

Tooth Decay (Dental Caries)

What is Tooth Decay?

A disease process involving the destruction of the tooth resulting in holes or cavities.

Do I Have Tooth Decay?

Signs for you in early stages:

- White or brown spots on any surface of the tooth structure.
- Pain or sensitivity with hot, cold, acidic or sweet foods.
- Pain on biting hard food stuff or applying pressure onto the tooth.
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Signs for you in the late stages:

- Pain at night keeping you awake.
- Swelling on your gum or cheek.

Signs for your dentist:

- Clearly visible holes.
- Tooth is soft and sticky to probing
- Appears on x ray
- Electronic testing

What causes Tooth Decay?

- Bacterial plaque and sugar

What is plaque?

Plaque is a soft sticky layer of germs, food, and saliva, which forms daily on the surfaces of your tooth as well as between the teeth.

Can we stop it from forming?

NO

How do we break the tooth decay chain?

Tooth decay involves the relationship between the three key factors

- Bacteria
- Sugar
- Time

1.) Bacterial plaque multiply at a rapid rate on the tooth feed on sugars (in diet) produce acid dissolves tooth enamel, dentine or cementum.

Rarely PAINFUL until fairly ADVANCED.

Who is at risk?

- Everyone
- People who's parents have fillings
- Poor oral hygiene
- Orthodontic brace wearers (especially susceptible)
- Poor dental work e.g.: overhanging fills
- Factors which reduce saliva flow
 - _ Stress (dry mouth syndrome)
 - _ Elderly
 - _ People on medication e.g.: epileptics

How do we reduce our risk?

YOU (patient home care) + ME (dental team/ dental hygienist) = DECAY FREE

Patient home care

- Correct brushing technique as demo by dentist or hygienist
- Use of a fluoride toothpaste
- Regular flossing or inter dental cleaning with small 'bottle brushes'
- Regular Fluoride mouthwash
- Dietary Advice
- Regular meals
- Decrease in consumption of sugars and fats
- Increase in fibre high foods
- Nutritionally balanced meals
- Saving sweets for 1 day per week
- Foods which stimulate saliva flow (sugar free gum, cheese) These foods can reverse the drop in acidity if eaten after a meal

NB: Whilst peanuts (may cause allergy) and cheese may constitute suitable snacks they are high in fat. Although Diet drinks are sugar free, their acidity can cause erosion.

DENTISTS

How can seeing my dentist help?

- Regular 6 monthly check up will ensure early detection
- Fissure sealants
- X-ray examination

HYGIENISTS

How can my hygienist help?

- Visits every 3 to 6 months as prescribed by the dentist
- This varies depending on risk factors (individual susceptibility)
- Fluoride application via toothpaste and mouthwashes.
- Demo- Proper techniques of brushing including choice of brush, size, bristle texture, frequency of brushing.
- Dietary advice

- Flossing demo and patient participation
- Removal of tartar (which can not be brushed away)
- Scale and polish of teeth

Are there different stages of tooth decay? YES

Primary

- Affects enamel causing white acid spots
- Remineralisation possible – use of fluoride toothpaste, mouthwashes and gels
- Usually not painful

Secondary

- Affects dentine and enamel
- Remineralisation not usually possible.
- Usually needs a filling if enamel breached.

WILL YOU BE CURED AFTER THE PROGRAMME? NO

Maintenance is essential.

What will I need?

Regular 3 or 6 monthly hygienist visits

Regular 6 monthly dentist check-ups

PROGRAMME TO COMBAT DENTAL DECAY

This is a series of 2-3 visits to the hygienist

Visit 1

- Disclosing of plaque (using blue/pink dye on tooth)
- Demo the appropriate toothbrushing technique with patient participation.
 - Demo use of ETB (electric toothbrush)
 - Manual Toothbrush
 - Demo Tongue brushing
- Dietary suggestions (where appropriate)
- Flossing demo ----- Front 6 teeth (upper and lower teeth initially)
- Advice on appropriate mouthwash
- Removal of deposits (scale+ polish of all teeth)
- Record plaque + bleeding score
- ORAL HYGIENE INSTRUCTION (OHI)

Visit 2

- Re-evaluation of brushing techniques
- Re-evaluation of flossing techniques (demonstrate flossing back teeth with patient participation)
- Use of disclosing solution
- Re-recording of plaque + bleeding scores
- Evaluation of gingival (gum) health

- Removal of all deposits (plaque and calculus)
- Dietary suggestions (where appropriate)
- OHI

Visit 3

Re-evaluation, motivation and assessment of patients home-care regime.

PATIENT PARTICIPATION IS CRUCIAL