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John R. Piccione, D.D.S — Margaret A. Roth, D.M.D

# AL DENTE

Serving you at two convenient locations: 1322 E. Washington Street, Greenville, SC 235-1200  
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**Publisher's Note:**

AL DENTE. Although this term is a culinary term describing the texture of pasta when it's done just right, this term literally means FIRM TO THE TOOTH!

*This isn't your typical newsletter purchased from an agency. This is all 'home cooking'—a little rough around the edges, more on the plate than is needed, but it's done from the heart!*

*Bon Appétit!!*

## SUFFERING FROM DRY MOUTH

I recently found out first hand just how annoying dry mouth, or xerostomia, can be. I tend to get motion sick, and used a patch to help prevent this on a recent trip. Dry mouth, being a side effect of this medication, made it difficult to swallow, altered the taste of my food, and made my breath disgusting. Like this patch, medications are the cause of more than 90 percent of dry mouth cases. Medications with this side effect treat a variety of diseases from depression, to high blood pressure and pain. There are actually over 400 medications known to cause dry mouth. Certain health conditions can also cause xerostomia, such as Sjogren's syndrome, a disorder of the immune system in which white blood cells attack the moisture producing glands. Diabetes, Lupus, stress, depression, and nutritional deficiencies also cause dry mouth. Certainly, cancer treatments can alter salivary flow, and radiation to the head or neck can permanently damage the salivary glands, significantly reducing the flow of saliva.

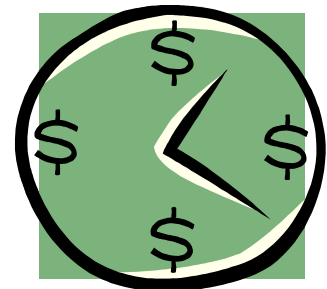
Those who suffer from dry mouth not only have the sensation of dryness in their mouth, but also: cracked lips, difficulty speaking or swallowing, sore throat, and an increase in plaque, tooth decay, and gum disease, as well as oral infection. Saliva is a natural cavity fighter. It helps to keep the balance of bacteria in the mouth in check. Without it, decay, which is caused by bacteria, runs rampant. Thus, dry mouth can be much more than annoying—it can actually be detrimental to one's health.

Curing my bout with dry mouth was easily accomplished shortly after I removed the patch. But many people aren't sure what causes their suffering.

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## USE THOSE BENEFITS BEFORE END OF YEAR-SCHEDULE NOW!!

The end of the year is fast approaching and your 2007 insurance benefits will soon expire! Any benefits not used this year will be lost. If you have treatment that has been recommended, you should consider making your appointment as soon as possible. Some companies pay crown and bridge benefits based on the completion date, so time is of the essence if you hope to complete a claim before the end of the year. If you have questions on how best to maximize your insurance benefits, please call our office and Cindy or Tammy can assist you.



**Mission Statement:**

- To enthusiastically treat patients with a commitment to sound quality treatments and unyielding pursuit of patient comfort.
- To always ask ourselves how we can improve the care we can provide
- To use the Golden Rule as a means of professional integrity, honesty and patient advocacy
- To grow our family of patients without compromise to our mission

## Dry Mouth...cont'd from page 1

Your doctor or dentist may be able to help. If it's believed to be a medication, your physician may be able to alter the dose or switch your medication. Sometimes a prescription can be given for a saliva stimulating drug. When the cause cannot be determined or resolved, there are a variety of methods to alleviate symptoms. Some people find that sucking on sugar-free hard candies or sugar-free gum help increase salivary flow. In fact, gum containing Xylitol, a natural sweetening product, can actually reduce the risk of dental decay. Of course, you want to avoid sugary foods or candies when you have a dry mouth, because of the increase in the risk of cavities. There is also a line of products called Biotene, which includes a toothpaste, rinse, and lozenges designed to help stimulate saliva. These can be found at local drugstores. Other helpful tips are to sip water regularly, breathe through your nose—not your mouth, and consider using prescription strength fluoride products in order to strengthen your teeth.

Margaret A. Roth, DMD



Beach  
Bob  
Radio  
Show

Tune in to 103.3 FM

Monday –Friday and listen to our own Bob Ross! From time to time our doctors will be guests on the show as well! So tune in and enjoy some beach music and good conversation during your afternoon commute!

## OUR HYGIENIST CORNER....

Sugary soft drinks promote tooth decay. However, sports drinks are more damaging to teeth than soft drinks! According to a study in General Dentistry—sports drinks, bottled lemonade, canned ice tea and energy drinks are 11 times more damaging to tooth enamel than colas!

Studies have pointed to soft drinks as being responsible for children's tooth decay. It is a huge problem, since it has been reported that the average person in the U.S. drinks about 16

ounces of cola drinks daily.

In addition to sugar, cola drinks contain phosphoric and citric acids. Both are harmful to enamel. The non-cola drinks contain flavor additives, malic acid and other organic acids which are more aggressive at eroding teeth than even what's found in cola drinks.

Even with frequent dental visits and excellent home care, the exposure of sugary drinks to your teeth can break down the enamel that protects your teeth, thus forming cavities.

Make sure you limit the amount of sugary drinks consumed. Drinking these at meal times is less injurious than when consumed alone and sipping is more harmful than the whole drink taken at one time. You should also rinse your mouth with water after consuming these drinks. It will help cleanse the acid and sugar from your teeth.

And remember—the best beverage for your teeth is water, with no additive such as lemon and artificial sweeteners!

—Tara

## Thumbs vs. Binkies

We often get questions about babies and children's thumb sucking and pacifier use. These normal and common behaviors for our little ones usually develop very early as a way to soothe themselves. Some children suck on the thumbs, fingers, or hands, and some use pacifiers (or "binkies"). Each has its pros and cons.

Pacifier use is not necessarily harmful to a child's oral health. There are some recent studies showing that it may even be linked to reduced risk of Sudden Infant Death Syndrome, or SIDS. It is believed that babies who are offered a pacifier do not sleep as deeply as those who sleep without a pacifier. Choose a pacifier that has ventilation holes in the shield (to prevent strangulation if accidentally lodged in a child's throat), and that has a symmetrical nipple. Also, pacifiers should never be tied around a child's neck. Children should stop using pacifiers by age two, as any alignment problem with the teeth or the developing bone is usually corrected within a 6-month period after pacifier use is stopped at this age. The jaw alignment and bite can be much more complicated to correct with prolonged use of the pacifier. Breaking the pacifier habit is not always easy. However, at least parents can actually take the pacifier away, compared with the thumb or fingers.

Having both of my daughters being thumb-suckers, I know first hand the frustration in not being able to remove their thumbs! Fortunately most children stop sucking their thumbs or fingers on their own sometime between ages three and six. The longer the habit, the more likely the child will develop dental problems. The only advantage that I can think of for thumb suckers is that they are supposedly easier babies who are better able to soothe themselves and never "lose" their thumb in the middle of the night. I'm personally not sure about the "easier baby" theory, but I do know that it can ultimately cause dental issues, if done for too long. Thumb-sucking can cause the child's teeth to become improperly aligned or push the teeth outward, sometimes malforming the roof of the mouth, or palate. Prolonged sucking typically causes a narrow palate creating a cross-bite. Ideally, the top arch of the mouth is wider than the bottom arch. In a cross-bite, the upper arch may actually be more narrow than the lower. If left untreated, this compromised alignment puts more stress and wear on the jaw joint, or TMJ, and the teeth themselves. Treatment may include an appliance worn to expand the upper arch and/or braces.

Treatment should typically not begin until the child is willing and able to cooperate; many experts recommend not attempting until age 4 or 5. It may be helpful to limit the times and places that your child is allowed to suck his or her thumb and to put away blankets or other items that your child associates with thumb-sucking. Offering praise and rewards for not thumb-sucking

## DENTAL IMPLANTS

There are two main uses for dental implants.

- Retaining removable dentures
- Replacing teeth.

Most dental implants are made of Titanium and are formed like a root of a tooth as far as length and width and circumference. After placement, the jaw bone “integrates” around the implant. Once this integration is complete, then restorative dentists attach components on to this to retain a denture or to attach a crown.

When the dentist attaches something over the implant to hold a denture, we refer to this attachment as a precision or semi-precision attachment. When holding a crown we refer to the component that goes over the implant as an abutment.

Over the last 5 years we have seen a steady rise in the use of implants to replace teeth. Implants to replace missing teeth have been around for over 25 years. We have seen long term success with implants which has now driven dentists and patients to accept these procedures as common place. We have also seen a simplification of techniques to surgically place implants and to restore teeth from these implants. From the patient perspective, our experience is that patients are quite surprised at the ease of the procedure and healing.

What took so long to accept implants? Until now it was only assumed that long term success was expected. Now that implants have been around for many years, we have the data.

The average half-life of a bridge to replace a tooth is about 12 years. This means that 50% of the bridges placed 12 years ago are still operational. Studies have now shown that we are getting similar results with implants. There may be more situations when it is more conservative to treat with an implant than to treat with a bridge. The most obvious situation is when we need to decide to crown two perfectly healthy teeth that may never need a crown in order to do a bridge.

Furthermore, not only are we getting similar results with implants versus the option to bridge with typical “bridgework”; but one must weigh the cost-benefits of extracting teeth versus “saving” a tooth with root canal therapy.

Bottom line is this: In the past we did everything we could to avoid extraction and without weighing the risk associated with a tooth as it related to having root canal therapy. Now one must consider implants over root canal therapy as a better alternative in some cases. Yet, root canal specialists have also come a long way in making root canal therapy more predictable. We must ask about the degree of difficulty with performing a root canal. We must also ask: How does the amount of infection that is present decrease the prognosis of root canal? How strong is the remaining tooth to support a crown? Are the chances of fracturing a root high for the long term?

If more than one of these questions is answered unfavorably then one should investigate the pros and cons of the option of removing the tooth and replacing it with an implant.

The only disadvantage of an implant may be the cost. The cost of surgically placing an implant is around \$2000.00. The cost of restoring a tooth off this implant ranges from \$500-1000 for the abutment and from \$900.00 to \$1200.00 for the Implant Crown. Total unit cost ranges from \$3400.00 to \$4200.00. The cost of a bridge is about \$2700.00 to about \$3500.00 depending on the materials used and the initial condition of the abutment teeth.

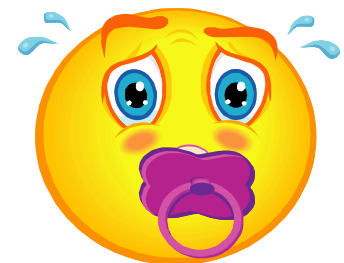
One last word of advice: the above information assumes that implant placement is indicated. There are situations which may complicate the results or place the results at risk. Smoking seems to be a big factor of unpredictability. Diabetes may also be a factor that can affect the success of implants. In all cases one must ask if the implant that we are about to place is going to hold up to biomechanical forces; can it be maintained with simple homecare and will it achieve an acceptable esthetic result.

John R. Piccione, D.D.S.  
Rocky Creek Dental Care

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### Thumbs vs. Binkies, cont'd from page 2

may help also. If your child sucks his or her thumb while watching television or listening to books, you can turn off the TV or stop reading, until they comply with removing their thumbs from their mouths. There are also devices which fit on the thumb or fingers which can prevent the sucking action and are securing with a plastic sleeve and disposable bracelet. Once placed, the bracelet can only be removed by cutting it off. I have heard of some success with these, as well, but ultimately, your child will not stop until he or she is ready. Of course, this won't stop us from trying to motivate them to be ready!



Margaret A. Roth, D.M.D.

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### RECIPE CORNER by Bonnie Todd

#### TURKEY QUICKE Serves: 8

2-1/2 cups stove top stuffing for chicken	4 beaten eggs
1 cup chopped cooked turkey	1 cup shredded Swiss cheese
1—5-1/3 oz. can evaporate milk	1/8 tsp. pepper

Press prepared stuffing into 9 inch pie plate. Bake @ 400 degrees for 10 minutes. In small bowl combine meat and cheese; in another bowl beat together eggs, milk and pepper. Sprinkle meat and cheese mixture onto hot crust. Pour egg and milk mixture on top. Lower over temp to 350 degrees. Bake 30-35 minutes or until center is set. Let stand for 10 minutes before serving.

#### SPINACH SALAD

1/4 cup olive oil	2 TBS. red wine vinegar
1 small garlic clove, crushed	1/4 tsp. salt
Dash of pepper	1 pkg. (12 oz.) spinach, torn into bite size pieces
4 oz. sliced fresh mushrooms	1/4 cup crumbled bacon or Bac-O's
2 hard boiled eggs, chopped	

Mix oil, vinegar, garlic, salt and pepper. Pour over torn spinach, mushrooms and bacon in salad bowl. Toss until well coated. Sprinkle with eggs. Garnish with additional crumbled bacon or Bac-O's if desired.

