) wants to remind you that as you pack those snacks, remember to include healthy ones that are also “smile-friendly.”

After eating a meal or a snack, plaque and sugars in the mouth mix to form acid. This acid attacks the tooth enamel and can eventually lead to tooth decay—otherwise known as cavities. Certain foods and drinks can affect children’s teeth more than others and often lead to decay, as can frequent snacking between meals. This is especially important to remember when children are in school, as they are not brushing their teeth after every meal or snack.

When it comes to picking out healthy snacks, parents should be aware of not only the sugar content, but also the “stickiness.” Sticky snacks easily adhere to the teeth and can lead to cavities. You may not think of chewy granola bars, fruit snacks, fruit roll-ups, and raisins—which are often touted as healthy choices—as being bad for the teeth, but those can be considered no-no’s as they may readily stick to the tooth surfaces and spaces between teeth, making for a breeding ground for cavities.

But that doesn’t mean that all snacks are bad for your kids—or for you, for that matter. Pack nutritious foods for

your children that are also kind to their teeth, such as fruit, string cheese, low-fat yogurt, unsweetened applesauce, or raw vegetables like baby carrots and celery. And you’ll want to avoid packing juice boxes, soda, sports drinks, and other sweetened beverages, as the sugar and acid from those beverages can also linger on teeth and lead to increased risk of cavities. Choose healthier options, such as water and low-fat milk.

In addition to good snacking habits during the school day, the MDS says parents can help their children maintain a healthy smile all year long by making sure they floss daily and brush their teeth at least twice a day with fluoridated toothpaste. Parents are also encouraged to make a dental check-up part of their child’s annual back-to-school routine.

So this fall, when it comes time to pack that backpack or lunchbox, include a healthy snack—for a healthy smile during the school year and beyond.



HOW “smile-FRIENDLY” Is This Child’s Lunchbox?



A healthy and smile-friendly snack may include unsweetened applesauce, fruits, and veggies. You’ll want to watch out for the hidden sugar and acid in fruit drinks and try to limit any sticky sweet snacks like granola bars.

WORD of MOUTH[®]

In addition to getting your semiannual dental cleanings, you may see your dentist for a variety of oral conditions, such as oral pain, tooth grinding (bruxism), dry mouth (xerostomia), or chronic bad breath (halitosis). See if you can find all of these oral conditions in the puzzle below.



BURNING MOUTH
BRUXISM

CAVITY
CRACKED TOOTH
GINGIVITIS

HALITOSIS
ORAL CANCER
ROOT CANAL

SENSITIVITY
SLEEP APNEA
TMJ

TOOTH LOSS
XEROSTOMIA

S	S	O	L	H	T	O	O	T	D	E	L	C	E	I	R	B	D	G	E	P	D	R
E	O	K	A	L	C	E	G	H	E	I	A	W	O	Z	P	G	Q	I	R	L	A	O
K	C	R	A	C	K	E	D	T	O	O	T	H	G	K	N	C	F	E	K	B	L	O
W	A	W	T	S	B	O	C	Y	T	R	E	A	N	W	A	D	A	Z	G	Q	C	T
S	B	E	R	H	L	U	X	Z	I	A	U	S	K	E	I	H	E	M	I	Y	E	C
N	R	S	I	R	G	R	V	A	S	L	E	L	E	T	E	V	T	L	N	S	S	A
T	U	L	R	E	K	U	L	B	T	C	W	T	E	F	Q	L	F	U	G	A	C	N
P	X	E	R	O	S	T	O	M	I	A	J	A	B	O	S	L	N	A	I	R	I	A
X	I	D	B	S	N	A	J	R	X	N	Y	H	W	I	R	G	M	E	V	M	N	L
C	S	S	W	T	C	I	V	F	D	C	O	R	L	E	F	O	N	I	I	C	X	T
L	M	L	H	U	S	D	H	V	T	E	F	N	C	A	I	D	T	R	T	A	E	M
A	P	I	A	H	I	B	U	E	E	R	Q	A	A	L	E	L	N	U	I	R	M	H
A	T	L	R	O	G	E	H	A	X	R	E	T	S	A	P	H	T	O	S	T	S	L
N	D	N	Y	K	J	N	U	F	A	J	I	P	W	D	S	X	M	B	A	H	P	E
C	F	X	T	A	Z	I	W	C	A	M	E	M	S	J	E	V	C	K	R	D	O	C
N	S	R	I	C	S	G	A	E	R	L	S	I	O	B	M	Y	P	N	H	O	Y	Y
G	A	Q	V	D	O	R	N	C	I	Y	L	L	D	A	F	T	I	S	N	M	T	Z
T	G	J	A	F	N	P	J	M	H	M	P	I	R	O	G	B	N	I	S	I	I	F
L	W	L	C	Q	A	T	S	Q	N	V	K	V	N	A	S	I	U	S	G	V	V	C
M	H	E	G	P	W	Y	O	T	S	T	J	A	Z	G	Y	R	O	O	L	N	I	P
S	R	N	E	V	H	N	U	B	M	L	C	X	U	M	I	E	T	T	W	A	T	C
U	H	E	E	T	R	L	L	I	Y	T	Z	P	B	N	I	Y	L	I	E	L	I	U
W	L	J	Y	T	I	V	A	C	N	R	P	S	R	B	P	D	R	L	K	W	S	S
S	K	A	R	G	T	B	N	H	V	B	S	R	A	M	L	G	N	A	I	B	N	T
L	E	M	H	F	Y	U	O	P	I	W	M	Q	E	U	I	T	O	H	P	U	E	R
H	B	U	R	N	I	N	G	M	O	U	T	H	S	A	Y	R	S	C	V	A	S	N



Lip Cancer & Blood Pressure Medication

Not Just Lip Service

Squamous cell carcinoma is the second most common form of skin cancer, affecting more than 700,000 Americans and resulting in 2,500 deaths each year, according to the Skin Cancer Foundation. Most cases of squamous cell carcinoma are found on the skin's upper layers (epidermis)—the areas of the body that are frequently and chronically exposed to the sun, such as your face, ears, scalp, neck, hands, arms, and legs. One other part of the body that is frequently exposed to the sun and at risk of developing cancer is right under your nose: your lips. And for the millions of Americans who take medication for high blood pressure, the risk of developing lip cancer may be even greater.

Approximately 67 million adults have high blood pressure (hypertension), and 16 million of them take medication for it, according to the U.S. Centers for Disease Control and Prevention. Some of these medications, which are necessary to control life-threatening high blood pressure, may increase the risk of lip cancer in Caucasians, according to a 2012 study in the *Archives of Internal Medicine*.

In a previous study, the researchers had noticed an increase in lip cancer among people on certain high blood pressure medicines when taken long term. In this follow-up study, researchers evaluated the types of blood pressure medications taken and lip cancer found in 712 patients. (After finding a reduced risk of squamous cell carcinoma of the lip among all minority groups, the study only evaluated non-Hispanic white people.)

Four of the most common hypertensive drugs or drug combinations, when taken for five years or longer, were found to have significant associations with lip cancer: lisinopril, nifedipine, and hydrochlorothiazide alone or in combination with triamterene. The researchers found that those on hydrochlorothiazide had more than four times the risk of developing lip cancer.

Why is there such an increased risk of lip cancer when taking these medications? That's because most hypertensive drugs—along with other commonly prescribed drugs, such as antidepressants and antibiotics—are photosensitizing, which means that they make people more sensitive to the sun. And fair-skinned people, who are already sensitive to the sun, are at an even greater risk when taking photosensitizing drugs.

However, this doesn't mean you should stop taking high-blood pressure medication because you think you are at risk for developing lip cancer. Lip cancer is fairly rare, and an increased risk of its development is generally outweighed by the benefits of drugs that are effective for other conditions.

You should continue to take hypertensive medications as prescribed by your doctor, but take extra precaution to protect yourself when out in the sun.

This means using a lip balm or lip moisturizer containing an SPF of at least 15 (SPF 30 is even better), and reapplying it often, since activities such as talking, drinking, and licking your lips can cause it to wear off. A wide-brimmed hat that blocks the sun's rays from reaching your lips and face can also help.

How can you tell if you have lip cancer? Most commonly, lip cancer appears as an ulcer or wart-like 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, because of its increased exposure to the sun and harmful UV rays. If you notice any strange spots or lesions that last longer than a week, or if you suspect that you may have lip cancer, contact your dentist immediately. If detected early enough, the survival rate for lip cancer is 90 percent. This is normally due to the fact that lip cancer tends to grow very slowly and remains localized, rather than spreading like many other cancers do.





Share and Share Alike?

Not When It Comes to Cavity-causing Bacteria

As a parent, there are things you want to pass on to your child: maybe something big, like your house; maybe something sentimental, like your family heirlooms; and maybe something intangible, like your sense of humor. But you certainly don't want to pass on your cavities. If you have an infant or toddler, you may have taken particular notice of a recent study from Sweden touting the immunological benefits of parents using their own saliva to clean an infant's pacifier. The study, published in *Pediatrics*, the journal of the American Academy of Pediatrics, claims that infants whose parents clean pacifiers by licking or sucking on them may be less likely to develop allergies than children whose parents rinse or boil the pacifiers. But the American Dental Association (ADA) warns that the study does not take into account that this practice increases a baby's risk of developing cavities because adult saliva may also contain the bacteria that cause tooth decay.

Dental cavities are caused by a form of bacteria, *Streptococcus mutans*, which is contagious and can spread from adult to child through contact, since babies are born without bacteria. Any minute particle of saliva can transmit the bacteria from mouth to mouth. Even activities such as kissing, sharing utensils, or just talking too closely can create a vector for transmission, according to the Massachusetts Dental Society (MDS). Licking a pacifier, as promoted in the study, can transfer the cavity-causing bacteria from the parent to the infant, increasing the risk of tooth decay as the child grows, says the ADA. (It should be noted that adults do not pass *Strep mutans* to each other.)

"A child's teeth are susceptible to decay as soon as they begin to erupt," says Dr. Jonathan Shenkin, a pediatric dentist in Maine and pediatric dental spokesperson for the ADA. "Cavity-causing bacteria can be transferred from adult saliva to children, increasing their risk of getting cavities."

A 2006 study from the University of Alabama at Birmingham School of Dentistry and Public Health also looked at the transfer of oral bacteria from parent to child. In the study, 46 mother/child pairs were observed, and in 38 of those pairs, the mothers passed oral bacteria to their children, thus increasing the children's risk of developing cavities.

The first step parents and caretakers can take to help prevent passing cavity-causing bacteria is by maintaining good oral hygiene themselves. This is another reason why it's very important to brush and floss regularly and to visit the dentist at least twice a year. Not to mention that it sets a good example for your child.

It's also important for young children to maintain good oral health, as a healthy mouth is less susceptible to these bacteria. In addition, starting children on a path to healthy habits will lead to a lifetime of better health. Parents should protect the dental health of their children by promoting a healthy diet, monitoring their intake of sugary food and beverages, having infants finish their bedtime or naptime bottle before going to sleep, and making sure to brush their teeth or wipe their gums after they finish the bottle, as well as after meals.

One more way to make sure your baby is on the right path to good oral health is to book his or her first dental appointment and continue with regular checkups. The ADA, MDS, American Academy of Pediatric Dentistry, and Massachusetts Academy of Pediatric Dentistry all recommend the age-one dental visit, which means that children should receive their first dental visit within six months of eruption of the first tooth and no later than 12 months of age.

When it comes to doing what's best for your baby, make sure you share your love and good oral health habits . . . but not your saliva.

TOOTH "PICKS"

Don't Let Your Oral Health Go to Pot



Much has been said about the oral health ramifications of tobacco use—including an increased risk of developing periodontal disease and oral cancer—but what about marijuana? Does smoking pot put you at the same risk for developing oral disease as cigarettes? A study published late last year in the *Journal of the Tennessee Dental Association* outlined the effects of marijuana use on oral tissues. The authors examined two males, ages 23 and 42, who had used marijuana for two and 16 years, respectively. Both showed signs of oral lesions similar to those caused by nicotine use, as well as inflammation of the oral tissues. Other oral manifestations of marijuana use include increased tooth decay, greater plaque buildup, and dry mouth.

While marijuana use was approved for medical purposes last year in Massachusetts, people who use it to counter the side effects of debilitating medical conditions—such as cancer, glaucoma, and Parkinson's disease—should take steps to protect their oral health, including adopting good oral hygiene habits and having routine dental visits. They should also alert their dentist to their marijuana use so that he or she can be aware and look out for any oral issues.

How Do You Like Them Apples?

We all know that an apple a day keeps the doctor away, but does that high-fiber fruit also keep gum disease away? It may for older men, according to a study of more than 600 healthy male veterans by the Boston University School of Dental Medicine. The dental study, which was performed with Boston-area participants of a Department of Veterans Affairs Dental Longitudinal Study, followed the subjects for a time span ranging from 15 to 24 years. Their findings show that for the 625 Boston-area men in the study, each serving of high-fiber food (like an apple) eaten daily was linked to an almost 30 percent lower likelihood of lost teeth and 24 percent lower risk of bone loss associated with receding gums. These benefits were not observed in men younger than 65. The researchers found that those male participants aged 65 and older who claimed to eat certain high-fiber fruits (specifically, apples, bananas, and prunes) were more likely to have healthier gums. However, the researchers admit that the results are too preliminary to recommend relying on apples alone to achieve good oral health.



MDS App Puts Oral Health Info in the Palm of Your Hand

The Massachusetts Dental Society (MDS) has introduced a mobile application for smartphones, becoming one of the first state dental associations in the country to offer an app. The app, available for Apple and Android devices, now puts a world of oral health information right in people's hands. It also includes access to the MDS's Find a Dentist service. With the enhanced mobile Find a Dentist feature, consumers can locate and call dental offices, link to their Facebook or Twitter feed pages, learn about the dentist's hours and services, and get directions to the office. Apple and Android users can download the app by searching "Mass Dental" in either the iTunes App Store or the Google Play Store. Users can also get more details about the app at www.massdental.org.

"With mobile devices now being used routinely as a source for accessing all kinds of information, it's important for us, as an organization, to offer this latest technology to the public and our members," says MDS Immediate Past President Dr. Paula K. Friedman. "We hope this mobile app, and all the information available from it, will help to increase access to oral health services for everyone."



Flossing: Before or After?

For optimum oral health, you know that you should brush your teeth at least twice daily with a fluoridated toothpaste and floss once a day to maintain healthy teeth and gums. But when it comes to flossing, does timing matter? Is it better to floss before or after you brush? While the most important thing is that you actually floss daily to get rid of food particles and plaque between your teeth, the American Dental Association advises that it may be more beneficial to floss *before* you brush. If you floss first, you stir up the particles and plaque that the toothbrush can brush away. The fluoride from your toothpaste is also more likely to reach the areas between your teeth, where it can help fight the bacteria that cause cavities. At the end of the day, the choice is yours, but the important thing is just to floss.





Quitting Spit is Always a Hit

Smokeless Tobacco Is **NOT** Harmless Tobacco

Shane Victorino of the Boston Red Sox has teamed up with the Massachusetts Dental Society and NESN to spread the word that Smokeless Tobacco is **NOT** Harmless Tobacco.

Chewing tobacco can cause many serious health problems, even oral cancer. So get a clue. Don't chew.

For more information on the dangers of smokeless tobacco and how to quit the spit, visit the Massachusetts Dental Society website at massdental.org

