ORAL HEALTH CARE PROFESSIONALS, LLC
Jeffrey S. Wascher, DDS
Eric G. Jackson, DDS, MAGD, FICOI, FICD, FADI

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in this issue

Periodontal Disease and Your Overall Health

By: Tammie P. MacMullen, BSB, MHA

What is Periodontal Disease?

Periodontal (perry-o-DON-tal) disease is an infection that affects the tissues and bone that support teeth.

Healthy gum tissues fit like a cuff around each tooth. When someone has periodontal disease, the gum tissue pulls away from the tooth. As the disease worsens, the tissue and bone that support the tooth are destroyed. Over time, teeth may fall out or need to be removed. Treating periodontal disease in the early stages can help prevent tooth loss.

Periodontal Disease and Your Overall Health

Studies suggest that oral bacteria and the inflammation associated with periodontitis – a severe form of

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We're thrilled to announce that our Dr. Jackson has been named a 2015 Invisalign Preferred Provider! This is the third time that Dr. Jackson has received this honor from the Invisalign Corporation (previously in 2010 & 2011). Way to go Dr. Jackson!!

Preventing the Spread of Herpes Labialis (Cold Sores/Fever Blisters)

By: Eric G. Jackson, DDS, MAGD, FICOI, FICD, FADI
DrEricJackson@OralHealthCareProfessionals.com
Twitter: @EJacksonDDS

In this newsletter article I thought I'd continue the theme of "dental topics that aren't typically enjoyable to discuss" and focus on Herpes Labialis (aka Cold Sores/Fever Blisters), an extremely common malady that affects nearly 40% of the United States population. The colloquial term for this condition, "cold sore" comes from the fact that herpes labialis is often triggered by a fever or a bout with the Common Cold or Upper Respiratory Infection. Although in most people the disease is self-limiting, it is critical to note that the "common cold sore" is not always a trivial disease. People can transfer the virus from their cold sores to other areas of the body, such as the eye, skin, or fingers. This is called autoinoculation. Not only can the virus be spread to other areas of the host, but it can easily be spread to other people. This is called inoculation. The virus can quite easily spread to other areas of the host's body as well as spread to other people. Preventing the spread of the herpes virus by either autoinoculation or inoculation is incredibly important to overall public health, and will be the primary notion I would like to impart via this article today.

A Herpes labialis infection occurs when the herpes simplex virus comes into contact with oral mucosal tissue or abraded skin of the mouth. An outbreak typically causes small blisters or sores on or around the lips or mouth. These sores typically heal within 2 weeks, but the herpes virus remains dormant in the nerves of the face. Dormant virus particles can periodically reactivate following periods of mental or physical stress and create sores in the same areas of the original infection. For most people, cold sore outbreaks typically occur 1-3x per year but some patients report breakouts as often as 12x per year. Fortunately, frequency and severity of outbreaks generally decrease for most people over time. Infection by the type 1 strain of herpes simplex virus (HSV-1) is most common; however, cases of oral infection by the HSV-2 strain are increasing. Recent findings estimate that HSV-2 has been implicated as causing 10–15% of oral infections.

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Recent studies have established that over 70% of new diagnoses of genital herpes in young people are caused by HSV-1. This figure goes against the traditional notion that the HSV-2 traditionally thought to cause genital herpes acted separately than its oral counterpart HSV-1. We now know that is not always the case and traditionally oral HSV-1 cold sores are causing genital herpes as well as HSV-2.

A cold sore lesion is the result of the virus's reactivating in the body. Once HSV-1 has entered the body, it never leaves. The virus moves from the mouth to remain latent in the central nervous system. In approximately one-third of people, the virus can "wake up" or reactivate to cause disease. When reactivation occurs, the virus travels down the nerves to the skin where it may cause blisters (cold sores) around the lips, in the mouth or, in about 10% of cases, on the nose, chin, or cheeks. Cold sore outbreaks may be influenced by stress, menstruation, sunlight, sunburn, fever, dehydration, or local skin trauma. Surgical procedures such as dental or neural surgery, lip tattooing, or dermabrasion are also common triggers.

In addition to the oral and genital lesions, there are three other maladies caused by the spread of HSV-1 that bear mentioning. The first, Herpetic Whitlow, is an extremely painful infection that affects the hand and involves one or more fingers. 60% of all Whitlow cases are caused by cold sores, since touching a cold sore can easily transfer the virus to the fingers and hand. Identified as a specific danger to health care workers, more extreme cases result in disabling pain in the fingers and fingertips, making it a career-endangering infection for dentists and dental care workers. Herpetic Whitlow can also occur when a child with cold sores or primary HSV-1 infection sucks his fingers. The second serious malady, Encephalitis, is an acute inflammation of the brain, usually caused by viral infections including HSV-1. Although rare, HSV-1 encephalitis typically affects the young and the elderly. It occurs most often in infants in their first year. Advanced symptoms include seizures or convulsions, tremors, and hallucinations, and memory problems. The third malady, Keratitis, is a viral infection of the eye caused by an infection in the cornea. The infection can easily be transferred from a cold sore to the eye through touch. Keratitis is considered the most common cause of non-impact cornea-derived blindness in developed nations, with 1.5 million new cases each year – 40,000 of them resulting in the loss of sight in one or both eyes. Stopping the unnecessary spread of herpes labialis is an incredibly important issue, and the best way to accomplish this is by increasing awareness of the topic and early/effective treatment of cold sore lesions.

Before we go any further, I think it's quite important to distinguish between two commonly confused ailments, Cold Sores and Canker Sores, as both occur near the same location, share many of the same triggers (stress, facial trauma, hormonal changes, etc) and can be quite painful. Being able to distinguish between the two is essential to receiving proper treatment. This fantastic infographic is from the OraJel website and summarizes both maladies nicely:

Now that we've differentiated between the two, let's refocus on herpes labialis/cold sores. In order to properly understand viral spread and available treatments, we must briefly discuss the 8 stages of typical Cold Sore/HSV-1 lesions. Without knowledge of these stages, we won't

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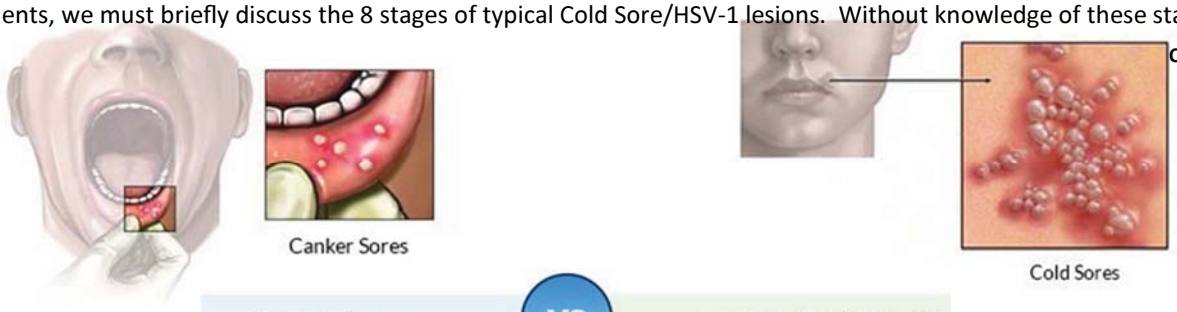

Canker Sore	VS	Cold Sore (Fever Blister)
Cause: Not clearly defined. Can be triggered by stress, fatigue, hormones, or facial trauma.		**Cause:** Herpes simplex virus (HSV). Outbreaks can be triggered by stress, fatigue, injury, or exposure to extreme conditions.
Location: Inside the mouth and on the gums.		**Location:** On or around the lips, mostly outside of the mouth.
Appearance: Typically small open sores with white, yellow or gray center and bright red border. Can be single or in groups.		**Appearance:** Red, fluid-filled blisters, typically in groups.
Contagious? No.		**Contagious?** Yes. Skin-to-skin contact with an active cold sore blister can spread the virus.

be able to properly discuss the timing of common treatment modalities.

Cold Sore symptoms typically progress in a series of eight stages:

Prodromal (~day 0–1): Symptoms often precede a cold sore lesion and often begin with tingling, itching, and reddening of the skin around the infected site. This stage is quite variable in length and can last from a few days to a few hours preceding the physical manifestation of an infection. It is the best time to start treatment.

Inflammation (~day 1): The virus begins reproducing and infecting cells at the end of the nerve. The healthy cells react to the invasion with swelling and redness displayed as symptoms of infection.

Pre-sore (~day 2–3): This stage is defined by the appearance of tiny, hard, inflamed papules and vesicles that may itch and are painfully sensitive to touch. In time, these fluid-filled blisters form a cluster on the lip (labial) tissue, the area between the lip and skin (vermilion border), and can occur on the nose, chin, and cheeks.

Open lesion (~day 4): This is the most painful and contagious of the stages. All the tiny vesicles break open and merge to create one big, open, weeping ulcer. Fluids are slowly discharged from blood vessels and inflamed tissue. This watery discharge is teeming with active viral particles and is highly contagious. Depending on the severity, one may develop a fever and swollen lymph glands under the jaw.

Crusting (~day 5–8): A honey/golden crust starts to form from the syrupy ooze. This appears as the healing process begins. The sore is still painful at this stage. More painful however, is the constant cracking of the scab as one moves or stretches their lips, as in smiling or eating. Virus-filled fluid will still ooze out of the sore through any cracks.

Healing (~day 9–14): New skin begins to form underneath the scab as the virus begins to retreat into latency. A series of scabs will form over the sore each one smaller than the last. During this phase irritation, itching, and some pain are common.

Post-scab (~12–14 days): A reddish area may linger at the site of viral infection as the destroyed cells are regenerated. Virus shedding can still occur during this stage.

Latent (~weeks to months incident-free): The remission period. After initial infection, the viruses move to sensory nerves where they reside as lifelong latent viruses. Asymptomatic shedding of contagious virus particles can still occur during this stage.

Prevention & Treatment Options

Good preventative methods are to practice good hygiene and steer clear of any visible lesions as they certainly pose the possibility of virus shedding/spreading. As just mentioned, contagious viral particles can be shed at ANY stage of the lesion, but are most contagious during the "Open Lesion" stage. Avoiding touching an active outbreak site, washing hands frequently while the outbreak is occurring, not sharing items that come in contact with the mouth, and not coming into contact with others (by avoiding kissing, oral sex, or contact sports) can reduce the likelihood of the infection being spread to others. As mentioned, most lesions are self-limiting and will resolve on their own within 2 weeks. The problem with "non-treatment" option is that it maximizes the lesion lifespan and therefore maximizes the pain and virus shedding/possible spreading.

There are numerous available treatments for cold sores including oral antiviral mediation, complementary medicine, laser therapy, and topical medication. The final two are my preferred methods but that's not to discount the others. Oral antivirals (Zovirax/Acylovir, Valtrex/Valacyclovir, Famvir/Famciclovir, etc.) are systemic prescription drugs that, in my opinion, are more effective at suppressing outbreaks in individuals who experience frequent outbreaks than addressing individual lesions as they appear. Like all treatment modalities, they are most effective when applied in the prodromal phase (~0-1 days) from onset. Not everyone has a filled, non-expired prescription ready to go at a moments notice and therefore they miss the effective prodromal window thereby reducing effectiveness of the medication. For generations, complementary medical techniques have been utilized to combat cold sores with some of the most notable being Vitamin-C, Lysine, Lemon Balm, and Zinc Oxide topical cream. Like the prescription antivirals, these complementary techniques are most effective when applied during the prodromal phase and express a significant reduction in effectiveness once the lesion surfaces/becomes visible. Let's discuss my two favorite treatment methods now.

Laser treatment of Cold Sores

In our office we often use our laser to treat cold sores in the prodromal phase. Personally, it is my favorite method of treating the prodromal HSV-1 lesion. There are numerous benefits to this method of treatment:

- Often completely prevents eruption of the lesion if treated during prodromal phase & if the lesion does erupt is remarkably less pronounced in both intensity and duration
- Symptomatic relief is immediate and often profound
- Completely non-invasive = there is no cutting of any kind with the laser
- Treatment typically takes only a few minutes, does not require anesthetic, and is painless
- It is high tech, yet affordable and sometimes covered by dental insurance

So how does the laser treatment work? Essentially, the laser creates a source of both heat and tissue bio-stimulation which bolsters the nearby tissue/bodily defense mechanisms thereby making the body more efficient at suppressing the virus. According to Dr. Phil Harrington, an employee of K-Laser USA, "When we look at the basic mechanism of how it works, we are enhancing the microcirculation. We are getting more red blood cells flowing to the area. But it's not just the arterial blood supply to the area; we are enhancing the venous and the lymphatic return from the area. We're also increasing oxygenation of those tissues. We are stimulating the hemoglobin molecule to

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dump off oxygen at the treatment site, so we are increasing the oxygenation of those tissues." Laser treatment, like all herpes labialis treatment, does not completely eradicate the virus as it resides in localized nerve fibers for a lifetime. It is however, a fantastic method of preventing an outbreak, and thereby preventing a lesion that can spread to other parts of a patient's body or other people.

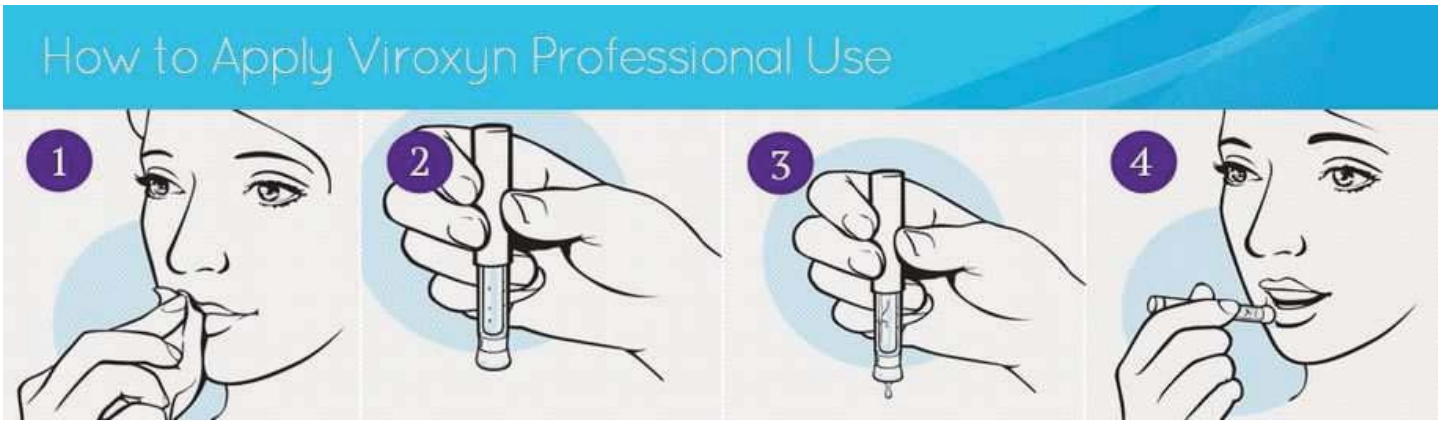
Viroxyn Professional

My other "favorite" treatment method is a product called Viroxyn Professional. A controlled substance Viroxyn Professional is only available through a licensed healthcare provider. It is an extremely versatile treatment and can be used during any stage of cold sore lesion, not just the prodromal! Additionally, Viroxyn Professional does not experience a dramatic decline in effectiveness once the lesion surfaces and progresses past the prodromal phase unlike many of the other before mentioned treatment options. A 2012 study in the *Journal of Esthetic and Restorative Dentistry* created a head to head matchup between Viroxyn and Abreva using untreated cold sores as a control. In this study, the untreated cold sores healed in a median 11.0 days, Abreva helped some with a median time to healing of 7.0 days and Viroxyn healed cold sores in a median 3.0 days. Clearly, Viroxyn's ability to dramatically reduce the lifespan of an erupted cold sore lesion significantly reduces the chance that the virus will spread.

Three key benefits of Viroxyn Professional

- Immediate Pain Relief: The 7.5% benzocaine anesthetic quickly numbs the site, making it possible to painlessly address the cold sore itself.
- Faster Healing Time: As previously mentioned, Viroxyn heals cold sores quickly regardless of stage of development.
- Complete Protection: The no-touch, easy-to-use treatment helps prevent disease transmission and exposure to HSV-1 for the person treating the lesion.

Another fantastic feature of Viroxyn Professional is that it can be applied by EITHER dentist OR the patient themselves. Once familiar with the product and correct usage, my patients often purchase a dose of Viroxyn to keep on hand at home in case of cold sore outbreak. Others prefer to schedule an appointment in our office and have the Viroxyn applied directly by me. Either way is perfectly acceptable. Many patients gravitate towards the laser treatment if they can reach the office during the prodromal stage and have the Viroxyn on hand at home in the event that the prodromal has lapsed. Per patient testimonial, it's the best of both worlds, and I wholeheartedly agree!
Preventing the spread of the herpes virus via autoinoculation and inoculation of others is an incredibly important public health goal. Through increased subject knowledge and early/effective treatment, I am hopeful that we can curb this pandemic condition and improve overall public health. As always, if you have any additional questions or would like to speak further about this topic, please do not hesitate to contact me.



Snoeck R, De Clercq E. Treatment of herpes simplex virus infections. Infect Med 1999;16(4):249–65.
[i] http://en.wikipedia.org/wiki/Herpes_labialis
[iii] http://en.wikipedia.org/wiki/Herpes_labialis
[iv] Roberts C, Pfister J, Spear S. Increasing proportion of herpes simplex virus type-1 as a cause of genital herpes 3 infections in college students. Sex Transm Dis 2003; 30(10):797–800.
[v] http://www.thehelpernewsletter.org/index.php?option=com_content&view=article&id=121:genital-hsv-1-and-young-adults-the-changing-face-of-genital-herpes&catid=166:herpes-research&Itemid=228
[vi] http://www.viroxyn.com/dentists/medical-benefits
[vii] http://www.orajel.com/en/Resource-Center/Mouth-and-Canker-Sore-Pain-Relief/Canker-sore-vs-Cold-sore
[viii] http://en.wikipedia.org/wiki/Herpes_labialis
[ix] http://en.wikipedia.org/wiki/Herpes_labialis
[x] http://www.prweb.com/releases/2014/01/prweb11457237.htm
[xi] McCarthy, J, Browning W, Teerlink C, Veit G, Treatment of Herpes Labialis: Comparison of Two OTC Drugs and Untreated Controls, *Journal of*

Water, The Natural Refresher

By: Renee H., RDH

With the approach of summer and baseball/softball season in full swing, the drink of choice is not always a wise one. Gatorade, Propel, Vitamin Water and many other sports drinks often contain sugar and citric acid that causes acid erosion and tooth decay. Adults, adolescents and children need to rethink their drink before quenching their thirst. These drinks, besides causing dental decay are loaded with empty calories that help add to the obesity rate.

Soda or pop is also high calorie drink with no nutritional value. It contains lots of sugar. This sugar mixes with normal bacteria in the mouth to create acid that causes a cavity. A medium size coke consumed contains 44 grams of sugar and 182 calories. The 12oz can of Coke contains 39 grams of sugar and the equivalent of 10 teaspoons of sugar. For those adults watching their carbohydrates intake, a medium Coke has 46 grams and 39 milligrams of caffeine. Once the sugar mixes with normal mouth bacteria, the acid attack on tooth enamel lasts about 20 minutes and begins with every sip.

So if someone is constantly sipping a soda beverage the teeth are being constantly bathed in acid attacks. The tooth enamel has a difficult time fighting off decay even if fluoride is used and hygiene home care is excellent with frequent brushing and flossing. The same can be said for diet pop. Saliva is saturated with various ions. Ions help keep the acidity of the mouth within certain range of pH of 6.2 – 7.4. Water's pH is neutral or 7.0. Anything above 7.0 is considered alkaline or basic and below 7.0 is acidic.

The following charts show acid and sugar levels in popular drinks:

Beverage	Acid (Low=Bad)	Sugar tsp = grams (High=Bad)
Water	7.00 Neutral	0.00
20 oz of Root Beer	4.61	17.6 tsp = 74 grams
12 oz of Diet Root Beer	4.55	0.00
12 oz of Diet 7-UP	3.67	0.00
20 oz of Sprite	3.42	15.2 tsp = 64 grams
12 oz Diet Dr. Pepper	3.41	0.00
12 oz Diet Coke	3.39	0.00
12 oz Diet Mountain Dew	3.34	0.00
12 oz of Grape Minute Maid	3.29	11.2 tsp = 47.04 grams
20 oz of Moutain Dew	3.22	18.3 tsp = 77 grams
12 oz Fresca	3.20	0.00
12 oz of Orange Slice	3.12	11.9 tsp = 49.98 grams
12 oz of Diet Pepsi	3.05	0.00
12 oz of Nestea	3.04	5.0 tsp = 21 grams

Beverage	Acid (Low=Bad)	Sugar tsp = grams (High=Bad)
12 oz of Gatorage	2.95	3.3 tsp = 13.86 grams
12 oz of Dr. Pepper	2.92	9.5 tsp = 39.9 grams
12 oz of Squirt	2.85	9.5 tsp = 39.9 grams
12 oz of Hawaiian Fruit Punch	2.82	10.2 tsp = 42.84 grams
12 oz of Orange Minute Maid Soda	2.80	11.2 tsp = 47.04 grams
20 oz of Powerade	2.75	8.3 tsp = 35 grams
20 oz of Coke Cola	2.53	15.4 tsp = 65 grams
12 oz Coke Classic	2.53	9.3 tsp = 13.83 grams
20 oz of Pepsi	2.49	16.4 tsp = 69 grams
Battery Acid	1.00	0.00
20 oz of G2	unable to obtain	2.9 tsp = 12 grams
20 oz of Propel	unable to obtain	8.4 tsp = 2 grams
20 oz Vitamin Water	unable to obtain	0.00

pH Levels (Remember below 7.0 is acidic)

	Beverage		Beverage
7.2 pH	Normal Brewed Tea	3.1 pH	Grapefruit Juice
7.0 pH	Soy Milk	3.04 pH	Nestea
7.0 pH	Water	2.97 pH	Nestea Sweeten with Lemon
6.8 pH	Milk	2.87 pH	Lipton Brisk
5.5 pH	Coffee	2.8 pH	Welch's White Grape Juice
4.1 pH	Vegetable Juice	2.7 pH	Hi-C Blast Fruit Punch
3.7 - 4.1 pH	Beer pH range	2.7 pH	Tang
3.5 pH	Orange Juice	2.6pH	Capri Sun Varieties
3.5 pH	Juicy Juice	2.6 pH	Cranberry Juice
3.5 pH	Iced Tea Regular	2.5 pH	So-Be Tropical Sugar Free
3.4 pH	Pineapple Juice	2.5 pH	Country Time Lemonade
3.4 pH	Wine (California Chardonnay)	2.4 pH	Sunny Delight
3.2 pH	Apple Juice	2.4 pH	Snapple
3.2 pH	Diet Snapple	2.0 pH	Lemon Juice

In conclusion, if you drink one of the sports drinks such as Gatorade or have a Coke try to rinse with water to dilute the acid and sugar in your mouth. Please try and grab water as your natural choice to quench your thirst. It is the best possible way to hydrate without the negative effects on your teeth. It is the most cost effective as well!

Laboratory test obtained from University of Minnesota School of Dentisty/Northwest Dentistry Vol. 80, No. 2 USDA 4.2 grams = 1 teaspoon
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gum disease – might play a role in some diseases. In addition, certain diseases, such as diabetes and HIV/AIDS, can lower the body's resistance to infection, making oral health problems more severe.

What conditions may be linked to oral health?

Your oral health might affect, be affected by or contributes to various diseases and conditions, including:

- **Endocarditis.** Endocarditis is an infection of the inner lining of your heart (endocardium). Endocarditis typically occurs when bacteria or other germs from another part of your body, such as your mouth, spread through your bloodstream and attach to damaged areas in your heart.
- **Cardiovascular disease.** Some research suggest that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause.
- **Pregnancy and birth.** Periodontitis has been linked to premature birth and low birth weight.
- **Diabetes.** Diabetes reduces the body's resistance to infection – putting the gums at risk. Gum disease appears to be more frequent and severe among people who have diabetes. Research shows that people who have gum disease have a harder time controlling their blood sugar levels.
- **HIV/AIDS.** Oral problems, such as painful mucosal lesions, are common in people who have HIV/AIDS.
- **Osteoporosis.** Osteoporosis – which causes bones to become weak and brittle – might be linked with periodontal bone loss and tooth loss.
- **Alzheimer's disease.** Tooth loss before age 35 might be a risk factor for Alzheimer's disease. This is an area of much new research studying the link between Alzheimer disease and periodontal disease.
- **Other conditions.** Other conditions that might be linked to oral health include Sjogren's syndrome – an immune system disorder that causes dry mouth – and eating disorders.

Because of these potential links, be sure to tell your dentist if you're taking any medications or have had any changes in your overall health – especially if you've had any recent illnesses or you have a chronic condition, such as diabetes.

How do I know if I have periodontal disease?

Several warning signs can signal a problem. If you notice any of the following, see your dentist:

- Gums that bleed when you brush or floss
- Red, swollen, or tender gums
- Gums that have pulled away from your teeth
- Bad breath that doesn't go away
- Pus between the teeth and gums
- Loose or separating teeth

- A change in the way your teeth fit together when you bite
- A change in the fit of partial dentures

What causes periodontal disease?

Periodontal disease is caused by plaque, a sticky film that is always forming on your teeth. Plaque contains bacteria that produce harmful toxins. If teeth are not cleaned well, the toxins can irritate and inflame the gums. Inflamed gums can pull away from the teeth and form spaces called pockets. The pockets provide a home for more bacteria. If the infected pockets are not treated, the disease can get worse. The bone and other tissues that support teeth are damaged.

Plaque can be removed if you brush your teeth twice a day and floss daily. If plaque stays on teeth, it can harden into a rough surface called tartar. Tartar can only be removed when teeth are cleaned at the dental office.

How can I prevent periodontal diseases?

A good oral hygiene routine practiced for a few minutes twice a day can help reduce your risk of getting periodontal disease and tooth de-

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cay.

- Brush your teeth twice a day with fluoride toothpaste.
- Floss daily to remove plaque and bits of food from areas your toothbrush can't reach.
- If you need extra help controlling gingivitis and plaque, your dentist or hygienist may recommend using a germ fighting mouth rinse or other oral health aids.
- Eat a balanced diet for good general health and limit snacks.
- Visit your dentist regularly. Professional cleanings are the only way to remove tartar, which traps bacteria along the gum line.

Are you at risk?

There are several factors that increase the risk of developing periodontal disease:

- **People who smoke or chew tobacco are more likely to have periodontal disease.** Periodontal treatment is also less successful in patients who continue to smoke.
- **Diseases that affect the whole body** – such as diabetes, blood cell disorders, HIV infections, and AIDS – can lower resistance to infection, making periodontal disease more severe.
- Many **medications** – like steroids, some anti-seizure drugs, cancer therapy drugs, blood pressure drugs and birth control pills – can affect the gums. Some medications have side effects that reduce saliva. A lack of saliva can result in a constant dry mouth, which can irritate soft tissues. Tell your dentist about all your medications and any changes that occur in your health.
- Teens, pregnant women, and those taking birth control pills face **changes in the body's hormone levels.** These changes can cause gum tissue to become more sensitive to the toxins produced by bacteria.
- **Genes may play a role.** Some patients may be more likely to get a more several type of periodontitis. If your parents wear dentures or you have a family history of tooth loss, be extra alert for changes to your gums.
- The bacteria associates **with periodontal disease may be passed from parent to children and between partners.** Research suggests that the bacteria that causes periodontal disease can be passed through saliva.

Hope is not lost – treating periodontal disease

There are a variety of treatments for periodontal disease depending on the stage of the disease, how you may have responded to earlier treatments, and your overall health.

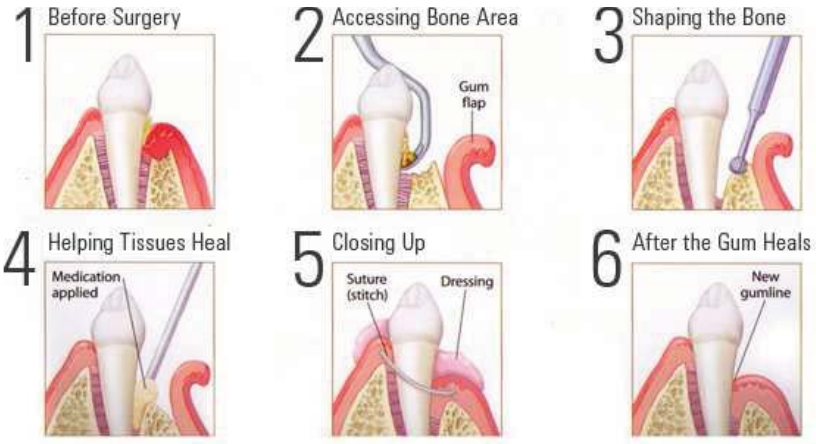
Treatments range from nonsurgical therapies that control bacterial growth to surgery to restore supportive tissues. Surgery is needed when the tissue around the teeth is unhealthy and cannot be repaired with nonsurgical options.

Non-surgical treatments:

- **Professional dental cleanings.** During a typical checkup your hygienist will remove plaque and tartar from above and below the gum line of all teeth. Your dentists may recommend professional dental cleanings more than twice-a-year.
- **Scaling and root planing.** This is a deep-cleaning, nonsurgical procedure, done under a local anesthetic, whereby plaque and tartar from above and below the gum line are scraped away (scaling) and rough spots on the tooth root are made smooth (planing). Smoothing the rough spots removes bacteria and provided a clean surface for the gums to reattach to the teeth. Scaling and root planing is done if your dentist determines that you have plaque and tartar under the gums that needs to be removed.

Surgical treatments:

- **Flap surgery/pocket reduction surgery.** During this procedure the gums are lifted back and the tarter is removed. The gums are then placed so that the tissue fits snugly around the tooth.
- **Bone graft.** This procedure involved using fragments of your own bone, synthetic bone, or donated bone to replace bone destroyed by gum disease.
- **Soft tissue regeneration.** This procedure reinforces thin gums or fills in places where gums have receded.
- **Guided tissue regeneration.** Performed when the bone supporting your teeth has been destroyed, this procedure stimulates bone and gum tissue growth.
- **Bone surgery.** Smoothes shallow craters in the bone due to moderate and advanced bone loss. (See picture to right)



Drugs used to treat gum disease

Antibiotic treatments can be used either in combination with surgery and other therapies, or alone, to reduce or temporarily eliminate the bacteria associated with gum disease or suppress the destruction of the tooth's attachment to the bone. Chlorhexidine (some brand names Peridex, PerioChip, Perio-Gard) is an antimicrobial used to control plaque and gingivitis in the mouth or in periodontal pockets. The medication is available as a mouth rinse or as a gelatin filled chip that is placed in pockets after root planing and releases the medication slowly over about seven days. Other antibiotics, including doxycycline, tetracycline, and minocycline may also be used to treat gum disease, as determined by your dentist.

Accepting New Patients

Did you know we are accepting new patients?

Refer family & friends and receive a gift card.

Your referral of friends, neighbors and family is one of the finest compliments that we can receive! In appreciation for your loyalty and trust we would like to say "Thank you" by offering you a gift card.

Refer 1 Friend or Family and we will send you a $50 Lettuce Entertain you gift card.*

Refer 2 Friends or Family and we will send you a $100 Visa gift card.*

Refer 3 Friends or family and we will send you a $150 Visa gift card.*

***New patient must complete New Patient Exam to be eligible for referral program & mention you as his/her referral.**

Helping You Get the Most Out of Your Dental 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 assure 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 designed 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.

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.

Contact Us

Give us a call for more information about our services, ideas for our newsletter, questions, comments, concerns, or if you just want to talk dentistry. We love to hear from you!

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Oral Health Care Professionals
Jeffrey S. Wascher, DDS
Eric G. Jackson, DDS, MAGD
2033 Ogden Avenue
Downers Grove, Illinois 60515

(630) 963-6750

Mail@OralHealthCareProfessionals.com

Visit our website at: www.OralHealthCareProfessionals.com

News Bites with Laura...

According to Robert Murray, MD, of Ohio State University, avocados are a healthy fat choice and delicious in foods like guacamole. They also may fight ailments like heart disease and gum disease. So indulge!!!!

DR. JACKSON TO SERVE AS TEAM DENTIST FOR CHICAGO BANDITS FOR THIRD CONSECUTIVE YEAR!

Stadium Night for the Chicago Bandits.

We are pleased to announce that Dr. Jackson has agreed to serve as the official team dentist for the Chicago Bandits professional softball team. The 2015 season will mark Dr. Jackson's third year at this position and he couldn't be more thrilled! The Bandits' home opener will take place at 5:05pm on Sunday May 24th in their beautiful Ballpark in Rosemont. Come on out and experience a fantastic, family friendly game of world class women's fastpitch softball! Many of the players are former Olympians and Olympic hopefuls (if the IOC reinstates women's fastpich softball to the Olympics... fingers crossed!!) To view a game schedule or to purchase tickets, visit the team's website: www.chicagobandits.com or call (877) 722-6348. Go Bandits!!