

# Want some life saving advice?

## Ask Your Dental Hygienist about Proper Oral Health Care for Adolescents

Good nutrition and oral hygiene care practiced at home are particularly important during the teen years. Proper diet, brushing, and flossing all play an important role in maintaining a healthy smile and preserving teeth during these challenging years. Cavities and periodontal (gum) disease can be a threat to teens as well as adults. Recent survey results show that bleeding gums were most prevalent among adolescents and that three-fourths of 13-17 year-olds had gums that bled.

Adolescents also have particular issues not shared by younger age groups. These concerns include: oral piercings, mouthguards, eating disorders and orthodontic care, as well as significant rates of tooth decay.

### Piercings

Numerous complications are associated with oral piercings, tattoos, and decorative grills. As these things become more popular, it is important to visit your dental hygienist so they may explain risks and complications associated with "mouth art" before you or your child decide to pursue it.

Many body art studios where the procedures are performed are not as sanitary as they should be.

Piercings that are not used with surgical grade stainless steel jewelry can cause either infections or allergic reactions in the mouth, which may lead to more serious health issues.

When piercings are improperly set, or if the patient develops a habit of "playing" with the piercing inside their mouth, erosion of the teeth and gums can become a problem sometimes causing destruction within the mouth.

It is recommended that any piercing be cleaned after every meal as they can harbor bacteria, leading to gingival inflammation and bad breath. A nylon filament (such as a fishing line or monofilament string) can be inserted through the perforation to keep it from closing while the bar is removed. Those interested in piercings should be aware of current regulations that govern local body art studios. This way they will know whether or not the proper procedures take place before and after the piercing.

### Mouthguards

Virtually all contact sports should require a mouthguard. Many orofacial injuries can be prevented simply by wearing a mouthguard. The mouthguard is designed to absorb energy during an impact, thus decreasing the likelihood of trauma to the oral cavity and brain.

There are typically three types of mouthguards: stock, boil-n-bite, and custom-made. Stock mouthguards are available in different sizes, but cannot be customized and therefore may have a poor fit. Boil-n-bite mouthguards are heated in water and placed in the mouth to mold to the shape of the mouth and teeth. These tend to be more comfortable to wear. Custom-made mouthguards are made on study-models with a vacuum-forming machine, either in a dental office or at an off-site laboratory. While this mouthguard is the most comfortable and effective, it is also the most expensive.

Mouthguards should be considered a necessity when engaging in any contact sports because to their ability to prevent dental trauma and traumatic brain injury.

### Eating Disorders

Eating disorders include anorexia nervosa (starving oneself), bulimia nervosa (binging and purging via vomiting, laxatives, diuretics or excessive exercise), and binge eating disorder (eating a larger amount of food than normal during a short period of time)<sup>1</sup>. While patients will tend to keep these dis-

orders secret, they are especially difficult to keep hidden from an oral health care professional.

Orofacial complications that may arise from eating disorders include tooth enamel erosion, dental cavities, enlargement of the glands that produce saliva, sensitive teeth, a fungal or bacterial infection of the outside of the mouth, dry mouth due to lack of saliva, and trauma to the roof of the mouth<sup>2</sup>.

## Smoking

The damages to the mouth that are caused by smoking have long been recognized; however, it is important to have a dialogue with adolescents about them as soon as possible.

Smoking's oral effects include bad breath, stained teeth, loss of taste and smell, canker sores, failure of dental implants, oral cancer, and the gum recession, bone loss and tooth loss associated with gum disease.

According to the Centers of Disease Control and Prevention, smokers who smoked less than a half a pack a day were more than three times likely than nonsmokers to develop periodontal disease. This is an important statistic to share with teens especially; many believe that "social smoking" on a casual basis has little or no effect on their overall health. The same study found that those who smoked more than half a pack a day were six times as likely.

Chewing tobacco also has severe oral health implications. In addition to possibly causing cavities, studies have shown that about up to 27% of regular smokeless tobacco users have gum recession and may lose the bone around the teeth and experience tooth loss<sup>3</sup>. Chewing tobacco also causes leukoplakia, white patches that form on the site where the user holds the tobacco<sup>4</sup>. Leukoplakia, in 5-25% of cases, is a precursor to oral cancer<sup>5</sup>.

## Sugary Sodas

Because soda is a beverage, it is not always part of the nutrition discussion. The reality is, however, that most sodas are sweetened with pure sugar that can have strong detriments to oral health.

Soda typically contains phosphoric acid and large amounts of sugar, among other ingredients. Refined sugar in these sodas not only offers no nutritional benefits, but is known to cause cavities.

Complicating this matter is that soda is often drunk in place of other, more nutritious options, such as milk or even water. Adolescents should be aware of the problems that soda consumption can cause for their oral health.

Although many people choose artificially sweetened sodas over their sugary counterparts, the risk to teeth is no less profound. All sodas contain a great deal of phosphoric acid, which interferes with the body's ability to absorb calcium, essential for strong teeth and bones.

Drinking soda through straws, rinsing the mouth before and after consumption, and limiting how much soda an adolescent drinks can help minimize the effects on their teeth.

## Caries and Periodontal Disease

Current research suggests that the overall cavities rate is declining, yet remains highest during adolescence<sup>6</sup>. The American Academy of Pediatric Dentistry recommends the following for treatment and prevention of adolescent caries: fluoridation, oral hygiene, diet management and sealants. Adolescence can also be a critical period affecting an individual's periodontal status. Current data suggests that irreversible tissue damage from periodontal disease begins in late adolescence and early adulthood. Pubertal changes characteristically affect the bone, connective tissue, and gum surrounding and supporting teeth of the young adolescent, with an increase in inflammation which is, in most cases, manageable through good oral hygiene and regular professional care<sup>7</sup>.

Since many oral health issues that can become serious in adulthood are preventable in adolescence, this is an ideal time to begin a dialogue with teens about the importance of regular and thorough care.

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7. *Guideline on Adolescent Oral Health Care*, p 73.