My Teeth are important

“My Teeth are important”, is the feedback when asking people about their teeth.1

By Jordan

A majority of the people asked, confirmed that their teeth are more important than other high interest personal care categories, for example: hair and even sun care. The reason for this is that we need our teeth to be healthy and strong in order to enjoy the things we want to – like eating, throughout our lifetime. In the past, it was an assumption that as we got older, our teeth were going to get smaller and less sensitive. By the time you feel pain from a cavity, it may be too late.

So how can we best take care of our teeth, so that they last our lifetime? The answer lies in daily care and regular visits to the dentist or hygienist. Follow the dentist’s recommendation and brush twice a day, and use, at least once a year, a professional product of choice to clean where a toothbrush cannot reach. Fluoride strengthens the teeth and reduces the risk of decay, so it is important that the toothpaste contains the recommended amount of fluoride. Dentists also recommend a soft toothbrush that has good reach in order to clean back molars and difficult areas in the mouth properly. Diet and lifestyle also affect teeth and gums so to stop smoking and minimizing the intake of alcohol and other tooth-harming drinks are important steps to make. By daily removing plaque on and around teeth, as well as along the gum line, teeth and gums have the best chance of keep- ing their teeth throughout their lifetime. There are several factors that affect our brushing results. How we brush and how long we brush are two of the most central Dentists recommend brushing for two minutes to get the best results, but few people actually do this. 50% of health care recommendations are not practiced.

People also have a bad conscience when it comes to brushing their teeth. They know they should brush better and put more effort in to keep their teeth healthy for life. Another study shows that men are notably less likely to be brushing and comes to oral hygiene than women.

Braces are commonly used to correct teeth. They may be metal or clear and invisible braces. Braces are used to correct teeth that are in the wrong position with the help of rubber bands. They do not replace other treatments such as fillings, crowns, or bridges.

75% of women brush their teeth the recommended twice a day versus 60% of men. Women are also flowing more frequently than men.

Here are a few suggestions for taking care of the teeth:

- Use a toothbrush that feels comfortable to hold. There are different shapes and sizes. In a study it was found that the design of the toothbrush had an effect on how people brushed and that people had a preference for how they brushed. If you hold the toothbrush in a light grip, not clasp fingers around the toothbrush and turn the handle a few times when you brush, you most likely prefer a slimmer, precision style handle. On the other hand, if you prefer a thicker handle you probably have a more static power grip.
- The size of the head comes in different sizes and the preference is also very personal. The important thing is that you can easily brush the teeth around your mouth in order to reach and properly clean all areas, respectively. The bristles are often designed to suit the oral hygiene needs.

Overall, people are more and more focusing on using products that are less aggressive on your tooth enamel and to your gums. It’s important that the toothbrush leaves you feeling clean and does not irritate the softer gum tissue.

Keeping our teeth strong and healthy is important and it’s our daily tasks that help us achieve that goal.

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By Dr David Alexander, Singapore

With the Minamata Convention on Mercury signed in 2013 and its pro- posed phase-out of mercury con- taining products, including dental fillings, dentistry has entered a new era in which new and less harmful filling materials than amalgam are increasingly gaining importance. This year at IEDM, an entire sympo- sium will be dedicated to that topic. So why is amalgam still used? Dr David Alexander spoke with pre- senter Prof. Hien Ngo from the Uni- versity of Queensland in Australia about the post-amalgam era and its impact on dental practice.

Dr David Alexander: Why is now the time to be organising such a detailed symposium on dental restorative ma- terials?

Dr Hien Ngo: The scope of the Mi- namata Convention is much wider than its main objective of zero “protect human health and the envi- ronment from anthropogenic emis- sions and releases of mercury and mercury compounds.” In 2014, the FDI World Dental Federation issued a policy statement on dental amalgam supporting the recommendations of the Minamata Convention, which in- cludes the phase-down of amalgam. As this material has been one of the workhorses of dentistry for over 150 years, it has had a great impact on the way dentistry is practised everyday. There is a need to start preparing to- day.

Surely with all the various tooth col-oured restorative materials available we are already in the post-amalgam era?

You are right, with the wide choice of tooth coloured restorative materials and their improved performance, we are well equipped to enter the post-amalgam era in dentistry. How- ever, the call by the FDI and United Nations Environment Programme (UNEP) for the phase-down of amalgam from our profession, indicated that these materials are only an important tool in many parts of the world. This is mainly because of its perceived low cost, long track record and high technology tolerance. There are billions of amalgam resto- rations still in service and the search for the ideal tooth replacement ma- terial is still ongoing.

In preparation for the eventual re- moval of amalgam, the FDI policy statement stresses that authorities should work with the dental profes- sion on a comprehensive global dental materials research agenda together with effective preventive strategies. In the post-amalgam era, the profession has to focus on both restorative and preventive ap- proaches to the management of dental diseases.

Briefly, how did the United Nations treaty on limiting the use of mercury come about?

It started with the realisation of the negative impacts of mercury on the environment, and the UNEP UNF convention was launched into this issue in 2001. By 2003, has had an impact as it has since been evidence to recommend re- duce the use of mercury globally. However, by implementing reported that there was insufficient voluntary action, so it was decided to step up the situation by launching the introduction of a legally binding instrument. This was the birth of the Minamata Conven- tion, which was finally signed in 2013. Today, over 128 nations have signed it.

As far as dentistry is concerned, what will be the main changes in everyday practice?

The main changes include focusing on managing dental diseases, early detection and empowering patients to take control of their own health. When repair is required, the focus should be on maximum preservation of tooth structure. This can be achieved only with the use of adhe- sive-dentistry and not amalgam.

In order to gain public confidence, dental practitioners should demon- strate their commitment to the use of modern materials, the policy of lifelong treatment. By the end of the symposium, par- ticipants will have gained practi- cal knowledge of how to deliver effective, evidence-based and patient-centred preventive and restorative solutions in the everyday practice of dentistry.

What are the major learning out- comes of the whole-day symposium? This symposium will enable par- ticipants to understand the rationale behind the need to phase down the use of dental amalgam and to gain a detailed and complete update on the latest advancements in dental materials and the optimal techniques for clinical application. Following the symposium, participants will have gained practi- cal knowledge of how to deliver effective, evidence-based and patient-centred preventive and restorative solutions in the everyday practice of dentistry.

We have assembled a panel of interna- tional dental leaders, scientists and clinicians to share their knowledge and clinical experience, and enable a greater understanding of the opportunities for oral health and dental practice in the shift towards the post-amalgam era of dentistry.

By attending the symposium, will dentists be able to gain sufficient knowledge and skills to initiate the changes recommended in their practices?

The secret to success in responding to this call to action is to focus on preparing for the new era. The sym- posium is intended to provide par- ticipants with an understanding of the rationale behind the phase-down of amalgam, and participants will gain detailed knowledge on tooth- coloured restorative materials, learn new skills on the selection and application of these materials, and be able to communicate the significance of the changes to members of the den- tal team and patients. At the end of the day, participants will feel ready and empowered to embark on this transition.

Clearly, the environment is at the heart of the treaty and the conse- quent changes in the practice of den- tistry, but what do you see as other benefits to both the dentist and, of course, the patient?

The shift away from amalgam with free mercury has been well acknowledged by the dental profession. Waste management and safe handling of amalgam have been observed, and the FDI well regulated. One can ar- guate that, for the majority of dental practitioners, the transition to tooth- coloured restorative materials hap- pened a whole back. These materials have much improved performance and they are now very popular. The main objective of this symposium is to bring together a group of expert- speakers to provide the latest in- formation to the participants, as well as gather their feedback and experiences and skills. The list of speakers includes eminent dental leaders, scientists and clini- cians who can ensure that each participant will benefit.

Thank you very much for the inter- view.

Interview: “The focus should be on maximum preservation of tooth structure”
Jordan Expert Clean
Proven effective clean

GumCare™ bristles
- Gentle and effective gum clean

ActiveTip
- Effective reach of back molars

Different heights  Criss-cross angled bristles

PROVEN EFFECTIVE
Distribution of Relative Cleaning Efficacy for Each Toothbrush

Expert Clean,
the best from Jordan

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Where the magic happens

What goes on behind the scenes at Philips? We find out how in-lab research and years of innovation helped create Philips Zoom! whitening

By Philips

Tooth whitening has been at the forefront of cosmetic dentistry for years – centuries, even. Its history can be traced back thousands of years, long before the toothbrush was invented, and certainly before dentists were around.

Philips has been at the centre of this journey for years. Away from oral healthcare, the first Philips’ patent dates back to 1905 – an invention by Gerard Philips to extend the burning time of a light bulb. The company has been innovating light research ever since, so you can bet Philips knows a thing or two about adapting light for optimum tooth whitening.

Six shades lighter

Last month, Aesthetic Dentistry Today attended a live demonstration of Philips Zoom! Whitening in its lab, learning about the science behind and basic colour theory along the way.

Dr Nigel Young, lead research scientist at Philips, says that when it comes to whitening, patients want something that works – which may sound obvious. But most of the time, patients are looking for ‘instant gratification’, and often, home whitening will not last as long, or be as effective, as professional chairside whitening.

Here’s where Philips comes in: Zoom! is an in-office tooth whitening procedure, with a blue light-activated system. The action of the light activates the stains on the teeth and makes them react faster with the hydrogen peroxide. Essentially, this means that whitening lasts longer: set at the optimum pH level (approximately eight), and with the incorporation of amorphous calcium phosphate (ACP) in a dual barrel syringe, Zoom! ensures that teeth are not damaged and that the patient does not experience sensitivity.

The process is cold, too; the team has been researching this area and product since 2012, and made ‘absolutely sure that Zoom! was safe and effective for use’.

The face lift

In basic colour theory, yellow light naturally absorbs blue. (Think of yellow light as the ‘stains’ on teeth.) The energy absorbed by the chromophore (which is yellow) excites its bonds, making them easier to break – called photobleaching. Once excited, the bonds are more likely to interact with peroxide, which breaks the network of double and single bonds and decolours the molecule. Blue light greatly enhances the reaction rate.

Light-cured restoratives work on the same principle: a yellow pigment (camphorquinone) is added to the restorative (so little is required that it still appears white). The light absorbed by the pigment activates the chromophore and that energy causes a set of fast cross-linking reactions that solidify the restorative.

Dr Zaki Kanaan, a dentist in London and a past president of the British Academy of Cosmetic Dentistry, describes tooth whitening as a ‘scalpel-free face lift’.

According to Dr Kanaan, it is the most common treatment in practice, increasing revenue and offering patients a choice; home tooth whitening is still the 'gold standard', he says, but if you don’t offer tooth whitening in practice, someone else will.

Zoom! can be done in 90 minutes, but Dr Kanaan is quick to point out that one session will not be enough. ‘It reduces what you have to do at home, and that’s important to patients,’ he says. ‘It helps kick-start the process, and patients who really want this procedure will be happy to watch a 90-minute film while they have it done.’

He adds: ‘It offers huge PR and marketing potential, too – patients come in to practice and ask for Zoom! by name, showing they trust it as much as professionals.’

Myths about whitening

• Heat does not accelerate whitening
• Hydrogen peroxide is not activated by blue light (as it is colourless)
• Dehydration actually causes ‘false’ whitening
• Home care whitening has a place, but it can take longer to achieve ideal results
• Zoom! does not harm enamel or exacerbate tooth sensitivity.