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Our Advices for your Oral Health.

Tooth decay and gingiva diseases are caused by bacteria that form a white film (**plaque**) on the surface of teeth and dentures. Some bacteria convert the sugars contained in food into acids that demineralize the tooth enamel. The prolonged action of these acids cause defects in the tooth enamel (**tooth decay = caries**). The bacteria in the plaque, however, can also cause an inflammation of the gingiva (**gingivitis**). The characteristics of gingivitis are a reddened and swollen gingiva that bleed on proving. If gingivitis is not treated also the tissue that attaches the tooth to the bone can inflame: it follows an inflammation of the periodontium (**periodontitis**). Tissues and jaw bones are gradually destroyed. An untreated periodontitis leads to increased tooth mobility and ultimately to tooth loss!

Tooth decay and gingiva diseases are preventable! The 4 pillars of prophylaxis are:

- 1) **Regular care of teeth and mouth**: Brushing teeth min. 2 times a day, and even better after each main meal. So food remains and plaque are reliably eliminated.
- Fluoride: Toothpaste, gels and mouthwashes containing fluoride are essential for caries prophylaxis.
 Fluoride enhances the formation of minerals in the demineralized tooth enamel and makes it resistant to acid attacks.
- 3) Diet: Prefer foods with no added sugar and do not consume sweets especially between main meals.
- 4) **Regular checks**: Lets control your teeth regularly by a dentist or hygienist so that problems can be quickly recognized and treated!

The diseases of the oral mucosa are often the result of poor oral hygiene. But also many general diseases occur in the oral cavity. Early detection of these changes helps to prevent a deterioration or even an oral cancer. Any change of the oral mucosa should be taken seriously! For an accurate diagnosis are dentists or doctors essential!

During the oral hygiene is necessary to pay attention to the following points:

- Bleeding and swelling of gingiva or oral mucosa
- Whitish and painful wounds that e.g. can be caused by dentures
- 3. Whitish, blue, black or brown **discolorations** of oral mucosa, gums and skin
- Dry mouth which increases the susceptibility to decay and diseases of the oral mucosa
- Smooth, red and shiny Tongue (signal of vitamin deficiency)
- White or red film on the oral mucosa (signal of fungal disease)
- Whitish alterations of the oral cavity (signal of leukoplakia, a possible preliminary stage of oral cancer)



Plaque, Gingivitis



Caries



Fistula



Denture wound



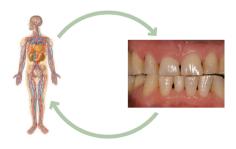
Denture stomatitis



Candidiasis



Leukoplakia



Periodontal diseases and some general diseases may influence each other! A good oral hygiene is therefore not only important for maintaining the health of teeth and gingiva but also in relation to prevent some possible follow diseases. Untreated caries or periodontal disease can cause chronic inflammation of the dental roots or gingival pockets. Bacteria from these infections can reach through the bloodstream different organs of the body (e.g. heart and articular joints) and cause serious infective diseases (e.g. **endocarditis** and **rheumatoid arthritis**). Furthermore through the respiratory tract periodontal bacteria can reach the lungs and cause acute or chronic lung dis-

eases (e.g. **pneumonia**). Caries and periodontal disease can also cause pain or **abscesses** and other infections around the mouth. Studies also say that periodontitis is a high risk for **heart and circulation diseases**. Long time is known a possible interaction between **diabetes** and periodontitis. A poorly cared diabetes in fact promotes periodontitis because the high amount of sugar in the blood facilitates the inflammatory processes. On the other hand periodontitis may worsen the diabetic state, as during inflammation the glucose absorption decreases. Several **medicaments** (especially those for the treatment of high pressure and transplants) can cause changes of the oral mucosa and dryness of the mouth.

Balanced Diet

A balanced diet is an important contribution to oral health. It includes:

- **Protein**: meat, fish, eggs, dairy products, tofu.
- Fats: vegetable fats and oils, butter.
- Carbohydrates (low sugar and more starch): cereals (rice, noodles, bread), legumes, potatoes.
- **Vitamins, minerals, fiber and oligoelements**: vegetables, fruits, cereals. As table salt is recommended salt containing fluoride.
- Liquids: water or unsweetened drinks to cover the needs of minerals and liquids.

A frequent consumption of sugar favors the formation of tooth decay. Especially, if the sweets are consumed over a long-term plan or continuously.

Tips to control the sugar intake:

- 1. Avoid foods or drinks that contain sugar and/or acid (such as fruit juice, cola, etc.) especially between meals.
- 2. Restrict the consumption of sugary foods and replace them with sugar substitutes or artificial sweeteners (e.g. sorbitol, xylitol, aspartame, saccharin).
- 3. Consume "tooth friendly" products, which are marked by "Tooth with Umbrella". These products are scientifically tested and contain substitutes for sugar or artificial sweeteners which plaque bacteria are not able to transform into dangerous acids to the teeth.



4. After the consumption of foods/drinks containing sugar/acid: neutralize the mouth thanks sugar-free chewing gums, fluoride-containing mouthwashes or calcium-containing foods/beverages (such as cheese or milk) or at least rinse your mouth with water several times.

Stop Smoking

Perfect would be to stop or at least to reduce smoking, which is injurious to health in general. Specifically, the oral problems related to smoking are:

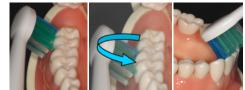
- Alterations in the oral mucosa and increased risk of cancer.
- Increased risk of periodontitis, which leads to bone loss, gingival problems, loosening and ultimately loss of teeth.
- Delay and disruption of wound healing, which leads to problems during surgery in the oral cavity (eg. implants).
- Discoloration of teeth and tongue
- Gustatory and olfactory disorders/changes
- Bad breath

Cleaning of Teeth

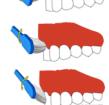
2 times a day (after breakfast and before going to bed): **Clean the teeth carefully**. Duration for a complete dentition: ca. 4 minutes to time. Procedure:

1) Toothbrush:

- Very recommended: Sonic electric toothbrush (vertical and non-rotating movements). Recommended: ParoSonic, Candida Power, Philips SonicareFlexCare.
 - Bristles 45 ° with the gumline
 - The brush head horizontally maintained (exception: inside of the front teeth →vertically). Without pressure!
 - 5 seconds for each tooth surface
 - With systematic order (without forgetting any teeth!)



- or (super)soft manual toothbrush. Recommended: Paro S/exS, Candida Sensitive, GabaMeridol.
 - Bristles 45 ° with the gumline
 - For each tooth surface: different shaking movements on the gum line and then a roll of toothbrush from red (gingiva) to white (tooth).
 - Important: <u>without</u> pressure and <u>just vertical movements</u> (from red to white),
 i.e. <u>no</u> horizontal movement (left-right)
- 2) **Toothpaste**: prefer **"sensitive"** toothpastes with **fluoride** and avoid "whitening" toothpaste (too abrasive!). Recommended: *Paro amin, Candida Sensitive, Elmex, Meridol, Homéodent* (in case of homeopathy).



After eating: remove food remnants. Procedure:

- **Toothbrush and toothpaste** (<u>without</u> pressure, red-white), ca. 2 minutes (important: after consumption of acidic drinks/foods wait 30-60 min. for the cleaning!)
- or: Sugar-free chewing gum (beneficial after consumption of acidic drinks/foods)
- or: **Mouthwash containing fluoride**, ca. 1 minute rinsing, spit out and <u>do not</u> rinse with water (beneficial after consumption of acidic drinks/foods)

Additionally:

- **Interdental cleaning** with **interdental brushes** (choose the proper fit), 1 time a day. Procedure: carefully introduce in the interdental space and move forward and backward 4-5 times. Important: Never use with toothpaste because too abrasive (better: with fluoride gel or mouthwash). Eventually use dental floss for the front teeth (never with the toothpaste!).



- Fluoride gel (e.g. Paro aminfluor gelée, Emofluor or Elmex Gel): 1 time a week distribute on previously cleaned teeth. Important: after application do not rinse/eat/drink for min. 1 hour.





Particular cases:

- Fixed bridges on teeth: clean the area below the pontics with a special floss for bridges (Superfloss) or interdental brushes.
- Implants: carefully clean using interdental brushes or special floss.
- Brace: use interdental brushes as an additional aid.





TIP: Always clean the teeth in front of mirror! Self-check for cleanliness (e.g. with colorants)!

Cleaning of Dentures

Also on dentures nest bacteria, plaque and tartar. Even dentures may discolor. In order to protect the oral mucosa from inflammations and fungal diseases and the remaining teeth from caries and periodontitis dentures must be cleaned every day.

What is needed? A denture brush and soap with neutral pH are more than enough (no toothpaste because too abrasive).

How should be cleaned? The denture is cleaned with denture brush and soap until the dirt is no longer visible. For the internal part of the denture use the small head and for the external the largest head of the brush. Tip: Fill the sink with water to avoid a rupture of dentures in case of fall. Calcifications or tartar can be dissolved with a solution containing 1/3 of white wine vinegar and 2/3 water: leave the dentures to soak for 1-2 hours and then clean as described above.

When should be cleaned? 1 time a day carefully with a denture brush. After meals rinse the denture under running water to remove food remnants. Is recommended to check the dentures in the dry state: whitish stains on denture are areas not adequately cleaned.

How to store the denture outside the mouth? After meticulous cleaning the dentures must be placed in a dry container! Before using the denture, rinse the mouth thoroughly and wet the denture. It is advisable to sleep still without dentures!

Mouth care: Even gum, palate and tongue (especially by using of adhesive creams) should be regularly cleaned with a toothbrush.

Regular inspection by the dentist: min. 1 time a year. Additionally: If dentures cause pain, become loose or are damaged, the dentist should be consulted. Also in doubt of oral museual disease the dentist must be consulted.

sulted. Also in doubt of oral mucosal disease the dentist must be consulted! Especially diabetics do not notice denture sores. Consequently may occur unconsciously great damages to the oral cavity:

- Denture stomatitis caused by lack of oral hygiene.
- Inflammations e.g. around implants (periimplantitis).
- Other alterations, e.g. inflammation of mouth corners suggests that the denture fits poorly or that there is a vitamin deficiency.



