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## Top Dental Trends in 2012

Should I whiten my teeth? Is fluoride good for me, or not? Should my eight-year-old be getting braces? There is a lot of conflicting information out there. Here's the lowdown on five topics that have the world of dentistry buzzing

BY ROSEMARY O'CONNOR PUBLISHED OCTOBER 18, 2012 AT 02:51 PM



Photograph by Supri Suharjoto/Shutterstock.com

### DENTAL TREND #1: The flack over fluoride

Should the element fluoride continue to be added to drinking water in order to prevent cavities on a mass scale? The great debate continues.

In 1945, Grand Rapids, Michigan became the first municipality in the nation to fluoridate its water. The American Dental Association defines this process as "the adjustment of the existing, naturally occurring fluoride levels in drinking water... for the prevention of tooth decay... [It] is similar to fortifying milk with Vitamin D, table salt with iodine, and bread and cereals with folic acid." Since then, many other American towns jumped on the bandwagon, and now more than 70 percent of the U.S. population using a public water supply drinks fluoridated water.

The most famous study ever conducted regarding fluoridation's effectiveness actually took place in the Hudson Valley. Researchers compared the oral hygiene of children in Newburgh, where water was fluoridated, and children in Kingston, where it was not. The groundbreaking study, which began in 1945 and lasted for 10 years, concluded that there was a significantly lower number of decayed, missing, and filled teeth in the Newburgh study subjects than in those in Kingston. The researchers also concluded that fluoridation is "a safe public health practice."

» [How much fluoride is in your water? Center for Disease Control interactive fluoride map \(opens in new window\)](#)

But in recent years, the anti-fluoridation stance has been gaining steam. In 2010, *Time* magazine called fluoride "one of the top 10 common household toxins," and several best-selling books have also touted the dangers of fluoride. The argument against its use draws attention to fluoride's possible side effects. Citing that same Newburgh-Kingston study (among others), advocates against fluoridation argue that the element could be linked to everything from bone defects to anemia to lower IQs in children. Further, some claim that it actually does not help teeth, but harms them by causing a condition known

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as fluorosis. Often manifested most visibly in the form of discoloration, this tooth enamel disorder is caused by too much intake of fluoride during the developmental years (although this consensus usually refers only to fluoride ingestion; most professionals agree that fluoride is effective when topically applied to teeth).

Yet the ADA stands by its endorsement of fluoride, declaring community water fluoridation “the single most effective public health measure to prevent tooth decay.” Dr. Haitham Ennabi of **Quality Dental Care** in Hopewell Junction agrees. “Fluoride is very effective in preventing cavities. When you compare people who have fluoride in the water against those who don’t, you can see that it does its job. I do believe in that.”

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**DENTAL TREND #2: The whitening wars**

From Facebook profiles to society’s new obsession with Instagram photos, there are more opportunities than ever before to show the world your pearly whites. And a lot of money is being spent to ensure those pearly whites remain as sparkling as possible.

Enter the influx of whitening products. There are whitening strips, toothpastes, mouthwashes, even chewing gums available for over-the-counter purchase and home use. Professional whitening — done either as a one-hour light treatment or over a few weeks with custom-made trays filled with bleaching gel — has skyrocketed to become one of the top cosmetic dental procedures, even though it often needs to be repeated every six months or so and can cost between \$500-\$1000 per treatment. The chemicals essentially bleach away discoloration that regular brushing can’t remove. But recently there has been a bit of a backlash, with a few articles and studies claiming that these products and procedures actually weaken tooth enamel.

Dr. Bo Paunovic of **Smiles that Dazzle**, which has offices in Newburgh and Fishkill, tells us to rest easy: Whitening in and of itself does not damage teeth. “As long as it is done with properly fitting trays and the material does not sit on your gums, there is no harm,” he says. He is also confident that the over-the-counter strips don’t cause problems either, as the whitening agent in them is too weak to do so.

The problem, he says, comes into play with whitening toothpastes. “Toothpaste is abrasive to begin with, and whitening ones more so,” he explains. “When you scrub too hard with the whitening toothpaste thinking you’re going to get your teeth whiter, that’s when the enamel does break down.” Some people also complain of pain associated with the whitening agents. Again, Dr. Paunovic says not to worry, the tooth’s nerve is not being damaged. “There’s almost always sensitivity associated, but that goes away,” he says. “Bleaching is completely safe.”

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**DENTAL TREND #3: I wanna be sedated**

It’s pretty much a given: Most dogs hate the mailman, and most people hate going to the dentist. Still, the majority of us grin and bear it and make regular trips to a dental professional. But for some people, the fear factor becomes extreme. “It’s not uncommon for someone to come in who is in their late 20s or early 30s and has never been to the dentist,” says Dr. Paunovic. “They don’t go because they’re terrified. I’m not just talking about regular fear. Some patients are too scared to even sit in the chair, so they want to be out for everything.”



For these extreme cases, sedation dentistry is on the rise. Nitrous oxide, or laughing gas in layman’s terms, puts people in a reduced state of consciousness, and has been available for years; but additional treatment options are now available, including some that put the patient completely to sleep. Today’s medications are most

Interested in seeing the Wand in action? See below to view a video on this new anesthesia tool

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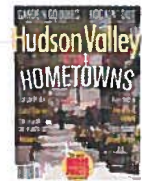
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often delivered in one of three ways: via inhalation (breathing in the gas), orally (swallowing the drug in pill form), or intravenously (using an IV injection).

Of course, it's risky whenever a patient is "put under," so he or she must be closely monitored. Dr. Paunovic encourages patients to do research on the doctor who will be administering the sedative, since the law does not call for an anesthesiologist to be present. "One doesn't have to be there, but it's something a patient might want to look into," he cautions. Dr. Paunovic does utilize the skills of a professional, who keeps a close eye on a patient's heart rate, blood pressure, and airways while he focuses on the dentistry.

Naturally, some people might prefer to receive a local anesthetic, but are afraid of the oversized needles used to administer it. Luckily, a new tool called the Wand, part of the STA (Single Tooth Anesthesia) System, helps calm this phobia. This device looks more like a pen than a giant, menacing needle. It administers a drug to numb individual teeth instead of the whole mouth. The computer-controlled injection is typically delivered more slowly than with a traditional needle, which eliminates much — some patients even claim all — of the pain. Another perk is that numbness is limited due to the localization, so you don't leave the office with a drooping face.

Ultimately, Dr. Paunovic believes that "sedation offers a patient a way to get their dental health taken care of and, more importantly, to get rid of their fear."

#### DENTAL TREND #4: The big cover-up

Dental veneers are a common way to fix cosmetic problems like chipped teeth, slight crookedness, and severe discoloration. Typically made of porcelain, the veneers are placed over a tooth to give a straighter, whiter smile. "It's an involved process," says Dr. Ennabi of Quality Dental Care. "You have to shave down the tooth and have a shot of Novocaine and anesthetic." But when the procedure is complete, the patient walks away with a near perfect-looking smile. And unlike procedures that involve putting metal in teeth — which can cause other health problems — the porcelain veneers react well with gums and are resistant to staining.

Although veneers certainly have their advantages, they do come with some major drawbacks — the main one being that enamel must be filed away in order to make room for the veneers to fit into the mouth. "A lot of patients don't want to shave down a healthy tooth just to fix a minor adjustment like a little crookedness," says Dr. Ennabi. Also, the veneers typically only last five to 10 years, so they must eventually be replaced. They run the risk of breaking or falling off, and sometimes don't match the exact color of the other teeth. And they can cost more than \$500 per tooth.

A new alternative is LUMINEERS, which are a thinner form of porcelain veneers that can cost upwards of \$700. "They have the thickness of an eye contact lens," says Dr. Ennabi. "They go over the existing tooth so there's no tooth filing." Because there is no filing, there is no need for Novocaine or shots of any kind. Dr. Ennabi says they match the color of other teeth very well, and can last for about 20 years. And the dentist declares they're great if you "need something in a hurry" because they can be applied in only two visits.

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#### DENTAL TREND #5: Brace yourself

Ah, braces: a high school kid's worst nightmare. The cause of glare in photographs. The reason to avoid

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sticky candies. The impetus for names like Train Tracks, Metal Mouth, and Brace Face. Basically, they're teenage torture.

But in recent years, we've also seen more adults turning to both traditional braces and products such as Invisalign (plastic appliances that are nearly invisible and are placed over teeth to align them) to straighten their smile. But Dr. Richard Rosenbloom of **R&R Orthodontics** in Lagrangeville says that working on an adult mouth is much different — and can be more challenging — than working on a child's, no matter what the procedure. "In an adult whose jaw is no longer growing, sometimes we have to make some compromises," he says. Rather than perfecting the bite, which many times can only be achieved through surgery, it is often better to simply better align the teeth by removing one or two and then putting on braces. "It's not the ideal option," says Dr. Rosenbloom, "but it gets patients a result they can be happy with."

But the latest orthodontic trend doesn't concern adults, but young children: A number of middle, and even elementary, schools are filling up with kids sporting braces. Indeed, the American Association of Orthodontists now recommends a first orthodontic screening for children as young as seven years old. Dr. Rosenbloom explains that this doesn't mean the child will end up needing braces, but that there are certain problems that can be detected — and therefore corrected — at that age. "One of the main things we look for is something called a cross bite, which is when the upper teeth bite inside the lower teeth," he says. "It causes deflection of the way the jaws grow, but is relatively easily corrected if you catch it early." On average, kids wait until more of their permanent teeth have grown in before having braces put on — usually around age 11 or 12, although some go on earlier; most wear them for about two years.

Yet some orthodontists say that this early approach is not the best way to go. If put on too early, the braces might not fully fix the problems the first time around, and then a second round of braces may be required. And it's safe to say that not many people are keen on paying for the procedure twice. Dr. Rosenbloom still agrees with the AAO's recommendations of an initial evaluation at age seven, stating that it is generally easier to work on a younger patient. "The great thing about treating kids is that they're still growing," he says. "We can actually modify the way the jaws grow with certain appliances and get a better result."

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