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Sign up for **FREE**Tongue 'n' Cheek... and Teeth, too! patient electronic newsletter

Register online for upcoming issues of the new, quarterly WDA patient e-newsletter so you don't miss important oral health news and dental tips!



Get more out of your dental visit

The field of dental health is constantly changing. New products continue to come along that make oral hygiene easier and more effective.

Dental visits aren't just for cavities and teeth cleanings anymore. During a checkup, your dental hygienist and dentist assess the overall health of your mouth and gums.

Here are five ways to get more out of your next visit to the dentist:

Prep for your appointment

Before you see your dentist, take some time to think about your oral health. Make a checklist of questions or concerns to share with your dental hygienist and dentist.

Mention any of the following problems:

- Bleeding when you brush
- Pain or sensitivity
- Sores inside your mouth that don't heal normally
- Problems with flossing or brushing
- Clenching your jaw or grinding your teeth

Update your medical history

Make sure your dentist and dental hygienist know your complete medical history. Common conditions like diabetes can affect the health of your gums and teeth. Some medical problems can lead to dry mouth, which increases your risk of cavities.

Alert your doctor to any



changes in your health since your previous visit.

The more your dentist knows about your overall health, the better able he or she will be to give you personalized care.

List all medicines, vitamins and supplements you take

Certain prescription drugs for allergies, high blood pressure or depression can cause dry mouth and contribute to tooth decay and gum problems.

Some medications and dietary

supplements can thin your blood, increasing the risk of bleeding when you have dental work done.

It's important for your dental team to know about all the pills you take, including supplements that you may not think of as serious medicine.

If money is tight, ask about low-cost options

When household budgets are strained, some people put off dental visits. This can lead to problems that are far more expensive than preventive care

If you are having trouble paying for dental care, talk to your dentist about low-cost options or extended payment plans.

Find out what you can do better

The field of dental health is constantly changing. New products continue to come along that make oral hygiene easier and more effective. New research provides insights into the best ways to keep teeth and gums healthy. Ask your dentist about anything you should be doing to improve your oral health.

What is premedication?

At times dentists and physicians may recommend that a patient take antibiotics before certain dental procedures. This is called premedication or antibiotic prophylaxis.

Why is premedication important?

Even a healthy mouth contains several types of bacteria, and a number of dental treatments and daily routines like chewing, brushing and flossing can allow bacteria to enter the bloodstream.

Usually, a healthy immune system can identify harmful microorganisms and get rid of them.

The presence of bacteria in the blood is called "bacteremia". In rare instances, bacteremia can cause certain harmful infections.

If antibiotic medication is in the blood stream before the bacteria arrive, areas most at risk for infection can be better protected.

Who is at risk?

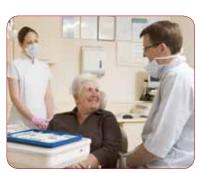
Premedication is recommended for some people who have specific heart conditions or have undergone total joint replacement.

According to American Heart Association guidelines, premedication should be considered for individuals

- Artificial heart valves
- A history of an infection of the

lining of the heart or heart valves Total artificial joints known as infective endocarditis

- A heart transplant in which a problem develops with one of the valves inside the heart
- Heart conditions that are present from birth, including:
- Unrepaired cyanotic congenital heart disease



o Defects repaired with a prosthetic material or device—whether placed by surgery or catheter intervention—during the first six months after repair

o 'Cases in which a heart defect has been repaired, but a residual defect remains at the site or adjacent to the site of the prosthetic patch or prosthetic device used for the repair

In 2012, the American Dental Association and American Association of Orthopedic Surgeons conducted a review of scientific literature in search of strong evidence linking dental procedures to infection of an implanted joint. This review found strong evidence that dental procedures cause bacteremia, but little to no evidence

of these bacteria causing an infection of an artificial joint.

In the end, no clear guidelines could be determined due to the lack of quality evidence. Until better research becomes available, clinicians are encouraged to discuss the risks and benefits of premedication and decide if premedication is appropriate based on clinical judgment and personal preferences of

Patients who have compromised immune systems due to diabetes, rheumatoid arthritis, cancer, chemotherapy and chronic steroid use are more likely to need premedication for the rest of their lives.

Guidelines are re-evaluated every few years to ensure they are based on the best scientific evidence.

If you have a heart condition or an orthopedic implant, talk with your dentist about these guidelines and decide what premedication plan is best for you.

<u>Personalized</u> oral care is a necessity

Even if you take excellent care of your teeth and gums at home, you still need to see your dentist

Dentists can check for problems that you may not see or feel. Many dental problems don't become visible or cause pain until they are in more advanced stages, including cavities, gum disease and oral cancer.

Regular visits allow dentists to find early signs of disease and treat problems at a manageable

To maintain optimum oral health, the Wisconsin Dental Association recommends regular dental visits at intervals deter-

mined by your dentist.
In light of a recent study published in the Journal of Dental Re-search titled "Patient Stratification for Preventive Care in Dentistry", the WDA wants to stress that the frequency of regular dental visits should be tailored by a dentist to accommodate a patient's current oral health status and health his-

Based on data analysis, researchers speculate high-risk patients would likely benefit from more frequent dental visits, while low-risk patients may see the same benefits from only two cleanings per year.

This high-risk group includes:

- Smokers
- Diabetics
- People with current gum dis-
- People with a weak immune response to bacterial infection
- People who tend to get cavities or build up plaque

A person's dental visit schedule may vary during a lifetime.

Work closely with your dentist to identify any potential risk factors that would determine the need for and frequency of followup visits to enhance the outcomes of preventive care.

Dispose of old medicines properly!

Is your medicine cabinet filled with expired drugs or medications you no longer use? Just flush them down the toilet or throw them in the trash, right?

Not so fast: Expired or unwanted prescription and over-the-counter drugs should only be flushed down the toilet or drain if the label specifically instructs you to do so.

Water and sewage treatment plants are not designed to remove pharmaceuticals from water.

Instead, these drugs should be turned into a take-back program. They can also be disposed of with household trash if certain precautions are taken, according to the U.S. Food and Drug Administration.

Guidelines for drug disposal

The FDA worked with the White House Office of National Drug Control Policy to develop the proper drug disposal guidelines:

 Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service to see if a take-back program is available in your community.

• If no instructions are given on the drug label and no take-back program is available in your area, take medications out of their original containers and mix them with

an undesirable substance, such as used coffee grounds or cat box filler — to make the medication less appealing and unrecogniz-

able. Then, put them in a sealable bag or container to prevent the medication from leaking out of the garbage.

When in doubt about proper disposal, talk to your pharmacist.

Other safe practices

 Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health

• Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous to someone else.

Don't neglect oral hygiene during pregnancy

During pregnancy, teeth and gums need special attention. Regular brushing and flossing, eating a balanced diet and visiting the dentist regularly will help reduce dental problems that accompany pregnancy.

Dental health concerns during pregnancy

Tooth decay - Frequent snacking during pregnancy increases acidity in the mouth and an expectant mother's risk of tooth decay. Vomiting during pregnancy can aggravate the problem by exposing teeth to more gastric acid.

Gum (periodontal) disease - Mouths can be affected by hormonal changes expectant mothers experience during pregnancy.

Some women develop a condition known as "pregnancy gingivitis", an inflammation of the gums that can cause swelling and tenderness. Gums also may bleed a little when you brush or floss.

This is especially common during the second to eighth months of pregnancy.

Left untreated, gingivitis can lead to more serious forms of gum disease. Your dentist may recommend more frequent cleanings to prevent this.

Pregnancy tumors - Overgrowths of tissue called pyogenic granulomas or "pregnancy tumors" appear on the gums, most often during the second trimester.

These non-cancerous growths or swellings are usually found between the teeth and are believed to be related to excess plaque. They are raised, bleed easily and have a red, rawlooking raspberry-like appearance.

They usually disappear after your baby is

born, but if you are concerned, talk to your dentist about removing them.

Some dental insurance will pay for additional cleanings during pregnancy. Contact your insurance carrier to see if this is offered.

Preventing problems

Good oral hygiene and regular dental visits are important to preventing problems, especially during pregnancy. Research shows keeping teeth clean can lower the risk for preterm labor and a low-birth weight baby.

A few tips to follow:

- Brush' thoroughly twice a day with fluoride toothpaste that has the American Dental Association's Seal of Acceptance.
 - Floss between teeth daily.
- Eat a balanced diet and limit sugary, acidbeverages.
- Visit your dentist regularly for a professional exam and cleaning.
- To help control plaque, your dentist may recommend rinsing at night with an antimicrobial mouth rinse.
- If you suffer from morning sickness or frequent vomiting, try rinsing out your mouth with a teaspoon of baking soda mixed with tap water. Avoid brushing teeth immediately after vomiting when stomach acids have come into contact with teeth and can erode tooth enamel.

Talk with your dentist

For most women, routine dental visits are safe during pregnancy, but patients

should tell their dentists they are expecting when making an appointment.

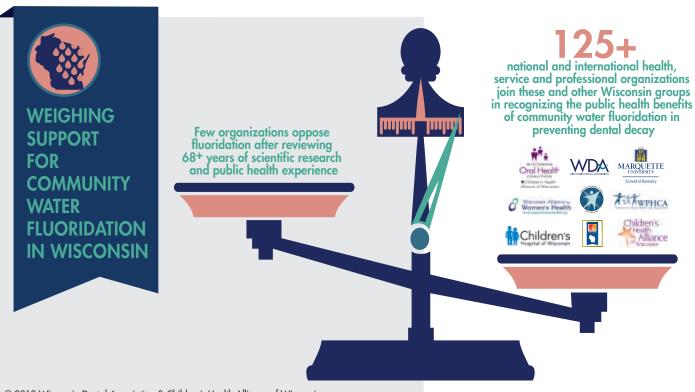
Treatment may be postponed for expectant mothers with high-risk pregnancies or other medical conditions.

Let your dentist know about any changes in medications, any special advice from your physician and changes in your mouth, such as trouble chewing, red, swollen, bleeding or sore gums or loose teeth.

The benefits of receiving dental care during pregnancy far outweigh potential risks.

Visit WDA.org to learn more about oral

Visit VVDA.org to learn more about ora health during pregnancy.



Your dentist can help you kick the habit



Pack-a-day smokers lose an average of two teeth in 10 years, according to a study by the Academy of **General Dentistry.** Another reason to kick the habit!

You know smoking is bad for your health, so it should be no surprise that cigarettes and chewing tobacco are also harmful to your oral health.

Possible oral health impacts:

- Bad breath
- Stained teeth and tongue
- Dulled sense of taste and
- Delayed healing after a tooth extraction or other surgery
 - Gum disease
 - Oral cancer

It's never too late to quit smok-

Quitting is the only way to decrease your risk of these and other tobacco-related health problems.

The addictive quality of nico-



tine, which is found in cigarettes, cigars and chewing tobacco, can make this especially difficult.

That's why it's important to have a plan and supportive network of people.

Write down your reasons for quitting. Exercising, chewing gum and keeping yourself occupied can help you quit. Talk to your dentist to see if the medications available would help you to stop using tobacco.

A smoke-free environment is healthier for you and for those around you. It's never too late to quit smoking.

For more information and free resources on how to quit, visit Smokefree.gov.



disease, resulting in improved health and self-esteem.

The mission of the Wisconsin Dental Association Foundation Smile Program is to provide underprivileged children, adults and seniors with the right track for good oral health.

To this end, the foundation provides

qualifying nonprofit organizations with toothbrushes and toothpaste to be distributed to atrisk populations. Smile Program applications can be submitted at any time and are approved on an ongoing basis.

Visit WDA.org/wda-foundation for institution of the submitted at any time and are approved on an ongoing basis.



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The Wisconsin Dental Association is pleased to make Tongue 'n' Cheek... and Teeth, too! available to our member dentists and their patients as a way of communicating oral health information and promoting quality care.

Information in this publication is provided as patient education only and cannot substitute for the judgment your dentist brings to individual clinical situations. Nothing contained herein is intended as professional dental or medical advice or to be used for diagnosis or treatment. Be sure to consult vour dentist with questions about any dental condition.

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