

FAST FACTS

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY 2010

Twelve Great Story Ideas

- 1. Dental Care for the Baby**
ONE dental visit when there's ONE tooth can equal ZERO cavities.
- 2. Cosmetic and Restorative Dentistry**
New treatments to enhance or restore a child's smile.
Half of American children get cavities - Learn best treatment choices for children.
- 3. Behavior Guidance**
Parents should exercise important rights as partners in dental decisions.
- 4. Diet and Dental Health**
It's not what children eat, but how often, and candy can be OK if children are conscientious.
- 5. Fluoride**
Fluoride not only helps prevent tooth decay, it cures beginning cavities.
- 6. How to Select a Dentist**
How pediatric dentists are different from general dentists.
- 7. Dental Care for the Preschooler**
Tips for parents on a great dental visit.
- 8. Dental Care for School-Age Children & Sealants**
A count down to dental health: Five steps to a cavity-free child.
Sealants: The invisible protector and the best-kept secret in the dental office.
- 9. Dental Care for the Teenager**
Why teens may get their first cavity at the same time they get a driver's license.
- 10. Children at Risk**
Twenty-five percent of our nation's children have 80 percent of the cavities.
- 11. Dental Care for Special-Needs Children & Adults**
Every person can enjoy a healthy smile and benefit from preventive dentistry.
- 12. Sports Safety & Dental Emergency**
How to keep children off the "injured list."
What to do when a child has had a tooth knocked out.

The American Academy of Pediatric Dentistry (AAPD), founded in 1947, is an organization of more than 7,700 dedicated professionals with special training in children's oral health. Pediatric dentists and their staff work in a pediatric environment because they enjoy working with children. Pediatric dentists are advocates for children.

The Academy emphasizes a three-part approach to caring for children:

1. Prevention & Treatment: treating infants, children and adolescents in the dental office
2. Education: teaching children, parents and dental professionals about how to provide the best possible care
3. Research: working to develop improved methods of preventing oral problems

Pediatric dentistry is one of nine dental specialties recognized by the American Dental Association. Pediatric dentists are the pediatricians of dentistry. They provide both primary and specialized oral health care for infants and children through adolescence, including those with special health care needs. Their professional education includes two to three years of specialized study after completing dental school.

DENTAL CARE FOR YOUR BABY

STORY IDEAS

- When does one plus one equal zero? ONE baby tooth + ONE pediatric dental visit = ZERO cavities.
- First dental visits are mostly educational. The AAPD recommends that every child visit the dentist by the child's first birthday. The American Dental Association and the American Academy of Pediatrics recommend a child visit the dentist by age one as well. This "well baby check" for the teeth can establish a dental home and helps ensure that parents learn the tools they'll need to help their children remain cavity-free.
- A 2006 scientific paper in *Pediatric Dentistry* revealed that children who waited past their first birthday and did not see a dentist until age two or three "were more likely to have subsequent preventive, restorative and emergency visits."
- Pacifier or thumb? Cloth or disposable? Breast milk or formula? Debates rage around new parents, just at a time when they're too tired to tie their own shoes. The AAPD solves the first of these parent dilemmas with a vote for pacifiers over thumbs to comfort fretful babies.
- Babies can "catch" cavities from their caregivers. In 71 percent of the cases, often the mother is the source. Research indicates that the cavity-causing bacteria known as streptococcus mutans can be transmitted from mothers to infants even before teeth erupt. The better the mother's oral health, the less the chance the baby will have problems.

GREAT QUOTES

"A child should be seen by a pediatric dentist, no matter how young that child is, if the parent thinks there could be a dental problem. No child is too young for good dental health."--Dr. Ross Wezmar, *Pediatric Dentist, Scranton, Pa.*

"I have seen two- and three-year olds who have lost all 20 baby teeth because of baby bottle tooth decay. Then you have preschoolers with dentures."--Dr. Charles Poland, *Pediatric Dentist, Indianapolis, Ind.*

"Pacifiers have a few rules of thumb, pun intended. The three things to consider are frequency (How often do they suck?); duration (How long do they suck?); and intensity (Can you hear it across the room?)."

--Dr. Arthur J. Nowak, *Pediatric Dentist, Iowa City, Iowa*

PARENT TIPS: HEALTHY TEETH FOR BABIES

- ◆ Before the teeth erupt, clean the baby's mouth and gums with a soft cloth or infant toothbrush at bath time. This helps ready the baby for the teeth cleaning to come.
- ◆ When the teeth erupt, clean the child's teeth at least twice a day with a toothbrush designed for small children.
- ◆ Take the baby to see a pediatric dentist by the baby's first birthday. The earlier the visit, the better. It is important to establish a dental home to ensure that the child's oral health care is delivered in a comprehensive, ongoing, accessible, coordinated and family-centered way by the dentist.
- ◆ If the baby is placed to sleep with a bottle, use nothing but water. When a child is given a bottle containing sugary liquids such as milk, formula or fruit juice, the teeth are under attack by bacterial acid for extended periods. This can cause cavities in babies called "early childhood caries," formerly known as baby bottle tooth decay.
- ◆ Breast-feeding has been shown to be beneficial for a baby's health and development. However, if the child prefers to be breast-fed often or for long periods once a tooth appears and other foods/beverages have been introduced into her diet, she is at risk for severe tooth decay. Clean the baby's mouth with a wet washcloth after breast-feeding, and encourage a bottle with plain water during the nighttime.

2010 FAST FACTS

- ◆ Never dip a pacifier in anything sweet; it can lead to serious tooth decay.
- ◆ Wean the infant from the bottle by one year of age.

FLUORIDE FOR BABIES

- Even though the baby teeth have not erupted, infants still need fluoride to help developing teeth grow strong. A pediatric dentist will determine the child's fluoride needs during the initial consultation.
- Children older than six months may need a fluoride supplement if their drinking water does not contain the ideal amount of fluoride. Fluoride has been shown to reduce tooth decay by as much as 50 percent.
- A pediatric dentist will help determine whether the child needs a fluoride supplement and, if so, will prescribe the proper amount based upon the child's age, fluoride levels in her primary source of drinking water, and other dietary sources of fluoride. Fluoride is conveniently available in fluoride drops or in combination with prescription vitamins.

PACIFIER OR THUMB?

- Babies suck even when they are not hungry (a natural reflex called non-nutritive sucking) for pleasure, comfort and security. In fact, some babies begin to suck on their fingers or thumbs even before they are born.
- In the pacifier-versus-thumb debate, the AAPD votes for pacifiers over thumbs to comfort new babies. A pacifier habit is easier to break at an earlier age. The earlier a sucking habit is stopped, the less chance the habit will lead to orthodontic problems.
- Sucking on a thumb, finger, or pacifier is normal for infants and young children; most children stop on their own. If a child does not stop by herself, the habit should be discouraged after age three.
- Thumb, finger and pacifier sucking all can affect the teeth essentially the same way. If a child repeatedly sucks on a finger, pacifier or other object over long periods of time, the upper front teeth may tip outward or not come in properly. Other changes in the tooth position and jaw alignment also may occur.
- Some oral changes caused by sucking habits continue even after the habit stops. Prolonged sucking can create crooked teeth or bite problems. Early dental visits provide parents with information to help their children stop sucking habits before they affect the developing permanent dentition.
- A pediatric dentist can encourage the child to stop a sucking habit and discuss what happens to the teeth and mouth if the child does not stop. This advice, coupled with support from parents, helps many children quit. If this approach does not work, a pediatric dentist may recommend behavior modification techniques or an appliance that serves as a reminder for children who want to stop their habits.

PARENT TIPS FOR SAFE PACIFIERS

- ◆ Never dip the pacifier into honey or anything sweet before giving it to a baby.
- ◆ Never attach a pacifier to the child's crib or body with a string, ribbon or cord.
- ◆ A pacifier's shield should be wider than the child's mouth. Discontinue use if the child can fit the entire pacifier in his mouth.
- ◆ Inspect pacifiers frequently for signs of wear or deterioration; discard if the bulb has become sticky, swollen, or cracked.
- ◆ Never leave an infant unattended with a pacifier in her mouth, or let her sleep with a pacifier.
- ◆ Never substitute a bottle nipple for a pacifier.

VISUAL POSSIBILITIES

Follow a child through a dental visit. See how the child and parent react to “child-friendly” treatment and explanations.

FOR MORE INFORMATION

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PARENT CHECKLIST *THE FIRST DENTAL VISIT*

- Schedule the first dental visit and build a dental home by child’s first birthday.
- Choose a pediatric dental practice. Appreciate their special training.
- Select an appointment time when the child is usually alert, not tired.
- The pediatric dental practice did not keep us waiting. (If there was a wait, I was satisfied with the staff’s explanation in regards to the delay.)
- Provide a complete medical and dental history about the child.
- The pediatric dentist gently but thoroughly examined the child’s mouth. He observed oral and facial development and looked for signs of potential problems.
- Informed about the child’s tooth development, the causes and prevention of oral diseases and appropriate diet and home dental care.
- The pediatric dentist and members of the dental team answered questions on a variety of topics, such as diet, teething, thumb sucking, pacifiers and fluoride.
- The dentist and support staff did everything possible to help the child feel comfortable during the visit.

COSMETIC & RESTORATIVE DENTISTRY FOR CHILDREN AND TEENS

STORY IDEAS

Children smile when they are proud of their teeth. At school and at play, a healthy smile helps them feel more confident. A pediatric dentist can tell parents about new treatments to enhance or restore a child's smile.

Michael fell and knocked a tooth out during a field hockey match with his friends. Julie wants a brighter smile when she goes onstage to accept her arts scholarship. They should talk with a pediatric dentist. New dental treatments can create beautiful smiles and the treatment does not have to break a parent's bank account.

WHITENING TOOTHPASTES: DO THEY REALLY WORK?

Some teens stand in the drugstore and wonder if toothpastes with "whitening power" really work. Whitening toothpastes contain chemicals or polishing agents that can remove stains from the teeth. (That said, all toothpastes have mild abrasives that help remove surface stains.) If the teeth are darker than they used to be because of surface stains, whitening toothpastes can brighten a teen's smile. On the other hand, if the teeth are darker because of deeper stains, perhaps from an injury or certain medications, whitening toothpastes will not give teen effective results. Unlike bleaching, these toothpastes do not change the color of the teeth to a whiter, brighter shade. If a teen is interesting in choosing this route, he must be sure to choose a brand that contains fluoride. Teens are still very susceptible to tooth decay.

BLEACHING: GREAT CHOICES TO BRIGHTEN YOUR SMILE

Bleaching will brighten the color of teeth that are discolored, stained, or have been darkened as a result of injury. It changes the color of the child or teen's teeth without removing any tooth structure. One treatment choice is in-office bleaching. A concentrated bleaching agent is applied to his teeth and then activated with heat or light. The visits take about an hour, and usually one to four visits are needed. The pediatric dentist can lighten as few or as many teeth as needed.

One method is a bleaching kit that the child or teen can receive from the pediatric dentist and use at home. In the first visit, the pediatric dentist takes a model of the child's teeth. In the second visit, he picks up the custom-made bleaching tray and the bleaching gel. He wears the tray, filled with the bleaching gel, usually at night for several nights. This approach is best for older children and teens whose front permanent teeth are fully erupted.

Whichever approach you choose, bleaching is fairly comfortable, and the side effects are few. Some patients find their teeth are more sensitive to hot and cold foods, but the sensitivity disappears after a few days. A toothpaste for sensitive teeth may help.

MICROABRASION: GOOD FIRST CHOICE FOR TOOTH STAINS OR SPOTS

Microabrasion is an excellent option for children or teens who want to change the color of certain areas or spots on the teeth, rather than lighten the color of the whole tooth. The pediatric dentist removes microscopic bits of discolored tooth enamel with an abrasive and a mild acid. Treatment usually can be completed in one visit. Microabrasion is a conservative treatment, removing little tooth structure.

Will microabrasion remove a spot or stain completely? It is difficult to predict. Success depends upon a number of factors, especially the type and extent of discoloration. Surprisingly, brown or dark stains are removed more readily than white ones. Microabrasion works better on surface discoloration than it does on deeper stains caused by injury or certain medications.

BONDING AND VENEERS: RESTORE THE LOOK OF CHIPPED, BROKENT AND PITTED TEETH

These treatments can restore the original shape of a chipped, broken or pitted tooth. They can brighten front teeth that are stained or discolored. The treatments involve bonding tooth-colored plastic or cementing tooth-colored veneers to the teeth. They require little loss of tooth structure, and they restore the natural appearance of teeth and encourage a confident smile.

Bonding materials, often called composite resins, are tooth-colored plastics. During the treatment called bonding, the bonding material is applied to the tooth, formed into the proper shape, and hardened with a light or chemical process. The treatment typically takes one or two visits.

Veneers are thin shells of tooth-colored plastic or porcelain. They are custom-made, usually by a dental laboratory, and then bonded onto the teeth using a tooth-colored cement. The treatment takes multiple visits.

Bonding and veneer treatments may greatly improve the look of a smile and can last for several years. However, there are some limitations. Although bonding and veneers are conservative, they may require some loss of tooth enamel. Also, bonded teeth and veneers are simply not as strong as the original tooth structure. Nail biting, hard foods and sports accidents can damage them. They must be maintained with good oral hygiene and regular dental visits.

PORCELAIN CROWNS: STRONGEST TREATMENT FOR RESTORING YOUR SMILE

Porcelain crowns can give beautiful cosmetic and restorative results for discolored, chipped or broken teeth. However, parents must consider two realities: First, crowns are more costly than other treatments; and second, a crown requires the removal of a significant amount of tooth structure. On the other hand, crowns are stronger than the other cosmetic choices and can last for many years with good dental health habits. Porcelain crowns are reserved for permanent teeth that are fully erupted with the gum tissue at its adult position.

Crowns typically are made of metal covered with tooth-colored porcelain or a plastic resin. The tooth is prepared by shaping it and removing a part of the outside tooth structure. (The tooth must be made smaller in size so the crown can fit over it.) The crown is custom-made, usually by a dental laboratory, to precisely fit the prepared tooth. The crown fits over the tooth and is cemented into place.

ORTHODONTIC TREATMENT: ADVANTAGES GO FAR BEYOND COSMETICS

A pediatric dentist can identify crowded or crooked teeth and actively intervene to guide the teeth as they come in the mouth. Not only will this improve the look of the child's smile, but early orthodontic treatment can prevent more extensive treatment later.

The advantages of orthodontic care far surpass appearance. Braces and other orthodontic appliances can straighten crooked teeth, guide teeth into position as they come in, correct bite problems, and even prevent the need for tooth extractions.

Straight teeth not only look better, but are easier to keep clean and therefore less susceptible to tooth decay and gum disease.

Unlike the other treatment choices that start and finish in a shorter period of time, orthodontic treatment takes place over the years as the child's mouth grows and changes. A commitment to regular dental visits and good home care is a must. Orthodontic treatment is a significant financial investment as well. However, since it offers important health benefits, it may be covered at least in part by dental insurance.

COSMETIC CHOICES FOR CHILDREN AND TEENS

<i>TREATMENT</i>	<i>GOALS</i>	<i>PROS AND CONS</i>
<i>Whitening toothpastes</i>	Brighten teeth	Remove surface stains but does not lighten the color of the teeth
<i>Over-the-counter Whitening kits</i> (strips, gels in preformed trays)	Lighten teeth	Patient convenience, low cost; limited control (not for single tooth) and efficiency, tissue irritation from poorly-fitting tray
<i>Custom-made bleaching trays</i>	Lighten teeth	Greater efficiency than over-the-counter kits, intimate fit; requires multiple applications
<i>In-office bleaching</i>	Whitens discolored teeth	Lightens and brightens the color of a tooth or teeth, very comfortable, professional control with protection of the gums during treatment, more stable results; relatively more costly than at-home methods.
<i>Microabrasion</i>	Brighten discolored areas on individual teeth	Improves spots and stains on teeth, very comfortable; less predictable results
<i>Bonding and veneers</i>	Restore discolored teeth Restore a tooth that is chipped or broken Mask developmental defects such as pitted or small teeth	Greatly improves the look of the teeth, last for several years, comfortable
<i>Porcelain crowns</i>	Restore discolored teeth Restore a tooth that is chipped or broken Restore a tooth with extensive decay. Mask developmental defects such as pitted or small teeth	Greatly improves the look of the teeth, very durable, treatment more extensive
<i>Orthodontic treatment</i>	Correct crooked or crowded teeth	Benefits go far beyond cosmetics to correct bite problems and prevent future dental problems, most extensive investment of time and finances.

VISUAL POSSIBILITIES

- ◆ Before-and-after photos of microabrasion and bleaching techniques
- ◆ Before-and-after photos of bonding and veneers for discolored and chipped teeth
- ◆ Photos of a porcelain crown, before and after placement

RESTORATIVE DENTISTRY

“Look Ma, no cavities” is what every parent wants to hear at the end of a dental appointment, and preventive dentistry is keeping more children free of decay than ever before. But when a child faces a dental problem, it is the right and responsibility of a parent. You have the right to be fully informed about the treatment choices for your child’s condition. You have the responsibility to work with the pediatric dentist to make the best treatment decision for your child.

2010 FAST FACTS

Half of all American children under the age of 12 have never had a cavity. That means half of them do. If the child has tooth decay, new treatments are available that are far more attractive and comfortable than in the past. A parent can be a wise consumer if you know your options and discuss them with your pediatric dentist.

TOOTH DECAY: TREATMENT OPTIONS

□ To treat a cavity, the first step is to remove the decayed part of the tooth. Pediatric dentistry now offers three choices for decay removal: the traditional dental drill, microabrasion and laser treatment.

□ The dental drill, called a handpiece, remains the technique of choice for removing tooth decay. High-speed handpieces make treatment quicker and more comfortable than in the past, although children still may feel vibrations during the process.

□ In microabrasion, which is different than cosmetic forms of microabrasion, a high-pressure instrument cuts away decay by blowing a stream of tiny particles at the tooth. Microabrasion is comfortable for children and free of the vibrations of the drill, although it cannot be used for all types of cavities.

□ A dental laser light can cut through the decayed part of the tooth to remove it. It is usually comfortable and is free of the vibrations felt with the drill.

□ Laser treatment may take longer than the other two approaches and cannot be used on teeth that already have fillings. Because this approach is relatively newer than more traditional approaches, many pediatric dentists are taking a “wait and see” attitude on the practicality and effectiveness of lasers.

□ Once the decay is removed, the next step is filling the hole where the decay was. Talk to a pediatric dentist about which of the many choices of filling materials is best for the child.

WHY FILL BABY TEETH WHEN THEY FALL OUT ANYWAY?

While it is true that baby teeth do eventually come out, it is also true that they are important to a child in the meantime. Primary or baby teeth hold space for the permanent teeth to grow in. If one is lost, the others can shift into the empty space and prevent the permanent tooth from erupting. This often means a crooked smile in a child’s future. In addition, a decayed tooth can become abscessed and cause overall discomfort for a child.

PREVENTIVE RESINS: EXCELLENT CHOICE FOR CAVITIES CAUGHT EARLY

If a child has a tiny cavity on the chewing surface of a baby tooth or permanent tooth, then she may be a good candidate for preventive resin treatment. After the decay is removed, the tooth is filled with a tooth-colored plastic and then coated with a sealant. The filling is virtually invisible, and the tooth is free of decay and protected by the sealant.

TOOTH-COLORED FILLINGS: VIRTUALLY INVISIBLE TREATMENT FOR SMALLER CAVITIES

Tooth-colored fillings are made from durable plastics called composite resins. Similar in color and texture to natural teeth, the fillings are less noticeable and more attractive than other types of fillings. Your child can smile, talk and eat with confidence. Certain tooth-colored filling materials (such as glass ionomers) even release fluoride, resulting in a tooth that is more resistant to decay. In addition, tooth-colored fillings are compatible with dental sealants. A tooth can be filled and sealed at the same time to provide extra decay protection.

Resin fillings are not for every cavity. They work best in small areas of decay in low-stress areas. A pediatric dentist may not recommend a tooth-colored filling for a large cavity in a back tooth. Resin fillings may cost more than amalgam (silver) fillings because they take longer to place. Plastic fillings are not as durable as metal fillings.

AMALGAM FILLINGS: A STRONG, PRACTICAL CHOICE FOR CHILDREN

Amalgams, the silver-colored fillings you probably got as a child, are still serving children well today. Amalgam fillings are made of an alloy of metals including silver, copper, tin and mercury. Their relative low cost, ease of placement, and durability contribute to their continued use. However, amalgam fillings require removal of healthy tooth structure in order to achieve adequate retention. Because they lack the aesthetic appeal of composite resins, their use is limited to back teeth with small to moderate sized cavities.

Used for over 100 years, amalgam fillings have been proven safe with patients all over the world. In a few rare cases, some patients are allergic to the metals used in amalgam fillings. If a child has an allergy to metals, a filling material other than amalgam may be chosen. Amalgam fillings should not be used in primary molars where decay extends beyond the line angles or with high caries risk patients with extensive decay, large lesions or multiple surface lesions in primary molars.

STAINLESS STEEL CROWNS: A COST-EFFECTIVE CHOICE FOR SEVERE DECAY

Why would a parent choose a crown for a child? Here are some possible reasons:

- If a cavity is not caught early, the decay can destroy so much of the tooth structure that there is not enough left to support a filling. A crown will save the tooth.
- If a child has a root canal, which will leave the tooth more susceptible to fracture, a crown is recommended.
- A crown can restore a tooth with a developmental defect or a tooth fractured in an accident.
- If a child is at high risk for cavities and compliance with daily oral hygiene is poor, a crown will restore the decay while protecting the remaining surfaces of the tooth.
- If a child's cooperation is affected by age, behavior or medical history, a stainless steel crown is likely to last longer and possibly decrease the frequency for sedation or general anesthesia with its increased costs and risks.
- Stainless steel crowns are more cost effective and are the treatment of choice for *large* areas of decay.

Stainless steel crowns have been used for almost 50 years to save teeth that otherwise would be lost or when other treatments would fail. One of the strongest and most durable services in dentistry, they last longer than fillings and cost less than other types of crowns. Their greatest disadvantage is that stainless steel crowns are not the color of teeth, but the color of polished silver.

Whether deciding on getting a silver-colored or tooth-colored crown for a child, the treatment process is similar. First, the decay is removed from the tooth. Next, the tooth is made smaller so the crown can fit over it. The crown is cemented into place.

TOOTH-COLORED CROWNS: A STRONG TREATMENT WITH NATURAL LOOK

Tooth-colored crowns can be selected as treatment for the same reasons as stainless steel crowns. For example, they are recommended for treating severe decay or restoring a tooth with a fracture or developmental defect. On the plus side, tooth-colored crowns are natural looking and can provide an excellent cosmetic result for your child. On the minus side, they are more expensive, may be less durable and may require longer treatment time for a child.

There are 2 types of tooth-colored crowns: preformed and custom-fabricated.

- Preformed crowns are stainless steel crowns with tooth-colored veneers. They come in standard sizes, shapes and color, and are adapted to a prepared baby tooth. Preformed aesthetic crowns are subject to fracture or loss of the facing.
- Custom-fabricated crowns are made in a laboratory to match the size, shape and color of the patient's natural teeth. They typically are made of metal covered with porcelain. Custom-fabricated porcelain crowns are reserved for permanent teeth that are fully erupted with the gum tissue at its adult position.

RESTORATIVE CHOICES FOR YOUR CHILD

TREATMENT	CONDITION	PROS AND CONS
<i>Preventive resins</i>	Tiny cavities	Look natural, great preventive measure, smaller investment
<i>Tooth-colored fillings</i>	Small cavities in back teeth, cavities in front teeth	Look natural, work best in low-stress areas, cost more than amalgam fillings
<i>Amalgam fillings</i>	Small to moderate cavities than tooth-colored fillings	Very durable, less natural-looking, in back teeth cost less
<i>Stainless steel crowns</i>	Severe decay; tooth with root canal treatment	Very durable, less natural-looking, more affordable than fracture, developmental defect, tooth-colored crowns
<i>Tooth-colored crowns</i>	Severe decay, tooth with fracture, developmental defect root canal treatment	Look natural, perform may be less durable, more costly than stainless steel crowns, developmental defect

VISUAL POSSIBILITIES

Photos of a tooth-colored filling

Photos of an amalgam filling

Photos of a crown, before, during and after placement

FOR MORE INFORMATION

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BEHAVIOR GUIDANCE

STORY IDEAS

- Parents want the best for their children, whether their children are at school, camp or the dental office. Two important steps will get your child the best dental care. First, choose the right dental professional for a particular child. Second, be an active partner in the child's dental health decisions.
- Parents have two important rights in the dental treatment of their children. The first is a right to information. As a parent, you should know exactly what treatment your child will receive – and why. The second is a right of choice. Parents can support or deny any treatment approach suggested for their child. This is called *informed consent*.
- Each child responds in her own way to a dental visit. Pediatric dentists stand ready with a variety of methods to help an individual child feel comfortable with dental treatment. You can and should be a partner in selecting which technique will work best for your child.

FACTS FOR PARENTS ON HOW PEDIATRIC DENTISTS WORK WITH CHILDREN

- Why would a dentist use behavior guidance with a child? The main goals of behavior guidance are:
 1. Establish communication.
 2. Alleviate fear and anxiety
 3. Deliver quality dental care
 4. Build a trusting relationship between dentist and child
 5. Promote the child's positive attitude toward oral/dental health and oral health care
- Since every child is different, pediatric dentists have a wide range of approaches to help a child complete needed dental treatment. A pediatric dentist makes a recommendation of behavior guidance methods for the child based upon her health history, special health care needs, dental needs, type of treatment required, the consequences of no treatment, her emotional and intellectual development and parental preferences.
- There are two main reasons why a pediatric dentist may recommend behavior guidance for the child. The first reason is anxiety. Children typically respond to an unfamiliar dental office in the same way they respond to a new pediatrician, new childcare provider, or first visit to someone's home. Some are totally comfortable; others are fearful in the new or unfamiliar situation. The second reason is pain. If a child's first visit to a dentist is an emergency situation, perhaps because of a toothache or mouth injury, she is far more likely to be unhappy during the visit. This is why the most important behavior guidance technique is early and regular dental visits. If a child visits a dentist when her mouth is comfortable, she is much more likely to find the visit pleasant and fun.
- Parents play an important role in their child's safety during dental treatment. In particular, stay up-to-date on the child's health status. Be certain to inform the pediatric dentist about changes in the child's medical history, including any illnesses and any medications, both prescription and over-the-counter.
- A well-informed parent should know the choices available to relieve the anxiety or discomfort of the child during dental treatment. Working together, a parent and the pediatric dentist can select the best treatment methods to make the child's visit as safe and comfortable as possible.

A MENU OF METHODS

TELL-SHOW-DO

The pediatric dentist explains the treatment in words just right for the child's age and level of understanding, shows the child the treatment in a simplified manner, then performs the treatment without deviating from the explanation.

POSITIVE REINFORCEMENT

The pediatric dentist praises and rewards the child for any behavior that helps with treatment. (In pediatric dental offices, every child does something right during a dental visit.)

DISTRACTION

In this technique, the child's attention is diverted away from what might be perceived as unpleasant. The pediatric dental team chooses treatment words carefully, passes instruments out of the child's sight and occasionally distracts the child's attention away from the treatment with conversation, music, movies or even video games.

VOICE CONTROL

The pediatric dentist changes voice tone or volume to calm a child or get a child's attention. Typically, the pediatric dentist speaks in a soft, controlled tone and repeats messages as necessary. Some dentists advocate use of a loud tone occasionally to discourage disruptive behavior or movements, such as reaching for a sharp instrument that can pose a risk to the child. If parents are not comfortable with the use of voice control with their child, then they should certainly speak to the pediatric dentist about the issue.

MODELING

This technique encourages a child to replicate the behavior of another patient undergoing a positive dental visit. Prior to her own appointment, she would observe a cooperative "model" patient receiving dental treatment. When children can see and hear others experiencing dental care in a positive fashion, they may be more relaxed and more inclined to cooperate for their own treatment. Modeling can be accomplished by watching an audiovisual video or by observing a live patient model such as a sibling, other children or even parents.

Modeling also can occur on a recurring basis within an open clinic setting. Some pediatric dentists design patient treatment areas without walls or partitions between patient chairs. The ability to observe other children's positive responses to treatment at every appointment can help promote a positive attitude and build a trusting relationship between the child and the dentist.

LOCAL ANESTHETICS

A topical anesthetic can be applied with a cotton swab to numb the surface of the cheek or gums. (It is similar to the gel you rub on a child's gums when they are teething.) A local anesthetic, such as lidocaine or articaine (similar to Novocaine), may be injected in a specific area of a child's mouth to prevent discomfort during treatment. These local anesthetics cause temporary numbness that may last longer than the appointment. Parents must be careful about giving children hot food or liquids, and watch that their children do not bite their lips or cheeks before the numbness wears off.

NITROUS OXIDE/OXYGEN

If a child is worried by the sights, sounds or sensations of dental treatment, she may respond more positively with the use of nitrous oxide/oxygen. Nitrous oxide/oxygen, which you might know better as laughing gas, can reduce anxiety and gagging in children and make long appointments easier. The child breathes the gas through a mask placed on her nose and remains fully conscious during treatment. Recovery after treatment is rapid and complete.

2010 FAST FACTS

PROTECTIVE STABILIZATION

Protective stabilization is an approach that limits a patient's movement during treatment in order to decrease risk of injury and allow treatment to be completed safely. Possibilities in this category include asking the parent to hold the child on her lap with her arms hugging the child. Another approach is the use of a body "blanket" that holds the child's arms and legs still and away from the mouth. Stabilization may be recommended for children who are very young or have difficulty remembering the importance of keeping their hands away from dental instruments. Used only after other behavior guidance techniques have been considered, this approach is sometimes necessary to protect a child from the sharp, fast moving instruments required in dental treatment. It also can be used in conjunction with other techniques such as sedation.

SEDATION

This technique uses medications for your child's safety and comfort during dental treatment. Sedation can help increase cooperation and reduce anxiety and/or discomfort associated with dental procedures. In particular, it can prevent injury by helping a child stay still around the sharp or fast-moving instruments needed for treatment.

For this technique, the pediatric dentist selects a medication and dose based upon your child's overall health, level of anxiety and dental treatment recommendations. It is not intended to cause a loss of consciousness. (In other words, the child is relaxed but not asleep. She is able to respond to touch or voices.)

This approach may be recommended for apprehensive children, very young children and children with special health care needs who would not be able to receive necessary dental care in a safe and comfortable manner without it.

Sedation is safe for children when it is administered by a pediatric dentist who follows the sedation guidelines of the American Academy of Pediatric Dentistry. Parents should feel free to discuss with their pediatric dentist the different medications and sedation options, as well as the special monitoring equipment used for patient protection.

GENERAL ANESTHESIA

Medically speaking, general anesthesia is an induced state of unconsciousness. In practical terms, the patient is asleep and unable to respond to touch or voices. It is most often recommended for children with extensive dental needs who cannot tolerate the treatment required to restore their oral health. For example, if a toddler was suffering from severe early childhood caries and required multiple root canals and crowns, the parents might agree that general anesthesia was the most comfortable and safest way to complete treatment. Or, it may be the treatment of choice for a child with a mental or physical disability for whom a hospital setting provides the safest and best approach to care.

All parents should know that children face the same risk under general anesthesia for dental treatment as for any other surgical procedure. The treatment should be provided only by highly qualified health professionals, including pediatric dentists with advanced education in anesthesiology, dental or medical anesthesiologists, oral surgeons, and certified registered nurse anesthetists. Whether the treatment is provided in a pediatric dental office or a hospital, it should feature special monitoring and emergency equipment and trained support personnel. Parents should talk openly with their pediatric dentist about the benefits and risks of this treatment.

SHOULD I STAY OR SHOULD I GO?

THE DILEMMA OF GOING BACK TO TREATMENT WITH YOUR CHILD

Should you go back to treatment with your little Sarah or should you stay in the reception area and relax with a magazine? Pediatric dentists differ on whether parents should accompany their children during treatment. In some offices, parents are required to accompany their children as a way to ensure parent education about good oral health. In other offices, children are encouraged to go back for treatment on their own. That way, the pediatric dentist and team can focus on the child, work directly with the child and build a positive relationship with the child right away. In still other offices, parents make the decision. They are welcome to relax in the reception area or join their child during treatment. Bottom line: You can find a pediatric dentist whose approach matches your preferences.

If you do go in with your child:

2010 FAST FACTS

- Stand or sit in a location where your child knows you are nearby but can not see your face. (Even a very young child is totally tuned in to your facial cues. It only takes one worried look to inadvertently upset your child.)
- Be a silent observer. Let the pediatric dentist build rapport and provide positive coaching for your child.
- If your child needs physical reassurance, you might consider holding your child's hand or having your toddler sit on your lap.

If you do not go in with your child:

- Be assured that the pediatric dentist or a member of the team will keep you carefully informed about your child's dental health and development. Typically, this takes place in a one-on-one conversation right after the treatment is completed.
- Stay at the dental office during the appointment. Although some parents are tempted to drop their children off and run errands, knowing that you are nearby can be reassuring to your child. Also, the dental team will need to obtain consent from and provide instructions to a responsible adult.

VISUAL POSSIBILITIES

Visit a pediatric dental office and watch how children respond to dental treatment. You may find them being treated in child-size dental equipment, while watching cartoons in an open clinic concept. Pediatric dentistry has greatly evolved over the decades. Come in and find out how!

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DIET AND DENTAL HEALTH

STORY IDEAS

- Food does not cause tooth decay, eating does. Children's dental health depends less on what they eat and more on how often they eat it.
- About 90 percent of all foods contain sugars or starches that enable bacteria in dental plaque to produce acids. This attack by bacterial acid, lasting 20 minutes or more, can lead to loss of tooth mineral and to cavities.
- Acids present in carbonated beverages can have a greater negative effect (ie, erosion) on enamel than the acids produced by bacteria from the sugars present in sweetened drinks.
- Research showed 13 percent of children aged two through 10 had diets high in consumption of carbonated soft drinks, and these children had a significantly higher dental caries experience in the primary dentition than did children with other fluid consumption patterns.

FACTS ON FOOD

- If children have poor diets, their teeth may not develop properly. Children need protein, vitamins and minerals, especially calcium and phosphorous, to build strong teeth and resist tooth decay and gum disease.
- Parents should select meals and snacks for dental health and for general health, providing sound nutrition as defined by the food pyramid of the US Department of Agriculture. Snacks, served no more than three times a day, should contribute to the overall nutrition and development of the child. Some healthy snacks are cheese, vegetables, yogurt, peanut butter and chocolate milk.
- Sugars are essentially the same, whether natural or processed. To cavity-causing bacteria in the mouth. All types of sugars and the foods that contain them can play a role in tooth decay.
- A child who licks a piece of hard candy every few minutes to make it last longer or slowly sips a sugared drink while studying, is flirting with a high risk of tooth decay. Such long-lasting snacks create an acid attack on teeth for the entire time they are in the mouth.
- Cooked starches (fermentable carbohydrates) can lead to cavities just as sugars can. In fact, such cooked starches as breads, crackers, pasta, pretzels and potato chips frequently take longer to clear the mouth than sugars. So the decay risk may last even longer.
- A food with sugar or starch is safer for teeth if it is eaten with a meal, not as a snack.

TIPS FOR PARENTS: DIET AND DENTAL HEALTH

1. Ask your pediatric dentist to help you assess your child's diet.
2. Provide a balanced diet and save foods with sugar or starch for meal times.
3. Limit the number of snack times. Choose nutritious snacks.
4. Shop smart. Do not routinely stock your pantry with sugary or starchy snacks. Buy "fun foods" just for special times.
5. Do not put your young child to bed with a bottle of milk, formula or juice.
6. If your child chews gum or sips soda, select products that are sugar-free. Recent evidence suggests the use of xylitol chewing gum can decrease a child's caries rate.

2010 FAST FACTS

CHEESE: THE CAVITY FIGHTER

- Certain cheeses have been shown to have characteristics that disrupt the development of cavities when eaten alone as a snack or at the end of a meal.
- Cheeses such as aged cheddar, swiss, mozzarella and monterey jack stimulate the flow of saliva, clearing the mouth of food debris and acting as a buffer to neutralize the acids that attack teeth.
- The calcium and phosphorous found in cheese also reduce or prevent decreases in pH levels of saliva and promote remineralization of tooth enamel.

GREAT QUOTES

“Munching a cracker instead of a chocolate bar gives oral bacteria more time to produce enamel-destroying acids. But before you switch the family to an all-chocolate diet, understand this: No food is really ‘bad’ for children who don’t snack often, brush twice a day with a dab of fluoride toothpaste and protect their back teeth with sealants.”

Dr. Stephen J. Moss, pediatric dentist, New York, N.Y.

VISUAL POSSIBILITIES

An AAPD spokesperson can explain the myths and facts of the effects of certain foods on dental health by using examples such as an apple, cracker, chocolate bar and cheese.

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FLUORIDE

STORY IDEAS

- Fluoride is a compound that contains fluorine, a natural element. Using small amounts of fluoride on a routine basis helps to prevent tooth decay. Fluoride encourages "remineralization," a strengthening of weakened areas of tooth enamel. It also affects bacteria that cause cavities, discouraging acid attacks that break down the tooth.
- Fluoride can occur naturally in water but is often added to community water supplies. It is found in many different foods and in dental products such as toothpaste, mouth rinses, gels and varnish. Fluoride is most effective when combined with a healthy diet and good oral hygiene.

CURRENT FACTS

- Systemic fluoride has been shown to reduce caries between 55 to 60 percent.
- Water fluoridation is still the No. 1 cost effective way to prevent tooth decay. However, 30 percent of communities in the United States do not have fluoride in their public sources of water.
- Children aged 6 months to 16 years may need fluoride supplements if they drink water that is not optimally fluoridated. The pediatric dentist considers many different factors before recommending a fluoride supplement. Your child's age, risk of developing dental decay and the different liquids your child drinks are important considerations. Bottled, filtered and well waters vary in their fluoride amount, so a water analysis may be necessary to ensure your child is receiving the proper amount.
- Fluoride for infants is available in fluoride drops or in combination with prescription vitamins. Fluoride sources for children include fluoride toothpastes, fluoride mouth rinses and fluoride applications in the pediatric dental office.
- Your child should use toothpaste with fluoride and should not swallow any toothpaste. Careful supervision is encouraged. For children under 2-years-old, use a smear of fluoridated toothpaste. For those over 2-years-old, a small pea-sized amount of fluoridated toothpaste on the brush is recommended.
- When a child develops a cavity, the pediatric dentist may use certain types of tooth-colored filling materials (such as resin ionomer or compomer) that contain time-release fluorides. This extra fluoride targeted to the child's problem area can prevent decay and the need for future fillings.
- Children who benefit the most from fluoride are those at highest risk for dental decay. Risk factors include a history of previous cavities, a diet high in sugar or carbohydrates, orthodontic appliances and certain medical conditions such as dry mouth.
- Topical fluoride is a preventive agent applied to tooth enamel. It comes in a number of different forms. A dental professional places fluoride gels and foams in trays that are held against the teeth for up to 4 minutes. Topical fluoride also can be applied as a varnish.

FLUORIDE VARNISHES: INNOVATIVE PREVENTION

- Fluoride varnishes used in the dental office are *painted* on the teeth instead of being applied like traditional fluoride treatments. Completed in minutes, the varnish remains on the tooth surface for several hours, longer than other topical fluoride products. The treatment could be particularly valuable to children at high risk for tooth decay.
- Fluoride varnish has been documented to be safe and effective to fight dental decay. This method is especially useful in young patients and those with special needs that may not tolerate fluoride trays comfortably.

FLUORIDE: MORE IS NOT BETTER

- Ingesting too much fluoride can cause fluorosis of the developing teeth. Fluorosis usually is mild, with tiny white specks or streaks that often are unnoticeable.

Three common ways a child can get too much fluoride are:

1. Taking more of a fluoride supplement than the amount prescribed.
 2. Taking a fluoride supplement when there is already an optimal amount of fluoride in the drinking water.
 3. Using too much toothpaste, then swallowing it instead of spitting it out.
- Parents should supervise their preschoolers' tooth brushing. Use a small smear of fluoridated toothpaste for children under two-years-old. For those over two, use a pea-sized amount of fluoridated toothpaste when helping your children brush. (see Figure 1)



Figure 1. Comparison of a smear (left) with a pea-sized (right) amount of toothpaste.

COUNT YOUR CHILD'S FLUORIDE IN FOUR WAYS

To avoid having too much fluoride, you need to establish the fluoride content of your child's primary drinking water source, as well as other sources of fluoride.

1. Your Kitchen Faucet

- Just knowing whether your water is fluoridated is not enough. The age of municipal water treatment plants and use of home water filters can vary the fluoride levels for families who live in the same community. You can have your water tested. Just ask your pediatric dentist.

2. The School Drinking Fountain

- School-age children spend a significant portion of their day at school. According to the U.S. Census Bureau, three in 10 preschoolers attend a childcare facility. That means your child's primary water source may not come from home, but from day care, school or grandma's house.

3. Bottled Water

- Americans drink almost three billion gallons of bottled water a year, but only 4 percent of bottled waters sold in the U.S. have added fluoride. Parents can check with bottled water manufacturers or the International Bottled Water Association (www.ibwa.org) to find out if fluoride has been added to their bottled water.

4. Water Filters

- Do home water filters remove fluoride? Devices that operate by reverse osmosis can remove up to 95 percent of the fluoride from water. Charcoal or carbon-based systems are better in that they only remove insignificant amounts of fluoride.

GREAT QUOTES

"The amount of fluoride children actually get is often neglected or misunderstood. Every time your child's medical history is updated, her fluoride intake should be checked and supplemental fluoride prescribed as necessary."

Dr. J. Keith Roberts, pediatric dentist, Bloomington, Ind.

"Fluoride toothpaste protects teeth because it 'heals' cavities. But parents: This is not one of those situations where more is better."

Dr. William F. Vann, Jr., pediatric dentist, Chapel Hill, N.C.

"By checking on the amount of fluoride in their water and watching over their children's use of toothpaste, parents can reduce the risk of dental fluorosis and still offer their children the decay prevention benefits of fluoride."

Dr. Winifred Booker, pediatric dentist, Baltimore, Md.

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STORY IDEAS

HOW TO SELECT A DENTIST

- Parents want to choose the right dentist for their child. What's the difference between a pediatric dentist and general dentist? What should parents consider in making their decision?
- Remember when children kicked and screamed their way to the dentist? Not anymore. The trip is judged a treat by children who sing songs, play video games and learn to brush along with their favorite cartoon character. Pediatric dental offices have more in common with a modern play-land than an old-fashioned doctor's office.

PEDIATRIC DENTISTS: THE FIRST STOP FOR CHILDREN'S DENTAL CARE

- Pediatric dentists are the pediatricians of dentistry. They are specially trained for children's unique oral health needs.
- Their professional education includes two to three years of specialized study after becoming a dentist, emphasizing child psychology, growth and development.
- Infants, preschoolers, children and adolescents require different approaches to manage their behavior, guide their dental growth and development, and help them avoid future dental problems. The pediatric dentist is best qualified to meet these needs.
- To help a child stay totally healthy, the pediatric dentist often works with pediatricians, other physicians and other dental specialists. All children whether healthy, chronically ill, disabled or mentally impaired are served best through this team approach.
- The specialty is becoming even more important as advances in medicine and dentistry increase the life expectancy of children with chronic diseases and congenital problems.
- Pediatric dentists take a large number of continuing education courses each year to provide the latest and the best oral care treatment for your child.

TAKING ACTION: IF YOU ARE NOT HAPPY WITH YOUR CHILD'S DENTIST

Step One: Speak up. Dissatisfaction in dentistry usually is a problem of communication, not clinical care. If you did not like – or did not understand – some aspect of your child's care, talk to the pediatric dentist about it. You deserve to be heard, and the dentist deserves the opportunity to listen. Often a parent's concerns can be resolved through a heart-to-heart talk.

Step Two: Consider a second opinion. You should be confident about your child's dental treatment. If a second opinion will help you feel more comfortable, then you should certainly seek one.

Step Three: Call your local dental society. The dental profession offers a free service called peer review. Your case can be carefully reviewed by a highly qualified board, typically consisting of dentists, hygienists and members of the public.

QUESTIONS TO ASK TO CHOOSE THE RIGHT DENTIST FOR YOUR CHILD

BEFORE THE VISIT

- Does the dentist have special training or interest in treating children?
- Is the dentist a member of the American Dental Association and the American Academy of Pediatric Dentistry?
- Is the dental office set up for children? For example, does it offer toys, books, games or child-sized furniture?
- How does the dental office deal with emergencies?
- Is the office conveniently located to your home or child's school?
- Does the practice accept your dental benefit plan?

2010 FAST FACTS

AFTER THE VISIT

- Was your child seen promptly?
- Were you asked for a complete medical and dental history for your child?
- Was the dentist gentle but thorough when examining your child's mouth?
- Did the dentist or staff talk to your child, encouraging her involvement in dental health?
- Were you informed about your child's tooth development, the causes and prevention of dental disease, and appropriate dental care at home?
- Were your questions treated with concern and respect?
- Was the visit positive for your child?

GREAT QUOTES

"My biggest thrill is to take children who are scared of dentists and get them to love coming here. I've rarely heard a child cry in my office."

--Dr. Heber Simmons, Jr., pediatric dentist Jackson, Miss.

"Pediatric dentists have chosen their profession because they love children. The visit can be fun. Children need a positive attitude toward caring for their teeth that will last a lifetime."

--Dr. Rhea M. Haugseth, pediatric dentist Atlanta, Ga.

"We offer kinder, gentler dentistry. But it's not for everyone. It's just for kids."

--Dr. David Bresler, pediatric dentist Philadelphia, Pa.

"Most parents don't mind having two different dentists, one for themselves and one for their children. We cater to kids with such fun stuff as cartoon sunglasses for the bright lights and bubble gum or strawberry flavors for teeth cleaning."

--Dr. W. Ed Gonzalez, pediatric dentist Brandon, Fla.

VISUAL POSSIBILITIES

Visit a pediatric dental office for a tour. You may find talking parrots, toy dinosaurs with toothbrushes, video games or child-sized dental equipment.

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DENTAL CARE FOR YOUR PRESCHOOLER

STORY IDEA

The number of preschoolers with cavities is increasing, according to a 2007 report by the Centers for Disease Control and Prevention. Twenty-eight percent of 2 to 5 year olds have decay. To be sure your toddler's mouth is healthy, visit a pediatric dentist.

BENEFITS OF A HEALTHY MOUTH

- Healthy teeth save time and money. Good oral health means less extensive and less expensive treatment for your child.
- A healthy mouth is attractive and can help children form a positive self-image. A bright smile can help win the confidence of peers and teachers.
- Healthy baby teeth hold space for permanent teeth and help guide them into the correct position. Severe decay and early loss of baby teeth can result in crowded, crooked permanent teeth.
- Children with healthy mouths have a better chance of general health because disease in the mouth can endanger the rest of the body. Consequences of early childhood caries include insufficient physical development (especially height and weight) and a diminished ability to learn.
- An untreated cavity can lead to a necessary root canal to alleviate pain and to treat the dental disease.

PARENT TIPS FOR A GREAT DENTAL VISIT

- ◆ Start now. The AAPD recommends that every child establish a dental home and visit a dentist by her first birthday. The earlier the visit, the better the chance of preventing dental problems.
- ◆ If you have a toddler who has not yet seen a dentist, consider a “get acquainted” visit to introduce your child to the dental office before the first appointment.
- ◆ Choose a pediatric dental practice. Pediatric dentists have two to three years of specialized training beyond dental school in treating children. Plus, the offices are “child-friendly.”
- ◆ Select an appointment time when your child is alert and rested.
- ◆ You, as the parent, play a key role in your child’s dental care. Children often perceive a parent’s anxiety which makes them more fearful. They tolerate procedures best when their parents understand what to expect and prepare them for the experience. If you have any questions about the appointment, please ask. As you become more confident, so will your child.
- ◆ Explain before the visit that the dentist is a friend and will help your child keep his teeth healthy. Add that the visit will be fun.
- ◆ Answer all your child’s questions positively. (Keep an ear out for scary stories from peers and siblings.)
- ◆ Be careful about using scary words. Check-ups and 90 percent of first visits do not have anything to do with “hurt,” so do not even use the word!
- ◆ Read your child a story about a character that had a good dental visit. (Ask the dental office for suggested reading.)
- ◆ Make a list of your questions about your child’s oral health in advance. This could include such topics as home care, injury prevention, diet and snacking, fluoride and tooth development.
- ◆ Give your child some control over the dental visit. Such choices as “Will you hold your bear or should I?” or “Which color toothbrush do you like?” will

make the visit more enjoyable.

- ◆ Give center stage to the pediatric dentist. If the pediatric dentist does most of the talking, the pediatric dentist and your child will build a better relationship. The parent and pediatric dentist can talk after the examination.

BRUSHING UP ON TOOTH BRUSHING

- Toddlers can and should be encouraged to help brush their teeth as soon as they can hold a brush.
- Parents should brush preschoolers' teeth and supervise the brushing for school-age children until they are 7 to 8 years of age (about the same time they can tie their own shoelaces or write in cursive).
- Choose a toothbrush designed for children's smaller hands and mouths. Look for large handles that help children control the toothbrush.
- The best toothbrushes have soft, round-ended (polished) bristles that clean while being gentle on the gums. Remember to throw out a toothbrush after 3 months or sooner if the bristles are fraying. Frayed bristles can harm the gums and are not as effective in cleaning teeth.
- The best times to brush are after breakfast and before bed.
- The child should use toothpaste with fluoride and the American Dental Association *Seal of Acceptance*. Young children, especially preschool-aged children, should not swallow any toothpaste. Careful supervision is encouraged.
- For children under 2-years-old, use a smear of fluoridated toothpaste. For those over 2-years-old, a small pea-sized amount of fluoridated toothpaste on the brush is recommended. Ingesting too much fluoride can cause fluorosis of the developing teeth. Fluorosis usually is mild with tiny white specks or streaks that often are unnoticeable.
- When all sides of a tooth cannot be cleaned by brushing alone, it is time to begin flossing the child's teeth. Ask the pediatric dentist for tips on flossing the child's teeth.

GREAT QUOTES

"Parents can win the 'toothbrush war' by letting their child help choose their own toothbrush and toothpaste. The more they like the taste of their fluoride toothpaste and the shape and color of their brush, the more they'll use them."

--Dr. Marvin H. Berman, pediatric dentist, Chicago, Ill.

"When can a child brush his own teeth? When he can tie his own shoes. Both tasks require about the same manual dexterity. Until then, help your child brush his teeth. The best times are after breakfast and before bed."

--Dr. Monica H. Cipes, pediatric dentist, West Hartford, Conn.

VISUAL POSSIBILITIES

Visit a pediatric dental office for a tour. You may find talking parrots, toy dinosaurs with toothbrushes, video games or child-sized dental equipment.

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2010 FAST FACTS

DENTAL CARE FOR SCHOOL-AGE CHILDREN & SEALANTS

DENTAL CARE FOR SCHOOL-AGE CHILDREN

STORY IDEAS

A count down to dental health! Five steps can keep your child in the 50 percent of school children who have never had a cavity:

- Good home dental care
 - Fluorides
 - Sealants
 - Limited snacking
 - Regular visits to a pediatric dentist
- Children miss more than 750,000 school days each year as a result of dental problems and related conditions. Children in dental pain are distracted from their studies. Children with healthy teeth have better attendance and are more attentive in school. Preventive dentistry can keep your child's smile healthy and attractive.
- Preventive dentistry means a healthy smile for your child. Children with healthy mouths are more likely to be able to eat comfortably and get the sleep they need. A healthy mouth is more attractive, giving children confidence in their appearance. Finally, preventive dentistry means less extensive and less expensive treatment for your child.

CURRENT FACTS

- Seven percent of U.S. children aged six to 11 have never had the chance to visit a dentist.
- Tooth decay is still the major cause of tooth loss in children.
- One in five children aged six to 11 suffer from tooth decay in their permanent (adult) teeth.

PREVENTIVE STEP 1: GOOD HOME CARE

Tooth brushing should be performed twice daily. The best times to brush are after breakfast and before bed. Parents should supervise the brushing for school-age children until they are seven to eight years of age (about the same time they can tie their own shoelaces or write in cursive).

- The best toothbrushes have soft, round-ended (polished) bristles that clean while being gentle on the gums. The handle should be the correct size to fit your child's hand.
- Select a fluoride toothpaste accepted by the American Dental Association.
- When adjacent tooth surfaces cannot be cleansed by brushing alone, it is time to begin daily flossing. Initially, floss the child's teeth. As the child matures, supervise her flossing. She will master this skill around age 10.
- Snack in moderation, no more than three times a day. Snacks should contribute to the overall nutrition and health of the child. Cheese, vegetables and yogurt are all nutritious snacks.

PREVENTIVE STEP 2: FLUORIDES

- Fluoride not only helps prevent cavities and slows the growth of decay, but it can also reverse decay in its early stages. The enamel of a tooth remineralized with fluoride is stronger than the original tooth surface.

2010 FAST FACTS

- Water fluoridation is still the No. 1 cost effective way to prevent tooth decay. However, 30% of U.S. communities do not have access to fluoridated water through their public water sources (according to the Centers for Disease Control and Prevention).
- If a child does not have access to adequately fluoridated water, a pediatric dentist can advise parents about other sources of fluoride, such as fluoride supplements.
- The AAPD recommends “an individualized patient caries-risk assessment before prescribing the use of supplemental fluoride-containing products.” Also, the AAPD states that “significant cariostatic benefits can be achieved by the use of fluoride-containing preparations such as toothpastes, gels, and rinses, especially in areas without water fluoridation.” Mouth rinses may be incorporated into a caries-preventive program for a school-aged child at high risk.

PREVENTIVE STEP 3: SEALANTS

Most cavities in children occur in places that sealants could have protected. Pit and fissure decay accounts for 80 to 90% of cavities in permanent back teeth and 44% in baby teeth.

- Sealant placement in children and adolescents has shown a reduction of cavities incidence of 86 percent after one year and 58 percent after four years. With appropriate follow-up care, the success rate of sealants may be 80-90 percent even after a decade.

(More on Sealants in Following Section)

PREVENTIVE STEP 4: LIMITED SNACKING

- If children have poor diets, their teeth may not develop properly. Children need protein, vitamins and minerals, especially calcium and phosphorous, to build strong teeth and resist tooth decay and gum disease.
- Parents should select snacks for dental health and for general health, providing sound nutrition as defined by the food pyramid of the US Department of Agriculture.
- Snacks, served no more than three times a day, should contribute to the overall nutrition and development of the child. Some healthy snacks are cheese, vegetables, yogurt, peanut butter and chocolate milk.
- A food with sugar or starch is safer for teeth if it is eaten with a meal, not as a snack.
- Shop smart. Do not routinely stock your pantry with sugary or starchy snacks. Buy “fun foods” just for special times.

PREVENTIVE STEP 5: REGULAR DENTAL VISITS

- Regular dental visits help children stay cavity-free. Teeth cleanings remove plaque build-up on the teeth. Plaque irritates the gums and causes decay.
- Fluoride treatment renews the fluoride content in the enamel, strengthening teeth and preventing cavities.
- It is essential to get an on-going assessment of changes in a child’s oral health by a pediatric dentist. For example, a child may need additional fluoride, dietary changes, sealants or interceptive orthodontics for optimal oral health.

MOUTH PROTECTORS IN SPORTS

- ◆ 50 to 80 percent of all dental injuries involve the front teeth of the upper jaw.
- ◆ The most common injuries to permanent teeth occur secondary to falls, followed by traffic accidents, violence and sports.
- ◆ A child should wear a mouth protector while participating in any activity with a risk of falls, collisions or contact with hard surfaces or equipment. This includes sports such as football, baseball, basketball, soccer, hockey, wrestling and gymnastics, as well as leisure activities such as skateboarding, skating and bicycling.
- ◆ Consequences of traumatic injuries for children and their families are substantial because of the potential for pain, psychological effects and economic implications.
- ◆ The National Youth Sports Safety Foundation in 2005 estimated the cost to treat and provide follow-up care for a permanent tooth that was knocked out is between \$5,000 and \$20,000 over a lifetime.
- ◆ A mouth guard not only protects the teeth but may reduce the force of blows that can cause concussions, neck injuries and jaw fractures.
- ◆ There are 3 types of mouth guards: preformed (purchased at a store and held in place by clenching the teeth), mouth-formed (also known as “boil and bite”) and custom-fabricated. Parents should ask their child’s pediatric dentist which type is most appropriate for their child.

SPIT TOBACCO ENDANGERS CHILDREN’S HEALTH

- ◆ Children, both girls and boys, make up an estimated one quarter of the 10 million Americans who use spit tobacco. Spit tobacco can cause gum disease, tooth loss and oral cancer.
- ◆ Long-term snuff users have a 50% greater risk of oral cancer than nonusers.

GREAT QUOTES

“Thanks to fluoride, improved dental techniques, and oral care products, better hygiene and nutrition and greater public awareness, it’s entirely possible to eliminate cavities in the next generation.”

--Dr. Marvin H. Berman, pediatric dentist, Chicago, Ill.

“If children’s teeth are in shape, they will perform better in a classroom. Without healthy teeth, students might be in pain from cavities, which could distract them from their studies.”

--Dr. W. Ed Gonzalez, pediatric dentist, Brandon, Fla.

VISUAL POSSIBILITIES

Visit a pediatric dental office for a tour. You may find children singing songs, playing video games or being treated in child-sized dental equipment.

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SEALANTS

STORY IDEA

Dental sealants are the most under-utilized, cost-effective means of preventing tooth decay. Sealants are the invisible protector of teeth most at risk of tooth decay. Although sealants protect the teeth hit by four out of every five cavities in our children, why do few children get them?

QUICK SKETCH

- Made of clear or shaded plastic, sealants protect the chewing surfaces of back teeth, as well as surfaces of other teeth that may have pits or grooves.
- Even if a child brushes and flosses carefully, it is almost impossible to clean the deep pits and valleys on back teeth. Food and bacteria build up in these narrow grooves and pits, placing a child in danger of tooth decay. Sealants seal out bacteria and the sugars that feed them, thus reducing the risk of decay.
- A pediatric dentist applies sealants in one easy and comfortable visit. The dentist dries and conditions the tooth, “paints” on the sealant, then allows it to harden.
- Sealants provide cost savings when placed on patients during periods of greatest risk.

CURRENT FACTS

- Pit and fissure decay accounts for 80 to 90 percent of cavities in permanent back teeth and 44 percent in baby teeth. Since these are the areas that sealants protect, it is easy to see why sealants benefit children.
- Sealant placement in children and adolescents has shown a reduction of cavities incidence of 86 percent after one year and 58 percent after four years. With appropriate follow-up care, the success rate of sealants may be 80-90 percent even after a decade.
- Sealants cost less than half of what a filling costs, a good value in view of the decay protection offered.
- The teeth most at risk of decay, and therefore, most in need of sealants are the six-year and twelve-year molars.
- Teeth are at greatest risk of decay when they first erupt into the mouth. The sooner the sealant is applied, the better.
- Sealants last longest if a child has good oral hygiene, visits the dentist regularly and avoids biting on hard objects such as ice cubes.

GREAT QUOTE

“Tooth decay has been cut by 50% in children under 12 during the last 20 years. Even more amazing, we could prevent the other 50% of cavities with sealants on back teeth.”

--Dr. Jerome B. Miller, pediatric dentist, Oklahoma City, Okla.

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DENTAL CARE FOR TEENAGERS

STORY IDEAS

- Think tooth decay is a problem you have outgrown along with Barbie dolls and action figures? Not true! Tooth decay, as well as gum disease that can cause bad breath – can be more a serious problem in your teens than at any other time of your life. Some teens may get their first cavity at the same time they get their driver's license. Below are a few steps teens can you follow to protect the health and look of their smile.
- With their hectic school schedules and busy social lives, teens have it tough as they assume responsibility for their own dental health and eating habits. They can do a good job of protecting their smiles in just minutes every day by following a few straightforward rules.
- Thin is not always beautiful! Eating disorders pose serious health risks, especially to young women. Signs of these disorders often show clearly in the mouth. Pediatric dentists are on the first line of defense in identifying teens who suffer from eating disorders.
- During these years, some teens may choose to get a mouth piercing. Mouth jewelry can chip teeth and get in the way of eating comfortably or speaking clearly. Bottom line: Oral piercing poses a number of risks, including pain, swelling and infection.
- More than one in four high school students report using some type of tobacco. The earlier that children and adolescents begin using tobacco, the more likely they will become highly addicted and continue using as adults. If current tobacco use patterns continue in the US, an estimated 6.4 million persons now under the age of 18 will die prematurely from a tobacco-related illness.

FIVE ESSENTIAL FACTS FOR TEENS

1. Teens should not feel that they have outgrown their need for dental visits – or their pediatric dentist. Dentistry for adolescents and teens is an important part of the advanced training of a pediatric dentist.
2. Gum disease (also called periodontal disease or gingivitis) is not just a dental health risk, but also poses a risk to a teen's appearance. It affects six out of ten teenagers, causing red or swollen gums, bleeding gums or bad breath. The best prevention is brushing, flossing and regular dental visits.
3. As a teenager's body grows during the teen years, a teen's face and jaws will grow and change as well. During the teen years, teens probably will lose their last baby teeth, get their remaining permanent teeth, and experience growth in the face and jaw. Teens can be healthy and attractive through these changes by eating a well-balance diet, taking good care of their teeth and visiting their pediatric dentist.
4. By the end of the teen years, teens probably will get the last of their permanent teeth, called wisdom teeth or third molars. Although some third molars come into the mouth normally, others need to be removed because of their position or lack of space. Your pediatric dentist will make sure any treatment needed for a teen's third molars takes place at the right time.
5. For chipped or discolored teeth, new treatments in cosmetic dentistry can restore the look of a teen's smile. Teens should talk to their pediatric dentist about treatment choices to help them feel more confident about their appearance.

WHY TEENS MAY GET THEIR FIRST CAVITY JUST WHEN THEY THOUGHT THEY WERE TOO OLD FOR IT

Tooth decay can be more of a problem during your teen years than at any other time of your life because:

2010 FAST FACTS

- Teens have a number of new permanent teeth, and teeth that have just come through the gums are more prone to decay.
- Because almost all of the permanent teeth have come in, teens simply have more tooth surfaces susceptible to decay.
- Teens are more independent when it comes to seeking dental appointments – or avoiding them. Some teens do not visit their pediatric dentist as often as they did when Mom drove them.
- Teens are more in charge of their eating habits and oral health care than ever before. They may not eat healthy foods as regularly as they used to, or brush and floss as often.

WHAT'S THE SOLUTION TO FIGHTING TOOTH DECAY? HEALTHY EATING HABITS, FLUORIDE, SEALANTS, BRUSHING, FLOSSING, AND REGULAR VISITS TO YOUR PEDIATRIC DENTIST.

ORAL HEALTH CHECKLIST FOR TEENS

An important change at this time in a teen's life is taking responsibility for his dental health and eating habits. Teens can protect their health, smile and overall appearance with the following checklist.

- Did you know the average teen eats nine times a day? Choose wisely! Even though your schedule is hectic and you eat on the run, you can select fresh fruits and vegetables instead of junk foods. Cheese, air-popped popcorn and yogurt are healthy alternatives to high-fat or high-sugar snacks. For the sake of your dental health and your waistline, do not let snacks take the place of nutritionally balanced meals.
- When you do not have time to brush after a snack or a meal, clear the food from your teeth with a swish and rinse of water. Or try sugarless gum with xylitol. Although it is not in the same league as brushing in terms of effectiveness, it can help prevent tooth decay.
- Brush twice a day – after breakfast and before bed – with fluoride toothpaste. Floss once a day to prevent gum disease and tooth decay on the sides of the teeth where the toothbrush cannot reach.
- Do not smoke or chew tobacco. (According to the Centers for Disease Control, about one-third of high schoolers smoke and one-fifth of teen boys use spit tobacco.) Besides lung and heart problems, tobacco can cause oral cancer. If you are using tobacco and notice any changes in your mouth, contact your pediatric dentist immediately.
- Wear a mouth guard during any sport or activity with a risk of falls, collisions or contact with hard surfaces or equipment. This includes sports such as football, baseball, basketball, soccer, hockey, wrestling and gymnastics, as well as leisure activities such as skateboarding, skating and bicycling.
- Buckle up in the car. A seat belt and shoulder harness can keep your face from striking the steering wheel, the dashboard or windshield during even minor accidents. And please, do not forget your helmet when you head out on your bicycle, motorcycle, skateboard or inline skates.
- Skip the mouth jewelry. Piercing your tongue, cheek or lip can pose greater risks than piercing such other places as your ear or eyebrow. During or right after the piercing, you face the chance of severe bleeding if the needle hits a blood vessel, infection from the bacteria in your mouth, and difficulty in breathing if your tongue swells. Down the road, you face the risk of recurrent infection, injury to the sensitive tissues in your mouth, chips or cracks in your teeth from contact with the jewelry, and choking if the hoop, stud or barbell comes loose. Finally, although some people get used to mouth jewelry, others find it difficult to speak and chew.
- Visit your pediatric dentist twice a year. Teeth cleanings, fluoride treatments and sealants are still important for you to prevent tooth decay, gum disease and bad breath.
- An accurate, comprehensive, and up-to-date medical history is necessary for correct diagnosis and effective treatment planning. If there are details about your dental or health history that your parents cannot provide, it is essential that you share that information with your pediatric dentist. This can be done in way

that maintains your right to confidence.

BENEFITS OF A HEALTHY SMILE

- Brighter smile
- Fresher breath
- More self-assurance when you talk and laugh
- Greater confidence in your appearance
- More comfort when you eat
- Better attendance and attention in school
- Better overall health
- Fewer dental visits and lower dental bills for your parents

QUIZ ON EATING DISORDERS

You (or a friend) may have an eating disorder if you answer YES to the following questions.

1. Do you weigh yourself more than once a day?
2. Are you obsessed with being very thin, even while you are below a normal weight?
3. Do you have a fear of not being able to stop eating?
4. Do you vomit after a meal – or have the urge to do so?
5. Do you exercise excessively, multiple times a day for long periods of time?
6. (For females only) Have you missed three consecutive menstrual periods?

Eating disorders, especially bingeing and purging, can damage the teeth because of stomach acid. All eating disorders have health risks. The worst cases can lead to death. If you suspect you have an eating disorder, please see your physician as soon as possible.

VISUAL POSSIBILITIES

Follow a teen through a visit in a pediatric dental office
Photos of different types of mouth guards
Photos of a selection of healthy snacks

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CHILDREN AT RISK

STORY IDEAS

- 25 percent of our nation's children have 80 percent of the cavities. Who are these children at risk? It could be your child if you answer YES to any of the following questions: Is your child a recent immigrant to the U.S.? Do you live in a location without fluoridated water? Does your child have special health care needs- perhaps chronically ill, physically impaired, or developmentally disabled? Do you or your other children have decay? Have you put off a dental visit for your child for more than two years?
- Every child deserves a healthy, attractive smile. Children with healthy mouths have a better chance of good general health. Problems in the mouth can interfere with eating and adequate nutritional intake, speaking, self-esteem and daily activities. Children with early childhood caries may be severely underweight because of associated pain and the disinclination to eat. They also may have a diminished ability to learn. A healthy mouth is more attractive, giving children confidence in their appearance. Plus, children with healthy teeth have better attendance and better attention in school.

CURRENT FACTS ON THE PROBLEM

- About 25 percent of our nation's children have nearly 80 percent of the cavities. Who is at risk? Children who are recent immigrants to the U.S.; children in non-fluoridated communities; children from impoverished families; and children with special health care needs, such as the chronically ill, homebound, physically impaired or developmentally disabled.
- One in 10 children aged five to 11 has never visited a dentist.
- Almost half of children have cavities in baby teeth by the time they are seven years old. Tooth decay is still the major cause of tooth loss in children.
- Children from impoverished families are more likely to suffer tooth decay, have unmet needs for dental treatment, and miss school from acute dental conditions than children from higher-income families.
- American children miss more than 750,000 school days each year as a result of dental conditions. In addition, 51 million school hours are lost each year to dental-related illness.
- Children with disabilities have more oral health problems than children without disabilities. For example, almost all developmentally disabled persons are likely to have moderate or severe gum disease; children with cerebral palsy are more likely to have missing teeth than children without the condition.
- Many parents have difficulty finding dental care for their children with special needs. Pediatric dentists are an excellent resource for these parents because of their specialized training in children and individuals with special health care needs.
- Water fluoridation is still the most beneficial and inexpensive way to prevent tooth decay. However, 30 percent of American communities do not have access to fluoridated water through their public water supplies.
- Medicaid funding for children's dental care is limited at best. Less than one cent of every Medicaid dollar is spent on dental care.
- On the whole, American children enjoy the best oral health in the world. For example, half of U.S. school children have never had a cavity.

CURRENT FACTS ON THE SOLUTION

- The AAPD has joined forces with Head Start to ensure that children have access to proper dental care through a program called the *Head Start Dental Home Initiative*. The AAPD is developing a national network of dentists to provide a dental home for over a million children annually participating in Head Start to ensure a lifetime of oral and overall health.
- The AAPD has appointed a Child Advocate and a Congressional Liaison to promote increased access to quality oral health care for all children by working with Congress, government agencies, and other child advocacy organizations. In addition, state-level pediatric dental organizations work to bring dental care to children in need.
- AAPD Child Advocate Dr. James J. Crall was asked to testify at the Congressional "Oversight Hearing on Reforms to Pediatric Dental Care in Medicaid" held on September 23, 2008. During his testimony, he shared a number of key recommendations. Crall said, "Access to dental services for children covered by Medicaid is a significant, chronic problem."
- AAPD Congressional Liaison Dr. Heber Simmons, Jr., meets with legislators each month to discuss timely issues regarding children's oral and dental health care needs. Dr. Simmons, Jr., has helped to raise awareness on Capitol Hill.
- The greatest impact on access to oral health care for those in need comes from individual pediatric dentists providing free care in their own practices or in the hundreds of clinics, institutions, and public programs throughout the country. Pediatric dentists donate an estimated \$6 million in free dental care each year.
- A full 95 percent of all pediatric dentists provide free dental care to patients in need. A private practice pediatric dentist donates an average of four hours a month to provide free care to an average of five patients. Pediatric dentists who donate their services in such settings as public clinics or hospitals provide free care to an average of eight patients each month.
- Parents and caregivers in need can find quality oral health care for their children from more than 70 pediatric dentistry residency programs, usually located in children's hospitals or dental schools. These programs provide free or reduced-fee care worth millions of dollars every year. Visit the AAPD's Web site, search under Residency Programs, to access contact information. (www.aapd.org)

SPECIAL ISSUE: ACCESS TO HOSPITAL CARE

- To facilitate comprehensive dental treatment necessary for good health, children and adults with special health care needs may require general anesthesia. Why? These patients may not be able to cooperate due to a lack of psychological or emotional maturity and/or mental, physical or medical disability. They may express a greater level of anxiety about dental care than those without a disability. General anesthesia also may be the safest approach for some special needs patients as it can reduce their risk for medical complications.
- Young children also may benefit from hospital care to treat significant dental disease. The patient's age, extent of dental needs, and/or acute situational anxiety may prevent the patient from being treated safely in a traditional outpatient setting. General anesthesia may be necessary to protect the child's developing psyche.

- If a child needs general anesthesia and hospitalization for the treatment of a medical problem (say a tonsillectomy), her care is probably covered under the family's health insurance. If a child needs general anesthesia and hospitalization for the treatment of a dental problem (say a tooth extraction), her care may be denied coverage under their health insurance.
- The denial of medical benefits for anesthesia just because dental procedures are performed effectively eliminates the choice of anesthesia for the children of most families. A lack of reimbursement by insurance programs places a serious financial burden on the families of children needing extensive dental treatment.
- Our nation is making progress in protecting the quality of dental care for children and adults with special needs. Currently, legislation approved in 31 states, including Puerto Rico, mandates insurance reimbursement for general anesthesia during dental treatment for children and the physically disabled.

STEPS TO BETTER DENTAL HEALTH FOR CHILDREN

WHAT WE CAN DO FOR ALL CHILDREN:

1. Support fluoride. The most cost-effective way to improve dental health for children is to increase the number of communities that enjoy the cavity-fighting benefits of fluoridated water.
2. Protect Medicaid. Medicaid funding for children's dental services needs to be upgraded to protect access to dental care for all children independent of their family's financial background.
3. Volunteer. Consider donating a few hours a month to a worthy program for children. If you are involved in a program to improve the health of children, check to see if it gives attention to oral health as well.

WHAT WE CAN DO FOR OUR OWN CHILDREN:

1. Seek dental care early and often. A visit to a pediatric dentist by a child's first birthday and at least every six months after that is key to a lifetime of healthy smiles. By not getting dental problems corrected when they are first diagnosed, little problems that could have easily fixed may become more extensive and expensive over time.
2. Brush and floss. Flossing once a day, brushing after breakfast and before bed with fluoride toothpaste, and eating a balanced diet with few snacks is a way for children to have better dental health.
3. Invest in sealants for your child's susceptible teeth. Children with sealants have 50% less tooth decay than children without sealants.

From (Pediatr Dent 2006;28:143-150):

Pits and fissures account for 88% of caries in children while making up only 13% of total tooth surfaces.

Studies that incorporated routine recall and maintenance report 80% to 90% success (of sealants) after a decade or more.

Information obtained by Anderson from the Delta Dental Data Analysis Center revealed that over a 4-year span, 239,443 children ages 7 to 15 years that were continually enrolled for dental benefits experienced 85% fewer carious lesions on all tooth surfaces when molar surfaces were sealed compared to 272,872 children of the same age that did not have sealants.

4. Provide your young athlete a mouth guard. Children should wear mouth protectors while participating in any activity with a risk of falls, collisions with or contact with hard surfaces or equipment. This includes sports such as football, baseball, basketball, soccer, hockey, wrestling and gymnastics, as well as leisure activities such as skateboarding, skating and bicycling.

5. Protect your insurance. If you have dental insurance, know your coverage to take full advantage of your dental health benefits. Let your employer know how much you value your dental benefits package. One key way to protect your access to dental care is to protect the deductibility of dental benefits by your employer.

GREAT QUOTES

“Every American child should have access to quality dental treatment because every child deserves a healthy, attractive smile.”

--Dr. James Crall, AAPD Child Advocate, New York, N.Y.

“Children with special needs deserve our special attention. Children with medical problems that can't be prevented shouldn't be asked to suffer from dental problems that can be prevented.”

--Dr. John Hendry, pediatric dentist, Lafayette, La.

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DENTAL CARE FOR SPECIAL NEEDS CHILDREN & ADULTS

STORY IDEAS

Starting preventive dentistry early is particularly important for the special needs child. If dental care is started early and followed conscientiously, every child can enjoy a healthy smile.

Unlike many of the health conditions faced by patients with special needs, dental disease is preventable. A special needs child will benefit from the preventive approach recommended for all children – effective brushing and flossing, limited snacking, adequate fluoride, sealants and regular visits with a pediatric dentist.

Good news in dentistry: People with special needs have better dental health than ever before. Dental care is more available, and more patients and their caretakers are seeking it. Many people with disabilities have the same level of dental health as the rest of the population. Other special children and adults have special dental needs. Some are very susceptible to tooth decay, gum disease or oral trauma. Others have health conditions that require medication or diets detrimental to dental health. Still others have physical difficulty with effective dental habits at home. But whatever the special health needs of a person, preventive dentistry works to build healthy smiles.

FACTS ON SPECIAL NEEDS DENTISTRY

- According to the U.S. Department of Health and Human Services, nearly 13 million children under age 18 have a chronic condition or disability. This represents 18 percent of our nation's children and adolescents. Currently, 52 million Americans have some type of disabling condition, and 25 million Americans have a severe disability.
- Special needs patients can be defined as children or adults with a chronic physical, developmental, behavioral or emotional condition that substantially limits one or more major life activity and who need dental or health services beyond what is generally required.
- Pediatric dentists are the dental professionals of choice for children with special needs. Their education as specialists- two or more years beyond dental school - focuses on care for children including those with special needs.
- Pediatric dentists are not just for children. As a result of their experience and expertise in helping patients with special needs, they are often the best choice for the dental care of adults with special needs as well.
- Some of the more common conditions that require special care in dentistry include Down syndrome, cerebral palsy, epileptic or seizure disorders, vision and hearing impairments, cleft lip/palate and other craniofacial conditions, and learning and developmental disabilities.
- People with special needs are very diverse in terms of their oral health. Many people with special needs have the same oral health conditions as the rest of the population. Many others have conditions and disabilities that are associated with an increased risk for various oral health problems. Still other people with special needs begin with normal teeth and oral health, but suffer from more dental disease.
- Why would a person with a disability be born with good oral health but suffer more dental problems? There are many reasons. Some disabilities interfere with the ability of the person to brush and floss on his own. Some children with special needs are on diets detrimental to dental health or may have difficulty clearing food from

the mouth. Certain medications can lead to increased risk of dental disease. Finally, sometimes the time, energy and financial resources of the family are devoted to other more pressing health problems.

- Special needs patients are less likely to visit a dentist regularly and are more likely to have missing teeth. Pediatric dentists, caregivers, support organizations, and patients with special needs must work together to improve access to preventive dental services and make every effort to restore teeth - not extract them.
- Decades ago, children with certain disabilities would have had little hope of reaching adulthood. Through medical advancements, children with severe health conditions are living longer than ever before. This success has created a new dental care crisis. Each year, more than 100,000 children with disabilities graduate out of the comprehensive dental coverage provided for children through Medicaid. Unfortunately, Medicaid programs in most states offer limited dental services to adults. In fact, less than four percent of the money spent on dental care in our country is through government-supported programs. The AAPD strongly supports increased government funding for dental services for special needs citizens of all ages.

SPECIAL CONSIDERATIONS FOR SPECIAL CHILDREN

As a parent of a child with special needs, you may have concerns about your child's tolerance of a dental visit. Whatever your concerns, do not postpone preventive dentistry for your child. Pediatric dentists understand that each child is unique and may need extra care to feel comfortable during dental treatment. For example, one child might do great with positive communication, another might benefit from a body blanket to help control involuntary movements, and still another might need mild sedation to feel relaxed during treatment. Pediatric dentists stand ready with a variety of possible approaches; you can help select the approach that is best for the specific health and behavioral needs of your child.

HOW TO FIND A DENTIST FOR A CHILD OR ADULT WITH SPECIAL NEEDS

- Visit the American Academy of Pediatric Dentistry's Web site for a pediatric dentist in your area, www.aapd.org.
- Contact your local dental society and ask for a dentist with experience in treating special needs patients.
- Contact the Special Care Dentistry Association (<http://www.scdonline.org/>).

CERTAIN CONDITIONS POSE ORAL HEALTH RISKS:

WHAT PARENTS SHOULD WATCH FOR

Developmental disabilities	Enamel irregularities, gum infections, baby teeth or permanent teeth coming in later than expected
Down syndrome	Gum infections, dry mouth, problems with the way teeth fit together
Cleft lip/palate	Dental decay, congenitally missing teeth, crowded teeth or bite problems other craniofacial anomalies
Cerebral palsy mouth	Dental decay or gum disease if food is not easily cleared from the teeth or

HOME CARE TIPS

Many people with physical or developmental disabilities need someone to help them with regular

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preventive care. Here are some helpful tips.

- Brush twice a day. The best times are after breakfast and before bed.
- Begin flossing once a day when adjacent tooth surfaces cannot be cleansed by brushing alone.
- Parents and caregivers should use a smear of fluoridated toothpaste for children under 2-years-old. For those over 2, use a pea-size amount of fluoridated toothpaste should be used. Swallowing too much toothpaste can lead to fluorosis, a cosmetic condition usually characterized by white or brown specks on the teeth.
- If a child cannot tolerate toothpaste, perhaps because of gagging or an inability to spit, parents and caregivers should brush the teeth with a fluoride rinse or fluoridated water. This will still help prevent gum disease and tooth decay.
- Use a toothbrush with soft bristles. Get a new one when the bristles no longer stand straight up, usually every three to six months.
- Talk to a pediatric dentist for recommendations to meet a special child's needs. Many products, such as floss holders, fluoride rinses and adaptive aids for toothbrushes, are available to help a patient with special needs prevent tooth decay and gum disease.

VISUAL POSSIBILITIES

Follow a special needs patient through a dental visit. See the special challenges these patients face in dental treatment and how the pediatric dentist makes the treatment understandable, comfortable and effective.

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SPORTS SAFETY & DENTAL EMERGENCIES

SPORTS SAFETY

STORY IDEAS

- Whether a child wins or loses the latest game, no parent wants their child on the injured list. Dental and facial injuries represent a high percentage of the total injuries experienced in youth sports. Use of a mouthguard could prevent many of these injuries.
- From soccer balls and in-line skates to leotards and softball jerseys, the shopping list for children's sports seems endless. To save money and a child's smile, add a mouth protector to your list of things to buy.

QUICK POINTS

- Mouth protectors are made of soft plastic. Most are made to fit comfortably to the shape of the upper teeth.
- A mouthguard not only protects the teeth but may reduce the force that can cause concussions, neck injuries and jaw fractures.
- Football, lacrosse and hockey get a thumb's up for requiring protective equipment.
- A child should wear a mouth protector whenever she is in an activity with a risk of falls, collisions or contact with hard surfaces or equipment. This includes sports such as football, baseball, basketball, soccer, hockey, wrestling and gymnastics, as well as leisure activities such as skateboarding, skating and bicycling.
- Preformed or boil-to-fit mouthguards can be purchased in sporting goods stores. Different types and brands vary in terms of comfort protection and cost.
- Customized mouthguards can be made by a pediatric dentist. They cost a bit more, but are more comfortable and more effective in preventing injuries.

GREAT QUOTES

"As a team dentist for children's sports, I see children walking away with small bruises instead of serious injuries because they wore mouth protection. And for my own children, I insist on mouth guards before they hit the playing field."

--Dr. David C. Adams, pediatric dentist, San Diego, Calif.

"Actually, I went to Walmart today and found mouthguards for \$1. They had boil-n-bite ones for less than \$4."

--Dr. Jenny Ison Stigers, pediatric dentist, Cape Girardeau, Missouri

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VISUAL POSSIBILITIES

Visit a pediatric dental office for footage of the placement of a customized mouth guard. Or, visit a child's sports team that requires mouth protectors; ask the athletes and the pediatric dentist about injuries prevented.

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DENTAL EMERGENCY

STORY IDEA

What is a parent to do when their child has broken or knocked out a tooth while playing softball, climbing on a jungle gym or skateboarding with friends?

A BABY TOOTH IS KNOCKED OUT...WHAT PARENTS AND CAREGIVERS NEED TO DO

- Contact a pediatric dentist as soon as possible. Quick action can lessen a child's discomfort and prevent infection.
- Rinse the mouth with water and apply cold compresses to reduce swelling.
- Spend time comforting the child rather than looking for the tooth. Remember, baby teeth should not be replanted because of potential damage to developing permanent teeth.
- The pediatric dentist may make an appliance to replace the missing tooth, but this is not needed in every case.

A PERMANENT TOOTH IS KNOCKED OUT

- Find the tooth. Rinse it gently in cool water. (Do not scrub it or use soap.)
- Replace the tooth in the socket and hold it there with clean gauze or a wash cloth. (If you cannot put the tooth back in the socket, place the tooth in a clean container, preferably with cold milk.)
- Take the child and the tooth to a pediatric dental office immediately. (Call the emergency number if it is after hours.)

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A TOOTH IS CHIPPED OR BROKEN

- Contact a pediatric dentist immediately. Fast action can save the tooth, prevent infection, and reduce the need for extensive dental treatment.
- Rinse the mouth with water and apply cold compresses to reduce swelling.
- If a parent can find the broken tooth fragment, it is important to take it to the dentist.

A TOOTHACHE

- Call a pediatric dentist and visit the office promptly.
- Rinse the mouth with water and apply a cold compress or ice wrapped in a cloth.
- Do not put heat or aspirin on the sore area.

EMERGENCIES CAN BE PREVENTED

- Encourage children to wear comfortable, professionally-crafted mouth protectors during sports.
- Always use a car seat for young children. Require seat belts for everyone else in the car.
- Child-proof your home. A significant percentage of mouth injuries occur in children two to three years of age.
- Protect children from unnecessary toothaches with regular dental visits and preventive care. The AAPD recommends that every child has a dental home by the child's first birthday. This way parents and caregivers can be assured that the child's oral health care is delivered in a comprehensive, ongoing, accessible, coordinated and family-centered way by the dentist.

GREAT QUOTES

"Two groups of children most at risk of a mouth injury are toddlers learning to walk and athletes playing contact sports. What should parents do? Child-proof their homes, insist on mouth guards for budding athletes, and keep handy the phone number of their pediatric dentist."

--Dr. Mary J. Hayes, pediatric dentist, Chicago, Ill.

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