

Dental Care



Protecting Your Enamel

When it comes to dental care, a major focus is often on the daily regimen of brushing and flossing in between visits to the dentist.

But what we eat and drink has a big effect, too. Some food and beverages can wear down the enamel on your teeth, exposing the sensitive dentin underneath. Here's how to protect the crucial outer shell of your teeth:

WORRYING SIGNS

As enamel wears away, teeth look more stained or yellow because the dentin underneath becomes more visible. Erosion can cause sensitivity to hot, cold or sweet foods and drinks. Enamel is the hard outer layer of the tooth, but frequent exposure to acids in foods and beverages can gradually wear it down. Once enamel is lost, it does not grow back.

HOW IT WORKS

Acidic foods and drinks temporarily soften the surface of tooth enamel. Saliva helps neutralize acids and supports the natural remineralization process, but frequent acid exposure can overwhelm those defenses and lead to erosion. Brushing immediately after consuming acidic foods or beverages may also contribute to enamel wear, so the American



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Dental Association recommends waiting about an hour before brushing.

WHAT TO DO

You do not have to eliminate nutritious acidic foods such as citrus fruits or tomatoes. Eating

them as part of a meal rather than repeatedly throughout the day can reduce the amount of time teeth are exposed to acid. Limit acidic beverages such as soda, sports drinks and fruit juice, and rinse with or drink water afterward. When drink-

ing an acidic beverage, avoid swishing it around the mouth. Using a straw positioned behind the front teeth can also reduce contact with enamel.

After an acidic meal or drink, wait about an hour before brushing. Sugar-free gum

can stimulate saliva, helping wash away food debris and neutralize acids. The ADA recommends choosing sugarless gum with its Seal of Acceptance. Milk and cheese can also help neutralize acids and support remineralization.

Understanding Root Canals

When a toothache indicates an infection or damage to the pulp of your tooth, your dentist may recommend a root canal.

It's commonly associated with relieving intense pain, but the point is actually to relieve discomfort while saving your original tooth.

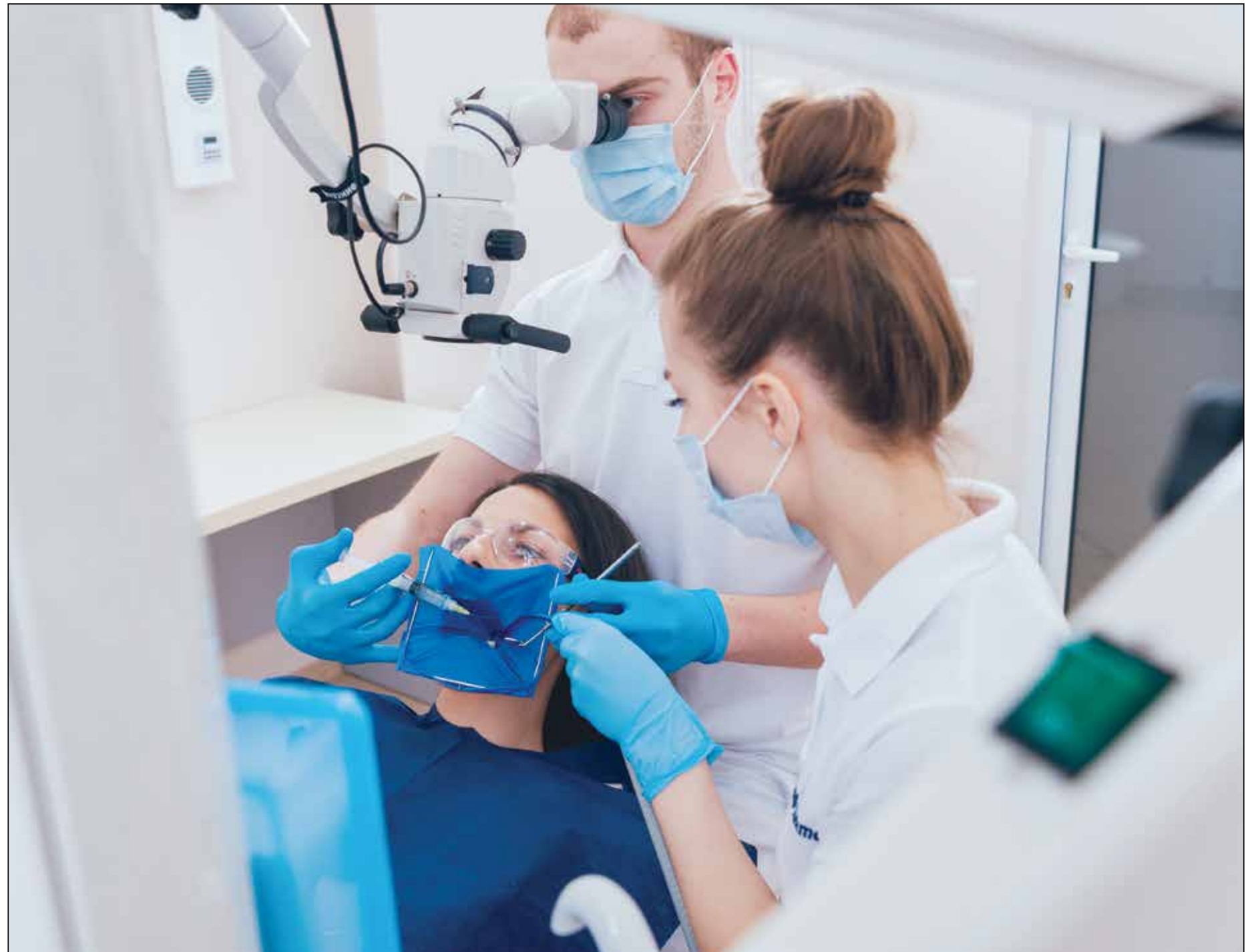
BIG ADVANCES

A root canal may be needed when the pulp inside your tooth becomes inflamed or infected. Deep decay, repeated dental procedures, a crack or chip, or trauma can damage the pulp, which contains nerves, blood vessels and connective tissue. Untreated infection can cause significant pain, lead to an abscess and eventually threaten the tooth. Root canal treatment removes the damaged or infected pulp while preserving the natural tooth.

Modern techniques and local anesthesia have made the procedure far more comfortable than its reputation suggests. Most patients feel little or no pain during treatment, and the procedure is intended to relieve the pain caused by the damaged or infected tooth.

HOW IT WORKS

A dentist or endodontist will



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examine the tooth and usually take X-rays to determine the extent of the damage. Local anesthesia is used to numb the tooth and surrounding area. A dental dam is typically placed around the tooth to keep it clean and isolated during treatment. In some

practices, a patient can take a mild sedative if they are experiencing anxiety.

The dentist then creates a small opening in the tooth and removes the inflamed or infected pulp. The root canals are cleaned, disinfected, shaped and filled with a

rubber-like material called gutta-percha before the tooth is sealed. Afterward, the tooth is restored with a filling or crown to protect it and restore function.

AFTER YOUR VISIT

The tooth may feel sensitive

or mildly sore for a few days after the treatment. Over-the-counter pain relievers may help. Avoid chewing on a tooth with a temporary filling until it has been fully restored, and contact your dentist or endodontist if pain or pressure lasts more than a few days.

Periodontists Treat Gum Disease

Dentists are experts in the general care and repair of teeth.

They can treat many forms of gum disease, but more complex or advanced cases may require a periodontist, a dentist with additional training in diagnosing and treating diseases of the gums and supporting structures of the teeth.

WHY A SPECIALIST?

Periodontists may perform more detailed evaluations and provide treatments that go beyond routine dental care.

Gingivitis is the mildest form of gum disease and can often be reversed with good oral hygiene and professional care. If it progresses to periodontitis, inflammation and infection can damage the tissues and bone that support the teeth.

Warning signs can include red, swollen or tender gums; bleeding; receding gums; persistent bad breath; painful chewing; loose teeth; or changes in the way teeth fit together when biting.

BIG HEALTH IMPLICATIONS

Periodontitis can cause the gums to pull away from the teeth and form pockets where bacteria accumulate. As the disease progresses, supporting tissue and bone may be lost, and teeth can loosen or eventually require removal.

Periodontal disease has been associated with sever-

al other health conditions, including diabetes and cardiovascular disease. Researchers continue to study these relationships, and an association does not necessarily mean that gum disease directly causes those conditions. Diabetes and periodontitis can also affect one another: diabetes raises the risk of gum disease, while severe gum disease may

make blood sugar harder to manage.

Periodontists classify periodontitis by stage, which reflects the severity and complexity, and grade, which reflects factors such as the rate of progression. A specialist will determine the classification after evaluating the gums, teeth and supporting bone.

TREATMENT OPTIONS

Treatment depends on the severity of the disease. Nonsurgical treatment may include scaling and root planing, sometimes called deep cleaning, to remove plaque and tartar from tooth and root surfaces below the gumline. Medication or surgical procedures may be recommended

in some cases.

Ongoing care also matters. Daily brushing and flossing, professional cleanings and regular dental examinations can help prevent or manage periodontal disease. How often someone needs follow-up care will depend on their individual condition and their dental professional's recommendation.



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Choosing the Right Toothbrush

Choosing a toothbrush does not have to be complicated. The American Dental Association offers guidance on brush type, technique and care.

MAKING THE BEST CHOICE

The ADA recommends a toothbrush with soft bristles, which can clean effectively while reducing the risk of gum injury. Research has found that brushes with multilevel or angled bristles may remove more plaque than conven-

tional flat-trimmed bristles. An ADA Seal of Acceptance indicates that a toothbrush has been evaluated for safety and effectiveness.

Both manual and powered toothbrushes can clean teeth effectively when used properly. Some people may find a

powered toothbrush easier to use, particularly those with limited dexterity, disabilities or dental appliances such as braces. Powered brushes are generally more expensive, so the best choice is one that fits your needs and that you will use consistently.

RECOMMENDED PRACTICES

The American Dental Association recommends brushing twice a day for two minutes with fluoride toothpaste and a soft-bristled toothbrush. Place the

toothbrush at a 45-degree angle to the gumline and use gentle, short strokes, cleaning the outer, inner and chewing surfaces of each tooth. For the inside surfaces of the front teeth, tilt the brush vertically and use up-and-down strokes.

Use gentle pressure while brushing. Rinse the toothbrush thoroughly after each use, store it upright and allow it to air dry. Don't share toothbrushes. Replace a toothbrush about every three to four months, or sooner if the bristles become frayed or matted.



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Dental Sealants Fight Cavities

Brushing twice a day with fluoride toothpaste, cleaning between teeth and regular dental care are the primary tools to prevent cavities.

Dental sealants provide another layer of protection by covering the grooves of back teeth where cavities commonly develop.

WHAT ARE DENTAL SEALANTS?

Dental sealants are thin protective

coatings applied to the chewing surfaces of teeth, most often the back molars. The coating flows into pits and grooves where food and bacteria can collect and hardens to form a protective barrier.

According to the Centers for Disease Control and Prevention (CDC), sealants on permanent molars can prevent about 80% of cavities for two years and continue to protect against about 50% for up to four years.

Children ages 6 to 11 without sealants have almost three times as many cavities in their first molars as children with sealants.

INSIDE THE PROCEDURE

Applying a sealant is a quick, painless procedure. The tooth is cleaned and dried, and the dental professional prepares the surface so the sealant will bond properly. The liquid sealant is painted onto the chewing surface and then hardened, often with a curing light. The resulting barrier helps keep food particles and cavity-causing bacteria out of the tooth's grooves.

WHO SHOULD GET THEM

Sealants are especially common for children and adolescents because they can protect newly erupted permanent

molars during cavity-prone years. The first permanent molars typically appear around age 6 and the second around age 12, and applying sealants soon after eruption provides the greatest preventive benefit. Sealants may also benefit adults, depending on their cavity risk and the condition of their teeth.

Sealants can last for years, but dental professionals will check them during regular visits and replace them if needed. They supplement, rather than replace, brushing with fluoride toothpaste, cleaning between teeth and regular dental care.

Oral Cancer Warning Signs

Oral cavity and oropharyngeal cancers can develop in the mouth or throat.

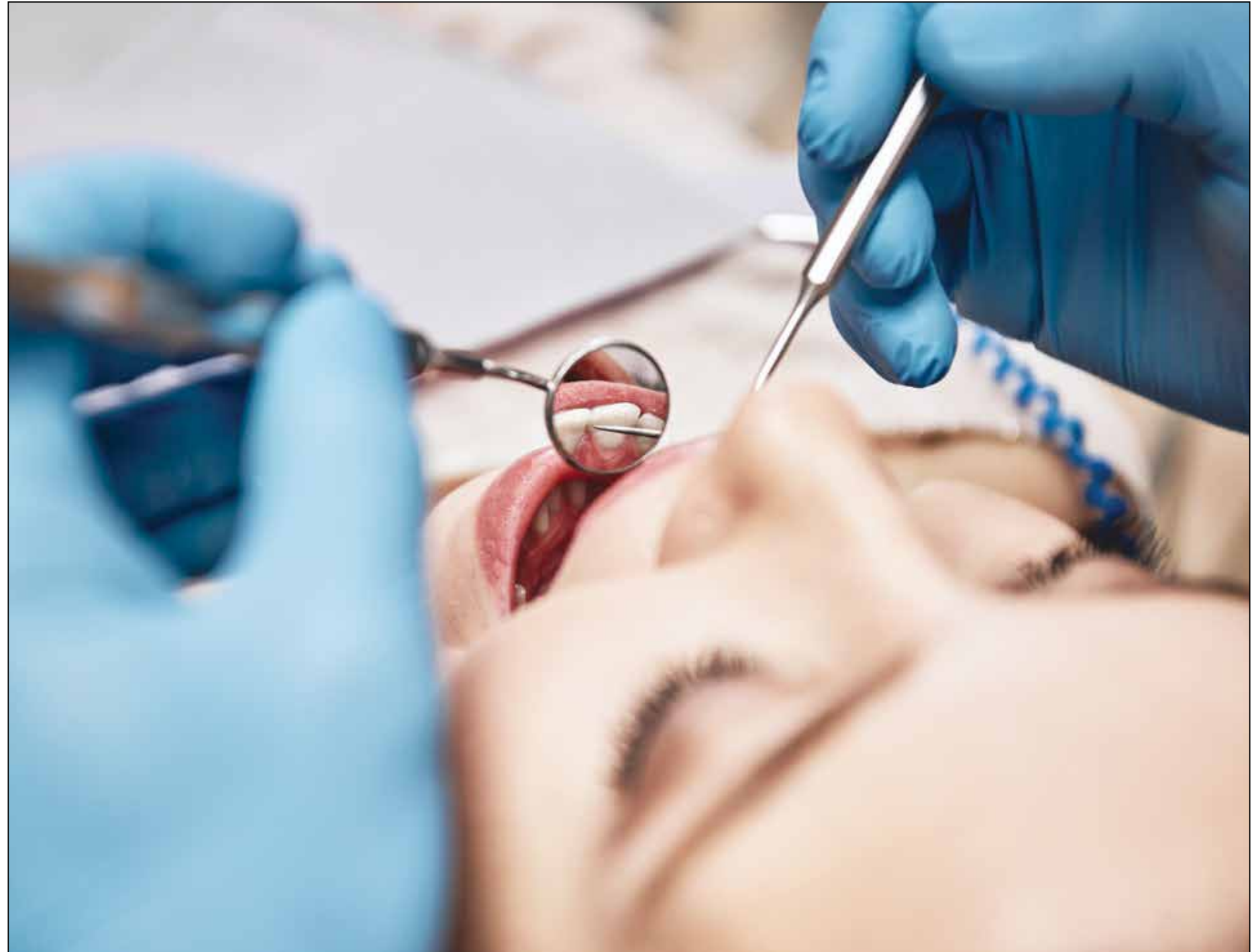
Dental professionals routinely examine areas such as the lips, gums, tongue, cheeks, roof and floor of the mouth, and knowing the warning signs can help people seek care promptly.

WHAT IS IT?

Oral cavity cancer begins in the mouth, while oropharyngeal cancer begins in the middle part of the throat behind the mouth. Most cancers in these areas are squamous cell carcinomas, which develop in the thin, flat cells lining these tissues. If cancer spreads beyond its original site, treatment can become more complex, making early detection important.

THE NUMBERS ARE INCREASING

The American Cancer Society estimates that about 60,480 people in the United States will be diagnosed with oral cavity or oropharyngeal cancer in 2026, and about 13,150 will die from these cancers. The average age at diagnosis is 64, although just over 1 in 5 cases occur in people younger than 55. These cancers are more than twice as common in men as in women. Incidence has been rising,



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driven largely by increases in HPV-related cancers of the oropharynx.

RISK FACTORS

Tobacco and alcohol use are major risk factors for cancers of the mouth and throat, and the risk is higher when both

are used. Ultraviolet exposure raises the risk of lip cancer. Human papillomavirus, or HPV, is an important risk factor for cancers of the oropharynx, including the tonsils and base of the tongue. About 60% to 70% of oropharyngeal cancers in the United States

are linked to HPV.

WARNING SIGNS

Possible warning signs include a sore that does not heal, unusual bleeding or swelling, persistent pain in the mouth or throat, or difficulty chewing or swallowing.

White or red patches, a lump or thickened area, or unexplained changes in the mouth should also be evaluated. Symptoms do not necessarily mean cancer, but persistent or unexplained changes should be checked by a dental or medical professional.

Dental Health for Seniors

Older adults can face a higher risk of cavities and other oral health problems for reasons that go beyond brushing and flossing habits.

Dry mouth, gum recession, medications and chronic health conditions can all affect dental health with age.

DRY MOUTH

Dry mouth is common in older adults, often because of medications or chronic health conditions. Reduced saliva flow can make it harder for the mouth to neutralize acids and wash away food particles, increasing the risk of cavities and other oral problems.

The pathway to drinking more is not waiting until you're thirsty, and focusing on water rather than other options that might actually cause dehydration. Drinks that can cause us to be thirsty include alcohol, coffee, carbonated soft drinks and acidic fruit juices. Sugar-free gum and lozenges can stimulate the production of saliva. Some mouthwashes can help, too. Consider adding a humidifier to your home to add more moisture into the air you breathe. A dentist or physician can identify possible causes and recommend treatment.

GUM DISEASE

Older adults are at greater

risk of periodontal disease. As gum disease progresses, the gums can pull away from the teeth and form pockets where bacteria collect, damaging the tissues and bone that support the teeth. Gum recession can also expose root surfaces, increasing the risk of root cavities. Regular dental care and daily oral hygiene can help manage these risks.

MAKING DAILY CARE EASIER

Arthritis and other conditions that affect hand strength or movement can make brushing and flossing more difficult. An electric toothbrush or one with a larger handle may be easier to grip, while floss holders, interdental brushes or water flossers can make cleaning between teeth more

manageable.

If changes in dexterity are making oral care harder, a dentist or dental hygienist can suggest tools and techniques that fit your needs.

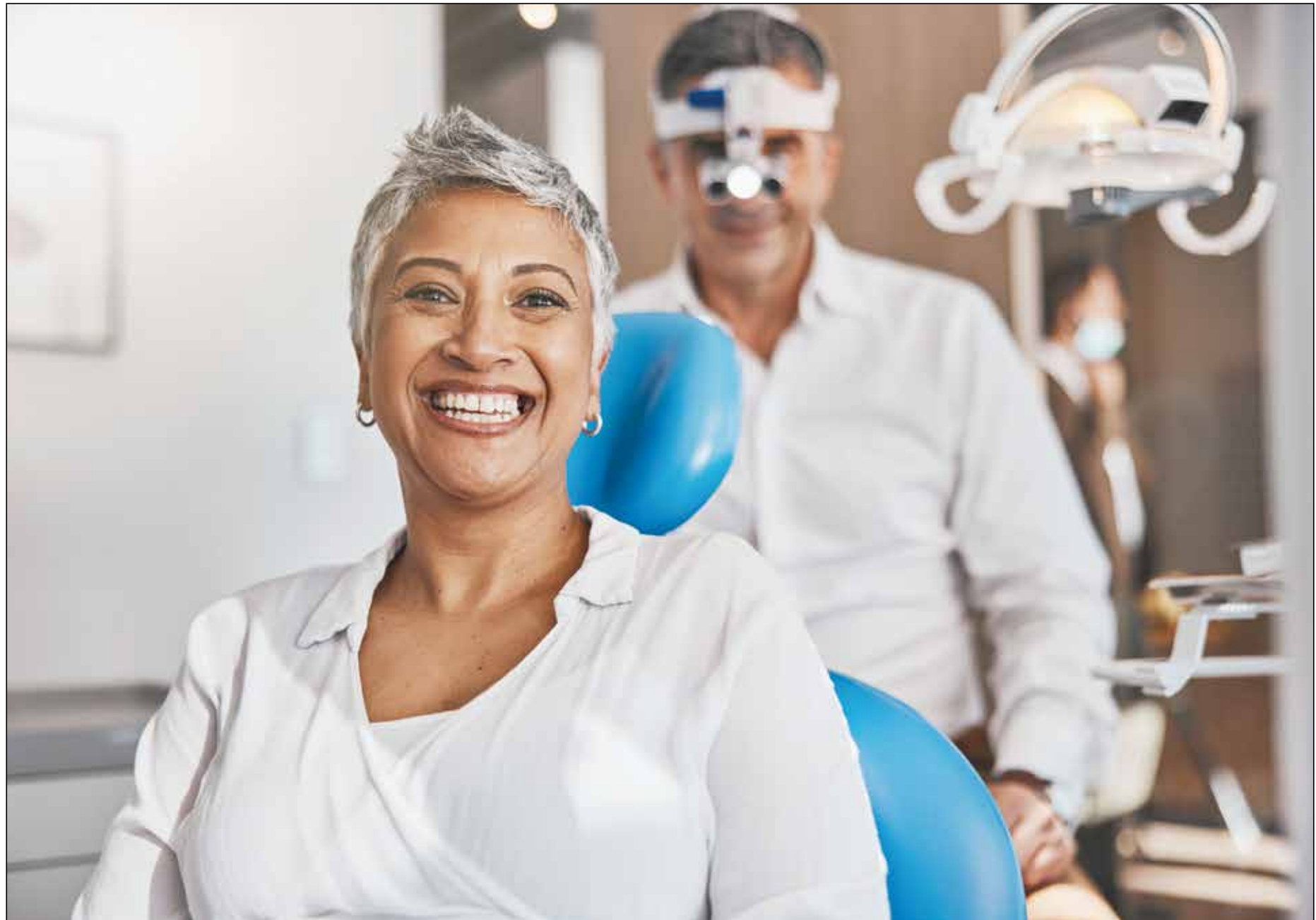
ORAL CANCERS

The risk of oral and throat cancers also increases with age. Possible warning signs include sores that do not heal,

red or white patches, unexplained bleeding or swelling, and persistent difficulty chewing or swallowing.

Regular dental and medical visits can help identify concerning changes early.

If you don't have good dental coverage, look into supplemental plans offered by groups like AARP or other senior associations.



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