your dentist
Newsletter of Your Dentist Dental Centre

Wearing a mouthguard is vital

More than 40 sports have been identified where wearing a mouthguard would provide protection, and reduce the severity of dental injuries.

The Australian Dental Association recommends only professionally made mouthguards be used. This means the mouthguard must be custom-made for each person. It should also be used at training, and checked each year by your dentist to make sure it retains its original fit, comfort and protective ability.

Because the custom-made mouthguard fits perfectly around the teeth, the wearer can concentrate on the sport they are playing. The teeth and surrounding soft tissues are protected against impact, removing any concerns the wearer has about possible dental injury.

It is recommended children aged under 14 wear a simpler custom-made mouthguard because they have a lower body mass and there is less energy on impact. As children mature, the risk of injury increases requiring a higher standard of design and construction.

An example of a custom-made laminated mouthguard.

Custom-made mouthguards can be made by your dentist. A mould or impression is taken of your teeth, which is then used to construct a plaster model. The mouthguard is then moulded over this model.

There have been rapid advances in mouthguard design and technology in the last 10 years. The use of plastics which can be exposed to high temperatures and pressures has led to a new generation of professionally made mouthguards.

The custom-made mouthguard is built in layers to ensure improved protection, reduced thickness and a more comfortable fit. Two visits to your dentist are required, one for the mould taking, and a second visit for fitting the mouthguard.

Those who compete at the top levels of sport require an elite design of mouthguard to provide necessary protection where not only broken teeth but fractured jaws are a real possibility. There is also evidence that custom-made mouthguards are effective against concussion resulting from a blow to the chin.

The custom-made mouthguard should be stored in a clean, strong and sealable plastic container; and kept away from sunlight and heat.

YOUR PRACTICE NAME HERE

Your Dentist™ dental patient newsletters are personalised with all the details of your individual practice including contact details, opening hours, location, services and more.

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Here's a sample of what you can include about your practice:

DENTISTS
Dr Roy Douglas, BDS
Dr Virginia Douglas, BDS
Dr Nadine Walker, BDS

HOURS
Monday to Friday	8.30am to 5.30pm
Thursday	8.00am to 8.00pm
Saturday	8.00am to 1.00pm

LOCATION
Explain the exact location of the practice with the nearest corner or landmark.

PARKING
Include information for your patients on where to park at the practice, street parking or parking stations.

SERVICES
Tell patients about your practice here and list the range of services you provide. The newsletters are designed as a professional way to keep in regular contact with your patients by advocating good oral hygiene in a non-threatening manner.

ORDERING
Simply complete and return the Your Dentist Application Form to receive a draft of how your practice information will look. Your newsletters, your individual style. For ordering purposes, this is:

EDITION 2

Ask your dentist

Information about the best way to care for your teeth is regularly reported in magazines and newspapers. There is also 'word-of-mouth' information that is passed around. Forget 'what-you-heard', be aware of 'what-you-read', but the best advice is to ask your dentist. Below are some issues which have attracted recent media attention.

Bottled water concern

It has been revealed that parents may be unwittingly depriving their children of fluoride by encouraging them to drink more bottled water. Dentists in the U.S. have reported an increase in the incidence of dental decay despite widespread fluoridation of water supplies. Bottled water contains minimal amounts of fluoride, which is needed to develop stronger teeth in children and helps prevent tooth decay in adults. Some bottlers have responded to dental concerns by producing special lines of water. For more info, ask your dentist.

Cranberry juice tackles gum disease

Researchers at Tel Aviv University in Israel have discovered that unsweetened cranberry juice can reduce harmful bacteria that actives gum disease. Eighty four patients with a history of serious gum disease were studied. Results showed fifty eight per cent had some type of reduction in the build-up of plaque and bacteria. For more info, ask your dentist.

Fighting tooth decay with cheese

The British Nutrition Foundation has released a report which declared cheese prevents bacteria around gums changing sugar into acid that attacks tooth enamel. The report titled 'Oral Health: Diet and Other Factors' was written by dental and nutritional experts. Cheese and chewing gum can lower levels of acid from soft drinks, juices and fruit. The fat and salt which is contained in cheese, can stimulate acid-neutralising saliva needed to fight tooth decay. For more info, ask your dentist.

Link between gum and heart disease

Research by the University of Carolina School of Dentistry in the U.S. has shown that gum disease could be linked with heart disease and the birth of premature babies. The research indicated that gum disease could be a trigger to these serious medical problems, but was proven not to be the cause. Researchers found that bacteria from the mouth could travel through the body, damaging the line of blood vessels. For more info, ask your dentist.

Amalgam: Fa

What is amalgam?

Amalgam is a material produced by mixing mercury (a liquid) with another metal. Amalgam used in dentistry is often called 'silver amalgam', because the main metal mixed with mercury is silver powder. Other metals such as copper and tin are usually present.

What is it used for?

Amalgam is used for filling teeth. The decay in the tooth is removed, and the pre-measured amalgam is mixed and then packed into the cavity in the tooth, and shaped to match the original tooth. The amalgam sets hard in about 10 to 20 minutes, and reaches its full strength in 24 hours.

What are the advantages and disadvantages of amalgam?

Amalgam has been used in dentistry for more than 100 years, and has therefore been extensively researched. It is very easy to use, is very strong and hard wearing, lasts for many years and is low in cost. The metals in the amalgam also tend to inhibit new decay starting between the filling and the tooth.

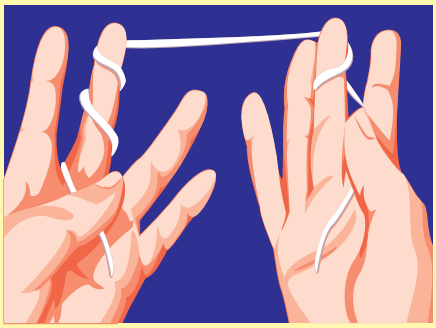
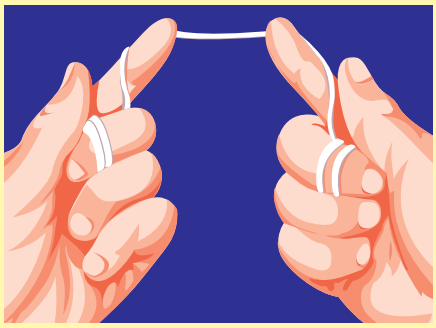
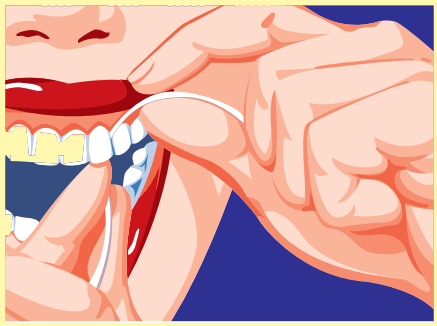
However, the colour of the amalgam is silver, grey or black. Many patients find this to be unacceptable. Amalgam does not stick to the tooth, therefore the cavity has to be prepared to prevent the filling falling out. This often means cutting away normal tooth structure.

Is mercury poisonous?

Most chemicals are poisonous if taken in large amounts. However, mercury is only released from amalgam in very tiny amounts. There have been many scientific studies which have examined the possibility of mercury from dental amalgam causing damage to health. None of these have found amalgam to be a problem. There is a very small number of people (probably less than one in a thousand) who are allergic to mercury, and alternative materials have to be used.

National and international health organisations (e.g. the World Health Organisation, the FDI World Dental Federation), have confirmed the safety of dental amalgam, except for patients who are allergic to mercury. In March 1999, the National Health and Medical Research Council of Australia endorsed the report of its Health Advisory Committee on dental amalgam.

The key findings were that there is a lack of convincing evidence of

Flossing tips courtesy of Colgate Oral Care

Don't forget to floss

Flossing your teeth should be done once a day. This helps to remove plaque that builds up between the teeth and under the gumline and cannot be removed by a toothbrush.

Begin by taking about 30 to 45cm of floss, and winding the ends around the centre fingers. Grip the floss firmly with the index finger and thumb.

Guide the floss between the teeth using a gentle sawing motion. Using an up and down motion with the floss curved around the tooth, scrape the sides of the teeth but be careful not to snap the floss onto the gums. Unwind the floss when needed to ensure that a clean piece is used for every tooth. Don't forget to floss between the back teeth as well as the front teeth.

If your gums bleed or feel tender after flossing, do not be alarmed. The gums often take a little time to become accustomed to flossing. If the bleeding or soreness lasts for more than a few days, however, see your dentist.

If your teeth are crowded, you may find it easier to use a teflon dental ribbon to avoid shredding and breaking of the floss.

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any link between dental amalgam and specific diseases or symptoms, nor is there any evidence of improvements in health upon removal of dental amalgam fillings. The report also said that it would be prudent to avoid placement and replacement of dental amalgam fillings in certain population groups such as pregnant women, children and people with kidney disease. However, such avoidance is based on public health principles of risk avoidance, not on any credible evidence of harm.

What are the alternatives?

Some of the alternatives to amalgam include gold, porcelain and composite resin. Gold is expensive and takes much longer to place than amalgam, as does porcelain. Porcelain can be made to match the tooth colour very closely, but is a very brittle material. Composite resin, a plastic filled with very fine glass particles, is the most popular alternative to amalgam.

Composite resin is a tooth coloured material which can help to strengthen the tooth, but is difficult to use correctly. A composite resin filling can take twice as long to carry out as an amalgam filling, and if not done perfectly, decay can start and spread rapidly under the filling. Although composite resin is quite strong, it may not be strong enough in very large cavities.

What about the environment?

Some heavily industrialised countries, such as Germany, have experienced environmental problems from industrial, not dental, discharge of mercury into the water ways. There is now a world-wide trend towards a reduction in industrial mercury usage. Waste mercury and amalgam are produced in the dental surgery, but the amounts are relatively small and not an environmental hazard. Many dental surgeries are now voluntarily fitting filters to remove waste amalgam from the water before discharge into the sewer. All surgeries now have special storage facilities for waste mercury and amalgam.

Where can I get more information?

Your dentist will discuss the various filling materials which can be used for your teeth, and guide you to an informed choice. Each of the alternatives has advantages and disadvantages.

Decay: Your teeth's worst enemy

Dental decay is usually defined as acid attacking the tooth surfaces. Acid is produced when sugar from foods we eat comes in contact with plaque bacteria on and in between the teeth. Each sugar intake produces up to 30 minutes of acid production. If decay is not detected, it can cause extensive damage to the tooth. But don't be too alarmed. Teeth do recover from early stages of decay, and damage can be repaired.

The first signs of tooth decay.

Early decay usually first appears as white spots. If the decay is not treated, the white spots can change colour and develop into cavities which need filling.

Decay operates in different ways which varies in length of time and intensity in individuals and different population groups. There are two groups which are most at risk from decay: those people aged between 15 and 30 and those aged over 60. Children aged under 15 are much less susceptible to decay having 'grown up' with fluoridated tap water. Research has found that children who have decay-free baby teeth, have a 75% chance of their permanent teeth remaining decay-free.

As we get older, gum tissues recede and tooth surfaces are exposed. Our tooth roots have no protective enamel, so decay can occur more rapidly and undermine the strength of the tooth.

The rate at which decay builds, depends on a balance between many factors. A variety of preventive methods may be used by your dentist to help limit the decay process. Important preventive strategies include proper nutritional advice, good personal oral hygiene and use of fluoride products.

Avoid foods and drinks which are high in sugar like sugar-coated biscuits and soft drinks. Have regular, healthy meals and try to cut-out between meal snacks. If you do need something extra, try fresh fruit. You will need to be diligent in removing food debris that gets trapped between teeth. Drink lots of fluoridated tap water because this will also assist in washing away food acids in the mouth.

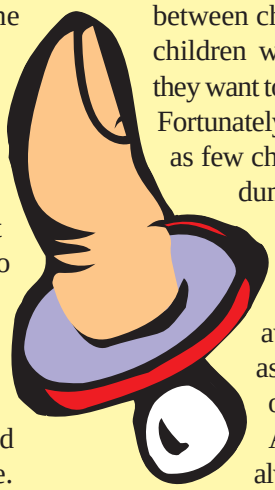
Saliva is another ally which protects the teeth and helps fight acid. If the mouth is dry, drink tap water or chew sugar-free gum to increase saliva. Teeth are susceptible to decay in a dry mouth.

Regular visits to your dentist; proper brushing twice a day; daily flossing; and a healthy diet will help guarantee your teeth will be with you well into old age.

The truth about thumbs and dummies

Sucking the thumb or dummy is a normal physiological reflex and it is estimated that more than 90% of children regularly perform non-nutritive sucking. Many studies have shown that babies begin sucking their thumbs during development *in-utero* (before birth) and this often is shown on the ultrasound.

While this form of sucking is normal, most paediatric dentists and orthodontists recommend that it be discouraged after the age of four years as the forces on the top teeth cause them to be pushed forward and outwards. An open bite (where the upper and lower front teeth cannot meet) can also occur from these habits. This situation is made worse as the tongue tends to fill the gap between upper and lower teeth, and may continue this bad bite.



Thumb and dummy sucking needs to cease well before the appearance of the permanent (adult) teeth. This usually occurs at about six to seven years of age. Scandinavian research has shown that children who suck dummies give up the habit much earlier than children who suck their thumbs. If the habit persists, then orthodontic treatment may be required to correct the position of the teeth.

These habits cause much anxiety for parents and many battles at home between child and parent. However, children will cease the habit when they want to and not when parents ask. Fortunately, peer pressure is helpful, as few children go to school with a dummy. Children should be rewarded for not sucking thumbs or dummies and there are techniques available that can be of assistance in helping the older child cease the habit. Advice from your dentist is always available.

http://www.dentist.com.au

You can find all the info from your dentist on the internet at the above address.