Eating for better oral health

When it comes to treating oral hygiene, it’s best to treat the whole patient which includes a look at their diet, says Mhari Coxon.

Yes, it’s that time of the year again. After six weeks or so of excessive eating and drinking and general merriment, my body clearly told me no more. And so, the annual healthy diet and ban on alcohol has been in full swing since January 1 2010 – and don’t I feel the benefit. I’m sleeping better, my skin looks healthier, eyes brighter (I’m in danger of sounding like a dog) and my energy levels are up again. If a few weeks of healthy living can help me achieve this (and I already consider myself healthy), imagine what a supported good diet can do for patients managing a chronic disease such as periodontal disease.

Chronic disease & good diet

Don’t forget, periodontal disease IS a chronic disease, with no cure, only stability. We often think of diet in relation to cartes, and advice against high sugar intake and moderate high fat intake. But with evidence building that, in conjunction with more traditional treatments, “you can eat yourself healthier and stronger”, perhaps our diet analysis of patients should be more in depth.

The benefits

Bone density is very important to us dentally, for maintenance of the healthy periodontium, and when that is no longer the case in supporting an implant for prosthesis. Research shows that those that have diets with good levels of dairy, fresh fruit and vegetables, especially green leafy ones containing boron, and vitamin D in the form of daylight or supplementation have better bone density. (1)

There is also evidence to suggest that excessive intake of vitamin A could be detrimental to bone density. So, it is reinforced that it is a question of balance.

Tissue quality in the periodontal and gingival sites could be improved by the increase of vitamin C in the diet as it has been proven to increase collagen growth. (2) This would be beneficial in the initial healing stage and over the first year as the tissues repair the damage.

Learning more

Although diet and nutrition were part of our course, it is very much a case of “if you don’t use it, you lose it”. Also it was a good few years ago I trained, so it is important to update your information in accordance to research as we do with all other areas of our treatment. There is a great website set up by Juliette Reeves, a nutritionist as well as a dental hygienist, where you can look at up to date news about diet and nutrition in relation to dental health. www.perio-nutrition.com. It also contains factsheets for patients and professionals as well as information about which foods are good sources of what nutrients and vitamins. A site designed for patients to gain information is www.yourdentist-ryguide.com/diet-and-dentistry, which has a good overview of diet in relation to dental health.

And of course is always information to be found at the British Dental Health Foundation’s website www.dental-health.org.uk with great printable factsheets for patients. This is a website I refer patients to often or just print off their sheets to help reinforce the topic we had been discussing at that particular session.

Analysing your diet

Using a diet analysis questionnaire in practice can be particularly helpful for both the clinician and patient. We use a three-day plan, where they record everything they eat and drink for three consecutive days, one of which is a weekend day. The inclusion of a weekend day is important as we can be quite structured during our work or school week, but completely different in our leisure time.

It is important to ask the patient to be completely honest about their intake, and reassure them you are not going to be judgmental just supportive.

We then sit with the patient and explain the benefits of the good foods they are eating and suggest some alternatives they might like to replace the ones which are not so healthy. We also take time to explain that improving their diet during treatment could significantly reduce the need for further periodontal treatment appointments, which is always a good motivator.

A sum of all parts

Please do not take the wrong meaning from this piece. I am not saying that a good diet is all that is needed to treat periodontal disease. It is a blend of good daily oral hygiene, good diet, elimination of the highest risk factors such as smoking and a lot of good support and maintenance. What I am saying is that we need to remember to treat the whole patient and not rely on oral hygiene alone.

Sometimes the management of the disease can be so over-whelming, so discussion about diet as a support instead of another interdental cleaning lesson may provide a reprise for the patient in terms of the monotony of management. Now, if you will excuse me, I have some fresh figs, natural yoghurt, and mixed seeds which my name on them (and we won’t mention the chocolate cake yesterday; well it was a birthday, it would have been rude to say no).

References

(1) Bone and nutrition in elderly women: protein, energy, and calcium as main determinants of bone mineral density. JE Hecht, R A Brownell and L Tam-bour
(2) Epidermal growth factor inhibits transeptation of type I collagen genes and production of type I collagen in cultured human skin fibroblasts in the presence and absence of L ascorbic acid 2 phosphate, a long-acting vitamin C derivative. S Kaurin and R Vitala

About the author

Mhari Coxon is a dental hygienist practicing in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPD4Dentistry, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@yellowpdp.co.uk.