

# Your Oral Health





# FIRST VISIT, FIRST TOOTH

We see infants by age 1  
*or*  
within 6 months of eruption  
of the first tooth.



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# Thumb's up

Too much thumb and finger sucking can also throw a child's bite out of alignment

by Donalee Moulton

**Little** ones like to put things in their mouth: a favourite toy, puppy's tail, grandma's cell phone. Among their most-loved items are their very own thumb and fingers. However, parents often worry this may cause dental problems down the road.

"The primary concern is the movement of the teeth," says Dr. Elizabeth Logan, a Halifax dentist who has additional training in working with children.

Fingers and thumbs can exert pressure on new teeth and those that have yet to come through. One of the key factors is the force of the pressure on the teeth. "The position of the thumb and fingers in the mouth is important," says Dr. Logan. "Some children don't rest their fingers on their teeth as heavily so there is less pushing."

Another key factor is the length of time pressure is exerted. "It takes four to six consecutive hours to cause tooth movement," says

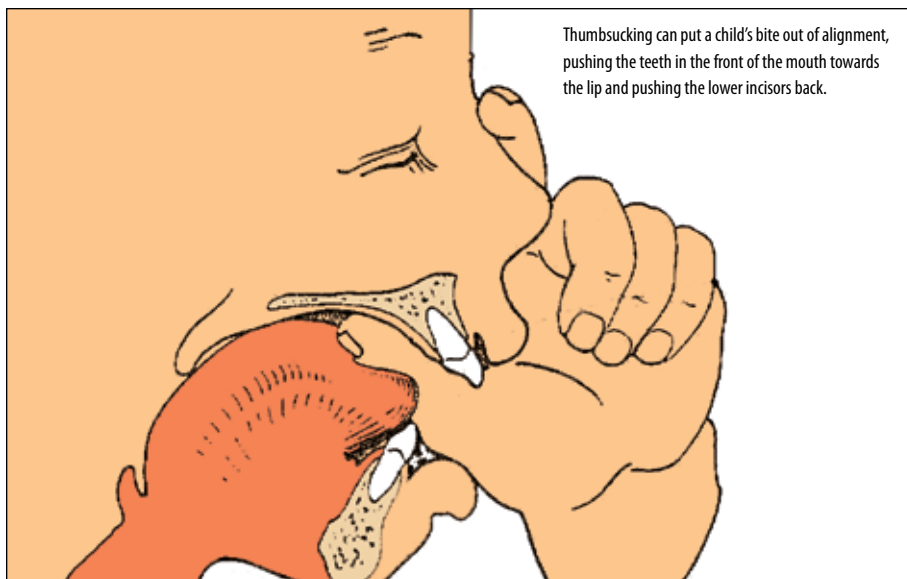
Dr. Logan, who has served as a clinical instructor in the faculty of dentistry at Dalhousie University.

One condition called anterior open bite is caused by the upper and lower teeth not closing properly. One cause for this is thumb sucking. "The thumb actually pushes the teeth back in when they are trying to erupt," explains Dr. Logan.

## **Bite trouble**

Too much thumb and finger sucking can also throw a child's bite out of alignment. In some cases, the upper





incisors, those teeth in the front of the mouth, are pushed out towards the lip while the lower incisors are pushed back toward the tongue. "This does affect the bite," says Dr. Logan. "It leads to a greater distance between the upper and lower incisors."

This can be corrected naturally, she adds. "If the habit stops before the permanent teeth are in place, the tongue, lips and cheeks will help move the teeth back into proper position."

Issues related to thumb sucking can have long-term implications. "All of these problems can affect function and aesthetics and may require orthodontics later in life," cautions Dr. Logan, who has limited her practice to children.

### Easy does it

Despite the potential problems, she says, there is no need to rush to remove little fingers and thumbs from mouths. "You don't want to intercept too early. Both parents and the child should want to end the habit."

Many children spontaneously decide their thumb or fingers are of less interest as they age. Friends at school may also be a motivator. If children are still sucking their thumb after the permanent teeth are in place, around age six, the issue requires attention. Once the permanent teeth arrive, sucking may cause problems with the proper development of the mouth and alignment of the teeth. As well, it can lead to changes in the roof of the mouth.

Many parents are concerned that



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### Pacifier problems – and a very special fairy

Like much-loved thumbs and fingers, little ones often enjoy a good pacifier. And like fingers and thumbs, pacifiers can cause dental problems, says Halifax pediatric dentist Dr. Elizabeth Logan.

"There are minimal dental changes when children are under 18 months and using a pacifier, but there are more dental changes after 36 months," she says. "We try to discourage parents from using a pacifier between 18 and 36 months."

It is easier to end a pacifier habit than thumb sucking, she adds.

There is also an added bonus for children who agree to say good-bye to their favorite pacifier. The end of the pacifier can be cut off and placed under a pillow for the pacifier fairy, who leaves behind a little gift or some money. "A lot of parents have great success with the pacifier fairy," says Dr. Logan.

finger sucking is linked to a child's emotional well-being and stopping the habit can create other problems. "This is not the case," says Dr. Logan. "Thumb sucking is a natural reflex for children. Some actually start while they are still in utero."

She notes that even though it has been shown that ending a finger habit doesn't affect a child's emotional well-being, efforts to end the habit shouldn't be initiated in a difficult or stressful period in a child's life, such as moving to a new school.

Kids and parents looking to end thumb sucking have many options to support them along the way. Children can often meet with the dentist, who can explain why they suck their thumb, the possible problems this may cause, and how they can stop. "This is often helpful for kids experiencing peer pressure," says Dr. Logan.

Reminder therapy is another option. Here the child puts a bandage on their thumb or a tube sock over their hand as a visible prompt not to put thumbs and fingers in their mouth. A bitter substance, such as vinegar or lemon, can also help kids break the habit. Dr. Logan says, "We encourage parents to tell their kids this isn't a punishment. It's just a reminder."

Rewards also work. Children can put a sticker on a calendar for each day they don't suck their thumb and after so many days they get a special treat or a small gift.

For children who don't even realize they are putting their thumb in their mouth, such as when they are sleeping, adjunctive therapy may be useful. This involves placing a bandage around the elbow to prevent sucking, but it doesn't cause any discomfort to the child.

There are also more permanent options, such as a quad helix, an appliance for the upper teeth cemented in the mouth using bands, that can correct a cross bite and make thumb sucking difficult.

"There are lots of options parents can use to help their child stop thumb sucking," says Dr. Logan. "To find out what might work best for you, talk with your dentist and explore the alternatives." ●

# The daily grind

Making bruxism less painful

by Donalee Moulton

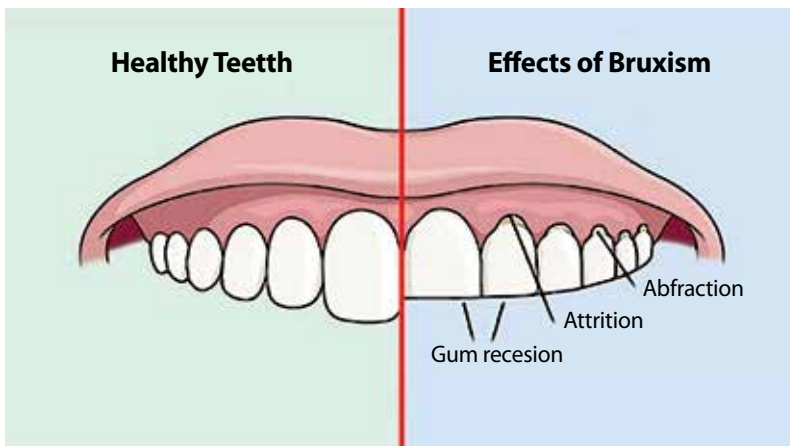


**For many** Atlantic Canadians, life is a grind. Literally. Bruxism, the clenching and grinding of teeth when not eating, can be a serious and lifelong condition.

Actually bruxism is two conditions, awake bruxism and sleep bruxism, notes Dr. Brian Barrett, a dentist and executive director of the Dental Association of Prince Edward Island in Charlottetown. Awake bruxism involves grinding and clenching, but usually more of the latter, while sleep bruxism can also include holding or thrusting out the lower jaw.

“Daytime bruxism effects up to 31 per cent of the population while roughly 13 per cent of people experience sleep bruxism,” says Dr. Barrett.

Often the first sign of bruxism is auditory. “Your dentist often discovers the habit by asking you about whether you are aware or have been told by a partner that you grind your teeth while sleeping. Even children have bruxism and any parent hearing this noise from the child’s bedroom can be alarmed because it is quite something – like fingernails on a blackboard,” says Dr. Barrett.



D. Rosenbach

Above: The patient's front teeth would have been longer, but over time pressure from bruxism can cause teeth to wear down.

A huge amount of pressure can be put on teeth and their supporting structures when a person clenches or grinds, he adds. "This, over time can lead to cracked or chipped enamel and loosened teeth. Teeth that are irritated by excess pressure will often become sensitized to hot and cold, but once protected from the bruxism this should subside."

At one time, sleep bruxism was believed to be related to a person's bite or their stress level as well as depression and anxiety, but research does not support this, says Dr. Barrett.

However, he notes, stress or extreme concentration can trigger a daytime bruxism habit in some people. "Individuals may clench their teeth while performing certain tasks through the day like driving or focusing on the computer screen. After a while the muscles in their cheeks begin to tire and get sore."

If stress or over-attentiveness is the

cause of daytime bruxism, the problem usually goes away when these issues are addressed.

Recent studies have discovered that sleep bruxism is a rhythmic muscle movement like restless leg syndrome that occurs as a result of stimulation of certain centers in the brain during sleep. "The muscles for chewing are activated, as are those that open and close the jaws," says Dr. Barrett. "These muscle movements occur as often as 15 times an hour."

Bruxism can be hard to diagnose. While wear and tear on the teeth may be an indication, there are other reasons why this could happen. Your dentist will monitor your mouth including any irregular wear on the surfaces of your teeth.

There is no proven therapy for sleep bruxism, and most treatments, including bite planes, are often used to address any harmful side-effects such as increased tooth wear. Bite planes cover

the teeth in an effort to protect them from such wear. "They will also tend to prevent any muscle soreness that can occur from prolonged clenching, but in many cases once the muscles become tender the clenching stops because it hurts to do so," says Dr. Barrett. "This is protecting the painful muscle tissues against further damage and allowing for time to heal." ♡



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### Tips

MediResource Inc, which produces the Canada.com Health website, offers the following tips to help control bruxism:

- During the day, practice a neutral mouth position: the tongue rests upward toward the top of your mouth, teeth apart, and lips together.
- To ease pain, gently massage or apply ice or wet heat to sore jaw muscles.
- Avoid hard foods or chewing gum.
- If stress seems to be at the root of your teeth-grinding, reduce tension and find ways to relax.
- Other things that can help include avoiding smoking before bed, reducing alcohol intake, avoiding sleeping on your back and removing the TV or computer from the bedroom.

~MediResource Inc.





# By gum

Receding gums can cause significant problems

by Donalee Moulton

**It is** important to take care of your teeth. It's equally important to take care of your gums. When gums recede, bacteria often moves in. This can damage tissue and bone. Tooth loss can also occur if the gums recede progressively.

Many Atlantic Canadians, especially as they age, will experience a loss of gum tissue around the tooth and that can expose the root surface. "Gum recession is very prevalent. Up to 47 per cent of North American adults experience some form of gum disease, and the aging population will likely increase this," says Dr. Aditya Patel, a Halifax periodontist (a dentist who specializes in the prevention, diagnosis, and treatment of gum disease).

According to the Canadian Dental Association, seven out of 10 Canadians will develop gum disease at some point in their lives. It is the most common dental problem, and it can progress quite painlessly until there is a major problem.

## Causes

One of the most common causes of receding gums, also known as gingival recession, is gum disease. "When you have gum disease, it can cause the

loss of bone around the teeth. Since the gums sit on top of the bone, as the bone level decreases, the gums recede," explains Dr. Patel.

External factors can also play a key role, resulting in gum recession. Aggressive tooth brushing with a hard-bristled toothbrush, for example, or brushing teeth the wrong way can cause the enamel on teeth to erode and gums to recede. Oral piercings can cause significant damage as well. Because most oral piercings rest near



Dr. Aditya Patel, a Halifax periodontist who specializes in the prevention, diagnosis, and treatment of gum disease.

the gum line, there is a very high risk of gum recession.

In addition, restorations, or fillings, that are under gums can cause gingival recession. When tooth decay extends under the gum line, your dentist will have to put in place a filling that is also below the level of your gums, and this can cause them to become irritated and ultimately recede. "This type of recession is most common in patients with thin gingiva, or gums," notes Dr. Patel. "Your dentist will guide you if there is need for preventive work when placing a filling."

Not taking care of your oral health is another factor. When teeth aren't brushed and flossed regularly, it offers an opportunity for plaque, a sticky deposit on teeth that bacteria love to call home, to harden and become tartar, which can only be removed during a dental cleaning. Tartar, also called calculus, can work its way below the gum line causing gums to recede and expose roots.

Genetics also play a part in receding gums. Some people, those with thin gums, are at increased risk of recession.

Gums recede over time, often over decades, and you may not be aware that you have a problem. One indication of a problem may be tooth sensitivity; hot, cold, sweet or sour foods may cause a sharp pain. Another indication may be that you notice that a particular tooth seems longer than normal. A tooth has recession if you are able to feel a groove near the gum line. You should check with your dentist if you notice any of these changes.

### What to do

Addressing the issue of receding gums starts with prevention. Good oral health care, hand in hand with effective plaque control is essential. "If we can limit the amount of exposure the gums have to irritants such as plaque and calculus, the chances of seeing gum recession are dramatically decreased," says Dr. Patel, who is also a lecturer and clinical instructor at Dalhousie University's faculty of dentistry.

Once gum recession has occurred, he notes, deciding on a treatment requires you and your dentist to answer three



### Are you brushing properly?

Proper brushing and flossing can help prevent gums from receding. But how do you know if your technique is helping or harming your gums? The Canadian Dental Association recommends the following:

**Brushing:** Brush your teeth gently, paying special attention to the areas where your teeth and gums meet. Clean every surface of every tooth. Use the tip of your brush to clean behind your upper and lower front teeth.

**Flossing:** Take a piece of floss about 18 inches long and wrap it around your middle fingers. Using a clean section of floss each time, wrap the floss into a C shape around a tooth. Wipe it over the tooth, from base to tip, a couple of times. Repeat on each tooth.



Healthy tooth → Gingivitis (gum infection) → Parodontitis with gum

Above: the progression from healthy teeth and gums to gums with pronounced recession. The most common cause of receding gums, also known as gingival recession, is gum disease. Addressing the issue starts with prevention.

questions: Is there sensitivity or pain from the exposed root surface? Is the area at risk for further recession? Is the gum recession an esthetic concern?

A deep cleaning may help to remove plaque and tartar below the gum line. However, in some cases a gum tissue graft may be required. This procedure covers exposed root surfaces with healthy tissue and increases the tissue thickness so further recession does not occur.

Regular visits to your dentist are important, says Dr. Patel. Your dentist will look for a number of markers to diagnose receding gums including the amount of keratinized, or thick, tissue around the tooth, the level of bone support around the teeth, and the colour and consistency of your gums.

Together you can help keep gum recession at bay. 🍷



# HOW BIG IS YOUR SWEET TOOTH?



THE WORLD HEALTH ORGANIZATION RECOMMENDS  
WE LIMIT SUGAR TO 25 GRAMS DAILY!

**THAT'S ABOUT 6 TEASPOONS PER DAY!**

Small changes can have a BIG effect: Read food labels.  
Choose fruit over fruit juice. Choose water over pop and energy drinks.

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