

**FIFTEEN GREAT STORY IDEAS**

1. **Dental Care for Your Baby**
ONE dental visit when there's ONE tooth can equal ZERO cavities
2. **Cosmetic Dentistry**
New treatments to enhance or restore your child's smile
3. **Behavior Guidance**
Parents should exercise important rights as partners in dental decisions
4. **Diet and Dental Health**
Chocolate milk is OK for your teeth and a caramel is no worse for teeth than a cracker
5. **Fluoride**
Fluoride not only helps prevent tooth decay, it cures beginning cavities and slows down the growth of cavities
6. **How to Select a Dentist**
The trip can be a treat for both children and parents
7. **Dental Care for Your Preschooler**
Tips for parents on a great dental visit
8. **Dental Care for School-Age Children**
A count down to dental health: 5 steps to a cavity-free child
9. **Dental Care for Your Teen**
Why teens may get their first cavity at the same time they get a driver's license
10. **Restorative Dentistry**
Half of American children get cavities – Learn your child's best treatment choices
11. **Children at Risk**
Twenty-five percent of our nation's children have 80% of the cavities
12. **Dental Care for Special Children and Adults**
Every person can enjoy a healthy smile and benefit from preventive dentistry
13. **Sealants**
The invisible protector and the best-kept secret in the dental office
14. **Sports Safety**
How to keep your child off the "injured list"
15. **It's a Dental Emergency!**
What to do when your child has a tooth knocked out



The American Academy of Pediatric Dentistry, founded in 1947, is an organization of more than 7,000 dedicated professionals with special training in children's health. Pediatric dentists and their staffs work in a pediatric environment because they enjoy working with children. Pediatric dentists are advocates for children.

The Academy emphasizes a three-part approach to caring for children:

1. **Prevention & Treatment:** treating infants, children and adolescents in the dental office
2. **Education:** teaching children, parents and dental professionals about how to provide the best possible care
3. **Research:** working to develop improved methods of preventing oral problems

Pediatric dentistry is one of nine dental specialties recognized by the American Dental Association. Pediatric dentists are the pediatricians of dentistry. They provide both primary and specialized oral health care for infants, children, adolescents and persons with special health care needs. Their professional education includes two to three years of specialized study after completing dental school.

DENTAL CARE FOR YOUR BABY

STORY IDEAS

▲ When does one plus one equal zero? ONE baby tooth + ONE pediatric dental visit = ZERO cavities.

▲ First dental visits are less clinical and more educational. The first visit at 6 months or one year is a "well baby check" for the teeth.

▲ A 1996 survey showed that parents are taking children to the dentist too late - a full three years after the pediatric dentist recommendation. The ADA recommends a child visit the dentist by age one as well.

▲ Pacifier or thumb? Cloth or disposable? Breast or formula? Debates rage around new parents, just at a time when they're too tired to tie their own shoes. The American Academy of Pediatric Dentistry solves the first of these parent dilemmas with a vote for pacifiers over thumbs to comfort fretful babies.

▲ Babies can "catch" cavities from their mothers. Research indicates that the cavity-causing bacteria known as streptococcus mutans can be transmitted from mothers to infants between the ages of 8 to 33 months. The better the mother's oral health, the less the chance the baby will have problems.

PARENT TIPS: HEALTHY TEETH FOR BABIES

▲ Before the teeth erupt, clean your baby's mouth and gums with a soft cloth or infant toothbrush at bath time. This helps ready your baby for the teeth cleaning to come.

▲ When the teeth erupt, clean the child's teeth at least twice a day with a toothbrush designed for small children.

▲ Even though parents must be responsible for their child's oral hygiene until age 6, toddlers should be encouraged to help brush their teeth.

▲ Take your baby to see a pediatric dentist shortly after the first tooth comes in usually between the ages of 6 months and one year. The earlier the visit, the better the chance of learning how to prevent dental disease and helping your child belong to the cavity-free generation.

▲ If you must put your baby to sleep with a bottle, use nothing but water. When a child is frequently breast-fed or given a bottle containing sugary liquids such as milk, formula, or fruit juice, the teeth are under attack by bacterial acid for extended periods. Parents also need to follow a daily dental routine if their child uses juice boxes, sippy cups, or sports bottles throughout the day.

▲ The potential for early childhood caries exists for the breast-fed child and is related to the extended and repetitive feeding times with prolonged exposure of teeth to fermentable carbohydrate without appropriate oral hygiene measures. The American Academy of Pediatric Dentistry recognizes the need for further scientific research regarding effects of breast-feeding and the consumption of human milk on dentofacial growth and oral health.

▲ Never dip a pacifier in anything sweet; it can lead to serious tooth decay.

▲ Wean your infant from the bottle by one year of age.

FLUORIDE FOR BABIES?

▲ Even though the baby teeth have not erupted, infants still need fluoride to help developing teeth grow strong. Your pediatric dentist will determine your child's fluoride needs during the initial consultation.

▲ Few people realize that babies have more teeth than adults. Even though the teeth are still invisible, two full sets are developing under the gums.

▲ Children older than 6 months need a fluoride supplement if their drinking water does not contain the ideal amount of fluoride. Fluoride supplements taken by infants have been shown to reduce tooth decay by as much as 50%.

▲ Your pediatric dentist will help determine whether your child needs a fluoride supplement and if so, will give the proper prescription for your child.

▲ Fluoride is conveniently available in fluoride drops or in combination with prescription vitamins.



PACIFIER OR THUMB?

▲ In the pacifier-versus-thumb debate, the American Academy of Pediatric Dentistry votes for pacifiers over thumbs to comfort new babies. A pacifier habit is easier to break at an earlier age. The earlier a sucking habit is stopped, the less chance the habit will lead to orthodontic problems.

▲ Babies suck even when they are not hungry (a natural reflex called non-nutritive sucking) for pleasure, comfort, and security.

▲ Sucking on a thumb, finger, or pacifier is normal for infants; most children stop by age 2. If a child does not stop on his or her own, the habit should be discouraged after age 4. Prolonged sucking can create crowded, crooked teeth or bite problems.

▲ Thumb, finger and pacifier sucking all can affect the teeth essentially the same way. If a child repeatedly sucks on a finger, pacifier, or other object over long periods of time, the upper front teeth may tip outward or not come in properly.

▲ A pacifier is a good alternative to the comfort bottle of formula, milk, or juice that many parents give their babies at bedtime. Going to sleep with a bottle can lead to an alarming amount of tooth decay, especially in the top front teeth.

▲ Your pediatric dentist can encourage your child to stop and discuss what happens to the teeth if your child does not stop. This advice, coupled with support from parents, helps most children quit. If this approach does not work, a pediatric dentist may recommend a mouth appliance that helps discourage sucking habits.

PARENT TIPS FOR SAFE PACIFIERS

▲ Never dip the pacifier into honey or anything sweet before giving it to a baby.

▲ Never attach a pacifier to your child's crib or body with a string, ribbon, or cord.

▲ A pacifier's shield should be wider than your child's mouth. Discontinue use if the child can fit the entire pacifier in his mouth.

▲ Inspect pacifiers frequently for signs of wear or deterioration; discard if the bulb has become sticky, swollen, or cracked.

▲ Never substitute a bottle nipple for a pacifier.

GREAT QUOTES

"A child should be seen by a pediatric dentist, no matter how young that child is, if the parent thinks there could be a dental problem. No child is too young for good dental health."

Dr. Ross Wezmar, pediatric dentist, Scranton, Pa.

"I have seen 2- and 3-year olds who have lost all 20 baby teeth because of baby bottle tooth decay. Then you have preschoolers with dentures."

Dr. Charles Poland, pediatric dentist, Indianapolis, Ind.

"As a parent, you want to take good care of your child's baby teeth. Baby teeth are more important to a child than your teeth are to you."

Dr. Edward Lockwood, pediatric dentist, Hastings, Neb.

"Pacifiers have a few rules of thumb, pun intended. The three things to consider are frequency (How often do they suck?); duration (How long do they suck?); and intensity (Can you hear it across the room?)."

Dr. Arthur J. Nowak, pediatric dentist, Iowa City, Iowa

VISUAL POSSIBILITIES

Follow a child through a dental visit. See how the child and parent react to "child-friendly" treatment and explanations.

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PARENT CHECKLIST

THE FIRST DENTAL VISIT

- I scheduled the first dental visit between 6 months and one year.
- I chose a pediatric dental practice. I appreciate their special training; my child appreciates the toys and child-size furniture.
- I selected an appointment time when my child is usually alert, not tired.
- I was upbeat with my child about the visit, explaining that the dentist will help keep my child's smile bright and healthy.
- The pediatric dental practice did not keep us waiting. (Or if they did, I was satisfied with their explanation.)
- I was asked to provide a complete medical and dental history about my child.
- The pediatric dentist gently but thoroughly examined my child's mouth. He or she observed oral and facial development and looked for any signs of potential problems.
- I was informed about my child's tooth development, the causes and prevention of dental disease and appropriate diet and home dental care.
- The pediatric dentist and members of the dental team answered my questions on such matters as diet, teething, thumbsucking and pacifiers.
- The dentist and support staff did everything possible to help my child feel comfortable during the visit.



COSMETIC DENTISTRY FOR CHILDREN AND TEENS

STORY IDEAS

Children smile when they are proud of their teeth. At school and at play, they feel more confident. Your pediatric dentist can tell you about new treatments to enhance or restore your child's smile.

Sally chipped her tooth on a swing set in fifth grade. Nick had an unfortunate encounter with a skateboard and a steep ramp. Julie wants a brighter smile when she goes onstage to accept her arts scholarship. They all should have a talk with a pediatric dentist. New dental treatments can create beautiful smiles - and the treatment does not have to break a parent's bank account.

WHITENING TOOTHPASTES: DO THEY REALLY WORK?

Some teens stand in the drugstore and wonder if toothpastes with "whitening power" really work. Whitening toothpastes contain chemicals or polishing agents that can remove stains from the teeth. (That said, all toothpastes have mild abrasives that help remove surface stains.) If your teeth are darker than they used to be because of surface stains, whitening toothpastes can brighten your smile. On the other hand, if your teeth are darker because of deeper stains, perhaps from an injury or certain medications, whitening toothpastes will not give you effective results. Unlike bleaching, these toothpastes do not change the color of the teeth to a whiter, brighter shade. If you go this route, be sure to choose a brand that contains fluoride. Teens are still very susceptible to tooth decay.

BLEACHING: GREAT CHOICES TO BRIGHTEN YOUR SMILE

Bleaching will brighten the color of teeth that are discolored, stained, or have been darkened as a result of injury. It changes the color of your teeth without removing any tooth structure. One treatment choice is in-office bleaching. A concentrated bleaching agent is applied to your teeth and then activated with heat or light. The visits take about an hour, and usually one to four visits are needed. You can lighten as few or as many teeth as you like.

A more affordable choice is a bleaching kit you get from the pediatric dentist and use at home. In the first visit, the pediatric dentist takes a model of your teeth. In the second visit, you pick up the custom-made bleaching tray and the bleaching gel. You wear the tray, filled with the bleaching gel, usually at night for several nights. This approach is best for older children and teens.

Whichever approach you choose, bleaching is fairly comfortable, and the side effects are few. Some patients find their teeth are more sensitive to hot and cold foods, but the sensitivity disappears after a few days. A toothpaste for sensitive teeth may help.

MICROABRASION: GOOD FIRST CHOICE FOR TOOTH STAINS OR SPOTS

Microabrasion is an excellent option if you want to change the color of certain areas or spots on the teeth, rather than lighten the color of the whole tooth. The pediatric dentist removes microscopic bits of discolored tooth enamel with an abrasive and a mild acid.

Treatment usually can be completed in one visit. Microabrasion is a conservative treatment, removing little tooth structure. Since it is more affordable than bonding, veneers or crowns, it is a good first choice for teeth with discolored areas.

Will microabrasion remove a spot or stain completely? It is difficult to predict. Success depends upon a number of factors, especially the type and extent of discoloration. Surprisingly, brown or dark stains are removed more readily than white ones. Microabrasion works better on surface discoloration than it does on deeper stains caused by injury or certain medications.

BONDING AND VENEERS: RESTORE THE LOOK OF CHIPPED OR BROKEN TEETH

These treatments can restore the original shape of a chipped or broken tooth. They can brighten front teeth that are stained or discolored. The treatments involve bonding tooth-colored plastic or cementing tooth-colored veneers to the teeth. Although veneers are more costly than bonding, both treatments are more affordable than crowns and require little loss of tooth structure. They restore the natural appearance of teeth and encourage a confident smile.

Bonding materials, often called composite resins, are tooth-colored plastics. If you select the treatment called bonding, the bonding material is applied to the tooth, formed into the proper shape, and hardened with a light or chemical process. The treatment typically takes one or two visits.

Veneers are thin shells of tooth-colored plastic or porcelain. They are custom-made, usually by a dental laboratory, and then bonded onto the teeth using a tooth-colored cement. The treatment takes several visits.

Bonding and veneer treatments are fast, comfortable, affordable procedures that greatly improve the look of a smile and can last for several years. However, there are some limitations. Although bonding and veneers are conservative, they require some loss of tooth enamel. Also, bonded teeth and veneers are simply not as strong as the original tooth structure. Nail biting, hard foods and sports accidents can damage them. They must be maintained with good oral hygiene and regular dental visits.

PORCELAIN CROWNS: STRONGEST TREATMENT FOR RESTORING YOUR SMILE

Porcelain or resin crowns can give beautiful cosmetic results for discolored, chipped or broken teeth. However, parents must consider two realities: First, crowns are more costly than other treatments; and second, a crown requires the removal of a significant amount of tooth structure. On the other hand, crowns are stronger than the other cosmetic choices and can last for many years with good dental health habits.

Crowns typically are made of metal covered with a tooth-colored porcelain or a plastic resin. The tooth is prepared by shaping it and removing a part of the outside tooth structure. (The tooth must be made smaller in size so the crown can fit over it.) The crown is custom-made, usually by a dental laboratory, to precisely fit the prepared tooth. The crown fits over the tooth and is cemented into place.



ORTHODONTIC TREATMENT: ADVANTAGES GO FAR BEYOND COSMETICS

Your pediatric dentist can identify crowded or crooked teeth and actively intervene to guide the teeth as they come in the mouth. Not only will this improve the look of your child's smile, but early orthodontic treatment can prevent more extensive treatment later.

The advantages of orthodontic care far surpass appearance. Pediatric orthodontics can straighten crooked teeth, guide teeth into position as they come in, correct bite problems, and even prevent

the need for tooth extractions. Straight teeth not only look better, but are easier to keep clean and therefore less susceptible to tooth decay and gum disease.

Unlike the other treatment choices that start and finish in a shorter period of time, orthodontic treatment takes place over the years as your child's mouth grows and changes. A commitment to regular dental visits and good home care is a must. Orthodontic treatment is a significant financial investment as well. However, since it offers important health benefits, it may be covered at least in part by dental insurance.

COSMETIC CHOICES FOR CHILDREN AND TEENS

TREATMENT	GOALS	PROS AND CONS
Whitening toothpastes	Brighten teeth	Remove surface stains but does not lighten the color of the teeth, very affordable
Bleaching	Brighten discolored teeth	Lightens and brightens the color of the teeth, very comfortable and affordable
Microabrasion	Brighten discolored teeth	Improves spots and stains on teeth, very comfortable and affordable
Bonding and veneers	Restore discolored teeth	Greatly improves the look of the teeth, last for several years, comfortable, Restore a tooth that is moderately affordable
Porcelain crowns	Restore discolored teeth Restore a tooth that is chipped or broken	Greatly improves the look of the teeth, very durable, treatment more extensive, less affordable
Orthodontic treatment	Correct crooked or crowded teeth	Benefits go far beyond cosmetics to correct bite problems and prevent future dental problems, most extensive investment of time and finances

GREAT QUOTES

"Parents don't want to see their child hide a smile behind a hand. Children feel better about themselves when they are proud of the way their teeth look. I urge parents to talk to their pediatric dentists about the exciting new treatments to help improve the look of children's smiles."

"Parents in my practice are amazed that the toddler who didn't want her hair combed is now a teen who spends hours in front of a mirror. If your children are old enough to put on makeup or shave, they may be ready for cosmetic dentistry."

VISUAL POSSIBILITIES

Before-and-after photos of microabrasion and bleaching techniques

Before-and-after photos of bonding and veneers for discolored and chipped teeth

Photos of a porcelain crown, before and after placement

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BEHAVIOR GUIDANCE

STORY IDEAS

Parents want the best for their children, whether their children are at school, camp, or the dental office. Two important steps will get your child the best dental care. First, choose the right dental professional for your particular child. Second, be an active partner in your child's dental health decisions.

Parents have two important rights in the dental treatment of their children. The first is a right to information. As a parent, you should know exactly what treatment your child will receive – and why. The second is a right of choice. Parents can support or deny any treatment approach suggested for their child.

Each child responds in her or her own way to a dental visit. Pediatric dentists stand ready with a variety of methods to help an individual child feel comfortable with dental treatment. You can and should be a partner in selecting which technique will work best for your child.

FACTS FOR PARENTS ON HOW PEDIATRIC DENTISTS WORK WITH CHILDREN

▲ Why would a dentist use “behavior guidance” with a child? The four main goals of behavior management are first, to help a child feel relaxed and confident; second, to guide a child in coping with dental treatment; third, to complete dental treatment as quickly and safely as possible; and fourth, to complete treatment in a dental office rather than a hospital setting.

▲ Because every child is different, pediatric dentists have a wide range of choices to help a child complete needed dental treatment. Your pediatric dentist makes a recommendation of behavior guidance methods for your child based upon her health history, special health needs, dental needs, type of treatment required, the consequences of no treatment, her emotional and intellectual development, and your parental preferences.

▲ There are two main reasons your pediatric dentist may recommend behavior management for your child. The first reason is anxiety. Children typically respond to an unfamiliar dental office in the same way they respond to a new pediatrician, new child-care provider, or first visit to someone's home. Some are totally comfortable; others are fearful in the new or unfamiliar situation. The second reason is pain. If a child's first visit to a dentist is an emergency situation, perhaps because of a toothache or mouth injury, he or she is far more likely to be unhappy during the visit. That's why the most important “behavior guidance” technique is early and regular dental visits. If a child visits a dentist when his mouth is comfortable, he is much more likely to find the visit pleasant and fun.

▲ Parents play an important role in their child's safety during dental treatment. In particular, stay up-to-date on your child's health status. Be certain to inform the pediatric dentist about changes in your child's health status, including any illnesses and any medications, both prescription and over-the-counter.

▲ To be a well-informed parent, you should know the choices available to relieve the anxiety or discomfort of your child during dental treatment. Working together, you and the pediatric dentist can select the best treatment methods to make your child's visit as safe and comfortable as possible.

A MENU OF METHODS TELL-SHOW-DO

The pediatric dentist explains the treatment in words just right for the child's age and level of understanding, shows the child the treatment in a simplified manner, then does the treatment.

POSITIVE REINFORCEMENT

The pediatric dentist praises and rewards the child for any behavior that helps with treatment. (And in pediatric dental offices, every child does something right during a dental visit.)

DISTRACTION

In this technique, the pediatric dental team choose their treatment words carefully, pass instruments out of the child's sight, and occasionally distract the child's attention away from the treatment with conversation, music, movies, or even video games.

VOICE CONTROL

The pediatric dentist changes voice tone or volume to calm a child or get a child's attention. Typically, the pediatric dentist speaks in a soft, controlled tone and repeats messages as necessary. Some dentists advocate use of a loud tone occasionally to discourage disruptive behavior or movements that can pose a risk to the child, such as reaching for a sharp instrument. If parents are not comfortable with the use of voice control with their child, then they should certainly speak to the pediatric dentist about the issue.

LOCAL ANESTHETICS

A topical anesthetic can be applied with a cotton swab to prevent pain on the surface of the mouth. (It is similar to the gel you rub on a child's gums when they are teething.) A local anesthetic, such as Lidocaine or similar to Novocaine, may be injected in a specific area of a child's mouth to prevent discomfort during treatment. These local anesthetics cause temporary numbness that may last past the visit. Parents must be careful about giving children hot food or liquids, and watch that their children do not bite their lips or cheeks until the numbness wears off.

NITROUS OXIDE/OXYGEN SEDATION

If a child is worried by the sights, sounds or sensations of dental treatment, they may respond more positively with the use of nitrous oxide/oxygen. Perhaps the safest sedative in dentistry, nitrous oxide/oxygen can reduce anxiety and gagging in children and make long appointments easier. The child remains fully conscious during treatment. Recovery after treatment is rapid and complete.



PHYSICAL RESTRAINT

Possibilities in this category include asking the parent to hold the child on her lap with her arms hugging the child. Another approach is the use of a body wrap that holds the child's arms and legs away from the mouth. Restraint may be recommended for children who are very young or have difficulty remembering the importance of keeping their hands away from dental instruments. Used only after alternative approaches have been considered, this approach is sometimes necessary to protect a child from the sharp, fast moving instruments required in dental treatment.

CONSCIOUS SEDATION

This technique uses medications to help a child cope with anxiety and cooperate with needed dental treatment. In particular, it can prevent injury by helping a child stay still around the sharp or fast-moving instruments needed for treatment.

It is called "conscious" sedation because the pediatric dentist selects a medication and dose unlikely to cause a loss of consciousness. (In other words, the child is relaxed but not asleep. He is able to respond to touch or voices.) This approach may be recommended for apprehensive children, very young children, and children with special health care needs who would not be able to receive necessary dental care in a safe and comfortable manner without it.

Conscious sedation is safe for children when it is administered by a pediatric dentist who follows the sedation guidelines of the American Academy of Pediatric Dentistry. Parents should feel free to discuss with their pediatric dentist the different medications and sedation options, as well as the special monitoring equipment used for patient protection.

GENERAL ANESTHESIA

Medically speaking, general anesthesia is an induced state of unconsciousness. In practical terms, the patient is asleep and unable to respond to touch or voices. It is most often recommended for children who cannot tolerate the extensive treatment required to restore their dental health. For example, if a toddler was suffering from severe decay and required four root canals, the parents might agree that general anesthesia was the most comfortable way to complete treatment. Or, it may be the treatment of choice for a child with a mental or physical disability for whom a hospital setting provides the safest and best approach to care.

All parents should know that children face the same risk under general anesthesia for dental treatment as for any other surgical procedure. The treatment should be provided only by highly qualified health professionals, including pediatric dentists with advanced education in anesthesiology, dental or medical anesthesiologists, oral surgeons, and certified registered nurse anesthetists. Whether the treatment is provided in a pediatric dental office or a hospital, it should feature special monitoring and emergency equipment and trained support personnel. Parents should talk openly with their pediatric dentist about the benefits and risks of this treatment.

SHOULD I STAY OR SHOULD I GO? THE DILEMMA OF GOING BACK TO TREATMENT WITH YOUR CHILD

Should you go back to treatment with your little Bobby or should you stay in reception and balance your checkbook? Pediatric dental practices differ on whether parents should accompany their children during treatment. In some offices, parents are required to accompany their children as a way to ensure parent education about good dental health. In other offices, children are encouraged to go back for treatment on their own. That way, the pediatric dentist and team can focus on the child, work directly with the child, and build a positive relationship with the child right away. In still other offices, parents make the decision. They are welcome to relax in the reception area or join their child in treatment. Bottom line: You can find a pediatric dentist whose approach matches your preferences.

If you do go in with your child:

- ▲ Stand or sit in a location where your child knows you are nearby but can not see your face. (Even a very young child is totally tuned in to your facial cues. It only takes one worried look to inadvertently upset your child.)

- ▲ Be a silent observer. Let the pediatric dentist build rapport and provide positive coaching for your child.

- ▲ If your child needs physical reassurance, you might consider holding your child's hand or having your toddler sit on your lap. If you do not go in with your child:

- ▲ Be assured that the pediatric dentist or a member of the team will keep you carefully informed about your child's dental health and development. Typically, this takes place in a one-on-one conversation right after the dental visit.

- ▲ Stay at the dental office during the appointment. Although some parents are tempted to drop their children off and run errands, it is better to be there and not be needed than to be needed and not be there.

GREAT QUOTES

"Come early and often' is my most valuable advice to any parent concerned about how her child will be treated in a dental visit. If we can introduce your child to dental care while she's young and free of dental problems, she will LIKE coming to the dentist."

"Some children do need some extra help feeling comfortable with dentistry. But most children come to our pediatric office, check out the toys and bright treatment rooms, and are far more confident during dental treatment than their parents expected. Sometimes the parent's biggest challenge is getting the child to leave when the visit is over."

"If you don't understand, ASK. Parents deserve all the information they want or need about their child's dental treatment. And if your questions aren't answered, you should seek care elsewhere."



VISUAL POSSIBILITIES

Visit a pediatric dental office and watch how children respond to dental treatment. You may find them being treated in child-size dental equipment while watching cartoons.

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DIET AND DENTAL HEALTH

STORY IDEAS

▲ **Your mother was wrong:** Chocolate milk is OK for children's teeth. Chocolate milk, like white milk, provides protein, calcium and vitamins. And since children like it, they drink more of it.

▲ **A cracker is safer for teeth than a caramel, right?** Wrong. The "sticking point" of choosing snacks for teeth is that we are not very good at telling how long food really stays in the mouth. Research from the Forsyth Dental Center shows that some sticky foods clear from the mouth faster than less sticky foods, and thus pose a shorter acid attack on teeth. For example, caramels dissolve more quickly from the mouth than crackers, breakfast cereals, potato chips, dried fruit, or bread.

FACTS ON FOOD

▲ **Food does not cause tooth decay, eating does.** Children's dental health depends less on what they eat and more on how often they eat it.

▲ **About 90% of all foods contain sugars or starches that enable bacteria in dental plaque to produce acids.** This attack by bacterial acid, lasting 20 minutes or more, can lead to loss of tooth mineral and to cavities.

▲ **Cooked starches (fermentable carbohydrates) can lead to cavities just as sugars can.** In fact, such cooked starches as breads, crackers, pasta, pretzels, and potato chips frequently take longer to clear the mouth than sugars. Therefore, the decay risk may last even longer.

▲ **Science has not told us which foods are worst or best with respect to risk of decay.**

▲ **To cavity-causing bacteria in the mouth, sugars are essentially the same, whether natural or processed.** All types of sugars and the foods that contain them can play a role in tooth decay.

▲ **The bacteria levels in the mouth cannot tell the difference between the amount of sugar or starch in food.** For example, a lick of frosting can start the same acid attack as eating a whole slice of cake.

▲ **A food with sugar or starch is safer for teeth if it is eaten with a meal, not as a snack.**

▲ **Snacks, served no more than three or four times a day, should contribute to the overall nutrition and health of the child.** Some healthy snacks are: cheese, vegetables, yogurt, peanut butter and chocolate milk.

▲ **A child who licks a piece of hard candy every few minutes to make it last longer or slowly sips a sugared drink while studying is flirting with a high risk of tooth decay.** Such long-lasting snacks create an acid attack on teeth for the entire time they are in the mouth.

▲ **If children have poor diets, their teeth may not develop properly.** Children need protein, vitamins and minerals, especially calcium and phosphorous, to build strong teeth and resist tooth decay and gum disease.

▲ **Parents should select meals and snacks for dental health by caring for the whole child, providing sound nutrition as defined by the food pyramid of the US Department of Agriculture.**

TIPS FOR PARENTS: DIET AND DENTAL HEALTH

1. Ask your pediatric dentist to help you assess your child's diet.

2. Provide a balanced diet and save foods with sugar or starch for meal times.

3. Serve snacks no more than three or four times a day. Choose such nutritious snacks as cheese, vegetables, yogurt and chocolate milk.

4. Shop smart. Do not routinely stock your pantry with sugary or starchy snacks. Buy "fun foods" just for special times.

5. Do not put your young child to bed with a bottle of milk, formula, or juice. If your child chews gum or sips soda, select products that are sugar-free.

CHOCOLATE MILK: YOUR MOTHER WAS WRONG

▲ **Children ages one to 10 need the amount of calcium each day found in about three cups of milk.** Older children need the amount of calcium a day found in a quart of milk.

▲ **Chocolate milk, like white milk, is highly nutritious.** Most chocolate milk is made from low-fat or skim milk with added sucrose.

▲ **Chocolate milk is preferable to many popular snacks that provide energy but few nutrients.** Milk is a significant source of protein, calcium and vitamins.

▲ **Children like chocolate milk.** They are more likely to choose it over plain milk and are likely to drink more of it. It is better for children to drink milk than to throw it out.

CHEESE: THE CAVITY FIGHTER

▲ **Certain cheeses have been shown to have characteristics that disrupt the development of cavities when eaten alone as a snack or at the end of a meal.**

▲ **Cheeses such as aged cheddar, Swiss, mozzarella, and Monterey jack stimulate the flow of saliva, clearing the mouth of food debris and acting as a buffer to neutralize the acids that attack teeth.**

▲ **The calcium and phosphorous found in cheese also reduce or prevent decreases in pH levels of saliva and promote remineralization of tooth enamel.**



GREAT QUOTES

“Munching a cracker instead of a chocolate bar gives oral bacteria more time to produce enamel-destroying acids. But before you switch the family to an all-chocolate diet, understand this: No food is really ‘bad’ for children who don’t snack often, brush twice a day with a dab of fluoride toothpaste and protect their back teeth with sealants.”

Dr. Stephen J. Moss, pediatric dentist, New York, N.Y.

“Chocolate milk is okay for your children really! Sucrose, used to sweeten chocolate milk, is no more likely to cause tooth decay than other sugars. And many children prefer chocolate milk to plain milk so they’ll drink more of it.”

Dr. Heidi L. Hills, pediatric dentist, New York, N.Y.

VISUAL POSSIBILITIES

Spokesperson can explain the myths and facts of the effects of certain foods on dental health by using examples such as an apple, cracker, chocolate bar and cheese.

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FLUORIDE

STORY IDEAS

Fluoride not only helps prevent tooth decay, but also can cure cavities in their early stages. A healed cavity is stronger than the original tooth surface.

Exciting new treatments can bring your child targeted fluoride protection. For example, some types of fillings contain time-release fluorides that are proven to reduce future decay. Fluoride varnishes, a longer-lasting alternative to the fluoride treatments now used in the dental office, could soon become a valuable tool in the fight against tooth decay.

CURRENT FACTS

▲ Systemic fluoride has been shown to reduce caries between 40-50% in primary teeth and 50-60% in permanent teeth.

▲ Water fluoridation is still the No. 1 way to prevent tooth decay. However, 40% of children do not have access to fluoridated water. Caries reduction ranged from 15-40% in fluoridated communities, as compared with fluoride-deficient communities.

▲ Children aged 6 months to 16 years may need fluoride supplements if they drink water that is not optimally fluoridated. Your pediatric dentist will do a fluoride assessment for your child to prescribe the proper supplemental dosage.

▲ Fluoride for infants is available in fluoride drops or in combination with prescription vitamins. Fluoride sources for children include fluoride toothpastes, fluoride mouthrinses, and fluoride applications in the pediatric dental office.

▲ If your child gets a cavity, certain types of tooth-colored filling materials (such as resin ionomer or compomer) contain time-release fluorides. This extra fluoride targeted to your child's "problem area" can prevent decay and the need for future fillings.

FLUORIDE VARNISHES: INNOVATION IN PREVENTION

▲ This innovative treatment has been shown in early research to reduce cavities by more than 50%.

▲ Fluoride varnishes used in the dental office are painted on the teeth instead of being applied like traditional fluoride treatments. Completed in minutes, the varnish remains on the tooth surface for several hours, longer than current fluoride treatments. The treatment could be particularly valuable to children at high risk for tooth decay.

▲ Awaiting FDA approval as a cavity-prevention tool, fluoride varnishes are available now in the U.S. as a treatment for sensitive teeth and a tooth liner for cavities.

▲ Fluoride varnishes have been widely used in Europe and Canada and have been proven both safe and effective in preventing tooth decay.

▲ As more clinical research sheds light on the effectiveness of fluoride varnishes, they could become an accepted part of – and perhaps set a new standard for – a total package of preventive dentistry.

FLUORIDE: MORE IS NOT BETTER

▲ A child can get enamel fluorosis (or white spots) by swallowing too much fluoride for the child's size and weight during the years of tooth development.

▲ Fluorosis is a defect in tooth enamel that ranges from barely noticeable white specks or streaks in mild cases to cosmetically objectionable brown discoloration and enamel defects in severe cases.

▲ Three common ways a child can get too much fluoride are:

1. Taking more of a fluoride supplement than the amount prescribed.
2. Taking a fluoride supplement when there is already an optimal amount of fluoride in the drinking water.
3. Using too much toothpaste, then swallowing it instead of spitting it out.

▲ Children around age 2 are very susceptible to problems caused by swallowing fluoride toothpaste. Because young children tend to swallow, (not spit) when they brush, parents should supervise their preschooler's tooth brushing. Use a small pea-sized amount of toothpaste and discourage your child from swallowing toothpaste.

SUPPLEMENTAL FLUORIDE DOSAGE SCHEDULE

Age	Fluoride ion level in drinking water (ppm)*		
	<0.3 ppm	0.3-.06 ppm	>0.6 ppm
Birth	None	None	N o n e
6 Months	None	None	N o n e
6 Months	0.25	None	N o n e
3 Years	mg/day**		
3 Years	0.50	0.25	N o n e
6 Years	mg/day**	mg/day**	
6 Years	1.0	0.50	N o n e
16 Years	mg/day	mg/day	

*1.0 ppm = 1 mg/liter

**2.2 mg sodium fluoride contains 1 mg fluoride ion



COUNT YOUR CHILD'S FLUORIDE FIVE WAYS

To avoid having too much fluoride, you need to establish the fluoride content of your child's primary drinking water source.

1. Your Kitchen Faucet

Just knowing whether your water is fluoridated is not enough. The age of municipal water treatment plants and use of home water filters can vary the fluoride levels for families who live in the same community. You can have your water tested. Just ask your pediatric dentist.

2. The School Drinking Fountain

School-age children spend one-third of their days in school. According to the U.S. Census Bureau, three in 10 preschoolers attend a childcare facility. That means your child's primary water source may not come from home, but from day care, school, or grandma's house.

3. Drinks, Meals and Snacks

Americans drink almost three billion gallons of bottled water a year, but only 4% of bottled waters sold in the U.S. have added fluoride. Parents can check with bottled water manufacturers or the International Bottled Water Association (www.ibwa.org) to find out if fluoride has been added to their bottled water.

4. Water Filters

Do home water filters remove fluoride? Devices that operate by reverse osmosis can remove up to 95% of the fluoride from water. Charcoal or carbon-based systems are better if they only remove insignificant amounts of fluoride.

5. Toothpaste

Children around age 2 are very susceptible to problems caused by swallowing fluoride toothpaste. Because young children tend to swallow (not spit) when they brush, parents should supervise their preschooler's toothbrushing. Use a small pea-sized amount of toothpaste and discourage your child from swallowing toothpaste.

GREAT QUOTE

"The amount of fluoride children actually get is often neglected or misunderstood. Every time your child's medical history is updated, her fluoride intake should be checked and supplemental fluoride prescribed as necessary."

Dr. J. Keith Roberts, pediatric dentist, Bloomington, Ind.

"Fluoride toothpaste protects teeth because it 'heals' cavities. But parents: This is not one of those situations where more is better."

Dr. William F. Vann, Jr., pediatric dentist, Chapel Hill, N.C.

"By checking on the amount of fluoride in their water and watching over their children's use of toothpaste, parents can reduce the risk of dental fluorosis and still offer their children the decay prevention benefits of fluoride."

Dr. Winifred Booker, pediatric dentist, Baltimore, Md.

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HOW TO SELECT A DENTIST

STORY IDEA

Remember when children kicked and screamed their way to the dentist? Not anymore. The trip is judged a treat by children who sing songs, play video games, and learn to brush along with their favorite cartoon character. Pediatric dental offices, have more in common with a modern play land than an old-fashioned doctor's office.

PEDIATRIC DENTISTS: THE FIRST STOP FOR CHILDREN'S DENTAL CARE

▲ Pediatric dentists are the pediatricians of dentistry. They are specially trained for children's unique dental health needs.

▲ Their professional education includes two to three years of specialized study after becoming a dentist, emphasizing child psychology, growth and development.

▲ Infants, preschoolers, children and adolescents each need different approaches in dealing with their behavior, guiding their dental growth and development, and helping them avoid future dental problems. The pediatric dentist is best qualified to meet these needs.

▲ To help a child stay totally healthy, the pediatric dentist often works with pediatricians, other physicians and other dental specialists. All children whether healthy, chronically ill, disabled, or mentally impaired are served best through this team approach.

▲ The specialty is becoming even more important as a result of technical advances in medicine and dentistry and the increased populations of children with chronic diseases and congenital problems.

▲ Pediatric dentists take a large number of continuing education courses each year to provide the latest and the best oral care treatment for your child.

TAKING ACTION: IF YOU ARE NOT HAPPY WITH YOUR CHILD'S DENTIST

Step One: Speak up. Dissatisfaction in dentistry usually is a problem of communication, not clinical care. If you did not like – or did not understand – some aspect of your child's care, talk to the pediatric dentist about it. You deserve to be heard, and the dentist deserves the opportunity to listen. Often a parent's concerns can be resolved through a heart-to-heart talk.

Step Two: Consider a second opinion. You should be confident about your child's dental treatment. If a second opinion will help you feel more comfortable, then you should certainly seek one.

Step Three: Call your local dental society. The dental profession offers a free service called peer review. Your case can be carefully reviewed by a highly qualified board, typically consisting of dentists, hygienists, and members of the public.

QUESTIONS TO ASK TO CHOOSE THE RIGHT DENTIST FOR YOUR CHILD

BEFORE THE VISIT:

▲ Does the dentist have special training or interest in treating children?

▲ Is the dentist a member of the American Dental Association and the American Academy of Pediatric Dentistry?

▲ Is the dental office set up for children? For example, does it offer toys, books, games, or child-sized furniture?

▲ How does the dental office deal with emergencies?

▲ Is the office conveniently located to your home or child's school?

▲ Does the practice accept your dental benefit plan?

AFTER THE VISIT:

▲ Was your child seen promptly?

▲ Were you asked for a complete medical and dental history for your child?

▲ Was the dentist gentle but thorough when examining your child's mouth?

▲ Did the dentist or staff talk to your child, encouraging her involvement in dental health?

▲ Were you informed about your child's tooth development, the causes and prevention of dental disease, and appropriate dental care at home?

▲ Were your questions treated with concern and respect?

▲ Was the visit positive for your child?



HOW THEY COMPARE: PEDIATRIC DENTISTS AND GENERAL DENTISTS

	General Dentist	Pediatric Dentist
<i>Training</i>	Dental school	Dental school plus two to three years of specialized training
<i>Continuing Education</i>	Courses on a variety of topics in dentistry	Courses specific to pediatric dentistry
<i>Office Set-up</i>	May be designed for children	Designed for children
<i>Convenience</i>	Usually located near home or school	Usually located near home or school
<i>Cost</i>	Comparable with pediatric dentist	Comparable with general dentist
<i>Dental Insurance</i>	Most accept fee-for-service dental plans	Most accept fee-for-service dental plans
<i>Infection Control</i>	Excellent	Excellent
<i>Emergencies</i>	Most offer 24-hour emergency number	Most offer 24-hour emergency number
<i>Child Behavior</i>	Many skilled in relating well to children	Specialized training in relating effectively with children
<i>How to Locate</i>	<i>Contact local or state dental society; recommendations from friends or family; Yellow Pages under "Dentists"</i>	<i>Contact local or state dental society or the American Academy of Pediatric Dentistry; recommendations from friends or family; Yellow Pages under "Dentists, Pediatric"; AAPD Web site (www.aapd.org)</i>

GREAT QUOTES

"My biggest thrill is to take children who are scared of dentists and get them to love coming here. I've rarely heard a child cry in my office."
Dr. Heber Simmons, Jr., pediatric dentist Jackson, Miss.

"Pediatric dentists have chosen their profession because they love children. The visit can be fun. Children need a positive attitude toward caring for their teeth that will last a lifetime."
Dr. Rhea M. Haugseth, pediatric dentist Atlanta, Ga.

"We offer kinder, gentler dentistry. But it's not for everyone. It's just for kids."
Dr. David Bresler, pediatric dentist Philadelphia, Pa.

"Most parents don't mind having two different dentists, one for themselves and one for their children. We cater to kids with such fun stuff as cartoon sunglasses for the bright lights and bubble gum or strawberry flavors for teeth cleaning."
Dr. W. Ed Gonzalez, pediatric dentist Brandon, Fla.

VISUAL POSSIBILITIES

Visit a pediatric dental office for a tour. You may find talking parrots, toy dinosaurs with toothbrushes, video games or child-sized dental equipment.

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DENTAL CARE FOR YOUR PRESCHOOLER

STORY IDEA

Your toddler is learning to walk, talk, and even feed. To be sure her mouth is healthy and ready to speak clearly, to see if she is getting full benefit from the food that actually makes it into her mouth and to find out what to look out for during those frequent falls visit a pediatric dentist.

BENEFITS OF A HEALTHY SMILE

▲ Decay in baby teeth is at epidemic proportions in some populations. Baby teeth hold space for permanent teeth and should be cared for as much as permanent teeth.

▲ Children with healthy mouths chew more easily and gain more nutrients from the foods they eat.

▲ These children learn to speak more quickly and clearly.

▲ These children have a better chance of general health, because disease in the mouth can endanger the rest of the body.

▲ A healthy mouth is attractive and can help children form a positive self-image. A bright smile can help win the confidence of peers and teachers.

▲ Healthy teeth save time and money. Preventive dentistry means less extensive and less expensive treatment for your child.

PARENT TIPS FOR A GREAT DENTAL VISIT

▲ Start now. The earlier the visit, the better the chance of preventing dental problems.

▲ Consider a “get acquainted” visit to introduce your child to the dental office before the first appointment.

▲ Choose a pediatric dental practice. Pediatric dentists have two to three years of specialized training beyond dental school in treating children. Plus, the offices are “child-friendly.”

▲ Select an appointment time when your child is alert and rested.

▲ Explain before the visit that the dentist is a friend and will help your child keep his teeth healthy. Add that the visit will be fun.

▲ Answer all your child’s questions positively. (Keep an ear out for scary stories from peers and siblings.)

▲ Be careful about using scary words. Check-ups and 90% of first visits do not have anything to do with “hurt,” so do not even use the word!

▲ Read your child a story about a character who had a good dental visit. (Ask the dental office for suggested reading.)

▲ List your questions in advance about your child’s dental health on such topics as home care, injury prevention, diet and snacking, fluoride and tooth development.

▲ Give your child some control over the dental visit. Such choices as “The red toothbrush or the green one?” and “Will you hold your bear or should I?” will make the visit more enjoyable.

▲ Give center stage to the pediatric dentist. If the pediatric dentist does most of the talking, the pediatric dentist and your child will build a better relationship. The parent and pediatric dentist can talk after the examination.

▲ Make sure your child has regularly scheduled dental visits two times a year. A 1996 survey showed that a quarter of all children do not have regularly scheduled dental visits.

BRUSHING UP ON TOOTH BRUSHING

▲ Parents should brush preschoolers’ teeth and supervise the brushing for school-age children until they are 7 to 8 years of age.

▲ Toddlers can and should be encouraged to help brush their teeth as soon as they can hold a brush.

▲ The best times to brush are after breakfast and before bed.

▲ Nineteen of 20 parents say that giving children a toothbrush specifically designed for them motivates their children to brush their teeth.

▲ The best toothbrushes have soft, round-ended (polished) bristles that clean while being gentle on the gums. Remember to throw out a toothbrush after 3 months or sooner if the bristles are fraying. Frayed bristles can harm the gums and are not as effective in cleaning teeth.

▲ Choose a toothbrush specifically designed for children’s smaller hands and mouths. Look for large handles that help children control the toothbrush.

▲ Select a fluoride toothpaste accepted by the American Dental Association.

▲ Children 3 and younger are most susceptible to enamel defects caused by swallowing fluoride toothpaste. Either use no toothpaste at all, or put only a pea-sized amount of toothpaste on the toothbrush and encourage children to spit out the toothpaste, not swallow it. Ask your pediatric dentist when to start flossing your child’s teeth.

GREAT QUOTES

“Parents can win the ‘toothbrush war’ by letting their child help choose their own toothbrush and toothpaste. The more they like the taste of their fluoride toothpaste and the shape and color of their brush, the more they’ll use them.”

Dr. Marvin H. Berman, pediatric dentist, Chicago, Ill.

“When can a child brush his own teeth? When he can tie his own shoes. Both tasks require about the same manual dexterity. Until then, help your child brush his teeth. The best times are after breakfast and before bed.”

Dr. Monica H. Cipes, pediatric dentist, West Hartford, Conn.



VISUAL POSSIBILITIES

Visit a pediatric dental office for a tour. You may find talking parrots, toy dinosaurs with toothbrushes, video games or child-sized dental equipment.

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DENTAL CARE FOR SCHOOL-AGE CHILDREN

STORY IDEAS

A count down to dental health! Six steps can put your child in the 50% of school children who have never had a cavity:

- ◆ Good home dental care
- ◆ Fluorides
- ◆ Sealants
- ◆ Limited snacking
- ◆ Mouth protection for sports
- ◆ Regular visits to a pediatric dentist.

▲ Children miss more than 750,000 school days each year as a result of dental problems and related conditions. Children in dental pain are distracted from their studies and even playtime. Children with healthy teeth have better attendance and are more attentive in school. Here is how preventive dentistry can keep your child's smile healthy and attractive.

▲ Preventive dentistry means a healthy smile for your child. Children with healthy mouths have a better chance of general health, because disease in the mouth can endanger the rest of the body. They can chew more easily and gain more nutrients from the foods they eat. A healthy mouth is more attractive, giving children confidence in their appearance. Finally, preventive dentistry means less extensive and less expensive treatment for your child.

CURRENT FACTS

▲ One in 10 children aged 5 to 11 has never had the chance to visit a dentist.

▲ Tooth decay is still the major cause of tooth loss in children.

▲ Half of U.S. school children have no decay in permanent teeth.

▲ According to the National Caries Prevalence Survey, 92% of children aged 8 to 18 have mild to moderate gum inflammation.

▲ 90% of all cavities are preventable.

▲ According to research from the American Academy of Pediatric Dentistry, the average tooth brings in from \$1 to \$2 from the Tooth Fairy, although dentists around the country report that some children get as much as \$20 a tooth.

▲ Rituals from other countries when a baby tooth is lost include tossing the tooth over a roof, throwing the tooth to the sun, and leaving it to be collected by a small mouse.

PREVENTIVE STEP 1: GOOD HOME CARE

▲ Supervise your child's brushing and flossing. A 1996 survey showed that one-third of parents allow their children to brush and floss unsupervised.

▲ The best times to brush are after breakfast and before bed.

▲ The best toothbrushes have soft, round-ended (polished) bristles that clean while being gentle on the gums.

▲ Select a fluoride toothpaste accepted by the American Dental Association.

▲ Encourage your child to floss at least once a day.

▲ Supervise your child's flossing until age 10.

▲ Snack in moderation, no more than three or four times a day. Snacks should contribute to the overall nutrition and health of the child. Cheese, vegetables and yogurt are all nutritious snacks.

PREVENTIVE STEP 2: FLUORIDES

▲ Fluoride not only helps prevent tooth decay, slows the growth of decay, but can also cure cavities in their early stages. A healed cavity is stronger than the original tooth surface.

▲ Water fluoridation is still the No. 1 way to prevent tooth decay. However, over 40% of children do not have access to fluoridated water.

▲ If a child does not have access to adequately fluoridated water, a pediatric dentist can advise parents about other sources of fluoride, such as fluoride supplements. Fluoride treatments, fluoride toothpastes, and fluoride mouthrinses may be indicated whether there is fluoridated water or not.

A pea-sized amount of toothpaste on the brush is plenty for fluoride protection. Children should spit out, not swallow, the toothpaste after brushing.

PREVENTIVE STEP 3: SEALANTS

▲ Most cavities occur in places that sealants could have protected. Four out of five cavities in children under age 12 occur on the biting surfaces of the back teeth.

▲ Children with just a single application of sealants on their back teeth had 50% less tooth decay and tooth restorations after 15 years than children without sealants.

▲ A 1995 ADA survey showed that sealants cost about less than half of what a filling costs; a good buy in view of the valuable decay protection it provides.

▲ The teeth most at risk of decay and therefore most in need of sealants are the six-year and twelve-year molars.

PREVENTIVE STEP 4: MOUTH PROTECTORS IN SPORTS

▲ More than 200,000 injuries are prevented each year by wearing mouth protectors.

▲ A mouthguard not only protects the teeth but may reduce the force of blows that can cause concussions, neck injuries and jaw fractures. A child should wear a mouth protector while participating in any activity with a risk of falls or of head contact with other players or equipment. This includes football, baseball, basketball, soccer, hockey, skateboarding, gymnastics, kickball and other physical activities.



PREVENTIVE STEP 5: REGULAR DENTAL VISITS

▲ Regular dental visits help children stay cavity-free. Teeth cleanings remove plaque build-up on the teeth. Plaque irritates the gums and causes decay.

▲ Fluoride treatment renews the fluoride content in the enamel, strengthening teeth and preventing cavities.

▲ It is essential to get an on-going assessment of changes in a child's oral health by a pediatric dentist. For example, a child may need additional fluoride, dietary changes, sealants, or interceptive orthodontics for ideal dental health.

SPIT TOBACCO ENDANGERS MORE THAN TWO MILLION KIDS

▲ Children, both girls and boys, make up an estimated one quarter of the 10 million Americans who use spit tobacco. Spit tobacco can cause gum disease, tooth loss and oral cancer.

▲ Long-term snuff users have a 50% greater risk of oral cancer than nonusers.

GREAT QUOTES

"Thanks to fluoride, improved dental techniques, and oral care products, better hygiene and nutrition and greater public awareness, it's entirely possible to eliminate cavities in the next generation."

Dr. Marvin H. Berman, pediatric dentist, Chicago, Ill.

"If children's teeth are in shape, they will perform better in a classroom. Without healthy teeth, students might be in pain from cavities, which could distract them from their studies."

Dr. W. Ed Gonzalez, pediatric dentist, Brandon, Fla.

VISUAL POSSIBILITIES

Visit a pediatric dental office for a tour. You may find children singing songs, playing video games or being treated in child-sized dental equipment.

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DENTAL CARE FOR TEENS

STORY IDEAS

Think tooth decay is a problem you have outgrown along with Barbie dolls or Pokemon cards? Not true! Tooth decay – as well as gum disease that can cause bad breath – can be more a serious problem in your teens than at any other time of your life. Find out why you may get your first cavity at the same time you get your driver's license, and what you can do to protect the health and look of your smile.

With their hectic school schedules and busy social lives, teens have it tough as they assume responsibility for their own dental health and eating habits. They can do a good job protecting their smiles in just minutes a day by following a few straightforward rules.

Thin is not always beautiful! Eating disorders pose serious health risks, especially to young women. Signs of these disorders often show clearly in the mouth. Pediatric dentists are on the first line of defense in identifying teens who suffer from eating disorders.

If you are thinking jewelry – and you are thinking piercing – think your ears, NOT your mouth. Mouth jewelry can chip your teeth and get in the way of eating comfortably or speaking clearly. Bottom line: Oral piercing poses a number of risks, including pain, swelling and infection.

FIVE ESSENTIAL FACTS FOR TEENS

1. You have not outgrown your need for dental visits – or your pediatric dentist. Dentistry for adolescents and teens is an important part of the advanced training of a pediatric dentist.

2. Gum disease (also called periodontal disease or gingivitis) is not just a risk to your dental health, but also to your appearance. It affects six out of ten teenagers, causing red or swollen gums, bleeding gums or bad breath. The best prevention is brushing, flossing and regular dental visits.

3. As your body grows during the teen years, your face and jaws will grow and change as well. During the teen years, you probably will lose your last baby teeth, get your remaining permanent teeth, and experience growth in the face and jaw. You can be healthy and attractive through these changes by taking good care of your teeth and visiting your pediatric dentist.

4. By the end of your teen years, you probably will get the last of your permanent teeth, called wisdom teeth or third molars. Although some third molars come into the mouth normally, others need to be removed because of their position or lack of space. Your pediatric dentist will make sure any treatment needed for your third molars takes place at the right time for you.

5. If your teeth are chipped or discolored, new treatments in cosmetic dentistry can restore the look of your smile. Talk to your pediatric dentist about treatment choices to help you feel more confident about your appearance.

WHY YOU MAY GET YOUR FIRST CAVITY JUST WHEN YOU THOUGHT YOU WERE TOO OLD FOR IT

The good news: Dental decay in America is decreasing. The bad news: The decay rate for teens is still a concern. Tooth decay can be more of a problem during your teen years than at any other time of your life because:

▲ You have a number of new permanent teeth, and teeth that have just come through the gums are more prone to decay.

▲ Because almost all of your teeth have come in, you simply have more tooth surfaces susceptible to decay.

▲ You are more independent when it comes to seeking dental appointments – or avoiding them. Some teens do not visit their pediatric dentist as often as they did when Mom drove them.

▲ You are more in charge of your eating habits and oral health care than ever before. You may not eat healthy foods as regularly as you used to, or brush and floss as often.

WHAT'S THE SOLUTION TO FIGHTING TOOTH DECAY? HEALTHY EATING HABITS, FLUORIDE, SEALANTS, BRUSHING, FLOSSING, AND REGULAR VISITS TO YOUR PEDIATRIC DENTIST.

DENTAL HEALTH CHECKLIST FOR TEENS

An important change at this time in your life is taking responsibility for your dental health and eating habits. You can protect your health, smile, and overall appearance with the following checklist.

▲ Did you know the average teen eats nine times a day? Choose wisely! Even though your schedule is hectic and you eat on the run, you can select fresh fruits and vegetables instead of junk foods. Cheese, popcorn and yogurt are healthy alternatives to high-fat or high-sugar snacks. For the sake of your dental health and your waistline, do not let snacks take the place of nutritionally balanced meals.

▲ When you do not have time to brush after a snack or a meal, clear the food from your teeth with a swish and rinse of water. Or try sugarless gum. Although it is not in the same league as brushing in terms of effectiveness, it can help prevent tooth decay.

▲ Brush twice a day – after breakfast and before bed – with fluoride toothpaste. Floss once a day to prevent gum disease and tooth decay on the sides of the teeth.

▲ Do not smoke or chew tobacco. (According to the Centers for Disease Control, about one-third of high schoolers smoke and one-fifth of teen boys use chewing tobacco.) Besides lung and heart problems, tobacco can cause oral cancer. If you are using tobacco and notice any changes in your mouth, contact your pediatric dentist immediately.

▲ Wear a mouthguard during any sport or activity in which your mouth can be hit. A mouthguard is essential sports equipment not just for football and hockey, but also for such activities as soccer, basketball, baseball, snowboarding and gymnastics.



▲ **Buckle up in the car.** A seat belt and shoulder harness can keep your face from striking the steering wheel, the dashboard or windshield during even minor accidents. And please, do not forget your helmet when you head out on your bicycle, motorcycle, skateboard or rollerblades.

▲ **Skip the mouth jewelry.** Piercing your tongue, cheek or lip can pose greater risks than piercing such other places as your ear or eyebrow. During or right after the piercing, you face the chance of severe bleeding if the needle hits a blood vessel, infection from the bacteria in your mouth, and difficulty in breathing if your tongue swells. Down the road, you face the risk of recurrent infection, injury to the sensitive tissues in your mouth, chips or cracks in your teeth from contact with the jewelry, and choking if the hoop, stud or barbell comes loose. Finally, although some people get used to mouth jewelry, others find it difficult to speak and chew.

▲ **Visit your pediatric dentist twice a year.** Teeth cleanings, fluoride treatments and sealants are still important for you to prevent tooth decay, gum disease and bad breath.

BENEFITS OF A HEALTHY SMILE

- ▲ Brighter smile
- ▲ Fresher breath
- ▲ More self-assurance when you talk and laugh
- ▲ Greater confidence in your appearance
- ▲ More comfort when you eat your favorite foods
- ▲ Better attendance and attention in school
- ▲ Better overall health
- ▲ Lower dental bills for your parents

QUIZ ON EATING DISORDERS

You (or a friend) may have an eating disorder if you answer YES to the following questions.

1. Do you weigh yourself more than once a day?
2. Are you obsessed with being very thin, even while you are below a normal weight?

3. Do you have a fear of not being able to stop eating?
4. Do you vomit after a meal – or have the urge to do so?
5. Do you exercise excessively, several times a day for long periods of time?
6. (For females only) Have you missed three consecutive menstrual periods?
Eating disorders, especially bingeing and purging, can damage the teeth because of stomach acid. All eating disorders have health risks. The worst cases can lead to death. If you suspect you have an eating disorder, please see your doctor as soon as possible.

GREAT QUOTES

“It’s my teen patients who suffer the most frequent – and most severe – facial injuries. Mouth protectors are must-have equipment for the gym and playing field. And if you are heading out with your rollerblades, scooter, skateboard or bike, please remember to wear your helmet. Eight out of ten teens forget.”

“You may have outgrown all of your toys, most of your clothes, and some of your friends. But you have not outgrown tooth decay. In fact, 84 percent of teenagers have had a cavity by age 17.”

VISUAL POSSIBILITIES

Follow a teen through a visit in a pediatric dental office
Photos of different types of mouthguards
Photos of a selection of healthy snacks

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RESTORATIVE OPTIONS

“Look ma, no cavities” is what every parent wants to hear at the end of a dental appointment, and preventive dentistry is keeping more children free of decay than ever before. But when your child faces a dental problem, you have both rights and responsibilities as a parent. You have the right to be fully informed about the treatment choices for your child’s condition. You have the responsibility to work with the pediatric dentist to make the best treatment decision for your child.

Half of all American children under 12 have never had a cavity. That means half of them do. If your child has tooth decay, new treatments are available that are far more attractive and comfortable than in the past. You can be a wise consumer if you know your options and discuss them with your pediatric dentist.

TOOTH DECAY: WHAT TO WATCH FOR

▲ The most likely place for your child to get tooth decay is on the chewing surfaces of the back teeth. The “nooks and crannies” on the molars not only trap food and decay-causing bacteria, but are hard to keep clean. First, make sure your child brushes carefully twice a day with a fluoride toothpaste. Second, get your child sealants on the permanent molars as soon as they come in.

▲ Another serious risk to teeth is Early Childhood Caries. Babies can get severe decay, especially on the upper front teeth, from using a bottle during naps or at night, or from nursing continuously at the breast. Do not put your baby to bed with a bottle containing anything but water, and schedule a visit with a pediatric dentist around your baby’s first birthday.

TOOTH DECAY: GET RID OF THE INFECTION

▲ To treat tooth decay, the first step is to remove the decayed part of the tooth. Pediatric dentistry now offers three choices for decay removal: the traditional dental drill, microabrasion and laser treatment.

▲ The dental drill, called the dental handpiece, remains the technique of choice for removal of tooth decay. High-speed handpieces make treatment quicker and more comfortable than in the past, although children still feel vibrations from the process.

▲ In microabrasion, a high-pressure instrument cuts away decay by blowing a stream of tiny particles at the tooth. Microabrasion is comfortable for children and free of the vibrations of the drill.

▲ The Food and Drug Administration in 1998 approved laser treatment for use on children. The laser light cuts through the decayed part of the tooth and removes it. It is usually comfortable and is free of the vibrations felt with the drill. Laser treatment may take longer than the other two approaches and cannot be used on teeth that already have fillings. Because this approach is new, many pediatric dentists are taking a “wait and see” attitude on the practicality and effectiveness of lasers.

▲ Once the decay is removed, the next step is filling the area where the decay was. Talk to your pediatric dentist about which of the many choices of filling materials is best for your particular child.

WHY FILL BABY TEETH WHEN THEY FALL OUT ANYWAY?

While it is true that baby teeth do eventually come out, it is also true that they are important to your child in the meantime. Children need their baby teeth to speak clearly, eat comfortably and smile with self-confidence. Also, baby teeth hold space for the permanent teeth. If one is lost, the others shift into the empty space. This often means a crooked smile in a child’s future. In addition, a decayed tooth can become infected and cause overall discomfort for a child.

PREVENTIVE RESINS EXCELLENT CHOICE FOR CAVITIES CAUGHT EARLY

If your child has a tiny cavity on the chewing surface of a baby tooth or permanent tooth, he may be a good candidate for preventive resin treatment. After the decay is removed, the tooth is filled with a tooth-colored plastic and then coated with a sealant material. The filling is virtually invisible, and the tooth is free of decay and protected by the sealant.

TOOTH-COLORED FILLINGS VIRTUALLY INVISIBLE TREATMENT FOR SMALLER CAVITIES

Tooth-colored fillings are made from durable plastics called composite resins. Similar in color and texture to natural teeth, the fillings are less noticeable and much more attractive than other types of fillings. Your child can smile, talk and eat with confidence. Certain types of tooth-colored filling materials (such as resin ionomer or compomer) contain time-release fluorides. This special feature can make the tooth more resistant to decay. In addition, tooth-colored fillings can be coated with sealants for extra decay protection.

Tooth-colored fillings are not for every tooth. They work best in small fillings and low-stress areas. Your pediatric dentist may not recommend a tooth-colored filling for a large cavity or for the chewing surface of a back tooth. Tooth-colored fillings typically cost more than amalgam (silver) fillings and may not last as long in your child’s mouth.

AMALGAM FILLINGS A STRONG, PRACTICAL CHOICE FOR CHILDREN

Amalgams, the silver-colored fillings you probably got as a child, are still serving children well today. Amalgam fillings are made of an alloy of metals including silver, copper, tin, and mercury. They are more affordable and usually last longer than tooth-colored fillings. Unfortunately, amalgam fillings are much more noticeable in the mouth.

Used for over 100 years, amalgam fillings have been proven safe with patients all over the world. In a few rare cases, some patients are allergic to the metals used in amalgam fillings. If your child has an allergy to metals, you may need to choose a filling other than amalgam.

Because they are more cost-effective than tooth-colored fillings, amalgams are good choices for baby teeth. Because they are strong, amalgams are often chosen for large areas of decay and the chewing surfaces of back teeth.



STAINLESS STEEL CROWNS A COST-EFFECTIVE CHOICE FOR SEVERE DECAY

Why would a parent choose a crown for her daughter or son? Here are some possible reasons:

▲ If a cavity is not caught early, the decay can destroy so much of the tooth structure that there is not enough left to support a filling. A crown will save the tooth and prevent the risk of pain and infection.

▲ If a child has a root canal, a crown is required.

▲ A crown can restore a tooth with a developmental defect or a tooth fractured in an accident.

Stainless steel crowns have been used for almost fifty years to save teeth that otherwise would be lost or when other treatments would fail. One of the strongest and most durable services in dentistry, they last longer than fillings and cost less than other types of crowns. Their greatest disadvantage is that stainless steel crowns are not the color of teeth, but the color of polished silver.

Whether you choose a silver-colored or tooth-colored crown for your child, the treatment process is similar. First, the decay is removed from the tooth. Next, the tooth is made smaller so the crown can fit over it. The crown is cemented into place.

TOOTH-COLORED CROWNS A STRONG TREATMENT WITH NATURAL LOOK

Tooth-colored crowns are selected as treatment for the same reasons as stainless steel crowns. For example, they are recommended for treating severe decay or restoring a tooth with a fracture or developmental defect. On the plus side, tooth-colored crowns are very natural looking and can provide an excellent cosmetic result for your child. On the minus side, they are more expensive, may be less durable, and may require longer treatment time for your child than stainless steel crowns.

Parents have a variety of choices in tooth-colored crowns. For example, one of the most common treatments is a porcelain crown, usually made of metal with tooth-colored porcelain fused to the outside. As another option, a crown made out of metal with strong plastics (composite resins or veneers) fused to the outside. They look as natural as porcelain crowns. They are more affordable but are not as strong. Other choices include crowns made without metal, ideal for patients who have metal allergies. These crowns can be made entirely of ceramic or of composite resin material. Because parents have so many choices, your best bet is to talk openly with your pediatric dentist about your priorities for your child's dental health. Together you can select the best treatment for your child.

RESTORATIVE CHOICES FOR YOUR CHILD

Treatment	Condition	Pros and Cons
Preventive resins	Tiny cavities	Look natural, great preventive measure, smaller investment
Tooth-colored fillings	Smaller cavities	Look natural, work best in low-stress areas, less affordable than amalgam fillings
Amalgam fillings	Cavities	Very durable, less natural-looking, more affordable than tooth colored fillings
Stainless steel crowns	Severe decay, tooth with fracture or developmental defect	Very durable, less natural-looking, more affordable than tooth-colored crowns
Tooth-colored crowns	Severe decay, tooth with fracture or developmental defect	Look natural, durable, less affordable than stainless steel crowns

GREAT QUOTES

"Our goal is to prevent the need for fillings or crowns. Tooth decay happens much more quickly in children than in adults. That's why regular dental visits are so important to your child's health."

"Pediatric dentists recommend the treatment we would want for our own children. To be sure you are making the best decision for your particular child, ask questions. Do you know why the treatment is needed? Do you know what will happen to your child if the treatment isn't done? Do you know what to expect after treatment?"

VISUAL POSSIBILITIES

- Photos of a tooth-colored filling
- Photos of an amalgam filling
- Photos of a crown, before, during and after placement

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CHILDREN AT RISK

STORY IDEAS

▲ Twenty-five percent of our nation's children have 80% of the cavities. Who are these children at risk? It could be your child if you answer YES to any of the following questions: Is your child a recent immigrant to the U.S.? Do you live in a location without fluoridated water? Does your child have special health needs perhaps chronically ill, physically impaired, or developmentally disabled? Have you put off a dental visit for your child for more than two years?

▲ Every child deserves a healthy, attractive smile but not every parent can afford dental care. Chances are your community has a great program that offers free or reduced-fee dental care to children in need. Children with healthy mouths have a better chance of good general health. They can chew more easily and gain more nutrients from the foods they eat. A healthy mouth is more attractive, giving children confidence in their appearance. Plus, kids with healthy teeth have better attendance and better attention in school.

CURRENT FACTS ON THE PROBLEM

▲ About 25% of our nation's children have nearly 80% of the cavities. Who is at risk? Children who are recent immigrants to the U.S.; children in nonfluoridated communities; children who are financially disadvantaged; and children with special health care needs, such as the chronically ill, homebound, physically impaired, or developmentally disabled.

▲ One in 10 children aged 5 to 11 has never visited a dentist.

▲ Almost half of children have cavities in baby teeth by the time they are 7 years old. Tooth decay is still the major cause of tooth loss in children.

▲ According to the National Caries Prevalence Survey, 92% of children aged 8 to 18 have mild to moderate gum inflammation.

▲ Children from families with smaller incomes are more likely to suffer tooth decay, have unmet needs for dental treatment, and miss school from acute dental conditions than children from higher-income families.

▲ American children miss more than 750,000 school days each year as a result of dental conditions. In addition, millions of school hours are lost each year to dental-related illness.

▲ Children with disabilities have more dental problems than children without disabilities. For example, almost all developmentally disabled persons are likely to have moderate or severe gum disease; children with cerebral palsy are more likely to have missing teeth than children without the condition.

▲ Many parents have difficulty finding dental care for their children with disabilities. Pediatric dentists are an excellent resource for these parents because of their specialized training in children and the disabled.

▲ Water fluoridation is still the No. 1 way to prevent tooth decay. However, 40% of children do not have access to fluoridated water.

▲ More than four out of five children eligible for Medicaid did not visit a dentist during 1995.

▲ Medicaid funding for children's dental care is limited at best. Less than one cent of every Medicaid dollar is spent on dental care.

▲ On the whole, American children enjoy the best oral health in the world. For example, half of U.S. school children have never had a cavity.

CURRENT FACTS ON THE SOLUTION

▲ The AAPD has appointed a Child Advocate and a Congressional Liaison to promote increased access to quality oral health care for all children by working with Congress, government agencies, and other child advocacy organizations. In addition, state-level pediatric dental organizations work to bring dental care to children in need.

▲ The greatest impact on access to oral health care for those in need comes from individual pediatric dentists providing free care in their own practices or in the hundreds of clinics, institutions, and public programs through the country. Pediatric dentists donate an estimated \$6 million in free dental care each year.

▲ A full 95% of all pediatric dentists provide free dental care to patients in need. A private practice pediatric dentist donates an average of four hours a month to provide free care to an average of five patients. Pediatric dentists who donate their services in such settings as public clinics or hospitals provide free care to an average of eight patients each month.

▲ Parents can find quality oral health care for underprivileged children from the 59 postdoctoral training programs in pediatric dentistry, usually located in children's hospitals or dental schools. These programs provide free or reduced-fee care worth an estimated \$5.5 million every year. Check the AAPD's Web site, www.aapd.org, for the link, Training Programs, to access contact information.

SPECIAL ISSUE: ACCESS TO HOSPITAL CARE

▲ To receive comprehensive dental treatment necessary for good health, children or some adults with disabilities may require general anesthesia. Why? Because of their higher anxiety and lower comprehension of the procedure itself. For example, most parents would be willing to have two root canals with a local anesthetic, but would prefer their toddler sleep through the same procedure.

▲ If your child needs general anesthesia and hospitalization for the treatment of a medical problem (say a tonsillectomy), her care probably is covered under your health insurance. If your child needs general anesthesia and hospitalization for the treatment of a dental problem (say a tooth extraction) her care may be denied coverage under your health insurance.



▲ The denial of medical benefits for anesthesia just because dental procedures are performed effectively eliminates the choice of anesthesia for the children of most families. A lack of reimbursement by insurance programs places a serious financial burden on the families of children needing extensive dental treatment.

▲ Our nation is making progress in protecting the quality of dental care for children and adult patients with disabilities. Legislation approved in more than 29 states including Puerto Rico mandates insurance reimbursement for general anesthesia during dental treatment for children and the physically disabled.

EIGHT STEPS TO BETTER DENTAL HEALTH FOR CHILDREN WHAT WE CAN DO FOR ALL CHILDREN:

1. **Support fluoride.** The most cost-effective way to improve dental health for children is to increase the number of communities who enjoy the cavity-fighting benefits of fluoridated water.

2. **Protect Medicaid.** Medicaid funding for children's dental services needs to be upgraded to protect access to dental care for the financially disadvantaged children in every community.

3. **Volunteer.** Consider donating a few hours a month to a worthy program for children. If you are involved in a program to improve the health of children, check to see if it gives attention to dental health as well.

WHAT WE CAN DO FOR OUR OWN CHILDREN:

1. **Seek dental care early and often.** A visit to a pediatric dentist by a child's first birthday and every six months after that is key to a lifetime of healthy smiles.

2. **Brush and floss.** Flossing once a day, brushing after breakfast and before bed with fluoride toothpaste, and eating a balanced diet with few snacks is an affordable way for every child to have better dental health.

3. **Secure sealants.** Children with sealants have 50 percent less tooth decay than children without sealants.

4. **Buy a mouthguard.** Children should wear mouth protectors whenever they play in a sport with a risk of falls or of head contact with other players or equipment. More than 200,000 injuries are prevented each year when mouth protectors are used.

5. **Protect your insurance.** If you have dental insurance, know your coverage to take full advantage of your dental health benefits. Let your employer know how much you value your dental benefits package. One key way to protect your access to dental care is to protect the deductibility of dental benefits by your employer.

GREAT QUOTES

"Every American child should have access to quality dental treatment because every child deserves a healthy, attractive smile."

Dr. James Crall, AAPD Child Advocate, New York, N.Y.

"Children with special needs deserve our special attention. Children with medical problems that can't be prevented shouldn't be asked to suffer from dental problems that can be prevented."

Dr. John Hendry, pediatric dentist, Lafayette, La.

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PATIENTS WITH SPECIAL NEEDS

STORY IDEAS

Starting preventive dentistry early is particularly important for the special needs child. If dental care is started early and followed conscientiously, every child can enjoy a healthy smile.

Unlike many of the health conditions faced by patients with special needs, dental disease is preventable. A special needs child will benefit from the preventive approach recommended for all children – effective brushing and flossing, moderate snacking, adequate fluoride, sealants, and regular visits with a pediatric dentist.

Good news in dentistry: People with special needs have better dental health than ever before. Dental care is more available, and more patients and their caretakers are seeking it. Many people with disabilities have the same level of dental health as the rest of the population. Other special children and adults have special dental needs. Some are very susceptible to tooth decay, gum disease or oral trauma. Others have health conditions that require medication or diets detrimental to dental health. Still others have physical difficulty with effective dental habits at home. But whatever the special health needs of a person, preventive dentistry works to build healthy smiles.

FACTS ON SPECIAL NEEDS DENTISTRY

▲ According to the U.S. Department of Health and Human Services, nearly 13 million children under age 18 have a chronic condition or disability. This represents 18 percent of our nation's children and adolescents. According to the most recent U.S. Census, more than 50 million Americans have a disability.

▲ Special needs patients can be defined as children or adults with a chronic physical, developmental, behavioral or emotional condition that substantially limits one or more major life activity and who need dental or health services beyond what is generally required.

▲ Pediatric dentists are the dental professionals of choice for children with special needs. Their education as specialists - two or more years beyond dental school - focuses on care for children with special needs.

▲ Pediatric dentists are not just for children. Because of their experience and expertise in helping patients with special needs, they are often the best choice for the dental care of adults with special needs as well.

▲ Some of the more common conditions that require special care in dentistry include Down syndrome, cerebral palsy, epileptic or seizure disorders, HIV infection, vision and hearing impairments, cleft lip/palate and other craniofacial conditions, and learning and developmental disabilities.

▲ People with special needs are very diverse in terms of their dental health. Many people with disabilities have the same dental health conditions as the rest of the population. Many others have conditions and disabilities that are associated with an increased risk for various oral health problems. Still other people with special needs begin with normal teeth and oral health, but suffer from more dental disease.

▲ Why would a person with a disability be born with good oral health but suffer more dental problems? There are many reasons. Some disabilities interfere with the ability of the person to brush and floss on his or her own. Some children with disabilities are on soft diets detrimental to dental health or may have difficulty clearing food from the mouth and off the teeth. Certain medications can lead to increased risk of dental disease. Finally, sometimes the time, energy and financial resources of the family are devoted to other more pressing medical problems.

▲ The most prevalent unmet need for children and adults with special needs is dental care, according to a recent National Health Interview Survey. Special needs patients are less likely to visit a dentist regularly and are more likely to have missing teeth. Pediatric dentists, caregivers, support organizations, and patients with special needs must work together to improve access to preventive dental services and make every effort to restore teeth - not extract them.

▲ Decades ago, children with certain disabilities would have had little hope of reaching adulthood. Through medical advancements, children with severe health conditions are living longer than ever before. This success has created a new dental care crisis. Each year, more than 100,000 children with disabilities graduate out of the comprehensive dental coverage provided for children through Medicaid. Unfortunately, Medicaid programs in most states offer limited dental services to adults. In fact, less than four percent of the money spent on dental care in our country is through government-supported programs. The American Academy of Pediatric Dentistry strongly supports increased government funding for dental services for special needs citizens of all ages.

SPECIAL CONSIDERATIONS FOR SPECIAL CHILDREN

As a parent of a child with special needs, you may have concerns about your child's tolerance of a dental visit. Whatever your concerns, do not postpone preventive dentistry for your child. Pediatric dentists understand that each child is unique and may need extra care to feel comfortable during dental treatment. For example, one child might do great with positive communication, another might benefit from a body blanket to help control involuntary movements, and still another might need mild sedation to feel relaxed during treatment. Pediatric dentists stand ready with a variety of possible approaches; you can help select the approach that is best for the specific health and behavioral needs of your child.

HOW TO FIND A DENTIST FOR A CHILD OR ADULT WITH SPECIAL NEEDS

▲ Contact the American Academy of Pediatric Dentistry for a pediatric dentist in your area, www.aapd.org

▲ Contact your local dental society and ask for a dentist with experience in treating special needs patients

▲ Contact the Federation of Special Care Organizations in Dentistry



▲ Ask your family and friends

▲ Talk to your pediatrician or your family doctor. Contact the department of pediatric dentistry or community dentistry at a dental school in your area

CERTAIN CONDITIONS POSE DENTAL HEALTH RISKS CONDITION: WHAT PARENTS SHOULD WATCH FOR

Developmental disabilities	Enamel irregularities, gum infections, baby teeth or permanent teeth coming in later than expected
Down syndrome	Gum infections, dry mouth, problems with the way teeth fit together
Cleft lip/palate and	Dental decay, congenitally missing teeth, crowded teeth or bite problems other
Cerebral palsy	Dental decay or gum disease if food is not easily cleared from the teeth or mouth

HOME CARE TIPS

Many people with physical or developmental disabilities need someone to help them with regular preventive care. Here are some helpful tips.

▲ Brush twice a day. The best times are after breakfast and before bed.

▲ Floss once a day when the teeth grow big enough to touch each other.

▲ Use a pea-size amount of fluoride toothpaste, but no more. Too much toothpaste can lead to fluorosis, a cosmetic condition usually characterized by white or brown specks on the teeth.

▲ If your child cannot tolerate toothpaste, perhaps because of gagging or an inability to spit, brush the teeth with a fluoride rinse or fluoridated water. You will still help prevent gum disease and tooth decay.

▲ Use a toothbrush with soft bristles. Get a new one when the bristles no longer stand straight up, usually every three to six months.

▲ Talk to your pediatric dentist for recommendations to meet your special child's needs. Many products are available to help a patient with special needs to prevent tooth decay and gum disease, such as floss holders, fluoride rinses and adaptive aids for toothbrushes.

GREAT QUOTES

"Pediatric dentists have a unique ability to treat patients with disabilities of all ages. We look forward to helping special patients discover that dental care can be fun."

"Children and adults with disabilities are especially welcome in a pediatric dental office. We should be the first stop for dental care, not the last stop when other options have failed. We know that every patient can have a healthy smile."

VISUAL POSSIBILITIES

Slides and photos available of patients with special needs receiving dental treatment.

Follow a special needs patient through a dental visit. See the special challenges these patients face in dental treatment and how the pediatric dentist makes the treatment understandable, comfortable and effective.

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SEALANTS

STORY IDEA

Dental sealants are the most under-utilized, cost-effective means of preventing tooth decay. Sealants are the invisible protector of teeth most at risk of tooth decay. Because sealants protect the teeth hit by four out of every five cavities in our children, why do few children get them?

QUICK SKETCH

▲ Made of clear or shaded plastic, sealants protect the chewing surfaces of back teeth.

▲ Even if a child brushes and flosses carefully, it is almost impossible to clean the deep hills and valleys on back teeth. Food and bacteria build up in these tiny grooves and pits, placing a child in danger of tooth decay. Sealants seal out food and plaque, thus reducing the risk of decay.

▲ A pediatric dentist applies sealants in one easy and comfortable visit. The dentist dries and conditions the tooth, paints on the sealant, then allows it to harden.

CURRENT FACTS

▲ Four out of five cavities in children under age 12 occur on the biting surfaces of the back teeth. Because these are the areas that sealants protect, it is easy to see why sealants benefit children.

▲ Sealants cost less than half of what a filling costs, a good value in view of the decay protection offered.

▲ The teeth most at risk of decay and therefore most in need of sealants are the six-year and twelve-year molars.

▲ Teeth are at greatest risk of decay when they first erupt into the mouth. The sooner the sealant is applied, the better.

▲ Sealants, if properly cared for by the pediatric dentist, can last throughout a child's cavity-prone years.

▲ Sealants last longest if a child has good oral hygiene, visits the dentist regularly, and avoids biting on hard objects such as ice cubes.

GREAT QUOTE

"Tooth decay has been cut by 50% in children under 12 during the last 20 years. Even more amazing, we could prevent the other 50% of cavities with sealants on back teeth."

Dr. Jerome B. Miller, pediatric dentist, Oklahoma City, Okla.

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SPORTS SAFETY

STORY IDEAS

▲ Whether your child wins or loses the latest game, you do not want him or her “on the injured list.” A big part of the most damaging injuries to child athletes can be prevented with mouth protectors.

▲ From soccer balls and in-line skates to leotards and softball jerseys, the shopping list for children’s sports seems endless. To save money and your child’s cute face, add a mouth protector to your list of things to buy.

QUICK POINTS

▲ Mouth protectors, made of soft plastic, are adapted to fit comfortably to the shape of the upper teeth.

▲ Studies indicate nearly 75% of oral trauma in athletes occurs when they are not wearing mouthguards.

▲ A mouthguard not only protects the teeth but may reduce the force that can cause concussions, neck injuries and jaw fractures.

▲ More than 200,000 injuries are prevented each year by wearing mouth protectors.

▲ Football, lacrosse, and hockey get a “thumbs up” for requiring protective equipment.

▲ Baseball and basketball get a “thumbs down” for lagging behind in injury protection. Although nearly half of sports-related mouth injuries occur in basketball and baseball, mouthguards are not required.

▲ A child should wear a mouth protector whenever he or she is in an activity with a risk of falls or of head contact with other players or equipment. This includes football, baseball, basketball, soccer, hockey, martial arts, skateboarding and even gymnastics.

▲ Pre-formed or boil-to-fit mouthguards can be purchased in sporting goods stores. Different types and brands vary in terms of comfort protection and cost.

▲ Customized mouthguards can be made by a pediatric dentist. They cost a bit more, but are more comfortable and more effective in preventing injuries.

▲ The oral injury rate for football players who must wear mouthguards is lower than all other sports, even women’s basketball.

GREAT QUOTE

“As a team dentist for children’s sports, I see children walking away with small bruises instead of serious injuries because they wore mouth protection. And for my own children, I insist on mouthguards before they hit the playing field.”

Dr. David C. Adams, pediatric dentist, San Diego, Calif.

“A two-dollar mouthguard from a sports store can save a child’s tooth and even a child’s life. It also can save the family thousands of dollars in dental bills.”

Dr. Dennis McTigue, pediatric dentist, Columbus, Ohio

“Every week I get a call from the emergency room to fix a tooth broken in sports, especially from softball and basketball. Mouthguards are affordable compared to the cost of treating a mouth injury. You’ll buy your child a new pair of basketball shoes this fall, so why not a new mouthguard?”

Dr. Steven Adair, pediatric dentist, Augusta, Ga.

VISUAL POSSIBILITIES

Visit a pediatric dental office for footage of the placement of a customized mouthguard. Or, visit a child’s sports team that requires mouth protectors; ask the athletes and the pediatric dentist about injuries prevented.

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IT'S A DENTAL EMERGENCY!

STORY IDEA

Your child has broken or knocked out a tooth while playing softball, climbing on a jungle gym, or skateboarding with friends. Do you know what to do?

A BABY TOOTH IS KNOCKED OUT

▲ Contact a pediatric dentist as soon as possible. Quick action can lessen a child's discomfort and prevent infection.

▲ Rinse the mouth with water and apply cold compresses to reduce swelling.

▲ Spend time comforting your child rather than looking for the tooth. Remember, baby teeth are not replantable.

▲ The pediatric dentist may make an appliance to replace the missing tooth so your child's smile will be normal again.

A PERMANENT TOOTH IS KNOCKED OUT

▲ Find the tooth. Rinse it gently in cool water. (Do not scrub it or use soap.)

▲ Replace the tooth in the socket and hold it there with clean gauze or a wash cloth. (If you can not put the tooth back in the socket, place the tooth in a clean container with milk or water.)

▲ Take your child and the tooth to a pediatric dental office immediately. (Call the emergency number if it is after hours.)

A TOOTH IS CHIPPED OR BROKEN

▲ Contact a pediatric dentist immediately. Fast action can save the tooth, prevent infection, and reduce the need for extensive dental treatment.

▲ Rinse the mouth with water and apply cold compresses to reduce swelling.

▲ If you can find the broken tooth fragment, take it with you to the dentist.

A TOOTHACHE

▲ Call your pediatric dentist and visit the office promptly.

▲ Rinse the mouth with water and apply a cold compress or ice wrapped in a cloth.

▲ Do not put heat or aspirin on the sore area.

EMERGENCIES CAN BE PREVENTED

▲ Encourage children to wear comfortable, professionally crafted mouth protectors during sports.

▲ Always use a car seat for young children. Require seat belts for everyone else in the car.

▲ Child-proof your home. A significant percentage of mouth injuries occur in children under the age of 3.

▲ Protect children from unnecessary toothaches with regular dental visits and preventive care.

GREAT QUOTES

"Two groups of children most at risk of a mouth injury are toddlers learning to walk and athletes playing contact sports. What should parents do? Child-proof their homes, insist on mouthguards for budding athletes, and keep handy the phone number of their pediatric dentist."

Dr. Mary J. Hayes, pediatric dentist, Chicago, Ill.

FOR MORE INFORMATION

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