



Ordre des
hygiénistes dentaires
du Québec

Oral Health:
An investment in your quality of life!





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Thanks to medical advances and improved lifestyle habits, our life expectancy continues to increase. We can expect to live longer, healthier lives, and good oral health is a major contributing factor. Dental hygienists are your partners in this endeavour, because oral health is closely tied to overall health and prevention is at the heart of their priorities.

Dental hygienists are healthcare professionals who play a key role in educating the public with a view to helping achieve, control and maintain good oral health.

Solutions to oral health issues:

An investment in your quality of life

Visits to a dental hygienist and dentist

A visit to your dental hygienist and dentist every 6 or 12 months can help detect early cavities, periodontal disease, defective fillings, oral lesions and other oral conditions. It's important to mention all of your health problems, including symptoms, diagnosed illnesses and any medication you are taking, so they can tailor their advice, proposed treatments and visit frequency to your needs.

Even if tooth loss increases with age, aging itself is not the primary cause. Periodontal disease affecting the gums and the bone supporting the teeth as well as root cavities are the real culprits. Fortunately, with improved oral hygiene and regular visits, you now have the opportunity to keep your natural teeth healthy for life.

Personalized oral care can therefore increase your chances of leading a healthy life!



Good daily oral hygiene

It is important at all ages to maintain good daily oral hygiene by using fluoride toothpaste and brushing with a soft bristle toothbrush of adequate size. Whenever motor skills deteriorate, the toothbrush can be adapted to ensure a better grip. The use of an electric toothbrush can sometimes be helpful as well. However, if you have a pacemaker or other implanted device, consult your doctor before using an electric toothbrush—even though manufacturers are required to comply with safety standards for electromagnetic devices.

Manual brushes and electric brush heads must be changed every three months or as soon as the bristles become bent. Brushes are contaminated following use with a fever or infection and should also be replaced, since microorganisms can become lodged between the bristles or at their base.

A manual or electric toothbrush only reaches 65% of the surface of your teeth. Only flossing can finish the job of cleaning between the teeth and the space between the gums and teeth—the areas where cavities and periodontal disease can develop. There is a wide selection of easy-to-use floss holders on the market. To clean bridges and implants, however, floss threaders are required.

The surface of the tongue harbours dead cells, biofilm (dental plaque) and food debris that must be eliminated using a toothbrush or a tongue scraper.

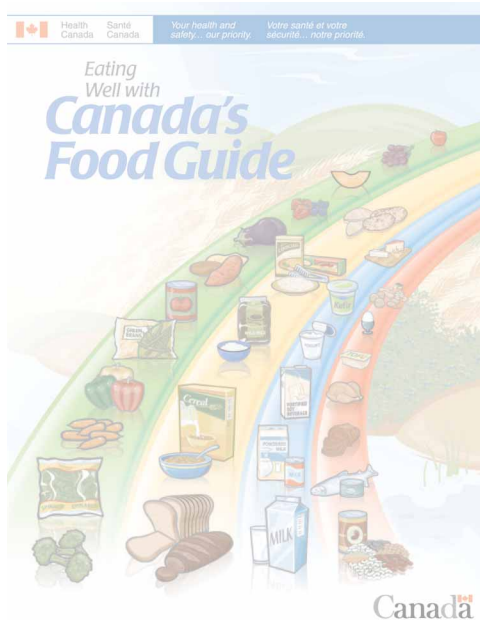
Forgot your toothbrush at home?

The use of mints or mouthwash containing alcohol can cause more harm than good, since bacteria in the mouth convert sugar to acid. Mouthwash produces a temporary effect and the alcohol it contains dries out the mucous membrane. Here are some much more effective suggestions when between brushings:

- Rinse your mouth with water;
- Chew sugarless gum to stimulate the saliva, which is a natural cleansing agent;
- Chew on celery, a carrot or an apple to help clear food debris and increase saliva flow;
- Finish up your meals or snacks with a piece of hard cheese, such as cheddar. Rich in calcium, cheese helps prevent cavities by reducing acidity in the saliva and slowing down bacterial activity.

Healthy eating at all ages

Everyone should adopt a healthy and varied diet by consuming sufficient quantities of dairy products and foods from each of the food groups, as recommended by the **Canada's Food Guide**.





Ideally, any missing teeth should be replaced

This will enable you to:

- Prevent displacement of teeth, receding gum line and eventual loss of your other teeth;
- Facilitate chewing and promote optimum digestion;
- Reduce the risk of periodontal disease;
- Prevent problems associated with temporomandibular articulation;
- Maintain optimal speech;
- Embellish your smile;
- Minimize premature sagging or aging of the face.

Several types of dentures are available:

- Full or partial removable dentures;
- Fixed bridges;
- Dental implants.

Fixed bridges and dental implants require specific oral care that a dental hygienist can teach you.

Proper maintenance of removable dentures

Removable dentures should be brushed after each meal with a soft-bristle brush and a non-abrasive toothpaste or a special cleaner for dentures. Dentures should be removed overnight or for at least four hours a day, the gums should be massaged with a soft brush and the tongue should be cleaned. When not in the mouth, dentures should be covered with water or a special cleaning solution to prevent drying.

It may be advisable to have your first and last name engraved on your dentures prior to an extended stay in any establishment.



The impact of oral health on overall health

In its World Oral Health Report, the World Health Organization (WHO) identified oral health as a determining factor for quality of life, stating that it is an essential component to overall health and important for our well-being.

Poor oral health can increase the risks to general health and affect nutritional intake. Similarly, systemic diseases and/or the adverse side-effects of their treatments can lead to an increased risk of oral disease.

Many general disease conditions also have oral manifestations that increase the risk of oral disease which, in turn, is a risk factor for a number of general health conditions.


Periodontal disease and general health

Numerous studies have shown that periodontal disease can be linked to cardiovascular disease, respiratory infections, diabetes, pancreatic cancer and other conditions.

What is periodontal disease?

It is characterized by the destruction of the supporting tissues of one or more teeth and is primarily caused by the build up of tartar and dental plaque (biofilm) below the gums. In its initial stages, the disease is often painless and hard to detect by the individual. Early screening and treatment can prevent inflammation of the gums (gingivitis) from progressing to the bone and tissues supporting the teeth (periodontitis). Reduced estrogen in post-menopausal women results in bone density loss, which can increase the predisposition to periodontal disease.

Periodontal disease is chronic and contagious. If left untreated, it results in bone loss, which in turn can even lead to tooth loss. According to some estimates, over 75% of adults could suffer from some degree of periodontal disease during their lifetime.




What are the warning signs of periodontal disease?

- Red, swollen or tender gums;
- Bleeding while brushing or flossing;
- Receding gums;
- Persistent bad breath;
- Teeth displacement or changes in the way the teeth fit together.

What are the risk factors?

- Smoking;
- Inadequate oral hygiene;
- Stress;
- Hormone changes;
- Side effects of some medication;
- Certain diseases (for example, diabetes and osteoporosis);
- Heredity;
- Being overweight;
- Infrequent visits to the dental clinic.





What is the correlation between periodontal disease and overall health?

Cardiovascular diseases

The microorganisms that are present in the course of periodontal disease can circulate in the bloodstream and contribute to cardiac illness and strokes. People with periodontal disease could double their risk of suffering a fatal heart attack. Cardiovascular diseases account for more than 30% of all deaths in Canada.

Respiratory infections

The infectious agents that cause respiratory infections are found in greater concentrations among people with periodontal disease. Pneumonia and chronic bronchitis, for example, can be aggravated as a result. Individuals with immune deficiency in particular are more susceptible.

Diabetes

Since the ability of diabetics to fight off infections is compromised, they are more at risk of developing periodontal disease and three times more likely to develop a destructive form of the illness. Periodontal disease also makes controlling blood sugar levels more difficult.

Osteoporosis

Osteoporosis strikes one in four Canadian women and one out of eight Canadian men over the age of 50. It is often referred to as the "silent thief" because bone loss occurs without symptoms. However, the warning signs of this disease, which affects two million Canadians, can be detected by screening and dental x-rays.



Pancreatic cancer and other diseases or disorders

Periodontal disease could increase the risk of pancreatic cancer. Likewise, new research suggests a possible link with kidney failure and certain inflammatory diseases. It is clear that any inflammation, such as untreated tooth cavities and periodontal disease, produces substances that can be harmful and, if they enter the general bloodstream, can reach other parts of the body. The mouth is the gateway to the rest of the body and, increasingly, there is convincing scientific and medical evidence of the numerous links that exist between oral and overall health.



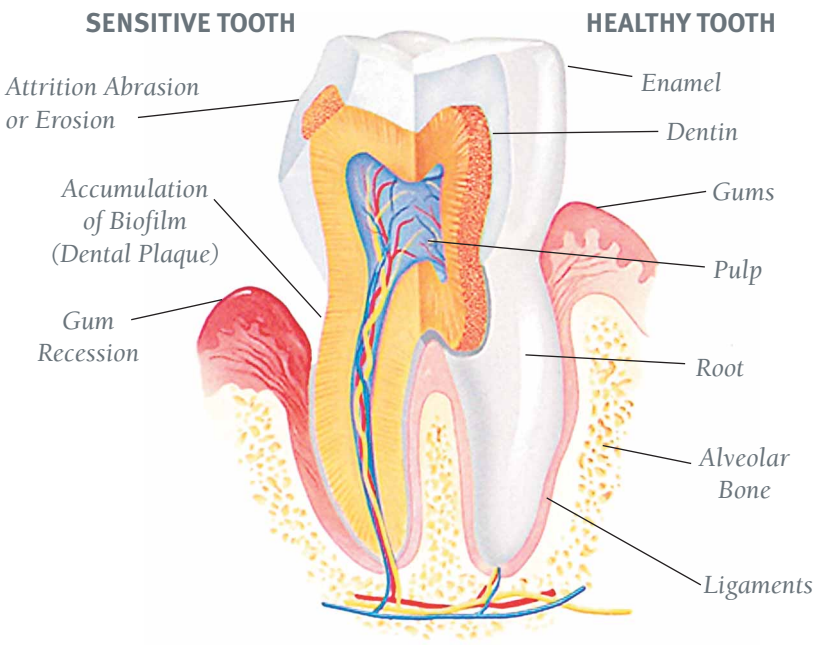
The effects of aging on the mouth and teeth

Starting at around age 40, the anatomy of the mouth undergoes certain changes. For healthy individuals who are not taking medication or suffering from a chronic illness, these changes can be slower and more subtle.

What happens exactly?

Tooth enamel

With time, teeth lose their natural brightness and develop tiny cracks. Enamel wear is a consequence of erosion, abrasion or attrition, exposes the dentin and can lead to hypersensitivity.





The periodontium: the gums, bone and ligaments

Periodontium refers to the specialized tissues that surround and support the teeth and consists of the **gums**, which are visible, as well as the underlying **alveolar bone** and the **ligaments** that attach the bone to the cementum covering the root of the tooth.

The gums

With aging, the gums become more susceptible to bacterial infection. They also become smoother, thinner and less elastic. Often the gums recede, which can expose the roots and in turn lead to damage or sensitivity if the teeth are brushed too hard. In addition, the root and the section where it meets the crown, referred to as the neck, have less resistance to the development of cavities.

The alveolar bone

Bone mass begins to decrease after the age of 40. The bone between adjacent teeth gradually becomes more porous and can exhibit some resorption. Bone loss can be aggravated by osteoporosis.

Ligaments

The number of ligament fibres that attach the bone to the root of the tooth—and their density—decrease over time.

The mucous membrane of the mouth, the tongue and the inside of the cheeks

The mucous membrane becomes smoother and finer. It loses its elasticity and is more susceptible to ulceration, trauma and infections such as fungi. Healing also takes longer.

Salivary glands and saliva

The glands atrophy over time, producing less saliva. This can be accentuated by various drugs or treatments, breathing through the mouth and certain types of illness. The decrease in saliva leads to difficulty swallowing, chewing and digesting, and can also affect speech.

After the age of 40, changes to the anatomy of the mouth create other risk factors for oral health problems.

What oral health problems can develop and what are their effects?

Biofilm (dental plaque)

Biofilm is a soft deposit that builds up on the teeth and dentures. It is made up of microorganisms that cause dental cavities, tartar, bad breath, gum infections and periodontal disease.

Dental cavities and root cavities

Dental cavities, which are frequent during childhood, tend to stabilize in middle age, then increase again significantly in later years. This is caused by:

- Changes to the teeth and gums;
- Consumption of soft foods, that adhere to the teeth and are rich in sugars and carbohydrates;
- Reduced production of saliva, which has protective properties and lowers the mouth's acid pH;
- Reduced manual dexterity.





Loss of teeth and diet

The rate of complete tooth loss in Québec remains high, with several factors contributing to this situation:

- The low rate of fluoridated water;
- Smoking, a risk factor for periodontal disease, remains above the national average;
- Insufficient frequency of visits to dental care professionals.

A reduction in the number of teeth and poor oral health cause diets that are rich in carbohydrates and deficient in fruits, fibre and protein. This also leads to iron and vitamin deficiency, a higher risk of morbidity and mortality, and an increase in the use of prescription drugs. Such diets also increase the risk of cancer and cardiovascular disease. It would appear that a minimum of 20 teeth is necessary to ensure proper chewing and nutrition.

Losing one's teeth is a handicap and represents a loss of physical integrity. It alters eating habits and speech, and is a major obstacle to communication and a social life.

Non-functional dentures and retention problems

A Québec study has shown that individuals with non-functional dentures take more medication for gastrointestinal problems than individuals with proper dentures. The main types of medication in such cases include laxatives, antidiarrheal and drugs to combat acid reflux.

Several factors can affect denture retention: dry mouth, osteoporosis of the jawbone, weight loss, etc. Poor retention leads to premature reduction in bone mass, while difficulty in chewing can result in digestive problems. An annual visit to a dental professional is recommended to inspect dentures and make necessary adjustments. Over the counter dental adhesives should be considered as a temporary solution only.



Sensitive teeth

Gum recession and tooth wear (through erosion, abrasion or attrition) expose tooth surfaces where the nerve endings are least protected: the dentine and root cementum.

This often causes hypersensitivity to heat, cold, sugar, citrus acidity, brushing, pressure and touch. A dental hygienist can help you determine the cause and recommend appropriate action.

Dry mouth (xerostomia)

Saliva has antibacterial and antifungal properties. Since it also regulates pH in the mouth, a reduction in saliva can create discomfort and deprive the body of its precious natural protection against oral diseases. The use of saliva substitutes or fluoride may be beneficial in some cases. Dry mouth is attributable to various factors:

- Medical conditions (for example, diabetes, and kidney or hepatic deficiency);
- Medication (for example, anti-histamines, diuretics, and anti-depressants);
- Hormonal changes;
- Radiation therapy.

Even if medication causes dry mouth, you must continue to take it. However, your dental hygienist can help you find solutions to counteract or reduce such side effects.

Halitosis (commonly referred to as bad breath)

Halitosis may be occasional or chronic, which means it persists despite good oral hygiene. Hormonal changes, medical problems and medication can alter a person's breath. The most frequent causes, however, can be traced to the mouth itself:

- Poor hygiene;
- Dental problems (for example, cavities, abscesses and periodontal disease);
- Dry mouth;
- Certain foods;
- Alcohol or tobacco.

Good oral daily hygiene, healthy lifestyle habits, teeth cleaning and professional care in a dental office can eliminate most causes of halitosis.

Smoking

Smoking modifies the intake of nutrients and reduces the supply of blood to the bone around the teeth. The heat and intense toxins released while smoking can also affect the bacterial composition of the mouth and the body's immune response to bacteria. The risk of developing periodontal disease is four times greater for a heavy smoker. Since all the early warning signs of the negative effects of tobacco use can be seen in the mouth, screening by dental professionals is critical.

You may belong to the 75% of smokers who want to quit but require help. If so, your dental hygienist, like other healthcare professionals, can provide helpful information in this regard.

Oral cancer

In Québec, over 700 cases of mouth or pharynx cancer are diagnosed each year. Despite the low number, these cancers tend to progress quickly and be fatal if not detected early. It's therefore important to check the inside of your mouth on a regular basis and to make regular visits to your dental professionals. The predisposition to oral cancers increases after age 45 and the risk factors are:

- Smoking;
- Alcohol;
- Sun exposure;
- Poor diet;
- Heredity.



Your dental hygienist is your partner in maintaining good oral health!

Dental hygienists are prevention specialists who understand the connection between oral health and general health and can help you prevent disease.

Dental hygienists contribute to improving your quality of life by:

- Detecting dental oral diseases;
- Teaching you the principles of oral hygiene and providing personalized advice;
- Developing preventive programs;
- Under a dentist's supervision, using scientific means to control and prevent dental oral ailments, such as polishing, irrigating, and applying desensitization substance;
- Performing delegated dental acts, such as dental x-rays, scaling, and insertion of filling materials.

There are some 5 000 dental hygienists in Québec.

*To improve your quality of life,
ask for their advice!*

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