

Sample Newspaper Articles

The sample articles may be published as a public service to the community by the ADA's state or local dental societies, chapters of the Alliance to the American Dental Association, departments of health or the armed forces' dental clinics. All others entities seeking permission to publish the articles must do so in writing via email to National Children's Dental Health Month ncdhm@ada.org. You may wish to add quotes from your spokesperson and expand on the contents in the samples.

Send a brief letter or email to community affairs editors informing them that February is National Children's Dental Health Month. Explain that the newspaper articles were prepared as a public service to the community. Follow up with a call to the editor to determine if and when the articles might be placed, or whether more information is desired.

Placing the organization's name and the spokesperson's name in the copy will customize the enclosed samples. The articles may be useful when promoting your society's events. For example, an article on sealants can help publicize an upcoming presentation or screening.

While an organization may be credited as the source for these articles, it is inappropriate for an individual to have the articles published under his or her name, implying authorship. Such an insinuation violates an advisory opinion, developed by the ADA Council on Bylaws and Judicial Affairs (Section 5A of the ADA Principles of Ethics and Code of Professional Conduct).

Are you prepared for a dental emergency?

Thousands of dental emergencies—from injuries to a painful, abscessed tooth—take place every day. Would you know what to do if your child broke a tooth or had a tooth knocked out while playing outdoors? What if you had a bad toothache in the middle of the night and couldn't get to the dentist until the next day? Knowing what to do can lessen the pain and save a tooth that might otherwise be lost.

Keep your dental office phone number and an emergency number where the dentist can be reached after hours with other emergency numbers, such as your family doctor, and fire and police departments. Some families post these numbers on the refrigerator or inside a kitchen cabinet door near the phone. Call the dentist immediately for instructions on how to handle a dental emergency.

Toothache: Rinse the mouth with warm water to clean it out. Gently use dental floss or an interdental cleaner to remove any food or other debris that may be caught between the teeth. Never put aspirin or any other painkiller against the gums near the aching tooth. This could burn gum tissue. If the toothache persists, try to see the dentist. Don't rely on painkillers. They may temporarily relieve pain but your dentist should evaluate the condition.

Knocked-out (avulsed) tooth: Try to find the tooth! This may not be as easy as you think if the injury took place on a playground, basketball court or while skateboarding, so try to stay calm. Hold the tooth by the crown and rinse the root in water if the tooth is dirty. Don't scrub it or remove any attached tissue fragments. If it's possible, gently insert and hold the tooth in its socket while you head to the dentist. If that's not possible, put the tooth in a cup of milk and bring it to the dentist. Time is critical for successful reimplantation, so try to get to your dentist immediately.

Broken tooth: Rinse your mouth with warm water to clean the area. Use cold compresses on the outside of the cheek to help reduce the swelling.

Tongue or lip bites or wounds: Clean the area gently with a clean cloth and apply cold compresses to reduce any swelling. If the bleeding can't be controlled, go to a hospital emergency room or clinic. You may be able to reduce bleeding from the tongue by pulling it forward and using gauze to put pressure on the wound.

Objects caught between teeth: Try to gently remove the object with dental floss. Never use a sharp instrument to remove any object that is stuck between your teeth. If you can't dislodge the object with floss, contact your dentist.

Possible broken jaw: Apply cold compresses to control swelling. Get to the hospital emergency room immediately.

Sipping, Snacking and Tooth Decay

Many parents across the country will issue a common refrain at dinnertime tonight: “You’d better eat that--it’s good for you!” There’s another old favorite in the parental arsenal of dietary admonitions: “Don’t eat that—it’ll rot your teeth!” Now more than ever, kids are faced with a bewildering array of food choices -- from fresh produce to sugar-laden processed convenience meals and snack foods. What children eat and when they eat it may affect not only their general health but also their oral health.

Americans are consuming foods and drinks high in sugar and starches more often and in larger portions than ever before. It’s clear that “junk” foods and drinks gradually have replaced nutritious beverages and foods for many people. For example, the average teenage boy in the U.S. consumes 81 gallons of soft drinks each year! Alarmingly, a steady diet of sugary foods and drinks can ruin teeth, especially among those who snack throughout the day. Common activities may contribute to the tendency toward tooth decay. These include “grazing” habitually on foods with minimal nutritional value, and frequently sipping on sugary drinks.

When sugar is consumed over and over again in large, often hidden amounts, the harmful effect on teeth can be dramatic. Sugar on teeth provides food for bacteria, which produce acid. The acid in turn can eat away the enamel on teeth.

Almost all foods have some type of sugar that cannot and should not be eliminated from our diets. Many of these foods contain important nutrients and add enjoyment to eating. But there is a risk for tooth decay from a diet high in sugars and starches. Starches can be found in everything from bread to pretzels to salad dressing, so read labels and plan carefully for a balanced, nutritious diet for you and your kids.

Reduce your children’s risk of tooth decay:

- Sugary foods and drinks should be consumed with meals. Saliva production increases during meals and helps neutralize acid production and rinse food particles from the mouth.
- Limit between-meal snacks. If kids crave a snack, offer them nutritious foods.
- If your kids chew gum, make it sugarless – Chewing sugarless gum after eating can increase saliva flow and help wash out food and decay-producing acid.
- Monitor beverage consumption – Instead of soft drinks all day, children should also choose water and low-fat milk.
- Help your children develop good brushing and flossing habits.
- Schedule regular dental visits.

Mouth guards: Sports equipment that protects the smile

It's easy to take some things for granted until they're suddenly gone. Have you ever thought about how it would feel if you lost one or two of your front teeth? You'd probably avoid smiling. It would be uncomfortable talking with someone face-to-face. It wouldn't be easy pronouncing certain words. And how about eating an apple? Until your teeth are gone, you might not miss them.

Each year, thousands of teens get hurt on the playing field, the basketball court, or while skateboarding, biking or during other activities. Blows to the face in nearly every sport can injure your teeth, lips, cheeks and tongue.

A properly fitted mouth guard, or mouth protector, is an important piece of athletic gear that can protect your teeth and smile. You may have seen them used in contact sports, such as football, boxing, and ice hockey.

However, you don't have to be on the football field to benefit from a mouth guard. New findings in sports dentistry show that even in non-contact sports such as gymnastics, rollerblading, and field hockey, mouth guards help protect teeth. Many experts recommend that a mouth guard be worn for any recreational activity that poses a risk of injury to the mouth.

There are three types of mouth guards: The ready-made, or stock, mouth guard; the mouth-formed "boil and bite" mouth guard; and the custom-made mouth guard made by your dentist. All three mouth guards provide protection but vary in comfort and cost.

The most effective mouth guard should have several features: It should be resilient, tear-resistant and comfortable. It should fit properly, be durable and easy to clean, and not restrict your speech or breathing.

Generally, a mouth guard covers only the upper teeth, but in some cases the dentist will instead make a mouth guard for the lower teeth. Your dentist can suggest the right mouth guard for you.

Here are some suggestions for taking good care of your mouth guard:

Before and after each use, rinse it with cold water or with an antiseptic mouth rinse. You can clean it with toothpaste and a toothbrush, too.

When it's not used, place your mouth guard in a firm, perforated container. This permits air circulation and helps prevent damage.

Avoid high temperatures, such as hot water, hot surfaces or direct sunlight, which can distort the mouth guard.

Check it for tears, holes and poor fit. A mouth guard that's torn or in bad shape can irritate your mouth and lessen the amount of protection it provides.

Have regular dental checkups and bring your mouth guard along so the dentist can make sure it's still in good condition.

Don't take your teeth for granted. Protect your smile with a mouth guard.

Oral Piercing: Not as safe as you think

Piercing, like tattooing, is just one of today's popular forms of "body art" and self-expression. Piercing may seem daring, cool and totally safe because some celebrities use piercing to flaunt their particular style or attitude. But piercing the tongue, lips, cheeks or uvula (the tiny tissue that hangs at the back of the throat) is not as safe as some would have you believe. That's because the mouth's moist environment—home to huge amounts of breeding bacteria—is an ideal place for infection.

An oral piercing can interfere with speech, chewing or swallowing. That may seem like a mere inconvenience until you consider that it may also cause:

- Excessive drooling (something you won't see in hip fashion magazines!)
- Infection, pain and swelling
- Chipped or cracked teeth
- Injuries to the gums
- Damage to fillings
- Increased saliva flow
- Hypersensitivity to metals
- Scar tissue
- Nerve damage

These harmful effects can happen during the piercing, soon after, or even long after the procedure.

An infection can quickly become life threatening if it's not treated promptly. For example, oral piercing carries a potential risk of endocarditis, an inflammation of the heart valves or tissues. Bacteria can enter the bloodstream through the piercing site in the mouth and travel to the heart, where it can colonize on heart abnormalities. This is a risk for people with heart conditions and, in the worst of cases, results in death.

After a piercing the tongue may swell. There have been reports of swelling serious enough to block the airway. And it's very possible to puncture a nerve during a tongue piercing. If this happens, you may experience a "numb" tongue—nerve damage that is sometimes temporary, but can be permanent. The injured nerve may affect your sense of taste, or how you move your mouth. And damage to the tongue's blood vessels can cause serious blood loss.

In addition, piercing jewelry can sometimes cause allergic responses to the pierced site. The jewelry can even get in the way of dental care by blocking x-rays.

Don't pierce on a whim. The piercing will be an added responsibility to your life, requiring constant attention and upkeep. Talk to your dentist for more information.

Quitting Tobacco: You can do it!

Do you smoke or use chewing tobacco? Rarely a day goes by without a magazine, newspaper, or TV news report carrying a message about tobacco-related medical problems — the dangers of lung disease, cancer, heart problems and low-birth weight babies. Perhaps you even tune out those messages because you don't want to quit just yet—or you think you can't.

Tobacco is harmful to your mouth, not to mention your social life. Here are just a few reasons why: Smelly breath, stained teeth, loss of teeth and jawbone, loss of taste, gum recession, outrageous cost, oral cancer, mouth sores and wrinkles!

Tobacco's negative effects on the body, particularly the mouth, are well documented. Smoking impairs the body's defense mechanisms and makes users more susceptible to infections like gum disease. Smoking also interferes with healing, a particular problem for patients who need treatment for periodontal disease. Once the ingredients in tobacco get into the bloodstream, they reduce the delivery of oxygen and nutrients to mouth tissues.

Chewing (spit) tobacco is not a safe substitute for smoking. It can cause oral cancer and lead to addiction. The bloodstream quickly absorbs the extremely addictive nicotine. Chewing tobacco users have similar or even higher levels of nicotine than the smoker who uses a pack or more a day. Chewing tobacco users are more susceptible to tooth decay due to the product's higher sugar content. And, chewing tobacco contains at least 28 known cancer-causing chemicals.

It's no secret that tobacco use is difficult to stop—it takes willpower and determination. Tobacco use is not just a habit; it's an addiction. You have to be ready to face this challenge before you commit to quit.

Remind yourself of the benefits of quitting. You'll reduce the risk of cancer. You'll taste and enjoy food again. You'll feel more relaxed without the jitters of nicotine. You won't be plagued by "smoker's breath." Your sense of smell will be sharper. Your family and friends will thank you.

Here are some tips to get you started:

Get help from loved ones, friends and co-workers when going through the quitting process. Ask another smoker to quit with you. Call organizations such as the American Cancer Society for support groups in your area. Get ready by setting a date to quit. Get help by talking to your dentist or physician about nicotine cessation aids.

For more tips on quitting, call the American Cancer Society's toll-free number at 1-800-4-Cancer.

Sippy Cups and Your Child's Teeth

As soon as teeth appear in the mouth, decay can occur. One of the risk factors for early childhood caries (sometimes called baby bottle tooth decay or nursing mouth syndrome) is frequent and prolonged exposure of a baby's teeth to liquids, such as fruit juice, milk or formula, which all contain sugar.

Tooth decay can occur when a baby is put to bed with a bottle. Infants should finish their naptime or bedtime bottle before going to bed. Because decay can destroy the teeth of an infant or young child, you should encourage your children to drink from a cup by their first birthdays.

Many training cups, also called sippy or tippy cups, are available in stores. Many are "no spill" cups, which are essentially baby bottles in disguise. "No spill" cups include a valve beneath the spout to stop spills. However, cups with valves do not allow your child to sip. Instead the child gets liquid by sucking on the cup, much like a baby bottle. This practice defeats the purpose of using a training cup, as it prevents the child from learning to sip.

Don't let your child carry the training cup around. Toddlers are often unsteady on their feet. They take an unnecessary risk if they try to walk and drink at the same time. Falling while drinking from a cup has the potential to injure the mouth.

A training cup should be used temporarily. Once your child has learned how to sip, the training cup has achieved its purpose. It can and should be set aside when no longer needed.

Tips

For sipping success, carefully choose and use a training cup. As the first birthday approaches, encourage your child to drink from a cup. As this changeover from baby bottle to training cup takes place, be very careful:

- what kind of training cup you choose
- what goes into the cup
- how frequently your child sips from it
- that your child does not carry the cup around

Talk to your dentist for more information. If your child has not had a dental examination, schedule a "well baby checkup" for his or her teeth. The American Dental Association says that it is beneficial for the first dental visit to occur within six months of the appearance of the first tooth, and no later than the child's first birthday.