

ORAL HEALTH CARE PROFESSIONALS, LLC

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The Dental *Examiner**Helping You Get the Most Out of your Dental Insurance Benefits*

By Tammie P. MacMullen, BSB, MHA

When it comes to insurance in general, understanding your policies is not always so black and white. Add in your health and important health care decisions into

the equation and insurance can become extremely confusing, overwhelming and stressful for an individual. Rest assured that if you are ever confronted with dental coverage concerns the staff at Oral Health

Care Professionals is extremely educated and well diverse on this very topic and can easily guide you through the dark waters of dental insurance. It is important to realize that dental insurance is much different than traditional medical insurance. Dental insurance is de-



signed merely as a supplement to help you cover the costs of your dental treatment.

Understanding your dental benefits is key when it comes to getting the most from your dental coverage each year. Know your benefits, annual maximums and plan frequencies. Your dental benefits and out-of-pocket costs depend on the contract your plan sponsor (your employer is normally your plan sponsor) has set up with the dental insurance company. Coverage can range anywhere from 0% to 100% of the total bill.

Unlike medical disease, which is unpredictable, dental ailments are generally preventable. Get regular checkups. The most basic way to ensure you get the most from your dental plan is to visit your dentist regularly. Doing so will help to ensure you get the preventive care you need to stay healthy. Emergency Care Only Dentistry can be much more costly for you in the long run. On that same note, do not postpone diagnosed untreated dental work either. Putting off or avoiding dental treatment can result in serious complications such as infection and tooth loss because of such avoidances. The financial aspect of avoidance can be costly as well.

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Ask a Dentist...

"My Spouse tells me that I have terrible breath but I brush everyday and think I do a pretty good job! What can I do?"

By Eric G. Jackson, DDS, MAGD, FICOL, FICD, FADI

One of the primary reasons I started the OHCP quarterly newsletter was to create a platform that could address a variety of dental topics in a non-invasive and anonymous manner. Much like the field of medicine, dentistry is filled with patients that have questions or concerns that never get asked because they consider them too embarrassing to bring up when I sit with them face to face. I first ventured into this "embarrassing" arena early last year with the article "HPV and Your Oral Health." It was a timely article considering only weeks before actor Michael Douglas brought his battle with HPV induced throat cancer to the forefront. This quarter I'd like to write about a much less deadly, but much more common ailment...halitosis (commonly called bad breath). Halitosis is not confined to one gender or age group and can afflict each of us without proper oral health care techniques. Halitosis occurs primarily from two major sources: bacteria and food particles. As with any medical condition or disease, to treat and ideally eradicate it we must snuff out the root causes. Let's review a few techniques and topics that will certainly help in your "Battle of the Breath."

The first technique may seem overly simplistic...but it's what dentists have been preaching for hundreds (thousands?) of years...**MAINTAIN EXCELLENT ORAL HYGIENE AT HOME!** Not only will this tactic combat halitosis but most other dental ailments as well. Cavities, gum disease, halitosis, tooth sensitivity, and even cardiac issues all cover in the presence of a well maintained oral cavity. Just brushing "everyday" and thinking you do a "pretty good job" likely isn't cutting the mustard. Here's what I recommend you consider for your four step home care regimen:

Floss: Start by flossing. This removes the larger chunks of food from between the teeth which allows the bristles of your toothbrush better access resulting in more efficient brushing. Floss your entire mouth once or twice per day and specific sites as needed after meals.

Toothbrush: Pick up your toothbrush next. Everyone owns one... but there's a lot more to the story. Are you brushing 2-3 times per day for two minutes each time with a toothpaste (non-whitening please and if you don't know why ask me!) approved by the American Dental Association? Don't forget, not all toothbrushes are created equal! Think of doing dishes by hand vs. using a dishwasher.

Sure for a small timeframe or just a few dishes, doing them by hand is no problem and quite easy. But what about ALL your dishes, 3x/day, every day, for life? I'll take the dishwasher. Perhaps a silly analogy, but I do feel that strongly about appropriate use of dental technology! In this analogy, I'm obviously comparing a manual toothbrush vs. a mechanical toothbrush. Mechanical toothbrushes are tremendously more effective than their manual counterparts. Don't believe me? Ask a Sonicare toothbrush user how clean their

teeth and gums feel if they ever forgot it when they went on vacation and had to use a manual brush. It's amazing how effective mechanical toothbrushes are. Remember, regardless of what type of toothbrush used, you must change it every 3 months or else the bristles become worn out and ineffective. Finally, if you do use a manual brush, be sure to select one that has Soft or Extra Soft bristles. Anything harder can irritate your gums and slowly cause gum recession... which exposes the soft root surface to bacteria...which leads to increased cavities and gum disease. Take any medium or hard bristle brush in your possession and reassign them to grout duty when you next clean the shower.



Tongue Scraper: Next, pick up your tongue scraper and use it. Huh? You might ask? Most patients (and even some dental professionals) limit their oral hygiene focus to just the teeth and gums. What about the bacteria covering the rest of the mouth? One of the main bacterial breeding grounds is the surface of your tongue. The grooves and fissures in the tongue harbor all sorts of odorous bacteria and need to be cleaned regularly. A tongue scraper is the dental tool for this job. Found in every pharmacy dental aisle for about 5 bucks, tongue scrapers aren't high tech devices, but they are very effective in reducing the bacterial count on your tongue...which combats a root cause of halitosis. Use the scraper at least once per day and please be gentle!

Mouthwash: Finish your hygiene regimen with a minute rinse of mouthwash. The mouthwash will destroy any remaining bacteria on the teeth, gums, tongue, as well as any other area of the mouth (cheeks, roof of mouth, etc). Like all dental technology, not all mouthwashes are created equal either. At present, my favorite mouthwash on the market is Listerine Total Care Zero. This is be-

cause it combines the well known bacteria killing prowess of Listerine with a fluoride rinse aspect that, according to several studies, provides ~3-4 times the fluoride uptake of the well known fluoride rinse ACT. All this in a formula that contains zero alcohol and a “less intense” mint flavor. If you’re interested in a more in-depth discussion about mouthwash, you might consider reading my 1st Quarter 2013 OHCP Newsletter article titled “Mouthwash, Alcohol, and Oral Cancer.” I post each past edition of the OHCP newsletter on the office website. Simply click on the “Newsletters” tab on the home page and download a .pdf of the issue you’re interested in.

In addition to an excellent oral hygiene regimen, keeping your mouth moist/hydrated will also help prevent halitosis. Ever wonder why your breath is extra stinky when you wake up in the morning? It’s because when sleeping the body greatly slows its production of saliva. Combine this with some mouth breathing / snoring while sleeping and you’ve got a perfect dry environment for stinky “Morning Breath.” Saliva not only lubricates the mouth but kills oral bacteria via its antiseptic enzymes. Low saliva = higher bacteria. For most of us, even if we wake with morning breath daily, it’s still considered an acute (short term) condition because our body ramps up saliva production once it wakes. For some people however, saliva production does not increase and the mouth is dry all day and all night. Chronic dry mouth like this is termed Xerostomia and like its acute counterpart Morning Breath, is a cause of halitosis. Xerostomia is a common side effect to a vast number of medications (both prescription and non-prescription). The level of dryness/Xerostomia in these situations varies from patient to patient so your experience may not be the same as others. I always recommend Xerostomia patients discuss their specific prescriptions with their medical doctor since there are sometimes alternate drugs that accomplish the same medical goal that may affect the patient’s saliva production less. Other great techniques to combat all severities of dry mouth include:

Water: I recommend patients with dry mouth carry a water bottle and take small sips every 5 minutes to supplement their low salivary production. Water, like saliva, serves to balance the pH in the mouth and buffers against the acid produced by bacteria. A dry, improperly pH balanced oral cavity routinely yields a dramatic increase in negative dental ailments, especially tooth decay (caused by the high levels of acid).

The Biotene line of products: Biotene is an excellent alternative of supplemental oral hydration to replace diminished saliva volume. Commonly available at most pharmacies, the Biotene line of products includes rinses, gels, toothpaste, and other items designed for people with dry mouth. The Biotene website (www.biotene.com) is an excellent informational resource about not only their product, but also Xerostomia and Sjogren’s Syndrome (a disease of the immune system that attacks the body’s moisture creating tear and salivary glands).

Chew some sugarfree Xylitol gum (in moderation): The act of chewing naturally increases saliva production due to the body’s innate autonomic response. In the past, dentists would recommend dry

mouth patients chew on small chunk of wax between meals. The wax went the way of the dinosaurs with the advent of sugar free gum containing Xylitol. I do caution patients about this method however, for fear of aggravating/overworking one or both of their Temporomandibular Joints (TMJ). TMJ disorders are not fun, so do all gum chewing in moderation and watch for negative/painful symptoms to arise. If they do, cut back the gum chewing or discontinue altogether. Also, please use caution: Xylitol can be quite toxic to dogs. Store any Xylitol product in a location away from Fido!

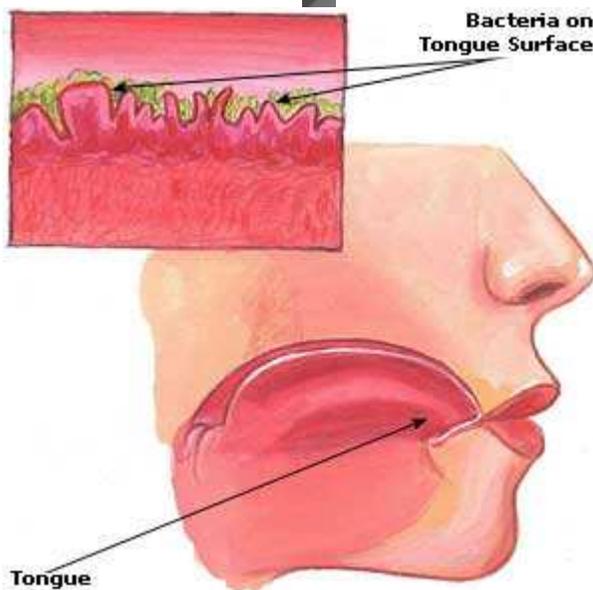
Halitosis can also have dietary origins so it is important to examine, and possibly augment, both your diet and dietary habits. Low carbohydrate/ketogenic diets have become a popular method of weight loss in recent years. While most people are familiar with low carb dieting made famous by Robert Atkins’ book(s), the term “ketogenic” is sometimes unfamiliar. Textbooks are literally written about this subject so I’ll keep the following biology/physiology discussion very brief and broad. The initial stage of the Atkins Diet is referred to as the induction phase and is considered a ketogenic diet. During this stage limited, if any, carbohydrates are consumed by the dieter. Because low carbohydrate meals yield low blood glucose levels, the body must seek an alternate fuel source to fulfill its metabolic needs. The body’s low glucose/ketosis causes cells to rely on glucose production from conversion of either protein (amino acids) or stored fat, thus resulting

in overall weight loss. Additionally, the body produces added ketones for use in the energy producing Krebs Cycle to supplement the protein/fat conversion.

Low carbohydrate/ketogenic diets are generally considered safe when used in moderation over a short period of time but misuse can have severe consequences. Both extreme &/or uncontrolled ketosis, as well as the condition Anorexia Nervosa, can yield a pathologic state termed ketoacidosis. In this condition, the excessive accumulation of ketones significantly decreases the pH of the blood and can be fatal. Ketoacidosis can be smelled on a person’s breath due to one type of ketone called acetone. On a person’s breath, this compound is classically described as smelling “fruity” or like nail polish remover. Ketoacidosis can be divided into two primary types: diabetic and alcoholic. If you detect or suspect ketoacidosis, speak with your medical doctor immediately and examine both your blood sugar and alcohol consumption.

Trimethylaminuria is another condition that warrants a brief discussion as it’s another possible cause of bad breath. Generally considered rare and more common in women, this condition has also been referred to as Fish Odor Syndrome. Trimethylaminuria is a condition when your body cannot break down a chemical called trimethylamine. The excess trimethylamine is released in the person’s saliva and breath as well as most other bodily secretions (sweat, urine, reproductive fluids, etc). Some people with trimethylaminuria produce a strong odor all the time, but most have a moderate smell that varies in intensity. Individuals with this condition generally do not have any other physical symptoms and typically appear healthy. The odor produced

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Ask a Dentist Continued...

varies depending on many known factors, including diet, hormonal changes, stress level, amount of sweat, other odors in the space, and individual sense of smell.

Tonsilloliths (aka Tonsil stones) are another possible cause of persistent bad breath. People who have chronic inflammation in their tonsils or suffer repeated bouts of tonsillitis are quite prone to tonsil stones. While not always visible to the naked eye, if they grow large enough, tonsil stones can often be mistaken for a throat infection/strep throat. Your tonsils are filled with nooks and crannies called crypts where bacteria and other materials, including dead cells and mucous, can become trapped. When this happens, the debris can become concentrated in white formations that occur in the pockets. Because of their foul composition, tonsil stones are often linked with halitosis and may produce pain when swallowing if large enough. Other symptoms frequently reported include a metallic taste, throat closing or tightening, coughing fits, and choking. These symptoms, including halitosis, are temporarily resolved by removal of the tonsil stone. There are quite a few methods of removal that typically depend on the size of the stone. A few methods to remove smaller stones are rinsing them out with oral irrigators (like a WaterPik), pushing them out with the tongue or a cotton swab, or gargling with warm salt water. Larger stones are more difficult to remove and may require more invasive methods of removal including: curettage, laser resurfacing of the tonsillar crypts, and complete surgical removal of the tonsils (tonsillectomy).

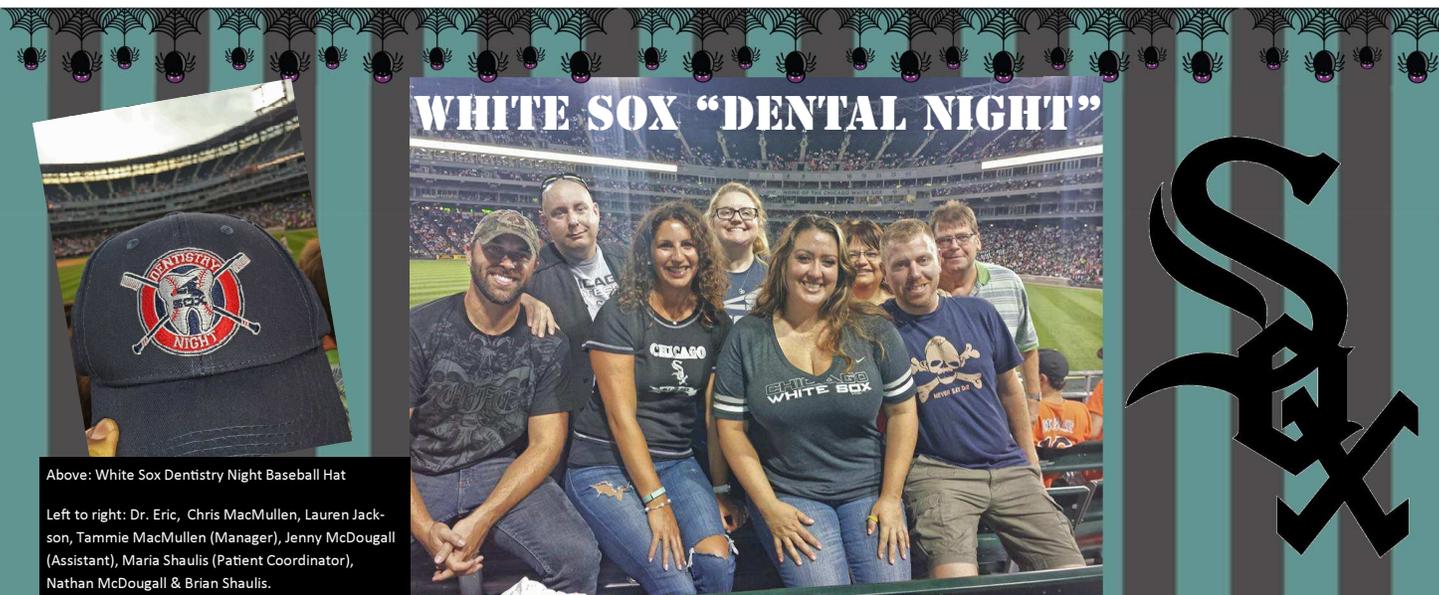
The final potential cause of halitosis that I would like to discuss is one we dental professionals unfortunately still see all too often: Periodontal (Gum) Disease. Persistent bad breath is often an indicator that something is amiss with a patient's gums. Gum disease is caused by the buildup of plaque on teeth and in the pocket surrounding each tooth called the sulcus. Essentially these bacteria eat sugars and excrete acid as waste. This acid is quite toxic to its surroundings. Acid contacting sound tooth structure will slowly dissolve the tooth surface to form a cavity. Acid contacting the sulcular gums causes irritation and bleeding, and if untreated, will slowly dissolve the bone surrounding the tooth. The secret to gum disease is PREVENTION. Maintaining excellent oral hygiene at home using the before mentioned four step regimen and visiting our office for regular dental hygiene appointments are essential.

I will end with a brief word of caution. In today's digital age, it is quite easy to be swept up by the next popular Pinterest Pin containing a new dental tip or trick. Please be careful. For example, let's take a look at the classic Pinterest recommendation that you should rinse with lemon juice or vinegar to kill or diminish the bad breath of halitosis. Please think about this objectively for a moment! Lemon juice and vinegar are both extremely acidic...nearly the pH of battery acid. Rinsing with something that acidic may mask the halitosis...but it will most certainly cause an exponential increase in tooth decalcification and cavity formation. Do not do it! Perhaps this example was too obvious for you...but there is a reason there are so many dental tips/tricks being passed around the internet...people believe all their outrageous claims (oil pulling anyone??) Patients are not thinking objectively and scientifically about the recommendations because they unfortunately do not have the academic knowledge of a dental professional. Well, that's the essence of why I write these newsletter articles: To increase the dental knowledge base of my patients and "deputize" you as honorary dental professionals.

I hope the information and techniques discussed in this quarter's article will shed light on the often experienced, but rarely discussed topic of halitosis/bad breath. As always, if you have any additional questions or would like to speak further about this topic, please do not hesitate to contact me.

Sincerely,
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¹<http://www.listerine.com/products/total-care-zero-fresh-mint-anticavity-mouthwash>



Above: White Sox Dentistry Night Baseball Hat

Left to right: Dr. Eric, Chris MacMullen, Lauren Jackson, Tammie MacMullen (Manager), Jenny McDougall (Assistant), Maria Shaulis (Patient Coordinator), Nathan McDougall & Brian Shaulis.

On Wednesday August 20th some of the OHCP staff attended "Dentistry Night" hosted by the Chicago White Sox. The event offered specially priced tickets to all dentists, hygienists, assistants, dental school students as well as their family and friends! The OHCP team sat in the left field bleachers and enjoyed more than their fair share of delicious South Side grilled onions! It was a fantastic time! Go! Go! White Sox!

DuPage County Health Department Annual Back to School Fair

By Eric G. Jackson, MAGD, FICOI, FICD, FADI



This summer I had the honor of being asked by the DuPage County Health Department to be a part of their annual "Back to School Fair." The event was held on August 6th at the Odeum Expo Center in Villa Park and offered eligible families free school supplies as well as free medical and dental screenings. Parents attending the school fair were required to bring proof of income, proof of address, and identification of their children to qualify. My primary role at the event was to provide free dental screenings to satisfy the state requirement for children entering kindergarten and grades 2 & 6. The event was VERY well attended as you can see in the photos below. The line to get in wrapped $\frac{3}{4}$ around the 130,000 square foot building!! On the main floor the Health Department held what amounted to a massive "health trade show" with booths about different programs and information. Topics included nutrition and general health information, tobacco prevention and cessation resources, information on applying for health benefits, as well as information on enrolling in the Affordable Care Act through the Health Department's "Enroll DuPage" initiative. For more information about the event, visit <http://www.dupagehealth.org/news/schoolfair2014>. Kudos to the DuPage County Health Department and thank you again for allowing me to be a small part of yet another fantastic DCHD event! I'll certainly see you next year!

Dental Insurance Benefits Continued... Many times patients procrastinate until the end of the year to complete their dental treatment causing a panic to get dental work finished by the end of the year or face losing yearly dental benefits. Many dental offices are slammed with last minute treatment appointments and, at times, are not able to accommodate patients with their desired appointment times. Resulting in patients either losing work and/or personal time to come to the dentist or they lose their dental benefits for the year because schedules do not allow for treatment before the start of the New Year. A tip for those patients that like to wait until the end of the year to start their dental treatment is to schedule your first appointment as close to the Thanksgiving Day Holiday as possible. This allows your dentist plenty of time to complete your treatment before December 31 and makes those prime appointment times more accessible for you. For example, the average turnaround time on a crown is two to three weeks. Even if your dentist wanted to help you use your benefits before the end of December, it would be physically impossible to get a high quality crown back from a lab in less than two weeks. So it is important to keep in mind not only the dental treatment needed to be completed but also the amount of time it will take for treatment to be completed in order to maximize your dental benefits for the year.

Patients should take an active role in planning with their dentists when it comes to their oral health care. Patients and dentists should develop a personalized dental plan that goes beyond regularly scheduled checkups and exams. A personal dental plan may be as simple as brushing and flossing on a regular basis or it may include corrective care and the steps needed to carry out treatment efficiently and effectively. Having a plan allows our office staff to help you plan for dental treatment and get the most out of your dental coverage. Given enough time, pre-determinations (aka pre-authorizations) can be submitted to insurance companies. Pre-determinations let you and the dentist know if services are covered by the dental insurance plan and the anticipated amount of payment prior to treatment being completed.

Navigating the waters of insurance is no easy task but with a little bit of knowledge and help with our dental insurance experts, you can easily get the most benefit from your dental insurance plan each and every year. Remember, prevention is key!

Halloween Word Search

Contact Us

Give us a call for more information about our services.

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News Bites with Laura

As we approach the end of the year, please consider what unfinished dental procedures may still need to be completed in order to utilize the maximum of your dental benefits. Remember some procedures (crowns & bridges) can take up to three weeks to complete.

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