



WORD OF MOUTH

Westside Family Dentistry, P.C. ♦ Mary A. Purinsh, DDS

1330 West Colorado Avenue, Colorado Springs, CO 80904

Web: drpurinsh.com ♦ Telephone: 719-633-0999



Updates for Your Dental Health

● Long-Term Oral Bisphosphonates for Osteoporosis

News findings regarding bisphosphonates was recently published in *Osteoporosis International*, July 2018. The published research found that long-term oral bisphosphonate therapy for more than 5 years significantly delayed the healing of an extraction sight compared to administration for less than 5 years. But infection leading to osteonecrosis did not develop. The after-extraction follow-up duration of the study was three months and there were 274 extraction sights in the study. The conclusion of the study for patients taking oral bisphosphonates is that a “drug holiday” is **not** necessary prior to extraction.

● What is xylitol?

Xylitol is a natural sweetener that has a delicious, sweet taste, and no unpleasant aftertaste. Xylitol has about a third the calories as table sugar and is a healthy alternative for diabetics. Not only does it make an excellent sugar substitute, but it aids in the prevention of dental caries and reduces plaque formation. Xylitol gum, candy, and dental products are very popular in Europe. Xylitol is a natural carbohydrate that can be extracted from any woody fibrous plant material. Commercially it is extracted from corn cobs. Xylitol also occurs naturally in our bodies – in fact, an average size adult manufactures up to 15 grams of xylitol daily during normal metabolism. For your dental health, look for xylitol products as a healthy substitute for sugar.

...Houston...We Have a Cavity....

NASA and the two dentists who provide dental care for the astronauts in Houston take care of everything they can to prevent dental problems in space by screening and treating astronauts thoroughly long before they go up. They make their oral health a priority. All dental work is squared away at least 90 days before their scheduled flight. But, NASA dentist Dr. John Hatcher who has been treating astronauts since 1990 says the likelihood of dental problems caused by space travel is rare. The biggest risk is pain caused by a filling or crown that comes loose during the flight.

The term used for pain in teeth caused by changes in barometric air pressure is called *barodontalgia*. Fortunately, barodontalgia is a rare occurrence – military pilots whose fighter jets are only slightly pressurized are more susceptible to dental conditions caused by variable pressure. Polls show that only 6 to 8 percent of military aerial personnel experienced it. However, pilots have been found to be tooth clenchers (bruxism) that can cause cracks in the teeth and result in barodontalgia. The British Dental Journal published a study that showed bruxism is clearly more prevalent among pilots than nonpilots: 69% for pilots vs. 27% for non-pilots.

What does this mean for regular air travelers? Here are a few dental health tips:

- 1) Have any cavities, leaky or loose restorations treated before traveling.
- 2) Do like the astronauts - have your dental work complete 90 days before a planned trip. That way if there are any complicating factors or post-dental treatment symptoms, you have given yourself time for things to settle down.
- 3) If time is short before traveling - do not fly (or scuba dive) within 48 to 60 hours following any fillings that required local anesthetic.
- 4) Do not put off having a root canal completed “because it doesn’t hurt right now.” A dead nerve inside a tooth can be the start of a big toothache because of changes in air pressure during a flight.
- 5) Avoid traveling with temporary crowns or fillings.
- 6) Postpone flights when suffering from the common cold to avoid *barosinusitis* and if you must travel with a cold, use a decongestant to relieve sinus pressure. (And, cover your mouth and nose when you cough or sneeze, please.)

Source: Academy of General Dentistry Publication *Impact*, August 2018

Our Office Hours
Monday – Thursday 9AM to 5PM
Lunch 1 to 2PM

Front Desk Open on Fridays
9AM to Noon
Closed Saturday + Sunday



Everything Old is New Again

The Use of Silver Compounds to Arrest Dental Decay

Researchers in the late 1800s recommended using silver nitrate to treat caries in children. Silver nitrate (then called Howe's Solution) became a popular medicament for caries prevention in the 1920s. Ammonia was eventually added to the formula to help create what we now have as silver diamine fluoride (SDF).

Today, SDF is produced by only one company in the U.S. as a colorless liquid containing silver particles and 38 percent (44,800ppm) fluoride ion that is 25 percent silver, 8 percent ammonia, 5 percent fluoride and 62 percent water at pH10. The silver works as an antimicrobial, the fluoride supports remineralization, and the ammonia stabilizes the high concentrations in solution. In Japan and China, SDF has been used as an anti-caries agent and anti-hypersensitivity agent since the 1970s. Dentists in Mexico, Australia, Argentina, and Brazil have been using SDF since the 1980s. In 2014, the FDA cleared the use of SDF as a Class II medical device for the treatment of tooth hypersensitivity. But additional acceptance of SDF for cavity treatment is on the way, especially in children, geriatric, and special needs patients. The University of Michigan as part of the National Institute of Dental and Craniofacial Research, as well as the University of Iowa and New York University, are all about to begin a four year study.

The ADA has added an insurance code for the use of SDF as a caries-arresting agent. In 2016, the American Academy of Pediatric Dentistry (AAPD) issued the first-ever evidence-based guideline on the use of SDF to treat active caries in pediatric and special needs patients. Surveys show that 45% of all pediatric dentists in the U.S. use SDF. The AAPD found that approximately seven in ten cavities could be arrested with annual application.

SDF is quick, easy, and inexpensive to apply and can be used in virtually any setting requiring no local anesthetic or isolation of the teeth. The teeth just need to be dry with cotton rolls and air-drying to apply SDF. SDF cannot be used if there is a possible allergy to silver. And the SDF solution will stain carious tooth structure a dark grey or black color in the process of killing the bacteria and sealing the dentin. This discoloration may be objectionable to the patient, family, or guardians. But if used in baby teeth that will be eventually lost or on posterior teeth that are not visible, the positive aspects of atraumatic treatment and reduced cost outweigh the negatives. Or it can be used as a temporary treatment to stop cavities until traditional tooth-colored fillings can be placed (the stained tooth structure will be removed prior to placing the filling.)

Depending upon an individual's circumstances, SDF might be a consideration for:

- ① Young children who have fear or behavior problems in the dental setting.
- ② Special needs patients who have problems with oral hygiene and develop many cavities.
- ③ Individuals who cannot have routine dental restoration procedures without conscious or general anesthesia.
- ④ Geriatric folks who have developed dry mouth problems and are getting decalcification and cavities around existing crowns and fillings.

Some media resources on this topic are:

"A Cavity-Fighting Liquid Lets Kids Avoid Dentists' Drills," The New York Times: nytimes.com/2016/07/12/health/silver-diamine-fluoride-dentist-cavities.html

"This New Treatment Could Make Your Next Trip to the Dentist More Bearable," PBS News Hour: tinyurl.com/y928sn9g

*Fall Greetings from
Dr. Mary and Gus*!*



Greetings,

Fall is here and it is time to start preparing the office and landscaping for cooler weather. Our plants around the building did well this summer considering the several bouts of hail we had.

Because 21st Street was closed most of the summer for construction, we had much more traffic at 14th and Colorado Avenue. We actually saw some very bad accidents at our corner. For your safety, we encourage you go one block west on Pikes Peak to get to the traffic light at 15th Street. It is much easier and less risky to get onto or cross Colorado Avenue.

Gene and I have a short fall trip planned for October. We are flying to Maine and driving to Ottawa, Toronto, and Buffalo.

We are looking forward to seeing an Ottawa Senators' hockey game and visiting the Hockey Hall of Fame in Toronto during this trip!

Best wishes and "keep your stick on the ice!"

Dr. Mary Pawinski



** Gus is our Humane Society rescue dog we have had for two years as of September 21and Gene took our picture in Cuchara.*