Survey: Americans value oral health but knowledge gap remains

Oral health is a top health priority for 64 percent of adults in the United States right now, but even more adults (82 percent) are unaware of the role that infectious bacteria can play in tooth decay, or cavities, according to a new public-opinion survey sponsored by Oral Health America and Philips Sonicare.

The survey, conducted by Harris Interactive, is part of the first-ever U.S. National Smile Month, which started May 18 and lasts until June 17. National Smile Month aims to raise awareness of the importance of good oral health habits, including brushing, healthy food choices and regular dental visits. The National Smile Month “Brush for Health!” theme focuses on raising public awareness about the connection between oral care and overall health.

See Survey, Page 2

New Mexico bound!

ADHA heads to Albuquerque for 85th Annual Session

May be it’s the educational session on acupuncture or the chance to dance the night away at a Boot 66 party. Maybe it’s the raffles on the exhibit floor or hearing Debbie Reynolds speak. Or maybe it’s the chance to network with more than 1,000 dental hygienists and other professionals across the United States.

Whatever your reason, you won’t want to miss the American Dental Hygienists’ Association’s 85th Annual Session being held in Albuquerque, N.M., from June 18-21.

This year, the show promises an array of educational opportunities as well as the chance to see new products up close while interacting with other hygienists, students, educators and clinicians.

Some of the highlights include:

- More than 25 C.E. sessions on a variety of topics, including the application of oriental medicine and acupuncture to dentistry, infection control, women’s health, new periodontal products, tobacco cessation intervention, communication tips and turning entrepreneurial ideas into reality.
- Planetary sessions designed to inspire. On Thursday, June 19, Kary Odiatu, RDH, RPE, and Uche Odiatu, BA, DDS, will teach you how to “Live Your Dream” while Tim Prosch lets you in on what patients really think about you, as learned from ADHA research.
- A keynote speech on Saturday, June 21, by Debbie Reynolds, star of such movies musicals as “Singin’ in the Rain” and “The Unsinkable Molly Brown.”
- Two days of exhibits featuring more than 100 companies all ready to help you with any needs you may have. (For added fun, we hear you might want to stop by the Colgate booth from 2-4 p.m. Saturday.)
- Raffles on the exhibit floor and a Southwest artisan fair featuring unique jewelry and crafts found only in Albuquerque.
- A First Timers/Mentor Luncheon where those new to the show are paired with a seasoned veteran who can show them the ins and outs on everything from specific events to ADHA membership to the best way to network.

See New Mexico, Page 2

Treat children with special needs

By Juliette Reeves, U.K.
Dental Hygienist, Nutritionist

Children and adolescents with special health-care needs (SHCN) have been defined as “those who have or are at increased risk for a chronic physical, developmental, behavioural, or emotional condition who require health and related services of a type or amount beyond that required by children generally.” Special health-care needs encompass both physical and mental disabilities and long-term chronic illness. This includes such conditions as developmental disabilities, such as autism, mental retardation, cerebral palsy, epilepsy or other incurable neuropathies. Other chronic conditions include rheumatoid arthritis, scleroderma, HIV, cancer or leukaemia. Other health-related problems that can impair the ability to function include conditions such as spina bifida or muscular dystrophy.

The need for oral health care is probably one of the most prevalent unmet health-care needs among children and adolescents with SHCN. Children with SHCN are almost twice as likely to have unmet oral health-care needs as their peers without SHCN across all income levels.

Barriers to oral health care

Maintaining oral health care can be a challenge for many with SHCN and their parents or caregivers. There is also a shortage of paediatric dentists in many areas, and many general dentists can lack specific knowledge and skills required to care for those with SHCN.

See Needs, Page 3

Inside this week

Treatment for cavities?
A study by Ortek Therapeutics and Stony Brook University suggests a new chewable mint for children mimics the cavity-fighting benefits of xylitol.

See New Mexico, Page 2

What you need to know at the ADHA
So many events, so little time to see it all. In order to help you make the most of your time in Albuquerque, we’ve compiled a list of the events you’ll want to be sure not to miss.

See Survey, Page 2
New treatment for cavities?

Study shows CaviStat may help prevent childhood caries

O rtek Therapeutics Inc. and Stony Brook University say that new data published in the March issue of the “Journal of Clinical Dentistry” demonstrates the effects of a new chewable mint in preventing cavities in children. This investigational product, called BasicMints, was designed to be dissolved and chewed into the biting and approximating surfaces of the back teeth. BasicMints contain CaviStat, an innovative, fluoride-free, cavity-fighting complex. CaviStat mimics the cavity-fighting benefits of saliva by neutralizing harmful plaque acids and simultaneously promoting the remineralization of the tooth structure. It contains the amino acid arginine, which, when metabolized by certain plaque bacteria, elevates dental plaque pH through alkali generation.

In addition, CaviStat also contains bicarbonate, a buffer in saliva, and calcium carbonate, a poorly soluble calcium salt. The latter provides a source of calcium to prevent tooth solubilization and, under appropriate conditions, favors pH elevation and enhanced tooth mineralization. All of the components of CaviStat are naturally present in the human body.

A study funded by Ortek Therapeutics showed that after one year, children who were given BasicMints with CaviStat had 62 percent fewer cavities in their molars than did children in a placebo group. CaviStat was developed, clinically tested and patented by researchers in the department of oral biology and pathology at the State University of New York at Stony Brook and exclusively licensed to Ortek.

Ortek plans to submit an investigational new drug application to the U.S. Food and Drug Administration later this year. BasicMints are not currently approved for use in the United States.

Cavities are the most prevalent disease in children, with almost half having a cavity by second grade and 80 percent having one by the time they graduate from high school. Roughly 90 percent of cavities occur on the biting surfaces of back teeth. By chewing BasicMints and packing CaviStat into these vulnerable surfaces, protection is focused where most cavities form.

Source: Ortek Therapeutics Inc.

U.S. demand for dental products to keep growing

Demand for dental products — excluding equipment — in the United States is projected to grow by 4.5 percent per year and reach nearly $11 billion in 2012, aided by favorable population trends as well as a greater interest in cosmetic dentistry.

More people are embracing oral care as a requirement for good overall health, providing added opportunities for dental products.

Dental Products & Materials, a study by The Freedonia Group, Inc., of Cleveland, predicts that the repair and restorative market will post “solid growth, due in part to the over 55 population,” as older people are more likely to require crowns, bridges and dentures. Americans are increasingly turning to cosmetic procedures to look young, and such procedures are highly profitable to dentists.

In 2007, professional dental products accounted for 65 percent of total dental product demand, Freedonia says. Professional dental products will grow faster than the consumer segment and comprise two-thirds of demand in 2012.

“The professional dentistry industry continues to increasingly focus on aesthetics, due in part to the falling incidence of tooth decay as well as greater profit opportunities,” the consultancy said. Growth in the smaller consumer market will remain below average because of market maturity, although there will be pockets of opportunities for healthy growth.

Source: Freedonia Group

Survey

From Page 1

“The survey results make it clear that Americans know the benefits of dental care but lack a greater understanding of the disease processes that can cause tooth decay,” says Robert Klaus, President and CEO of Oral Health America. “This means that there are still significant opportunities to educate the public.

The survey results indicate overall good news. On average, adults say they brush their teeth for the recommended two minutes. Adults who brush, however, say they are more likely to do so for two minutes on weekdays (91 percent) than on weekends (23 percent), highlighting the importance of a seven-day-a-week routine.

A majority (70 percent) of adults who brush on a daily basis report they replace their manual toothbrush or power toothbrush head once every three months or more often. Regular replacement is important because bristles wear out and can become less effective.

Source: Oral Health America

New Mexico

From Page 1

New Mexico

Of course, that isn’t everything. There is still one last party saved for the last night: the “Get Your Kicks on Route 66!” president reception, during the week.

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Many children lack a centre point from where coordinated, comprehensive and ongoing oral health care is provided. Often adolescents with SHCN can “fall through the net” when their care is transferred from the paediatric dentist or clinic to that of the general dentist.

Oral health status

Although the overall oral health of the general population is improving, disparities still exist in oral health needs among certain special needs groups. Individuals with mental retardation (MR), for example, have worse oral health and oral hygiene compared with the general population.1,2 Dental problems are among the top limiting secondary conditions, according to estimates that MR. Traci et al.3 found the estimated prevalence rate of oral hygiene problems was 451 per 1,000 individuals with developmental disabilities.

Nawak4 also examined the dental health of 3,622 disabled individuals aged 0-16+ years living in the community. An average DMFT score of 6.44 was found among individuals with Down syndrome and an average DMFT score of 6.73 among individuals with other aetiology of MR and of compared with an average DMFT score of 6.68 among individuals in the general population. They found, however, that the proportion of missing teeth to filled teeth was much higher among individuals with MR compared with the general population, suggesting extraction, rather than dental restoration, is the primary treatment of dental problems among those with MR. Dental caries, or tooth decay, may be linked to frequent vomiting or gastro-oesophageal reflux, decreased saliva production, medications containing sugar or special diets that require prolonged bottle feeding or snacking.

Periodontal health

Similar findings also have been reported with respect to gingivitis, periodontal disease, bruxism and lack of masticatory ability. Periodontal disease can occur in children with impaired immune systems or connective tissue disorders and inadequate oral hygiene.

The prevalence of gingivitis is estimated to be 1.2 to 1.9 times higher among people with Down syndrome compared with the general population.5 Periodontal disease also has been shown to be more prevalent among individuals with MR compared with the general population.5

Sturme and Hinds6 found 53 percent of those examined with MR had caries and 30 percent lacked mastication abilities. In addition, Oito et al.4 examined the wear of teeth among individuals with MR and found 5.3 percent of men and 2.8 percent of women had unacceptable tooth wear that required treatment compared with 1.2 percent in the general population.

Oral development

Tooth eruption may be delayed, accelerated or inconsistent in children with growth disturbances. The gingivae may appear red or bluish-purple before erupting teeth break through into the mouth. Eruption depends on genetics, growth of the jaw, muscular action and other factors. Children with Down syndrome may show delays of up to two years.14

Malocclusion and crowding of the teeth occur frequently in children with atypical development. More than 80 craniofacial syndromes have been reported that can affect oral development with 25 percent associated with mental impairment.11 Muscle dysfunction contributes to malocclusion, particularly in people with mental retardation.12 Teeth that are crowded or out of alignment are more difficult to keep clean, contributing to periodontal disease and dental caries.

Tooth anomalies are variations in the number, size and shape of teeth. Morphological patterns in SHCN children also can be disturbed. For example, children receiving chemotherapy for childhood cancer can result in a higher prevalence of various malformations in teeth.

Children treated in the early years of their lives displayed the most severe dental defects, suggesting that immature teeth are at a greater risk of developmental disturbances than fully developed teeth.12 People with Down syndrome, oral clefts, ectodermal dysplasia or other conditions may experience congenitally missing, extra or malformed teeth.

Risk factors

Oral hygiene A number of factors may predispose an individual with SHCN to oral pathologies. The oral hygiene among individuals with MR has been shown to be considerably poor compared with individuals in the general population.10 Those with MR often have impaired physical coordination and cognitive sequencing skills that limit independence in task completion.

Medication Other factors include a lack of saliva as a side effect to multiple medication use15 or the high sugar content of some medicines.

Systemic factors The very nature of the child’s disability may also predispose to oral health problems, such as individuals with Down syndrome who may be more susceptible to gingivitis and other periodontal diseases because they are thought to have underlying abnormal immunologic responses.

Clinical

Juliette Reeves is an experienced dental hygienist and qualified nutritionist. She regularly writes for Smile-on.com, and has a regular column in Dentistry magazine. Reeves also has written a number of post-graduate training modules in nutrition and oral health for the dental profession. She divides her time between a busy family practice in Wimpole Street (London) and writing, researching and lecturing in nutrition and oral health. Visit her Web site at www.perio-nutrition.com.

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