

## Children's Oral Health Program

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## Tongue Cleaning for Fresher Breath

Halitosis, commonly referred to as bad breath or oral malodor is an embarrassing situation for many people. It is believed that approximately 90% of all malodor comes from oral bacteria, and 10% from other medical conditions such as gastrointestinal problems like ulcers, respiratory tract conditions, tonsillitis, sinusitis, and carcinomas. Most of the oral bacteria are found on the tongue, periodontal pockets, and finally the teeth. The tongue is a fertile breeding ground for bacteria. Volatile sulfur compounds (VSCs) are composed of gases like hydrogen sulfide, methyl mercaptan and dimethyl sulfide produced by these bacteria. These gases may give off the rotten egg smell, which is typical of bacteria putrefying in the mouth and on the tongue. Research shows that tongue cleaners or scrapers help to remove the VSCs better than a toothbrush. In addition, tongue scrapers may be easier to use by people with a strong gag reflex.

Cleaning of the tongue is simple. Simply extend your tongue and

then apply light pressure with the tongue depliquing device (if a tongue cleaning device isn't available, even a spoon will do in a pinch!). It should be placed as far back as possible. The device is then moved forward to remove the tongue coating and other debris.

Better breath tips include:

- Regular professional dental and dental hygiene care
- Frequent daily sips of water
- Proper brushing and flossing
- Gentle daily tongue cleaning after oral hygiene
- Use of xylitol containing gum or mints
- Use of mouthrinses containing effective VSC neutralizing ingredients (zinc, essential oils, chlorohexidine gluconate, chlorine dioxide, triclosan)
- Replace old fillings that have a tendency to trap bacteria and food.

Implementing this easy process will improve taste perception and most cases of bad breath in a couple of weeks!



# Miles of Smiles

New Jersey Department of Health and Senior Services  
Children's Oral Health Program

School Year 2009-2010

## Quitters are Winners!



**QUITNET**  
nj.quitnet.com

Need one more reason to encourage your students or perhaps your fellow faculty members to quit smoking? The health of their teeth and mouth are excellent reasons! Among the numerous harmful effects of tobacco are:

- Stained, yellow teeth and bad breath!
- Periodontal (gum) disease – smokers have a four times greater risk of developing this disease which can lead to tooth loss.
- Black hairy tongue – a



condition seen in heavy smokers that is caused by gases in tobacco smoke that keep the tongue from sloughing off surface cells normally. Bacteria and debris get trapped on the surface.

- Oral cancer –



tobacco in all forms is a major risk factor for cancer of the mouth, tongue, and throat. Oral cancers are serious, resulting in a death rate of 50% in the 5 years following diagnosis.

Quitting smoking is the most important thing a smoker of any age can do for his or her health! It is

never too early or too late to quit. Tobacco use is an addiction that makes quitting extremely difficult. On average, a smoker will make six attempts at quitting before breaking the habit for good. Every time a smoker attempts to quit, the greater his or her chances of success. The state of New Jersey has excellent resources to offer teens and adults who want to quit smoking.

- New Jersey QuitNet: [www.nj.quitnet.com](http://www.nj.quitnet.com). Offers free online information, counseling, and peer support.

- New Jersey Quitline: 1-866-NJSTOPS (1-866-657-8677). Offers phone-based counseling; call to speak with a smoking cessation counselor.

- New Jersey Quitcenters: low-cost, face-to-face counseling at clinics in seven statewide locations. Services include individual and group counseling. Call NJ Quitline for clinic locations.

- Mom's Quit Connection: 1-888-545-5191. Offers free smoking cessation support for pregnant women and mothers, families, and caregivers of young children who need help trying to quit.

Please help spread the message that quitters do win, and that there is plenty of effective, caring, and non-judgmental help available.



On April 1, 2009, the largest federal cigarette excise tax increase in history went into effect. The increased combined federal and average state excise tax for cigarettes achieved the Healthy People 2010 objective 27-21a. NJ's tax on cigarettes increased significantly – from 40 cents per pack in 1995 to \$2.57 in 2009.

**QUITLINE**  
1-866-NJ-STOPS

### Inside this issue:

Sports Drinks and Soft Drinks are Hard on Teeth	2
Marijuana and Gum Health	2
Tooth or Consequences: What to do in a Dental Emergency?	3
Making the Mission Possible!	3
Tongue Cleaning for Fresher Breath	4

## Sports Drinks and Soft Drinks are Hard on Teeth

The consumption of soft drinks has reached epidemic proportions and is considered a public health crisis! The newly elected Obama administration has been asked to support a soda tax, which could increase revenues for an anti-obesity campaign.

Soda has become a staple of the typical American diet. One study found that between 56-85% of school age children drink at least one serving of soda on a daily basis. Despite the improvement in oral health status for many Americans, dental caries (tooth decay) continues to be the most common, chronic, childhood disease. One contributing factor may be the alarming increase in soft drink consumption. The Beverage Market Association reports that



more than 28% of all beverages consumed are carbonated soft drinks.

Tooth enamel, the hardest substance in the human body, is vulnerable to demineralization from acids produced by the combination of fermentable carbohydrates and plaque bacteria. Soda and its high sugar content (10-12 teaspoons of sugar in the typical 12 ounce

serving) provide an ideal environment for plaque's tooth destroying acids. In addition to the high sugar content, the pH of soft drinks can cause significant erosion of tooth structure. Erosion is a term used to describe the loss of hard tissue from enamel. A pH that drops below 5.5 increases the chance of erosion. Most soda contains one of the following acids: carbonic, phosphoric, malic, citric or tartaric, all with a low pH. Erosion is caused by repeated exposure of the tooth to an acidic food or liquid. As acid washes over the teeth, there is a gradual dissolution of the hard tissue and removal of the outer enamel layer. Since people are drinking more soft drinks, milk consumption has declined. Milk contains important vitamins and minerals like calcium lactate which helps to repair damaged enamel.

It should be noted that the substitution of a diet soda with an artificial sweetener still poses an oral health threat due to the acid content and potential for tooth erosion.

The bottom line: Make your students aware of the effect of these products on oral health. Sports drinks are generally high priced sugar water without much nutritional value. Encourage more dental friendly substitutes like fluoridated water or milk!

### How Sweet It Is

Here are a few popular soft and sports drinks (they are truly "liquid candy") on the market and their sugar content measured in teaspoons:

Orange Slice	11.9
Minute Maid Orange Soda	11.2
Barq's Root Beer	10.7
Mountain Dew	11.0
Pepsi	9.8
Dr. Pepper	9.5
7 - Up	9.3
Coke Classic	9.3
Sprite	9.0
Vault	11.0
Gatorade	5.0
Red Bull	10.0
SoBe Adrenaline Rush	12.0

**Did You Know?**

**1 teaspoon of sugar = 4.2 grams of sugar**

### Marijuana and Gum Health

According to the February 6, 2008 Journal of the American Medical Association, heavy marijuana smoking was identified as a major cause of periodontal (gum) disease. Researchers have recognized that smoking tobacco is a risk factor for periodontal disease, but were not sure about marijuana. The problem seems to be found in the smoke by-products. There's a balance between tissue destruction and healing that the various toxins in the produced smoke disrupt.

## Tooth or Consequences: What to do in a Dental Emergency?

With activities in full swing on the playground and in gym class, it's a great time to review how to handle dental emergencies. Hopefully one of these events will not present themselves in your office any-time soon, but just in case, here is some information on what to do!



cells on an avulsed tooth. We may soon hear that egg white is a suitable storage medium.

**Broken Tooth:** Keep the area clean by rinsing the mouth with warm water. The child should go to a dentist immediately. If you were able to find the broken tooth fragment, have the child take it along!



**Knocked-out Tooth:** An avulsed, or knocked-out, permanent tooth should be placed back in the tooth socket as soon as possible.

Hold and carry the tooth by its crown. If the root is dirty, rinse it with water but do not scrub the tooth or remove any attached tissue fragments. If you can, gently insert and hold the tooth in its socket. The child should get to a dentist immediately. If you are unable to reinsert the tooth, put it in a container with a commercial balanced saline solution, the child's saliva, milk, or water and have the child take the tooth to the dentist. Recent research is also trying to determine the efficacy of egg white in maintaining the viability of

**Toothache:** There are many different reasons for a toothache. It is important for the child to see a dentist immediately for proper treatment. There are a few general things you should do. Rinse the mouth with warm water, check for objects caught between the teeth, and apply an ice pack for any facial swelling.

**Tongue or Lip Lacerations:** Clean the area with a clean cloth or gauze and rinse the area with salt water. Control any bleeding and have the child go to the dentist or physician as soon as possible.



**Objects Caught Between Teeth:** Floss is your friend in this situation. Try to gently remove the object with dental floss. Do not use any sharp or pointed instruments. No luck? The child should see a dentist as soon as possible.

**Prevention Pays!** Mouthguards protect against injury to the mouth, teeth, and face. Not only do they prevent injuries during contact sports, but also during non-contact sports such as gymnastics, bicycling, and in-line skating. While a custom-fit mouthguard made in a dentist's office may be more comfortable, some experts say that the less expensive, store-bought "boil and bite" type of mouthguard is just as effective in preventing injuries. An effective mouthguard should be resilient, durable, easy to clean, and not hamper proper breathing or speech.

## Making the Mission Possible!

Have a hard time getting your child to brush his/her teeth?

According to the June 2007, Journal of Practical Hygiene, the following are practical tips that may make toothbrushing more appealing:

- Encourage children to model a parent and make brushing a family activity.
- Brush with a plaque staining rinse or disclosing tablet to locate the "bad guys" on the teeth and brush away.

- Toothbrushing charts or contracts with stickers serve as a reminder to brush at least twice daily.

- **Brush Away the Bedtime Blues** – Reward children with story reading or a short video game if they brush according to their contract.

One device to help school-age children remember to brush twice daily is "Brush at night for yourself, brush in the morning for your friends." The logic here is that

brushing before school eliminates morning breath and the students will greet friends in a more pleasant manner. Brushing at night to reduce plaque improves personal health.

