

The New Dental Times

Produced for the patients of:
Beth D. Vander Schaaf, D.D.S.
and
Douglas O. Beischel, D.D.S.

Fall 2002

OFFICE STAFF

Office Manager:
Lois Harmon

Assistant Office Manager:
Sonia Payan Mason

Front Office Assistant:
Lindsey Ritterskamp

Appointment Coordinator:
Harriet Rosenthal

Hygienists:
John Hamp, Jr.
Heather Vander Schaaf

Dental Assistants:
Amy Victoria Nowlin
Ruth Whitten

Just the facts— *Periodontal disease*

Periodontal disease is the number-one oral health concern in this country. Here are a few statistics and facts about this insidious disease.

- Nearly 30 million Americans suffer from some form of periodontal disease.
- More than 60 percent of people over age 13 have problems with gingival bleeding.
- About 75 percent of people over age 35 have gum disease.
- Gum disease is the most common cause of tooth loss in the U.S. today.
- Replacement of teeth destroyed by periodontal disease costs \$10 billion each year.
- Having periodontal disease may increase the risk of stroke and heart disease.
- Periodontal disease is a bacterial infection.
- Pregnant women who have gum disease are far more likely to go into premature labor.
- Smokers have been found to have a much higher incidence of periodontal disease.

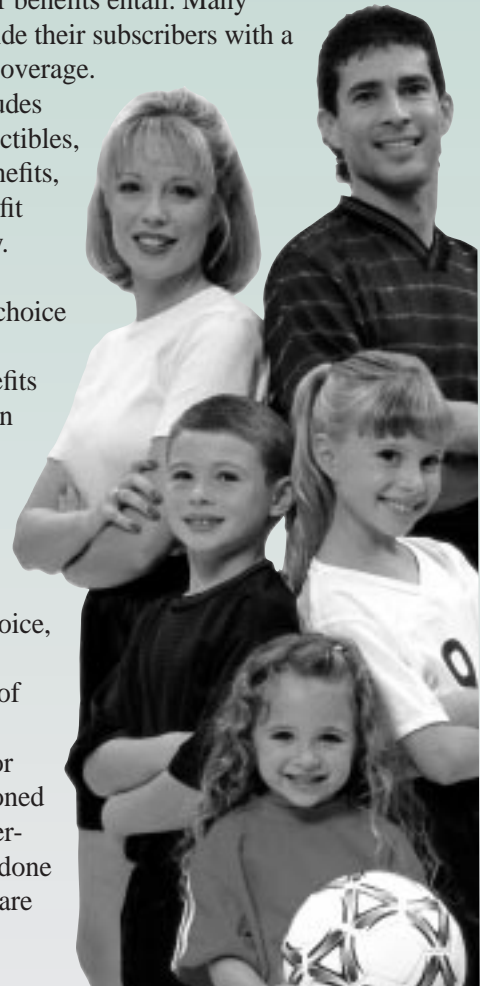
What can be done to stem the tide? The answer to preventing and dealing with gum disease is better home care and regular dental appointments, which keep the disease in check.

MAXIMIZING YOUR DENTAL BENEFITS

Whenever you buy something, you expect it to deliver a certain quality and quantity in return. If you have dental insurance, either you or your employer (or both of you) pays a certain amount each year for the benefits you receive. Unfortunately, many people never use their benefits efficiently to get their money's worth.

Often, this occurs because patients aren't aware of the extent of their benefits or the details involved in getting the maximum use out of them. To remedy this, we suggest that all our patients talk to their employers (or whoever provides their coverage) about exactly what their benefits entail. Many insurance carriers provide their subscribers with a booklet that discusses coverage. This booklet often includes information about deductibles, predetermination of benefits, and the maximum benefit that is allowed annually.

In the fall, many employees are given a choice of insurance plans. Understanding the benefits available from each plan can help you to make a decision that provides the most for the dollars paid out for insurance. Before you make your coverage choice, carefully consider your dental needs and those of your family. Talk to us about specific choices or options we have mentioned so that you clearly understand what needs to be done and what your benefits are in this regard.



Thank you for all your referrals. We appreciate them!

How well do you brush?

There are a myriad of choices these days when it comes to toothbrushes, and some may work better for you than others. However, what good oral hygiene really comes down to is how well you brush.

Read over the following instructions to see how well your brushing technique stacks up. If you don't feel confident that you're doing a good job, cut out the list at right and tape it to your bathroom mirror to help you improve.



TOWARD A BETTER BRUSHING TECHNIQUE

1. Use a soft-bristled brush that is comfortable for you to hold.
2. Hold the brush in contact with your teeth at about a 45-degree angle.
3. Don't squash the bristles against your teeth. Rather, allow the tips to do the cleaning work.
4. Move the brush in short, elliptical strokes. Always finish the stroke down on the uppers and up on the lowers.
5. Don't try to clean more than two teeth at a time.
6. Brush carefully near the gumline, and let the bristles reach under the gums to remove plaque hidden there.
7. Brush slowly and deliberately. Repeat on the insides of your teeth.
8. Rinse.

If you have any questions, ask us. We'll be happy to evaluate your technique and give you any pointers that could help you do a better job.

NBM, BBTD, BBS

JUST CALL IT
DECAY...

Sometimes it's called "nursing bottle mouth." Other names for it are "baby bottle tooth decay" or "baby bottle syndrome." Whatever it's called, it is decay of a little one's first teeth. It destroys teeth quickly and causes discomfort for the child. However, the good news is that it's generally avoidable if you take the proper precautions.

Preventing this problem begins with careful feeding. Never put a baby to sleep with a bottle in its mouth, or while nursing. The liquid in the mouth tends to pool by the front teeth. Bacteria have a grand time feeding on the liquid and then excreting acid that attacks the teeth. A pacifier that's been dipped in sugar or honey will cause the same problem, as will a bottle of juice. A clean pacifier or bottle of plain water are the best choices if the child must have something to help him or her sleep.

In addition to care with feeding, be sure to clean your child's new teeth each

day. By the age of one year, begin weaning your child from the bottle. Ask us when to begin dental checkups and about fluoride supplements if needed.

You can watch for signs of baby bottle decay, as well. A child who cries or seems otherwise distressed while eating—especially if the food is very cold, hard, or sweet—may have this problem. You can also watch for spots near the gumline (usually brown), which are an indicator of decay.

The best course of action for this problem is to do your best to prevent it. When decay appears, the teeth may not be able to be saved, and speech problems, crowding, or other damage could result.



See, hear, touch, smell, taste

Taste is definitely a sense that enables us to really enjoy a good meal. Many of us rate eating high on our list of favorite things to do, and taste is primarily responsible for those delicious experiences. But what happens when our sense of taste isn't quite what it used to be?

As we age, taste can diminish slightly due to the reduced function of taste buds. Many seniors notice a difference in their ability to taste salt in foods. Sometimes this is related to a waning sense of smell. However, there are several factors that can contribute to a lessened sense of taste, including:

- **Medications**, such as antibiotics, antidepressants, painkillers, and those used for chemotherapy, can interfere with taste by blocking some flavors.
- **Allergies**, sinus disease, and respiratory ailments, which inhibit the sense of smell, can also throw off your sense of taste.
- **Nasal blockages**, such as polyps or a deviated septum, can cause similar results.

Experiencing a sudden loss of taste (as opposed to diminishing sensitivity over time) that doesn't return in a few weeks should be professionally diagnosed. Treatments are available to help restore the enjoyment that losing this vital sense can steal.

A FLOSS FOR YOU

Some people just hate to floss. For one reason or another, they just can't seem to get into the habit. They may be very good brushers. They may be very careful about their sugar intake. They may visit us regularly and generally follow our recommendations to maintain their dental health. They just don't floss.

For those people, we have some suggestions that may help them to develop a flossing habit:

- Pick a time that's best for you—either first thing in the morning or last thing before bed—and stick with it.
- If you have spaces between your teeth, try “fuzzy” floss, which expands to clean tooth edges and gumlines.
- If your teeth are close together and you tend to break floss, consider very thin or ribbon floss that's coated with wax, which helps it slide easily between teeth.
- For those who experience discomfort after flossing, there are gentle flosses designed to soothe sore gums.
- If you want to add extra fluoride or baking soda when you floss, there are flosses that contain these ingredients.
- For a little flavor, try grape, mint, cherry, or cinnamon floss.
- If you find it difficult to hold floss, there are holders that make this task easier.

Flossing is one habit you want to get into. Try one of the suggestions here to see if you can get hooked on flossing and make it a daily practice.



No pain, no problem. **RIGHT?**

WRONG! Many patients think it's not necessary to come in for six-month cleanings and exams when their teeth aren't bothering them in any way. They reason that if there's no discomfort, there's no reason to see a dentist.

Unfortunately, they couldn't be more wrong. Here are a couple of reasons why:

FIRST, by the time a tooth begins to hurt, it may be beyond saving. Often, we can do a root canal so that you can keep the tooth, but, essentially, the core of the tooth is already dead. Why wait until costly dental work is necessary? Regular preventive care—both in our office and at home—can save you from discomfort and often save your tooth from decaying in the first place.

SECOND, periodontal disease and gingivitis, which may affect as many as 75 percent of us, cause no discomfort whatsoever in their early stages. A case of gum disease could be very advanced by the time it causes pain. However, it will cause earlier symptoms, such as bleeding gums, bad breath, mobility of the teeth, and the presence of gingival pockets. The only way to know that you have periodontal disease is to have a professional diagnosis. When this problem is caught early, steps can be taken to help heal the gums and save the teeth.

Don't neglect your teeth simply because they aren't causing you pain. If you haven't seen us in six months, schedule an appointment now to give your teeth the preventive care they need.

Beth D. Vander Schaaf, D.D.S.
Douglas O. Beischel, D.D.S.
7301 E. Thomas Road
Scottsdale, AZ 85251

*Here's your
dental newsletter!*

PRESORTED
STANDARD
U.S. POSTAGE PAID
PHOENIX, AZ
PERMIT NO. 3418

Return Service Requested

© Copyright 2002. Newsletters, Ink. Corp. All rights reserved. Printed in the U.S.A. www.newslettersink.com

Not just cola

All sodas are hard on teeth

Colas get a lot of bad press because the acid they contain is hard on teeth. However, don't think that you can protect a child's teeth just by switching to another brand or type of soda.

Soda (including diet soda) contains phosphoric acid, which gives it its fizz. This can damage enamel, making it more susceptible to decay. Some beverages—root beers, clear sodas, and sports drinks—equal or surpass the acid content of colas.

As parents, it's important that you watch what your child eats and drinks. An occasional soda isn't going to be detrimental, especially if your child rinses and/or brushes afterward. However, a steady diet of soda rather than water and milk can lead to problems with tooth decay and possibly other bad health effects.



Back to school with a beautiful smile

No matter whether a child is going back to school or beginning kindergarten, a bright, happy smile should be a prerequisite for that first day. We can help make that smile a reality when you schedule a back-to-school cleaning and exam. A beautiful, confident smile is the perfect way to begin a new year of school. Why not call for an appointment today?

Beth D. Vander Schaaf, D.D.S.
Douglas O. Beischel, D.D.S.
7301 E. Thomas Road
Scottsdale, AZ 85251

Patient Hours

Monday-Thursday

7:00 a.m.-3:00 p.m.

Appointment and Emergency

Phone: (480) 994-5225

e-mail: 123@2dentists4u.com

Web site: www.2dentists4u.com



**happy
autumn!**