

TAKE CARE OF YOUR SMILE

Dental care has attained a technical level in our society that totally eliminates decay. The only cause for decay in our population is lack of motivation on the part of the United States populace. The average patient may brush once per day and floss once per week.

Oral hygiene is the key to prevention. Patients should brush at least three to five times per day. The majority of these can be with just a brush and toothpaste. For those patients (like processors or fishermen) on a sixteen hour shift, brushing with just a brush and no toothpaste is acceptable. However, at least once per day a very thorough cleaning is recommended.

Many new products are on the market that enhance the effectiveness of home care. Among these new products are an array of dentifrices like Crest, Colgate; floss, tape, and ribbon, and rinses like Plax, Listerine, ACT. Along with the light brushings, a patient should perform one thorough brushing per day. This brushing should consist of the following:

- 1) rinse with Plax for 30 seconds.
- 2) brush each tooth surface with at least five strokes.
- 3) floss the contact area between all teeth and the back surface of the last tooth in each arch.
- 4) rinse for 30 seconds with Listerine. Other rinses (Lavoris, Cepacol, etc.) are not as effective, but are a substitute if Listerine is not tolerated well by the patient.
- 5) brush again as previously stated with a dentifrice.
- 6) rinse with ACT for 30 seconds.

The purpose behind the rinses are the following:

- Plax is a prebrush rinse that loosens food to allow more effective brushing.
- Listerine reduces the level of oral bacteria to control decay and periodontal disease.
- ACT is a fluoride rinse to reduce tooth decay. It should be noted that a patient should not drink/eat for 30 minutes after using ACT.

Along with an understanding of basic materials, a parent should understand an adolescent's mechanical ability to perform basic oral hygiene. Telling your child to brush their teeth is not enough. A parent should accompany the child through the process. The child's cleaning of their teeth needs to be visually monitored. I personally feel that a child up to the age of ten years does not possess the physical dexterity to perform a thorough self-cleaning. Consequently, the parent should allow the child to perform the cleaning process under supervision, followed by the adult performing the complete process again for the child.

For years, the topic of fluoridation has been contested by different groups making various claims. Many of these claims have no substance and rely on public fear or governmental distrust. Certain areas of the United States (Texas, Colorado, Oklahoma) have excessive amounts of fluoride occurring naturally in their drinking water. This has led to mottling, fluoridosis, or browning of the residents' teeth. This natural level is in excess of twenty times what is considered a therapeutic level. The current ADA advises a systemic treatment through the age of 14 years old. If no other outside sources of fluoride are administered, then the following is appropriate:

Ages 0-2 y/o supplemental fluoride added to the newborn's vitamins;
2-14 y/o Luride Chewable Tablets (1mg/daily). It should be noted these also come in liquid form.

Topical fluoride as a rinse is effective for life.

Floss is the key for prevention. Interproximal decay (or decay between the teeth) represents 80% of a patient's starting sites of decay and periodontitis (gum disease). Flossing is the only way to cleanse the interproximal area. To aid this process at home convenience is essential. Distribute **floss** dispensers throughout the living areas of the home so family members can floss while watching television through the evening.

Patients should get check-ups every six months. This involves an exam and cleaning. The purpose is to catch problems early, and to advise patients on the effectiveness of their home oral hygiene program.

Another very effective dental prevention program is fissure sealants. This consists of a process performed by a dentist or hygienist. It consists of placing a thin layer of acrylic on the biting surfaces of permanent and primary teeth. There is no pain involved with the process, and this is a very good way to introduce the very young patient to the dental environment.

Proper diet, reduced sugars, and no snacking between meals contributes to improved oral health.

The need for dental hygiene is critical to the adult and child patient to retain their dentition for life.