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.

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. (4) 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 “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 the latest newsletter 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.

Analysing your diet

Using a diet analysis questionaire 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 working week, 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 a bit overwhelming, so discussion about diet as a support instead of another interdental cleaning lesson may provide a repreve 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. EL Hecht*, R A Brownell and L Tam- barini
(2) Epidermal growth factor inhibits transtion 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. J Ilich* and R Cauley

About the author

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