

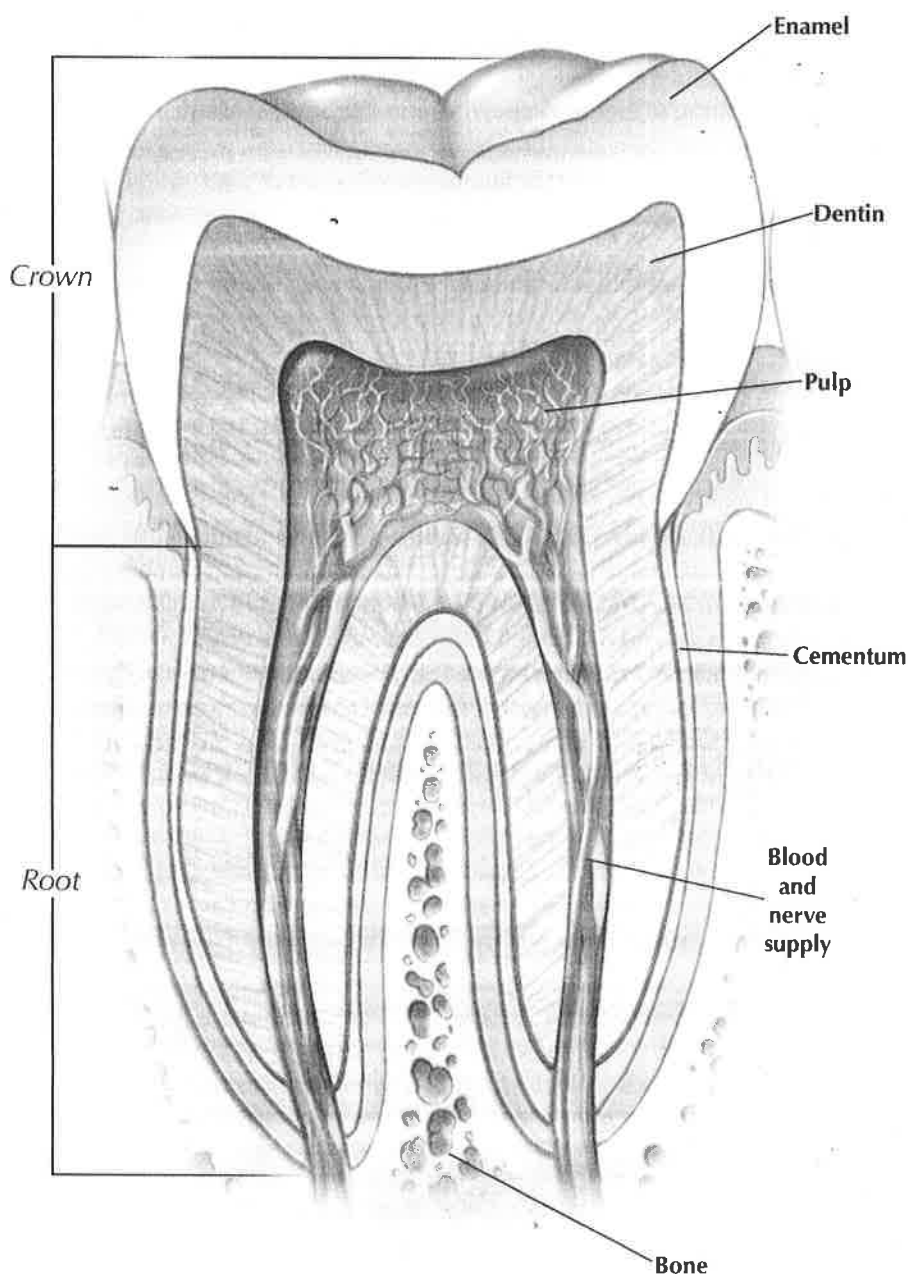
# Special Report



Supplement to MAYO CLINIC HEALTH LETTER

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## Advances in dental care Maintaining the health of your teeth and gums



If you've been to the dentist lately, you may have noticed that your visits are quite different from when you were a child — or even a decade ago. The past five years have brought a revolution in dental knowledge, diagnosis and treatment options, which have led to many new offerings in dental practices. In-office production of crowns, improved X-ray technologies and same-day procedures represent ongoing progress that has helped approximately three-quarters of Americans keep their natural teeth past age 60. Bad teeth — once considered an inevitable part of aging — are no longer the norm.

Even with these advances, healthy teeth and gums aren't a given. Keeping your natural teeth as you get older means that good oral hygiene — including brushing, flossing and regular dental visits — is more important than ever. As researchers continue to learn more about the connection between dental health and other medical conditions, it's clear oral health goes hand in hand with your general well-being. This is especially true as you get older and other health conditions creep up. With the help of your dentist, dental hygienist and doctor, you can work to maintain the health of your teeth and gums for a lifetime.

### Your teeth and gums

Though your mouth has multiple functions — talking, smiling, laughing and kissing, to name a few — the most obvious role is probably biting, chewing and swallowing food. Your teeth are the primary tools in this process.

Most adults develop 32 teeth. Each tooth has a number of protective layers. The visible portion of a tooth is the crown. The crown is covered with a thin, shiny layer of enamel. Enamel is the hardest substance in the human body, but it doesn't contain any living cells

## Bad breath

Temporary bad breath (halitosis) is common after consuming certain foods and beverages, such as onions, garlic, foods containing high sulfur levels or coffee. But if you experience persistent halitosis, it's likely related to issues of oral hygiene.

When bacteria break down food particles in your mouth, the fermentation process releases unpleasant odors. Halitosis is also caused by bacterial accumulation that occurs in cases of gingivitis or chronic periodontal disease. Occasionally, other medical conditions can give an unpleasant odor to the breath, as can smoking. Dry mouth (xerostomia) also can cause an overgrowth of bacteria, leading to halitosis.

Keeping up a good oral hygiene routine can help reduce or eliminate halitosis. You may find you need to brush and floss after each meal. Make sure to brush the top and back of your tongue, and if you have dentures, clean them as recommended. Get your salivary glands into high gear by chewing sugar-free gum or snacking on foods that need a lot of chewing — such as crunchy fruits and vegetables — as the saliva produced will help wash away bacteria. Though some over-the-counter mouthwashes and sprays target bad breath, their effects don't last long.

If self-care measures don't relieve your bad breath, talk with your dentist to find out if periodontal disease is the cause. If it's determined your halitosis isn't from a dental source, talk to your doctor to see if there's another medical cause, or a medication leading to dry mouth and the buildup of bacteria.

and can't repair itself. The part of a tooth beneath the gumline is the root. The root is covered by cementum (suh-MEN-tum), a bonelike substance that's not as hard as enamel. A network of connective tissue (periodontal ligament) surrounds the cementum, providing cushioning and attaching the cementum to the bone that forms the tooth socket.

Underneath the enamel and cementum is the body of the inner tooth. A substance called dentin — harder than bone, but softer than enamel — surrounds the hollow tooth core. This central pulp chamber contains nerves, blood vessels and connective tissue. Nerves and blood vessels enter the pulp chamber through openings at the tip of the root.

Your teeth are surrounded and supported by firm, pink gums (gingiva). At the edge of your gumline, your gum tissue folds back underneath itself before connecting to your teeth, creating a snug groove around each tooth. This groove is called the gingival sulcus.

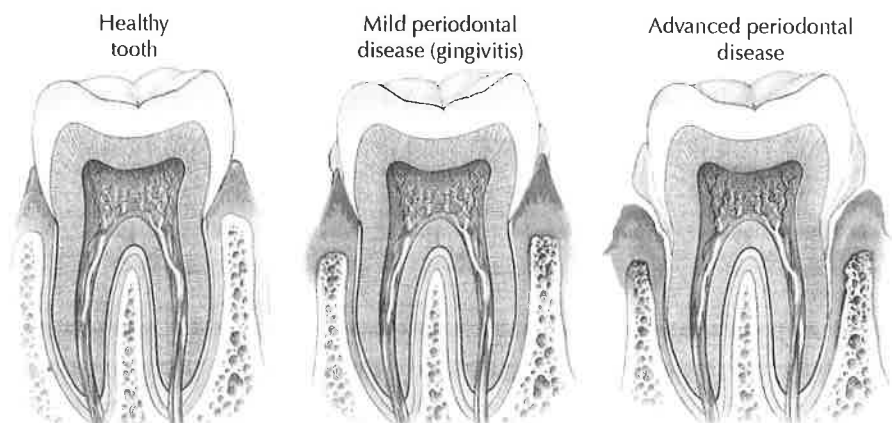
Saliva — in addition to aiding in chewing and digestion — plays an important role in keeping your teeth and gums healthy. Secreted from glands throughout your mouth, one of saliva's main functions is to protect your mouth from decay and disease. It does this by washing food away from your teeth and gums, neutralizing acids produced by bacteria, killing bacteria and viruses, and providing a flow of important minerals and other substances to your teeth.

## Common dental issues

More than 700 types of bacteria reside in your mouth. Though some are harmless, others can contribute to dental problems through the formation of dental plaque — a sticky, colorless film that clings to your teeth. Over time, plaque that isn't removed through cleaning can harden and form a substance called tartar (calculus), which is difficult to remove. Plaque and tartar can cause:

- **Tooth decay (cavities)** — Also called dental caries, cavities are small holes in your tooth surface. They occur when the bacteria in plaque feed on sugars and starches in the foods and beverages you consume, converting them to acid. Over time this acid can dissolve the enamel and eventually the dentin below.

If your gums have receded, the root of the tooth can be exposed to plaque. Because cementum and dentin aren't as strong as enamel, roots are more prone to decay. Root decay is common in people older than 50 and is often accompanied by sensitivity to touch, heat or cold. Decay is also common around the



Gingivitis can cause healthy gums, left, to become red and swollen, center. Eventually gum tissue may begin to detach from the teeth, right.

edges of fillings, where bacteria can collect. If untreated, cavities can extend to the pulp cavity, allowing bacteria to enter. This may cause a toothache and eventually a painful infection (abscess). Even with today's improved health knowledge and access to dental care, it's estimated that 1 in 5 people older than 65 has untreated tooth decay.

- **Gingivitis** — The buildup of plaque and tartar along your gumline can trigger an inflammatory response called gingivitis. This early, mild form of gum (periodontal) disease causes your normally healthy, pink gums to become red, swollen, tender and prone to bleeding. Gingivitis is often painless and is reversible with proper dental care. Without treatment, it can develop into more advanced periodontal disease.

- **Chronic periodontal disease** — Periodontitis, or chronic periodontal disease, develops when plaque and tartar spread beneath your gumline, causing your gum tissue to pull away from nearby teeth. Plaque and tartar advance into these pockets created by the gum detachment, further irritating the gum tissue and worsening the problem. This process often advances slowly but can have periods of rapid progression. If untreated, the bacteria — as well as your body's own immune system response — can break down and destroy surrounding tissue and bone, eventually causing your teeth to loosen and fall out.

Periodontal disease is the leading cause of tooth loss in adults. In the United States, approximately two-thirds of people older than 65 have moderate to severe periodontal disease.

## Risk factors

A variety of risk factors contribute to dental health problems, including:

- **Lack of fluoridated water** — Fluoride is a naturally occurring mineral that strengthens your teeth and helps them resist cavities. It's been added to many public water systems, and almost three-quarters of the United States is served by fluoridated water. But if you haven't had exposure to fluoridated water throughout your lifetime, you may be at increased risk of cavities.

- **Diet** — Consuming excess sugary foods or drinks can contribute directly to tooth decay. Diet sodas contain acid, which can be harmful to teeth. Poor nutrition overall can leave you more susceptible to tooth and gum problems.

- **Genetics** — You may be more susceptible to gum disease due to your genes.

- **Tobacco use** — In addition to staining your teeth and causing bad breath, tobacco use — both smoking and chewing tobacco — is a significant risk factor for periodontal disease, oral cancer and other mouth problems. Smoking also slows your mouth's ability to heal after dental procedures.

- **Age** — Wear and tear over time can cause even healthy gums to recede. This exposes the more sensitive tooth roots to bacteria. Your teeth's pulp canals can become smaller due to deposits of secondary dentin, meaning that you may be less likely to feel pain related to tooth problems, causing them to go undetected if you're not getting regular checkups. It also may be challenging to maintain a proper self-care routine if you have other age-related issues such as poor vision or conditions such as a stroke, arthritis or Parkinson's disease.

- **Dry mouth** — Also called xerostomia (zeer-o-STOE-me-uh), dry mouth occurs when your salivary glands no longer function properly. It's a common problem, affecting 20 to 30 percent of people older than 65.

Given the important role that saliva plays in protecting your teeth and gums, dry mouth can be a leading culprit in the development of cavities and periodontal disease.

## Dental cosmetics

If you're considering a dental procedure to improve the appearance of your teeth, you may want to ask your dentist about the following:

- **Bleaching (tooth whitening)** — In this procedure, bleaching chemicals (peroxide) are applied to the surface of your teeth, lightening the color by removing stains. It can be done in your dentist's office or at home with a prescription or over-the-counter product. Whitening is most effective on yellow discoloration and won't work on crowns, fillings or veneers. Bleaching products are safe when used as directed but may cause gum irritation or tooth sensitivity.

- **Bonding** — Most useful in the case of a chipped tooth, bonding involves applying a tooth-colored resin to your natural tooth to improve its shape or color.

- **Clear aligners** — Clear braces such as Invisalign can help straighten crowded or crooked teeth and provide an aesthetically pleasing alternative to metal braces. Research indicates they may be effective in correcting some dental alignment issues but that metal braces are superior in certain cases.

- **Veneers** — Veneers are ultrathin shells of tooth-colored porcelain that are bonded to the front of your teeth. Unlike bonding, they require a small amount of the natural enamel to be removed. They can be used to improve the appearance of discolored, chipped or crooked teeth.

Talk with your dentist about the pros and cons of each treatment, what option is best for you as well as reasonable expectations for the outcome. Remember, cosmetic procedures can be expensive and aren't generally covered by insurance.

### Dry mouth

Dry mouth (xerostomia) isn't a natural part of aging, but rather a side effect of numerous health conditions and treatments.

More than 400 medications can affect the salivary glands, including antihistamines, decongestants, antidepressants, diuretics or other high blood pressure medications, drugs to treat Parkinson's disease, chemotherapy drugs and medications to treat dementia. Dry mouth is also caused by radiation to the head and neck, nerve damage affecting the salivary glands, as well as conditions such as the autoimmune disorder Sjögren's syndrome, diabetes and HIV/AIDS.

Proper treatment for xerostomia first requires an accurate diagnosis to determine the underlying cause. If dry mouth is caused by medications, your doctor may be able to change your prescription or adjust its dosage and duration. If your salivary glands have been damaged and no longer work well on their own, your doctor may prescribe medications such as cevimeline (Evxac) or pilocarpine (Salagen) to stimulate saliva production.

Self care remedies that may be effective include a nonprescription saliva substitute or mouthwash designed for dry mouth (Biotene Oral Balance, others), frequently sipping water or a sugarless drink, chewing sugar-free gum or sucking on sugarless hard candies to stimulate saliva production, using a humidifier, and avoiding substances that dry out the mouth, such as tobacco, alcohol and caffeine. If you experience chronic dry mouth, talk with your dentist. You may need a prescription-strength fluoride gel to protect your teeth.

■ *Other medical conditions* — The relationship between oral and general health is multifaceted. Some medical conditions increase your susceptibility to tooth and gum problems, and poor oral health may in turn contribute to certain systemic diseases. For example, people who have diabetes are more likely to have periodontal disease, and research suggests that those who have periodontal disease may have a more difficult time controlling their blood sugar. Other conditions that have been linked to oral health include cardiovascular diseases, obesity, asthma and other respiratory problems, osteoporosis, HIV/AIDS, rheumatoid arthritis, Sjögren's syndrome, dementia, and head and neck cancers. More research is needed to help doctors understand the complex connection between oral health and other diseases. It may be that there are cause-and-effect relationships connecting the conditions, shared underlying risk factors or both.

■ *Medications* — Some medications trigger a condition called gingival hyperplasia, an overgrowth of your gums that can lead to periodontal disease and other tooth issues. This can result from taking certain medications such as the anti-epilepsy drug phenytoin (Dilantin), the post-organ transplant drug cyclosporine, calcium channel blockers used to treat heart disease or high blood pressure, and certain steroids. Good oral hygiene can lessen the negative effects of gingival hyperplasia, but you may need to have the overgrowth surgically removed. The condition may subside if the medication is discontinued.

■ *Menopause* — The hormonal changes experienced at menopause may trigger dry mouth and can cause your gums to become more sensitive and susceptible to gingivitis. The bone loss that often accompanies menopause also can contribute to oral problems such as tooth loss.

### Open wide: Visiting your dentist

Even if you have healthy teeth and gums, regular dental visits are an important part of oral care. Forming a close relationship with your dentist can help establish a baseline assessment of your oral health. A dentist you see consistently will get to know your mouth and overall medical history, increasing the likelihood of identifying dental issues earlier — when they may be easier to treat — as well as general health problems that have oral symptoms. Your dentist can help you come up with a prevention plan based on your health and unique needs. And, if you need to be seen for a dental emergency, your dentist will be able to refer to your history and X-rays.

If you don't have a dentist, ask your doctor or family members and friends for a recommendation. The American Dental Association offers a search feature to help you find a dentist near you — [www.mouthhealthy.org/en/find-a-dentist](http://www.mouthhealthy.org/en/find-a-dentist).

At a dentist appointment, you'll likely discuss any changes in your overall health as well as specific oral health risk factors and any medications you are on. Your dentist or dental hygienist may then visually inspect your mouth for cavities and periodontal disease. One or more of the following procedures may be used to assess your oral health:

■ *Looking for cavities* — A thin metal tool may be used to examine the enamel of your teeth and look for soft spots and tooth decay.

■ *Probing for pockets* — An important measure of gum health is the depth of the gingival sulcus groove along your gumline. A tiny measuring probe is used to check the depth of this groove between your teeth and gum tissue. A depth of 1 to 3 millimeters is considered healthy. A depth of over 3 millimeters may indicate a pocket is forming, a sign of periodontal disease. Depths over 6 millimeters make it more difficult for you to maintain the health of your teeth.

- **X-rays** — Depending on when you last had them done, your dentist may recommend taking X-rays. X-rays help assess your bite and tooth alignment. They also help diagnose problems that your dentist can't see with a visual inspection, such as hidden cavities between your teeth, how far a cavity has progressed into a tooth and any bone loss in the case of periodontal disease. Many dental offices use newer digital radiographic technology. These X-rays are better at diagnosing problems, and they reduce radiation exposure by up to 90 percent compared with older technology.

- **Professional cleaning** — A thorough cleaning will often be performed at your regular checkup by your dentist or dental hygienist. Special tools are used to remove plaque and tartar buildup that can cause gingivitis. After tartar is removed, your teeth may be polished and flossed. You may have the option of receiving a fluoride treatment.

If needed, your dentist may refer you to a periodontist — a specialist in gum health — for further assessment and treatment. Current trends in dental practices mean that some offices house several specialists under one roof. This can allow for immediate specialty care for certain dental problems, avoiding the need to be seen elsewhere.

## Prevention and treatment options

In addition to your regular dental exams and cleanings, your dentist may perform other procedures to help you maintain your oral health and treat problems:

- **Fillings** — A filling is the standard treatment for a cavity that hasn't yet reached the nerve-filled pulp chamber. During the procedure, your dentist removes the decayed enamel and dentin and replaces it, usually with a silver amalgam filling or a composite material made of plastic and glass. Silver amalgam fillings are the strongest and most durable option and may be the best choice for large cavities in your molars, where the filling is less visible. Though they are more expensive and take longer to put in place, composite fillings tend to be more popular because they can be closely matched to the color of your natural teeth.

- **Crowns** — A crown is a specially molded cover that fits over your natural tooth. Crowns are used in a variety of situations, such as to strengthen a tooth after a filling or root canal, protect a weak tooth from breaking, cover a dental implant, or improve the appearance of a misshapen tooth. Your dentist will prepare and make an impression of your tooth and fit you with a temporary crown. The permanent crown is made at a dental laboratory and is fitted and cemented in place at a subsequent appointment. Crowns may be made of a variety of materials, including metal, porcelain or ceramic. In recent years, crowns made from zirconia — an extremely hard ceramic — have been gaining popularity.

Advances in technology now allow for the faster digital production of crowns at dental offices. Faster digital production may mean the crown can be installed in one visit. In addition, many dental practices have the ability to take digital tooth impressions. Although not always appropriate, this can eliminate the use of impression materials and procedures, which you may find uncomfortable.

- **Scaling and root planing** — This deep-cleaning procedure removes bacteria in cases where gingivitis has progressed to periodontal disease. Scaling involves scraping plaque and tartar off the tooth above and below the gumline. Root planing smooths the root surfaces of your teeth within the pockets where bacteria accumulate, helping encourage your gum tissue to reattach to the teeth.

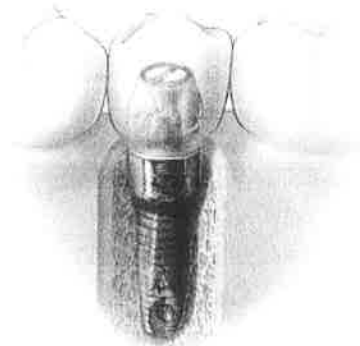
## Dentures and implants

If you've lost one or more teeth, you may be considering artificial tooth replacement. A variety of options exist thanks to ongoing advances in the field of prosthodontics.

Dentures have been widely used for many years. They may be full or partial and can be either fixed (semi-permanent) or removable. A fixed bridge (fixed partial denture) is used to bridge the gap where your natural teeth used to be. Overdentures are placed over your remaining teeth.

Dental implants provide a long-term option for tooth replacement. To install an implant, metal posts are surgically anchored into your jaw and provide a base on which to thread replacement teeth. Your natural bone grows around the posts and secures them. As with dentures, implants may be used to replace one tooth, multiple teeth or your entire arch. Implants may look, feel and function more like natural teeth.

Dentures and implants may be installed in one procedure or over the course of several months. You'll likely see a prosthodontist — a dentist who specializes in artificial tooth replacement — to discuss which option is best for you. Not everyone is a good candidate for implants, as certain health conditions can interfere with proper healing and the ability to fight infection after surgery.



## Oral cancer

Approximately 48,000 new cases of oral and throat cancer were diagnosed in the U.S. last year. Smoking and excessive alcohol consumption are the primary risk factors for oral cancer, and having an oral human papillomavirus (HPV) infection also increases your risk. Oral cancer is most often diagnosed between ages 55 and 64 and is twice as common in males.

Mouth and throat cancers tend to be diagnosed when disease is more advanced, leading to a five-year survival rate of only 63 percent. Regular dental visits and monitoring of your oral health can help catch any changes in your mouth and throat, which increases the likelihood that oral cancer can be caught early, when it's more easily treatable.

## On the horizon

Research into dental advances continues, including:

- A medication assessed as a treatment for Alzheimer's disease may also promote natural tooth regeneration. Tideglusib seems to stimulate stem cells present in teeth to regrow dentin. With more study, this may indicate a role for the drug in treating tooth decay and reducing the need for fillings.
- Researchers continue to explore the complex connection between genetics and oral health. A recent study identified certain genes that may contribute to periodontal disease. Further research into the expression of these genes may have future implications for more-individualized treatment of gum disease.

Your dentist may use manual or ultrasonic tools for these procedures. If caught early, scaling and root planing combined with good oral hygiene at home may be enough to stop or reverse the progression of periodontal disease.

- **Root canal** — Also known as endodontic treatment, a root canal may be necessary if tooth decay reaches your tooth's inner pulp chamber and causes inflammation or infection. During the procedure, your dentist or a specialist who treats the inner tooth chamber (endodontist) removes the affected nerves and blood vessels. The pulp chamber and root canal are then cleaned and sealed. You may need one to three appointments to complete the procedure and will likely require a crown on the affected tooth. Improved techniques such as cone beam computerized tomography — a special type of X-ray — and microscope-assisted endodontic treatment may result in better assessment, treatment and procedure outcomes.

- **Medications** — In some cases, your dentist may prescribe an antibiotic after a scaling and root planing procedure to help prevent infection and promote healing. Local applications include antibiotic mouth rinses or the insertion of antibiotic chips, such as chlorhexidine gluconate (PerioChip), or gels directly at the cleaning site. Some offices use lasers to sterilize the site and promote healing. Oral antibiotics may be recommended in order to completely eliminate infection-causing bacteria.

Recently, a treatment called silver diamine fluoride (SDF) has received attention as a possible cost-effective alternative to the standard cavity treatment of drilling and filling. Approved by the Food and Drug Administration in 2014 as a treatment for tooth hypersensitivity, research indicates this clear liquid can also prevent and treat tooth decay. Its primary downside is aesthetic, as it permanently turns areas of decay black. Only one treatment preparation (Advantage Arrest) is currently available in the United States. Talk with your dentist about whether SDF may be an option for you. Research into the use of SDF as a treatment for tooth decay is ongoing — visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov) and search "silver diamine fluoride."

## Dental surgery

If your periodontal disease has progressed to an advanced stage, your dentist or periodontist may recommend one of the following surgical procedures:

- **Flap surgery (pocket depth reduction)** — In very deep pockets, your gums can be surgically lifted for a much deeper scaling and root planing treatment. The gum tissue is then fit tightly back in place around the tooth, reducing the depth of the pocket so they are easier to keep free of bacteria.

- **Bone and gum tissue regeneration (grafting)** — These procedures facilitate your body's natural ability to regenerate tissue in cases of bone loss or receding gums. In bone grafting, natural or synthetic bone is put in an area of bone loss to stimulate growth. In a technique called guided tissue regeneration, a mesh-like material is placed between the bone and gum tissue to restrict the gum from growing into the area where bone regeneration is desired.

Gingival grafting involves taking gum tissue from the roof of your mouth (palate) or another donor source and securing it over an exposed root. Over time the tissue will attach to the root. This reduces gum recession and bone loss, protects the root from decay and tooth sensitivity, and improves appearance.

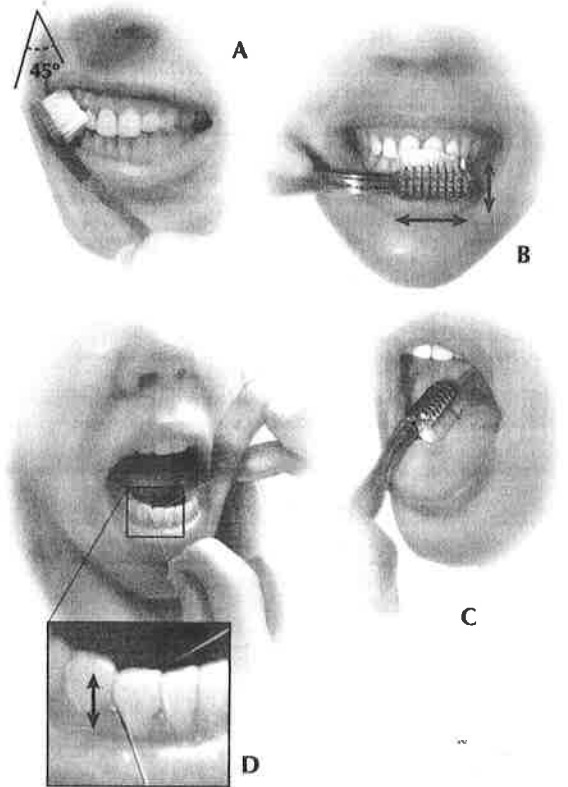
- **Enamel matrix derivative application** — This regenerative treatment involves application of a special gel to a diseased tooth root. The gel contains the same proteins as developing tooth enamel and can stimulate bone tissue regrowth

## Proper brushing and flossing techniques

You may brush and floss regularly, but how do you know if they're effective? Here are some tips to help you get the most from your home care routine:

- **Brushing** — Place your brush at a 45-degree angle to your teeth and gums (A). Use short, gentle back-and-forth strokes to clean the fronts, backs and chewing surfaces of your teeth and along the gumline (B). Tilt the brush vertically and make short up and down strokes to clean the inside surfaces of your front teeth. Gently brush your tongue to remove additional bacteria (C).

- **Flossing** — Flossing helps remove plaque between your teeth that your brush bristles can't reach. Using approximately 18 inches of floss, wind most of it around your middle fingers, leaving 1 to 2 inches between your thumb and forefingers. Holding the floss taut, use a gentle back-and-forth motion to work it between your teeth. At the gumline, bend it into a C shape as you scrape it up and down the side of each tooth (D). Each stroke should go slightly below your gumline until you feel resistance. Though you may feel some discomfort at first, flossing shouldn't be painful. Adjust the pressure as necessary. As you floss, keep unwinding the clean portion and winding up the used portion so that each tooth is cleaned with an unused section of floss.



and reduce pocket depth. It may be used alone or alongside flap surgery and grafting procedures.

As technology advances, dental techniques continue to become less invasive. For example, laser therapy is now being used to treat gum disease. Though it has similar outcomes to those of traditional surgery, it can reduce recovery time and discomfort. Other advances include grafting procedures using synthetic (alloplastic) tissue, as well as more options for delivering sedatives, such as by mouth, by inhalation or intravenously. These developments increase the range of choices you and your dentist can consider, allowing for improved comfort and tailored treatments that take into account your unique needs. If you have a heart valve condition, ask your doctor if you need to take an antibiotic before a dental procedure. Antibiotics may prevent infection that could occur if bacteria from your mouth enter your bloodstream.

## A healthy smile for life

Ongoing advances in the field of dentistry — as well as improved awareness of oral health problems and proper hygiene — increase the likelihood you'll maintain your natural teeth as you age. Given the connections between oral health and other medical conditions, prioritizing the care of your teeth and gums is an investment in your overall health. With regular dental visits, a focus on healthy lifestyle choices and a good home care routine, you can look forward to enjoying your smile for a lifetime. □



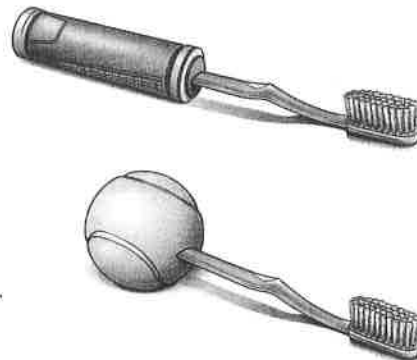
## Take charge of your oral health

Prevention is the best medicine when it comes to your teeth and gums. These tips will have you well on your way to a healthy smile:

- Brush at least twice a day for two minutes each time with a soft-bristled brush and fluoride toothpaste. Consider using an electric toothbrush — research indicates automated brushes are more effective at removing plaque and improving oral health compared with manual brushes. To care for your toothbrush, thoroughly rinse it with tap water after brushing. Store in an upright position and allow to air-dry. Don't share your toothbrush with others, and replace your brush or brush head every three to four months — or sooner if the bristles become worn or frayed. Though a number of ultraviolet toothbrush sanitizers are available, there isn't evidence that cleaning your brush with one of these devices or by soaking it in an antibacterial mouth rinse will improve your dental health. If you or a family member has a communicable disease or is at increased risk of infection, talk to your dentist about whether you'd benefit from additional cleaning steps.
- Clean between your teeth once a day with floss. Floss comes in a variety of styles, including waxed and unwaxed and varying thicknesses and widths, as well as different materials and flavors. Pick whichever feels most comfortable for you and allows you to keep up your daily routine. There are a variety of other interdental cleaners available that remove plaque from between your teeth, such as pre-threaded flossers, dental picks, interdental brushes and dental sticks. Mouth rinses also can kill harmful bacteria. Talk with your dentist or dental hygienist about whether you'd benefit from using any of these products.
- If it's difficult to brush or floss due to arthritis or another health problem, ask your dentist for tips on how to maintain your oral hygiene routine. To improve your grip, buy a toothbrush with a large handle or enlarge it yourself by placing a bicycle grip on the end or inserting the handle into a small slit cut into the side of a tennis ball. You might find an electric toothbrush easier to use.
- Clean your dentures daily using a soft-bristled brush and nonabrasive cleaner. It's best to remove dentures from

your mouth for four hours every day as well as at night. Store your dentures in water when not in use.

- Visit your dentist regularly. Most people will have an exam and cleaning every six to 12 months, but the frequency of your appointments will depend on your unique risk factors as well as your oral and general health. Talk with your dentist about how often you should be seen.
- Focus on lifestyle choices within your control. Quit smoking — ask your doctor or dentist for resources to help you quit. If you consume alcohol, do so in moderation to reduce your risk of mouth and throat cancer.
- Eat a healthy, balanced diet full of whole grains and fresh fruits and vegetables, which are good sources of fiber. Higher levels of fiber intake — especially from whole grains — are associated with a lower prevalence of periodontal disease. Avoid snacking between meals, especially sugary foods. Chewing sugarless gum after meals can increase saliva and may help prevent cavities.
- Keep conditions such as diabetes under control to reduce the risk of complications that affect your oral health.
- Drink plenty of fluoridated water throughout the day. If you don't have access to fluoridated tap water, your dentist may recommend fluoride products such as over-the-counter mouth rinses or fluoride varnish treatments that are applied during an office visit.
- Plan ahead. Medicare doesn't cover routine dental care, so factor in dental expenses as part of retirement to ensure your oral health doesn't fall to the wayside.



A bicycle grip or tennis ball can help make brushing easier.