

# Special

## Oral health

# Dental care, prevention critical for healthy teeth – and healthy lives

**F**or some, the arrival of spring means breaking out of a winter slump and getting back on track with health and fitness. Improving your oral health may not be part of these plans, but it should be. Poor oral health can contribute to general health problems, so taking care of your mouth is an important part of maintaining a healthy body.

"Oral health and systemic health are so intimately connected," says Dr. Tom Boran, dean of the faculty of dentistry at Dalhousie University in Halifax. "More and more, we're recognizing that if you maintain a high standard of oral health, chances are you will also have good systemic health."

The opposite is also true, he says, with systemic disease often showing up in the mouth before symptoms manifest in other areas of the body.

"It's impossible to maintain good overall health without maintaining oral health," says Dr. Peter Doig, a dentist in Dauphin, Man., and president-elect of the Canadian Dental Association.

Most dental diseases are preventable and progressive, so that with effective care, they can be avoided or controlled. But without proper care and treatment, Dr. Doig explains, dental diseases may result in hospitalization and even in death due to infection in rare cases. "They can affect an individual's ability to get

**"We still have a significant portion of the population that indulge in tobacco products and excessive alcohol, which cause tissue changes in the mouth that can lead to oral cancer. In addition, with systemic diseases such as diabetes or celiac disease, the first symptoms often show up in the mouth."**

**Dr. Tom Boran**  
is dean of the faculty of dentistry at Dalhousie University in Halifax

and maintain employment and, ultimately, to be self-supporting and a contributor to the economic success of their community and the country," he notes.

In extreme situations, when teeth are lost due to periodontal disease or caries (cavities), there is a significant impact on self-esteem, says Dr. Boran. "You may shy away from social situations, because you're uncomfortable with the appearance of your teeth. You may stop smiling, and a smile can make or break an interview, a conversation, even a relationship."

A study published in the journal Psychological Science last November found that smiling even helps alleviate depression and results in faster physiological recovery after stressful activities.

To keep a healthy smile throughout life, even as the mouth ages along with the rest of the body, it's important to visit your dentist regularly, Dr. Boran advises. "Dental care is a collaboration between the dentist, a dental team that includes dental assistants and hygienists, and the patient. Together, we work to establish a customized home-care regimen that evolves with the patient's needs over time."

Regular dental visits also ensure that diseases such as oral cancer are diagnosed early. "We still have a significant portion of the population that indulge in tobacco products and excessive alcohol, which cause tissue changes in the mouth that can lead to oral cancer," says Dr. Boran. "In addition, with systemic diseases such as diabetes or celiac disease, the first symptoms often show up in the mouth."

Dental care has two primary objectives: prevention and intervention. "As dental professionals, we have stressed the preventive aspect of oral health care for many decades, to minimize the amount of intervention required," says Dr. Doig.

Prevention is especially critical in the face of efforts by some

groups to ban community water fluoridation, which has been proven effective at reducing cavities over decades, especially in vulnerable populations, he says. "A ban would have a detrimental effect on the long-term oral health of Canadians."

With community fluoridation and other advances in oral health care, Canada's baby boomers are the first generation to commonly retain their natural teeth throughout old age. With the prevalence of crowns, implants and bridges

among this demographic, individualized, active care is especially crucial. Longer lifespans are also contributing to a relatively new issue: erosion.

"You can have the best oral hygiene care and eat the most nutritious foods available, but in the wrong combination, you may have acid erosion," explains Dr. Boran. "When we meet with patients, we're able to look at their habits as well as their teeth, and suggest preventative changes if required."

### ABOUT

**The Canadian Dental Association** is the national voice for dentistry dedicated to the advancement and leadership of a unified profession and to the promotion of optimal oral health, an essential component of general health.



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Dentists help Canadians overcome smoking addiction. [Page CDA 4](#)

It is impossible to maintain good overall health without optimal oral health, say experts.  
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### APRIL IS NATIONAL ORAL HEALTH MONTH

**As part of a healthy lifestyle and to help reduce the risk of oral disease, follow these 5 steps to good oral health. Your whole body will thank you for it.**

#### See your dentist regularly

- Regular checkups and professional cleanings are the best way to prevent problems or to stop small problems from getting worse.
- Your dentist will look for signs of oral disease. Oral diseases, such as oral cancer, often go unnoticed and may lead to or be a sign of serious health problems in other parts of the body.

1.

#### Keep your mouth clean

- Brush your teeth and tongue at least twice a day with a soft-bristle toothbrush and fluoride toothpaste.
- Floss every day. Flossing reaches more than a third of your tooth surface that is otherwise neglected with just brushing.
- Your dentist may also recommend that you use a fluoride or antimicrobial mouthrinse to help prevent cavities or gum disease.

2.

#### Eat, drink, but be wary

- Healthy food is good for your general health and oral health. The nutrients in healthy foods help you to fight cavities and gum disease.
- Limit consumption of sugar – one of the main causes of dental problems.
- Limit consumption of highly acidic food and drinks. The acid may contribute to dental erosion.

3.

#### Look for warning signs and tell your dentist

- Look for warning signs of periodontal disease (gum disease): red, shiny, puffy, sore or sensitive gums; bleeding when you brush or floss; or bad breath that won't go away. Gum disease is one of the main reasons why adults lose their teeth.
- Look for warning signs of oral cancer: bleeding that you can't explain, open sores that don't heal within seven to 10 days, white or red patches, numbness or tingling, small lumps and thickening on the sides or bottom of your tongue, the floor or roof of your mouth, inside of your cheeks or on your gums. The three most common sites for oral cancer are the sides and bottom of your tongue and floor of your mouth.
- Look for warning signs of tooth decay: teeth that are sensitive to hot, cold, sweetness or pressure.

4.

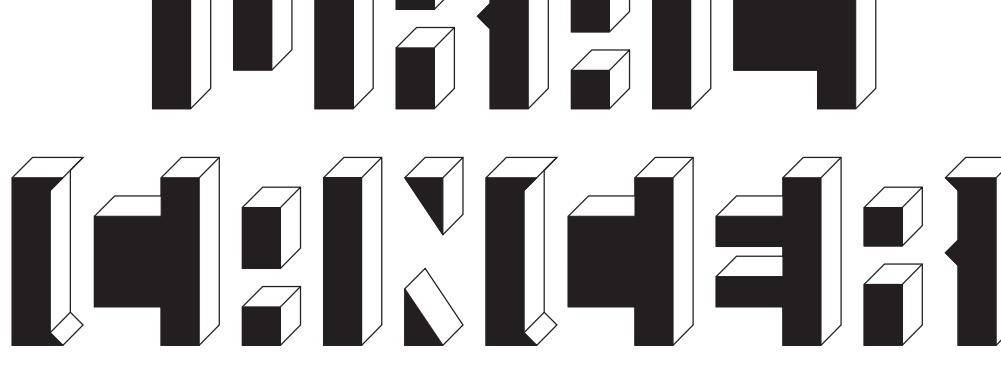
#### Avoid all tobacco products

- Smoking can cause oral cancer, heart disease and a variety of other cancers. It can also create stained teeth, tooth loss, infected gums and bad breath.
- All forms of tobacco are dangerous to your oral health and your overall health, not just cigarettes. Smokeless tobacco, such as chewing tobacco, snuff and snus can cause mouth, tongue and lip cancer, and can be as addictive as cigarettes.

5.

NOT EVERYBODY CAN SEE IT, BUT YOUR DENTIST CAN.

DENTAL EXAMS SUPPORT YOUR HEALTH.



## ORAL HEALTH

## OPINION

# Working together for Canadian's oral health – filling the oral health care gap



Dr. Robert Sutherland, President, Canadian Dental Association

**T**here is good news for Canadians concerning their oral health. According to the 2007-2009 Canadian Health Measures Survey – a national survey of the public conducted by Health Canada and Statistics Canada – the oral health of Canadians is very good, and most Canadians visit a dentist on a regular basis. Dental care in Canada is delivered to the majority of Canadians in a private practice health care setting. Approximately two-thirds of Canadians have dental insurance, most through employer-sponsored benefits plans, and 74 per cent of Canadians visit the dentist

on a regular basis.

Unfortunately, that's not the full story. There are gaps in our oral health care system that need to be filled. There are segments of our society that experience poor oral health including some children and seniors, low-income populations, people with special needs and First Nations peoples.

Access to dental care should not be limited to those who work full-time and have dental benefits. Access to dental care should be available to all.

The Canadian Dental Association (CDA) believes it can play an integral role in helping to fill these gaps. Finding solutions to this complex problem will not be easy, and no one group, agency or community can be expected to do it in isolation. CDA believes in the development of a national plan adopted in collaboration with those who have the capacity to contribute. There is the need for partnerships among the dental profession, other oral

health care providers and health care professional groups, federal and provincial governments, community agencies and others, and alternative models of care or funding need to be explored.

As a first step, CDA has struck a national working group with the priorities of reducing hospital wait times for children being treated for early childhood caries, encouraging a first dental visit by age one and advocating for standardized legislation in long-term care facilities to provide daily oral health care for residents and access to professional care. The CDA is also very active in advocating for improved access to care for First Nations peoples.

But that is only the start. Where the ability to pay for dental care is a barrier, CDA believes that increased public funding is appropriate using a needs-based approach. We support enhanced dental coverage for special needs patients, children, seniors and the medically compromised, and

**"Research has shown that oral disease shares the same risk factors as diabetes, cardiovascular disease and cancer. Prevention is key."**

the inclusion of oral health care information in school programs, outreach programs and community health centres, in ways that are culturally appropriate.

Research has shown that oral disease shares the same risk factors as diabetes, cardiovascular disease and cancer. Prevention is key. A health-care regime of daily brushing and flossing is an essential part of good oral health. Access to professional dental care is equally important for prevention, diagnosis and treatment.

CDA believes that all Canadians have a right to good oral health, that oral health is an integral part of overall health, that tooth decay is a preventable disease and that a collaborative approach is needed.

As oral health care experts, dentists have a leadership role to play in the implementation of any proposed oral health care recommendations and initiatives – but we cannot do it alone. Together we can succeed, for the health of all Canadians.

## LOOK FOR THE CDA SEAL

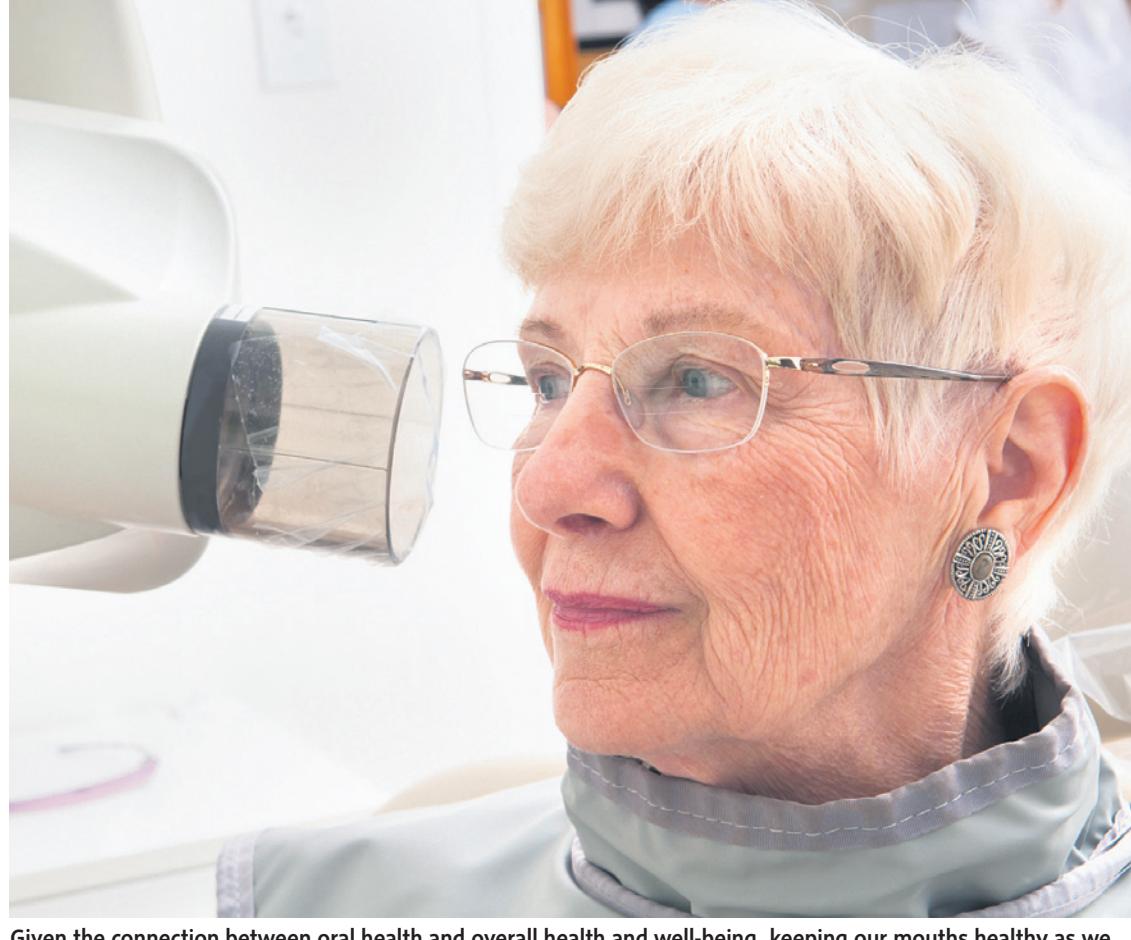


From toothbrushes to toothpastes, mouth rinses to dental floss, look for the CDA Seal of Recognition.

CDA's Seal of Recognition Program is designed to help consumers make informed choices on dental products that are beneficial to their oral health.

These products are of value when used in a conscientious applied program of good oral hygiene and regular professional care.

For more information on CDA's Seal of Recognition Program, visit [www.cda-adc.ca/Seal](http://www.cda-adc.ca/Seal).



Given the connection between oral health and overall health and well-being, keeping our mouths healthy as we age is important. ISTOCKPHOTO.COM

## SENIORS

## Canada's aging population poses challenges for oral health

**U**nder the supervision of practising dentists and professors, students from the faculty of dentistry at the University of British Columbia are providing free dental exams and treatment to elderly residents at two long-term care homes in downtown Vancouver.

This unique program is meeting a current need – providing dental services that are all too rare in such facilities. At the same time, it is preparing students to meet the complex demands of geriatric dentistry – knowledge that will be even more critical for dental professionals in the years to come.

"Our profession needs to ensure we have the expertise and the resources to care for the aging Canadian population," says Dr. Christopher Wyatt, a UBC professor and leader in geriatric dentistry who developed the Adopt a Long-Term Care Facility initiative. "This need will grow dramatically over the next 15 to 20 years, as the baby boomers age."

Beyond their sheer numbers, Dr. Wyatt explains, boomers "have had better dental care than any previous generation. They are maintaining more of their natural teeth and have a lot of implants and bridgework,

which makes preserving their oral health more complex."

Dr. Alastair Nicoll, a Canadian Dental Association board member who has a family dental practice in Elkhorn, B.C., shares this concern. "A massive wave of frail elderly is on the horizon, and most will have natural, heavily restored teeth requiring significant maintenance," he says. "I liken it to a perfect storm."

Another major worry is the increased use of prescription medications among this population, says Dr. Nicoll. "These drugs are keeping more seniors active and healthy, but a major side-effect of most of them is dry mouth. Because saliva is a key defence against tooth decay, the potential exists for seriously negative oral health outcomes."

Meanwhile, the gap between seniors' oral-health needs and their access to care is already a daunting challenge. Many Canadians don't have dental insurance; those who do usually lose their benefits upon retirement.

Cost is a barrier to good oral care for seniors living in the community and in long-term care, says Dr. Michael Wiseman, a Montreal dentist and assistant dentistry professor at McGill University. Dr. Wiseman, who treats veterans and other elderly pa-

tients in residential care, points to other challenges there.

"Nurses and nurses' aides in facilities often lack knowledge about proper oral care for the elderly, particularly for residents with serious physical and cognitive impairments," he says. "One of my tasks is to work with them to develop oral-care plans."

The Canadian Dental Association and its provincial counterparts are taking action in the face of these challenges. They are advocating for mandatory oral-health standards in long-term care facilities, as well as tax-based dental benefits for low-income seniors in such facilities.

Another key strategy is to increase oral-health education for seniors and their families, especially as many older Canadians stop going to the dentist when their insurance ends. The professionals say that preventive oral care is an investment with high dividends.

"It's important for seniors to recognize they're at the age where they are more prone to dental problems," adds Dr. Wiseman. "Given the link between oral health and overall health and well-being, keeping our mouths healthy as we age is all the more critical."

## PROGRESS

## Dental researchers break new ground in medical treatment, disease prevention

**W**omen who require hysterectomies to treat uterine fibroids can now choose instead to have an outpatient procedure that blocks blood flow to the tumours. The treatment, which dramatically lessens recovery time and missed work, as well as reducing health care costs and risk, is a remarkable advance in a condition that affects more than 40 per cent of women aged 40 to 60.

Also remarkable is the fact that a new material intended to make the procedure safer and more effective, which will be available in about 18 months, is the result of research conducted by the Department of Applied Oral Sciences at Dalhousie University in Halifax.

Dental research that translates into groundbreaking advancements in treatment for other areas of the body is surprisingly common, says Dr. Michael Glogauer, an award-winning scientist at the University of Toronto and incoming president of the Canadian Association for Dental Research. Dentistry is a field that has traditionally excelled at prevention and minimally invasive treatment, and Canadian dental researchers – though relatively few in number – have a particularly strong record of achievement, he notes.

Dr. Daniel Boyd is the biomaterials scientist at Dalhousie whose research team developed the uterine fibroid treatment. "Right now, we're researching a new group of dental materials that can stabilize fractures in the spine, and using dental biomaterials research to build materials that can block the blood supply to tumours," he says.

In the oral health realm, his team is working with glass ionomer cements (GICs) to develop painless, injection-free as well as lower-cost dental restorations. "We're learning from developing countries. In the West, we tend to use more expensive materials – we're trying to demonstrate that GICs are often better for the job. They work extremely well, don't have any associated allergic responses and, frequently, don't require injections," Dr. Boyd says.

In the faculty of dentistry at the University of British Columbia, Dr. Joy Richman is investigating the causes of cleft lip and other facial deformities. Also at UBC, dentistry professors Dr. Lewei Zhang, Dr. Catherine Poh and Dr. Michele Williams published a study that identified a group of molecular markers that can help determine which

patients with low-grade oral pre-cancers are at higher risk for cancer development.

Dental research has provided many compelling clues to the links between infections in the mouth and the causes of systemic disease in the rest of the body, says Dr. Glogauer. "There are a number of possible links between periodontal disease and other diseases, such as heart disease and strokes, diabetes, pre-term and low-birth-weight infants, and cancer," he explains, noting that extensive research is now underway to better understand these links and associations.

Dr. Glogauer has achieved widespread recognition for his team's work on new, non-invasive methods to detect disease markers in the mouth, including an oral rinse that makes it possible to monitor susceptibility to infection in patients undergoing bone marrow transplants. "It is likely that five or 10 years from now, we will diagnose oral infections using mouth rinses, but we will also use the mouth as a window into the body to detect diseases, or determine if a patient is more susceptible to developing those diseases," he says.

The mouth is the entryway into the body in a world crawling with microorganisms, and the immune system plays an integral role in resisting harmful bacteria, he explains. "We focus on the immune system and the white blood cells constantly pouring into the mouth, to try to understand how they're fighting infection. It is an excellent representative sample of the way those cells work anywhere else in the body."

In some diseases, such as periodontitis and rheumatoid arthritis, the immune system itself causes the damage. Studying the mouth provides an opportunity to determine how the immune system may be altered, says Dr. Glogauer. "When we know what is going wrong, we can begin to develop new treatments for some of these conditions."

Achievements in disease prevention brought about by dental research are exemplified by the excellent work done on community water fluoride starting in the 1930s, and they continue today, he says.

As a result, investments in dental research net a uniquely high return, Dr. Glogauer adds. "It's critical that dental researchers receive the funding they need, because their research translates into significant benefits to all Canadians."



Dental researchers at the University of Toronto study white blood cells in the mouth to better understand how the immune system is altered in those with autoimmune diseases such as rheumatoid arthritis. ISTOCKPHOTO.COM

## EXPERT ADVICE

# Regular dental visits important for healthy teeth – and more

**M**ost people wouldn't put the dentist's office on their list of favourite destinations. But it's definitely a trip everyone should take – regularly.

"If you want to have nice, healthy teeth that last a lifetime, then you need to make sure you're looking after them now," says Dr. Gary MacDonald, a dentist in Mt. Pearl, N.L., and vice-president of the Canadian Dental Association (CDA). "This means not only practising good oral hygiene at home, but also visiting your dentist on a regular basis."

Visiting the dentist office every six to 12 months ensures good, preventive oral care and makes it easier to identify problems early, before the patient can see or even feel them. Dr. MacDonald notes that there are those who see their dentist only when they think there's something wrong with their teeth or mouth. Some stay away for as long as they can, because they view dental visits as unpleasant.

Such procrastination is definitely not good practice, especially as early intervention makes repair much easier and less expensive, says Dr. MacDonald. Understanding what actually takes place during an appointment can help ease any discomfort a patient may have when visiting their dentist, he adds.

"It's critical that the patient knows what to expect during a visit and understands what is being done," says Dr. MacDonald. "Even during a routine visit, the patient should be well informed about what is happening. I can't emphasize enough the importance of good communication between the patient and the dentist."

An initial visit with a dentist typically starts with the dentist examining the patient and having X-rays taken. Based on a thorough assessment, the dentist then creates a treatment plan, including scheduling dental cleanings.

After an appointment for cleaning by a dental hygienist, patients should expect their dentist to come take a look inside their mouth.

"Some people think we're just looking to see if the teeth were cleaned properly, but in fact we're doing a meticulous dental examination," says Dr. Randall Croutze, an Edmonton dentist and member of the CDA board of directors. "In addition to checking for cavities and gum disease, we're checking soft tissues, muscles and glands, and looking for lumps and bumps that shouldn't be there."

Dentists examining young children also check to see if their patients have met certain milestones – such as the growth of certain teeth – and make sure their bite, tongue and jaws are well positioned and working properly, says Dr. Croutze.

Sometimes, an exam by a dentist can flag a serious condition, such as oral cancer, says Dr. Michael H. Brown, a dentist in Moncton, N.B., and CDA director.

"We've all had training in oral pathology," he says, "So we know what doesn't look right."

While they are oral health experts, general dentists themselves don't always treat everything to do with the mouth and teeth, says Dr. Brown. They'll often refer a patient to a specialist, such as an oral surgeon, for wisdom tooth extraction, a dental implant placement or to investigate possible oral cancer. For severe gum disease, gum recession or dental implant placement, the patient may be sent to a periodontist.

Dr. MacDonald says patients should never hesitate to ask their dentist any questions about their dental health or treatment. Communication is key, and patients are encouraged to be active participants in their oral health.

"Patients should expect a treatment plan that is based on their oral health needs, and it may differ from what is offered by their dental plan," says Dr. MacDonald. "It is important to remember that a dental plan is not a treatment plan and that your dentist is treating you, the patient, and not your plan. You should always expect your dentist to do what is best for your oral health."

## The Dental Specialties

Most people visit a general dentist regularly for their dental and oral health care needs. General dentists provide services to the old and young, treating healthy and not-so-healthy mouths. However, there are some situations for which your dentist may refer you to a specialist. Dental specialists have the advanced knowledge and skills that can be essential to maintain and restore oral health under certain circumstances. There are 9 nationally recognized dental specialties in Canada.

**1. Dental Public Health**

Dental public health specialists focus on improving the dental health of populations rather than individuals. They principally serve the community through research, health promotion, education and group dental care programs. To learn more about dental public health, visit the Canadian Association of Public Health Dentistry website at [www.caphd.ca](http://www.caphd.ca).

**2. Endodontics**

Root canal therapy is the most common procedure performed by endodontists. But that's not all they do. Their specialty encompasses the diagnosis, prevention and treatment of nerve and tissue diseases and injuries. To learn more about endodontics, visit the Canadian Academy of Endodontics website at [www.caendo.ca](http://www.caendo.ca).

**3. Oral and Maxillofacial Surgery**

Oral and maxillofacial surgeons diagnose and surgically treat disorders, diseases, injuries and defects impacting the functional and esthetic aspects of the mouth, head and neck. For example, they can extract wisdom teeth or broken teeth, treat temporomandibular joint disorders, or place dental implants and bone grafts. To learn more about oral and maxillofacial surgery, visit the Canadian Association of Oral and Maxillofacial Surgeons website at [www.caoms.com](http://www.caoms.com).

**4. Oral Medicine and Pathology**

Oral medicine and pathology specialists focus on the diagnosis, nature and primarily non-surgical management of oral, maxillofacial and temporomandibular diseases and disorders, including the dental management of patients with medical complications. These specialists rely on clinical, radiographic, microscopic and biochemical examinations to establish a diagnosis, including assessment of tissue specimens.

**5. Oral and Maxillofacial Radiology**

Oral and maxillofacial radiologists help diagnose and treat diseases and disorders of the craniofacial complex through the use of imaging technologies such as X-rays, CT scans and MRIs.

**6. Orthodontics and Dentofacial Orthopedics**

Orthodontists are trained to diagnose, prevent and treat dental and facial irregularities, for both functional and esthetic reasons. Treatment options include the use of dental braces, retainers, spacers and other devices. To learn more about orthodontics and dentofacial orthopedics, visit the Canadian Association of Orthodontists website at [www.cao-aco.org](http://www.cao-aco.org).

**7. Pediatric Dentistry**

Pediatric dentists are specially trained to care for the oral health and development of children and adolescents, including those with disabilities. They provide preventative and comprehensive care including management of childhood dental anxiety. For more information on pediatric dentistry, visit the Canadian Academy of Pediatric Dentistry website at [www.capd-acdp.org](http://www.capd-acdp.org).

**8. Periodontics**

Periodontists focus on the diagnosis, prevention and treatment of diseases and conditions that affect the bones and gums or that lead to loose or lost teeth. They help maintain the health, function and esthetics of these structures and tissues. Periodontists also place dental implants. To learn more about periodontics, visit the Canadian Academy of Periodontology website at [www.cap-acp.ca](http://www.cap-acp.ca).

**9. Prosthodontics**

Prosthodontists are trained to diagnose, restore and ensure oral function, comfort, appearance and health by the restoration of the natural teeth or the replacement of missing teeth (e.g., bridges, dentures, implants). To learn more about prosthodontics, visit the Association of Prosthodontists of Canada website at [www.prosthodontics.ca](http://www.prosthodontics.ca).

For more information, visit [www.cda-adc.ca](http://www.cda-adc.ca) or [www.cds-a-csd.ca](http://www.cds-a-csd.ca).

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## ORAL HEALTH

## CHILDHOOD CARIES

# Early start gets kids on the path to lifelong oral health

**I**t's an infectious disease that affects more young children than any other. It can cause acute and chronic pain as well as nutritional problems, and require hospitalization.

But early childhood caries (ECC) is also almost entirely preventable. "We go to great lengths to try to give our kids the best start," says Dr. Mitch Taillon, a dentist in Assiniboia, Sask., and chair of the Access to Care Working Group of the Canadian Dental Association (CDA). In order to do that most effectively, he says, "we'd like to see them

within six months of getting their first tooth, or by one year of age. By starting at that very young age, we can help get them on the right path to lifelong oral health."

Even after many years of advocacy by the CDA and other organizations, the prevalence of ECC continues to climb. "When you look at hospital wait-lists for children, treatment for dental decay is always at the top of the list," says Dr. Taillon. "In a modern country like Canada, that's a real concern."

A healthy mouth is critical for early childhood development.

"Oral disease affects everything from proper nutrition to speech development and building self-esteem," says Dr. Michal Goralski, a pediatric dentist in Barrie, Ont., and president of the Canadian Academy of Pediatric Dentistry. "We're encouraging age-one visits as a proactive, preventative approach. We can sit down face-to-face with parents and go over a few basic strategies that will help the child go from age one to age three or four without any dental disease."

Parents tend to think about cavities in "baby teeth" as being less important than in permanent teeth. Research shows, however, that children with cavities early in life often have them into their teen years and adulthood, while those with healthy mouths continue that way as well.

For many families, "the first visit is also the first step in establishing a 'dental home,'" says Dr. Goralski. "Your dentist is then there to provide information, care and emergency care, should something happen. You have someone you can trust and relate to."

Contrary to the general perception, ECC is not the result of poor habits or eating too much sugar, although those may be contributing factors. "This is an infection caused by a specific bacteria, mostly streptococcus mutans. Without this bacteria, your child will never have a cavity, but your child's habits greatly affect the likelihood he or she will be colonized and thereby have the disease or not. Unless you think of it as an infection, it's difficult to treat," says Dr. Goralski.

Infection is transmitted to the child, usually by parents. "Often times a child drops their pacifier, the mother puts it in her mouth and sticks it back into the baby's mouth," explains Dr. Goralski,

**"We're encouraging age-one visits as a proactive, preventative approach. We can sit down face-to-face with parents and go over a few basic strategies that will help the child go from age one to age three or four without any dental disease."**

**Dr. Michal Goralski**  
is a pediatric dentist in Barrie, Ont., and president of the Canadian Academy of Pediatric Dentistry

noting that "the child would be better off with a little bit of dirt."

Frequent sugar intake – such as regularly sipping juice or chocolate milk – and a lack of fluoride help create an environment in the mouth that is more likely to be colonized, he says.

While it is present at every socioeconomic level, ECC hits hardest among the most vulnerable. Along with provincial dental associations, the Canadian Dental Association is working to support and improve publicly funded children's dental programs for socioeconomically or geographically disadvantaged families.

"In some locations, we will work collaboratively with other health professionals, such as physicians, nurses, community health workers, dental hygienists and assistants, and governments and non-governmental agencies that serve these high-risk groups," says Dr. Taillon.



A first dental visit before age one ensures that parents have the basic strategies they need to help their child avoid dental disease. ISTOCKPHOTO.COM

## Oral health care at home

Dr. Dana Coles, a family dentist in Prince Edward Island who has worked with children for more than 15 years, offers parents tips for maintaining kids' oral health.

## All children

- Brush at least two times and floss once each day. Start as soon as teeth appear. If your toddler isn't co-operative at the sink, have him or her lie down on a bed to keep the head stable, while you do the brushing and flossing.
- Visit your dentist and dental hygienist regularly.
- Ensure that your child eats a healthy diet; limit sugar. Regularly sipping sugary drinks, even unsweetened fruit juice, can be damaging.
- Toothpaste with fluoride helps prevent tooth decay. (Use only a "rice kernel" amount of toothpaste if your child cannot yet spit it out.)
- Talk to your dentist about using sealants to help reduce the risk of decay.

## Older children & teens

- When playing sports such as hockey or soccer, use a mouth guard.
- Limit pop, energy drinks and sports beverages.
- Avoid tobacco products of all kinds.
- Be aware that tongue and lip piercings can damage teeth as well as cause infection.

For more information, visit [www.cda-adc.ca](http://www.cda-adc.ca).

## ADDICTION

## Dentists take action to fight tobacco use

**W**ould you ask your dentist for advice on how to quit smoking?

That might have been an unusual question 15 to 20 years ago, but not today, says Steven Patterson, associate chair (academic) in the School of Dentistry at the University of Alberta in Edmonton.

"In recent years, our profession has more fully embraced our role in the area of smoking cessation," he says. "We've certainly seen a change in dental education; students are now learning how they can more actively support patients in their efforts to quit tobacco."

Given that many Canadians may see their dentist more regularly than their family physician, this role as a quit smoking adviser is all the more important. In some provinces, your dentist can also prescribe smoking-cessation medications.

"Dentistry has long recognized the serious – sometimes devastating – effects of tobacco use on oral health. Both smokers and users of smokeless (chewing) tobacco face an increased risk of conditions including periodontal or gum disease, tooth decay, tooth loss, mouth lesions and delayed healing after dental work," says Dr. Jim Tennant, a practicing dentist from Hay River, NWT, and a member of the Canadian Dental Association board of directors.

Smokeless tobacco is often viewed as less harmful as there is no effects due to smoke, but it must be noted that it is not harmless, contributing to both oral disease and damage and some general health effects.

The most serious risk from both forms of tobacco is oral cancer. The Canadian Cancer Society estimates that 4,000 new cases of oral cancer were identified and 1,150 deaths occurred last year as a result of the disease.

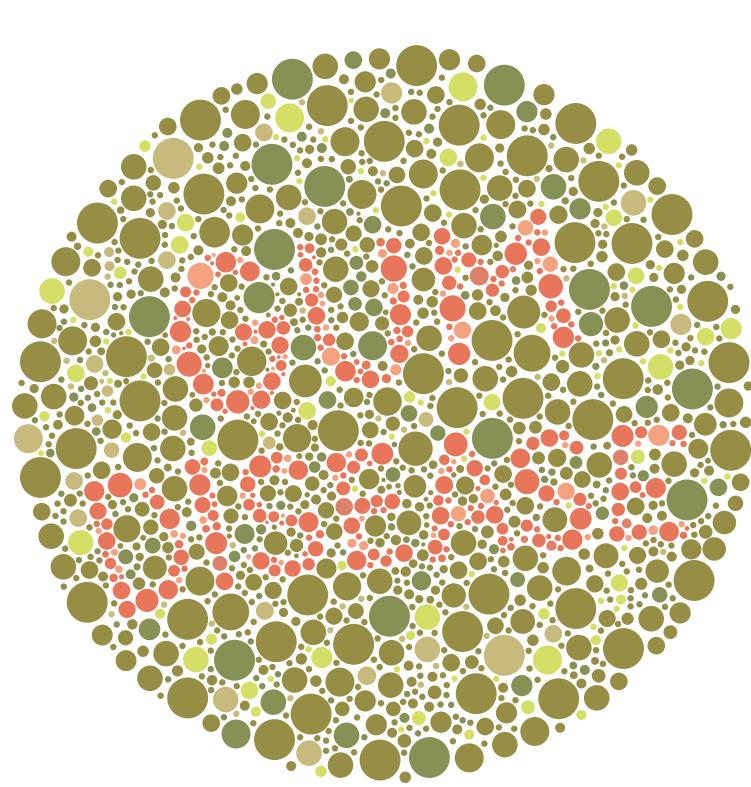
"Around 75 per cent of oral cancer is estimated to be caused by tobacco use, which means we could go a long way towards eradicating it if people didn't use tobacco," explains Dr. Patterson. "The earlier you find this type of cancer, the better the prognosis, which is why regular dental screening is so critical. Your dentist can conduct a thorough clinical examination of all the tissues in the mouth and the visible throat area, and detect even very small changes."

The dental profession is not limiting its anti-tobacco initiatives to supporting, monitoring and treating individual patients in their offices. The Canadian Dental Association (CDA) is active in education campaigns and promotes policies aimed at reducing and eventually eliminating tobacco use.

"The CDA is working to educate Canadians on tobacco risks and the importance of regular screening for oral disease," says Tom Raddall, a dentist in Liverpool, N.S., and chair of the CDA's advocacy committee. The organization is part of the Canadian Coalition for Action on Tobacco, which advocates in such areas as smoking-cessation funding, plain packaging and bans on the sale of flavoured tobacco products.

"We are very concerned about flavoured smokeless tobacco, for example, which is designed to make those products more attractive to young people," adds Dr. Raddall. "We know that chewing tobacco is growing in popularity among teenagers. Given the clear oral-health risks, we must do all we can to reverse this trend."

"So, for those Canadians who smoke or use any form of tobacco, find ways to stop. And for those who are thinking of starting, be health smart and don't start. Your mouth and body will thank you," advises Dr. Tennant.



NOT EVERYBODY CAN SEE IT, BUT YOUR DENTIST CAN.  
DENTAL EXAMS SUPPORT YOUR HEALTH.

