Welcome to our latest newsletter. This issue focuses on early dental warning signs to be aware of, and things you can do at home to ensure the best oral health for you and your family.

Speaking of family, I’d like to take a moment to thank all of you who have recommended our dental services to other family members, and to your friends and neighbors too. We truly appreciate your referrals, and view your recommendations as the greatest compliment to the quality of our services!

Enjoy this issue of our newsletter, and if you or someone you know needs more information, please do not hesitate to call with your questions. We look forward to seeing you soon.

All the best,

Edward J. Zuckerberg

Unlike many other medical situations, where you only make an appointment when you have to address a painful or specific condition, going to the dentist on a regular basis should be a preventive habit rather than a reactive need. Preventive dentistry is always less invasive, more comfortable and more cost-effective than fixing an existing dental problem that has been ignored. With this in mind, what exactly do dentists look for when you come in for a dental checkup?

Our visual and manual check includes your throat and neck, and then your entire mouth – lips, teeth, gums, tongue and all surrounding tissues – as we look for any signs of decay and disease. We’l’ll look for any deterioration in fillings, crowns or other restorations, new decay, signs of periodontal (gum) disease, root cavities (decay in the roots of teeth exposed by receding gums) and impacted wisdom teeth. We’ll pay special attention to any unusual sores or changes that may indicate oral cancer. To ensure that bacteria are removed from around and below the gumline, we will scale and polish your teeth to remove plaque, calculus and stains. If the calculus is not removed, it irritates and inflames the gums, ultimately leading to gum disease, which is the leading cause of tooth loss in adults.

From time to time we will take x rays in order to see beyond tooth surfaces and between teeth. We will also talk about preventive procedures, such as tooth sealants, and any habits you have that may negatively affect the health, structure or color of your teeth. For example, what you eat and drink can affect tooth color, as can your age and your daily routines, from smoking to swimming. Yes, even swimming — athlete swimmers have been known to develop “swimmer’s calculus” — staining tartar deposits on their teeth from exposure to chemically treated pool water!

With all this in mind, check your calendar to see if you’re due for a dental visit. We look forward to seeing you soon, and helping you to look – and feel – great!
If you have any questions on gum disease or any other dental issue, please ask us. We would be pleased to give you more information and tips on how to achieve the best dental health possible.

Arthritis:
According to a recent study published in the Journal of Periodontology, researchers have discovered that people with rheumatoid arthritis have a higher incidence of periodontal disease than those without. This underlines the importance of sharing information about your general health with your dentist, as sometimes a disease that one wouldn’t think connects to a dental issue can play a role in diagnosing gum disease.

Brushing:
Brushing your teeth after every meal ensures that you remove any residual food from your teeth, as it can provide a feeding ground for the naturally present bacteria in your mouth. If food isn’t brushed and rinsed from your mouth after you eat, bacteria feed on the sugars left in and around your teeth, leading to plaque formation. If plaque is not removed, it can lead to gingivitis and the development of gum disease.

Along with brushing, daily flossing is essential, to remove the plaque and debris that collect between the teeth and under the gumline, where your toothbrush can’t reach.

Regular, thorough flossing and brushing is a simple and effective way to remove the bacteria that causes tooth decay and gum disease.

Calcium and Vitamin C:
Gingivitis, the first stage in gum disease, causes gums to bleed easily and become red and swollen. One of the steps in fighting gingivitis can be as easy as including a glass of milk, with its calcium content, or orange juice, with its vitamin C content, into your daily routine.

Researchers have determined that men and women who have calcium intakes of less than 500 milligrams, or about half the recommended amount, are almost twice as likely to have periodontal disease, as measured by detachment of the gums from the teeth. Another report suggests that patients who consume less than the recommended 60 milligrams of vitamin C a day (about one orange) are nearly one-and-a-half times more likely to develop severe gingivitis than those who consume three times the recommended daily amount.

If you’re a smoker, pay special attention to your vitamin C intake, as oxidants from cigarette smoking lower vitamin C levels in the blood. In addition, cigarette smoke contains numerous oxidants that can cause periodontal tissue damage, regardless of vitamin C intake.

Vitamin D:
Vitamin D, also known as the “sunshine vitamin,” is just as essential as calcium for healthy teeth and bones. In fact, vitamin D aids in the absorption of calcium. The best way to obtain the required amount of vitamin D is from sunshine, ideally ten to 15 minutes of sun exposure to the face, arms, hands or back, at least twice a week. Depending on where you live, finding enough sun may be difficult at this time of year, so you may want to consider getting your vitamin D from foods such as milk, eggs, sardines and tuna, which are fortified with vitamin D, or taking a vitamin supplement.
There are times when a toothache isn’t just a toothache: it can sometimes be a serious infection with life-threatening implications. It’s important to know the difference between a standard toothache and a more serious tooth abscess.

A tooth abscess is caused by a bacterial infection in the root of the tooth or in the surrounding gum tissue. The first indication of a problem would probably be the feeling of pressure, and an intense, persistent throbbing, due to pus under the surface. The tooth may be sensitive to heat, and the pressure of chewing or biting. As the infection becomes more severe, you may develop a fever, a swelling in your face or cheek, and tender, swollen lymph nodes under your jaw or in your neck. In some cases the abscess will rupture on its own, releasing a rush of foul fluid in your mouth. Even if the abscess does drain on its own, alleviating the pressure and the corresponding pain, you still need to come in for an assessment, and possibly antibiotics or further treatment.

Dental abscesses are serious infections that won’t simply go away without treatment. It may be possible to drain the pus through the tooth itself so the tooth can be saved (with a root canal treatment), or if not, the tooth will need to be extracted to prevent a recurrence.

An abscessed tooth is the most dangerous of toothaches as, if not treated, the infection can spread into your bloodstream, leading to severe complications. It’s always wise, with any toothache, to call us for advice. There are many reasons you may be feeling pain, and the best way to identify yours is with professional consultation.

According to the American Academy of General Dentistry, as many as one in three people suffer from bruxism – the condition used to describe unconscious grinding and clenching, usually when asleep. Many people don’t even know that they grind their teeth, although they are painfully aware of otherwise unexplained headaches, chronic facial pain, increased sensitivity in their teeth or constantly waking up with a sore jaw. In some cases patients even experience earaches because of severe muscle contractions.

People who share their sleeping space may find out from their sleep partner that they grind their teeth, however most patients only find out during a dental visit, when the dental team notices loose teeth or unusual wear and tear – teeth that are worn down, flattened or chipped. Bruxing can also lead to the breakdown of dental restorations, loss of crowns and tooth fractures.

Why do some people grind their teeth so intensely while they sleep? The most common factor in today’s “go, go, go” lifestyle is stress, including anxiety, anger and frustration. Bruxism has also been reported as a side effect of certain antidepressants, and some drugs like ecstasy and cocaine, while stimulants such as alcohol and caffeine are considered aggravating factors too. Patients with an abnormal alignment of upper and lower teeth may also be prone to grinding and clenching their teeth.

Depending on how much damage has already been done, we may recommend overlays or crowns to correct any tooth surfaces that have been worn away. At the very least, we will discuss custom-made mouthguards and protective dental appliances with you. While over-the-counter mouthguards exist, be aware that they generally don’t fit well, and can even dislodge during bruxing.

Having regular dental exams, allowing a dentist to spot early signs of grinding in your mouth and jaw, is the best way to screen against bruxism, especially if you don’t have a sleep partner who can report your nocturnal gnashing to you.
DURY MOUTH: A PROBLEM THAT’S HARD TO SWALLOW

We’ve all experienced dry mouth at one time or another, especially when we’ve been nervous, upset or under stress. However, if dry mouth is a constant condition for you, it’s time to talk about it.

Constant dry mouth can cause difficulties in talking, eating, swallowing and wearing dentures. Saliva, known as “nature’s mouthwash”, is necessary to lubricate the mouth, wash food away, neutralize the acids produced by plaque and prevent infections, as it controls bacteria and fungi in the mouth. Because of the lack of saliva in people suffering from dry mouth, the chances of developing gum disease, tooth decay and other infections of the mouth, are heightened.

Dry mouth can be a side effect of: a disease called Sjögren’s syndrome, medications such as antihistamines or decongestants, drugs for high blood pressure and depression, a result of certain diseases that affect the salivary glands, like diabetes, or simply an effect of aging.

If you have dry mouth you have to be extra attentive to your personal dental routine. Please ask us for tips on how to make your condition more comfortable, and keep your teeth and mouth healthy.

SMILES ARE CONTAGIOUS!

There’s an interesting theory that people can make themselves and others feel happier by consciously forcing a smile. While it may not be a scientifically proven idea, the “science of smiling” does provide food for thought. After all, who can deny that a friendly smile cast in their direction lightens their mood, and makes them want to smile too?

Of course, you have to be confident in the condition of your teeth and gums to feel secure about your smile, and that’s where you can make some dental resolutions for this year.

My 2009 Dental Resolutions:

1. I will be more careful what I put in my mouth – from staining foods, sugary drinks, tobacco and other unhealthy options, to pens that I chew on.
2. I will brush my teeth at least twice a day for at least two minutes each time, no matter how tired or how rushed I am.
3. I will floss between my teeth every day to remove what my toothbrush can’t reach.
4. I will visit my dentist at least every 6 months for a thorough cleaning.
5. I will check my dental insurance right now, and make sure I take advantage of all my benefits this year.
6. I will take pride in my dental health, and share my smile with as many people as possible!


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Office Hours:
Mon.: 8 a.m. - 7 p.m.
Tues., Wed.: 8 a.m. - 5 p.m.
Thurs.: 1 p.m. - 7:30 p.m.
Sat.: 8 a.m. - 2 p.m.

Office Team:
Dr. Catalina Navarro Associate
Dr. Cliff Nebel Associate
Bettina Front Desk Manager
Rosa Account Manager
Kim, Michelle Dental Assistants
Lori, Rosemarie, Mary Dental Hygienists

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