

Tooth erosion



These days, we often talk about erosion. Whether it is the erosion of values, the landscape or in a medical context. In this edition, we're looking at dental erosion.

Erosion is the loss of tooth substance caused by acid attack not involving bacterial plaque acid. The acids cause the pH in the mouth to drop, and when it drops to below pH 4.5, the teeth begin to dissolve. Enamel is the hard, protective coating of the tooth and when the enamel is worn away, the dentine underneath is exposed, which may lead to pain, sensitivity and ultimately, loss of dimension and appearance.

Sources of the acids can be intrinsic from gastric reflux (GORD) or vomiting disorders (bulimia, severe migraine) or extrinsic from your diet or industrial products such as antiseptic mouthwashes, drugs (Ecstasy, crystal meth) and even some aspirin or iron preparations.

In the majority of cases we see, dietary factors are the major culprits.

Erosive agents can be found in many everyday food and drinks, some of which may surprise you. Of course, the usual suspects, carbonated soft drinks are high on the list. However, what may astonish

you is that many drinks associated with health, fitness and well-being have even greater erosive potential than colas. Orange, apple and lemon juice (including lemon slices in hot water advocated on many detox diets) are high on the list, and grapefruit juice is x13 higher than cola! Long-life fruit juices are worse than fresh juices because the citrates used to preserve them bind with neutralising salts in the mouth and allow the acids to attack unhindered.

Fruit teas (except chamomile), flavoured water, white wine, cider, alcopops and sports drinks are also surprisingly acidic.

However, of all the products tested, the WORST are sweets marketed as 'sour' and these are to be avoided at all costs.



Unfortunately, erosion is irreversible but is treatable.

What can you do?

Try to avoid as many of the food and drinks listed as far as possible.

Limit juices to mealtimes and try to drink water or milk in between meals. Use a straw where possible.

Avoid brushing your teeth for at least 30 minutes after consuming acidic drinks and foods. Maintain a good oral hygiene regime. Use a toothpaste and mouthwash containing fluoride.

continued overleaf

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What can we do?

We can monitor any existing erosion at your maintenance appointments and take photographs and casts of your teeth if necessary as well as check your oral hygiene and diet.

We can prescribe protective, low abrasion toothpastes such as Tooth Mousse, MI Paste and Ultradex Recalcifying toothpaste which are all available at the practice.

Protective bonding agents can be applied to the teeth to prevent further loss, as well as the application of fluoride varnish. Teeth that been eroded can often be built up using a combination of orthodontics and composite bonding.

We are always happy to discuss any concerns you may have, so please ask when you come in to see us.

Finally, a little housekeeping



We make every effort to run to time as we appreciate your time is as valuable as ours. If you are unavoidably late for your appointment, we will make every effort to see you. However, please be aware that this is not always possible, particularly with Ali's diary where appointments are strictly scheduled to maximise the time available. If you arrive late, this can compromise the treatment we are able to provide in the remaining time, but you will still be charged in full.

We hope you've enjoyed this edition of our newsletter. As ever, please don't hesitate to contact us if you have any questions about any of the topics raised.

Until next time. Keep smiling,

David & Naseema



Edited in association with the British Dental Health Foundation

Articles contained within this newsletter are provided for information only and should not be taken as a recommendation for any specific dental treatment or procedure. For further advice contact the dental practice.

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KEW
DENTAL CARE

Smile Update

Welcome to our latest newsletter

We'd like to start by congratulating George on gaining a Distinction on completing his Masters degree in Restorative dentistry. He is now officially George Cheetham MSc MGDF RCS (Eng).

George has worked hard and his impressive achievement reflects not only his clinical skills, but also his theoretical knowledge. George, David and Karim are also involved in mentoring and teaching through their associations with King's College, the University of Warwick and the Vocational training programs respectively, so, have a wealth of expertise in advanced restorative care. Dev of course, has her specialist degree in orthodontics, so between them they have things covered, dentally speaking!



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