

IN DEPTH

Above all, keep the tooth

04

¿DID YOU KNOW...?

Debunking myths about dental implants

13

PREVENTION

Receding gums, a matter of health and aesthetics

18



INTERVIEW

"The dental practice is an ideal place to help people give up smoking"

Leyre Gaztelurrutia 22

UPDATE

Periodontitis doubles the risk of suffering pregnancy diabetes

35

Sepa.

Outreach magazine of the SEPA Foundation for Periodontology and Dental Implants

Period II, Year XII. No 22
1st semester 2022.
Editor:
Regina Izquierdo

TAKE CARE OF YOUR

gums 22



Tips for keeping your teeth

New web
cuidatusencias.es

Tell your
friends and
family

www.cuidatusencias.es

A new dimension
in the dissemination
of oral health and
general



Sepa.

Take Care of your Gums

You can now access the English version of our
magazine *Take Care of Your Gums* via our website

Join
SEPA

913 142 715
sepa@sepa.es
www.sepa.es
f b

**STRATEGIC
PREMIUM PARTNERS**

DENTAID
Expertos en Salud Bucal

LISTERINE

align

**biohorizons
camlog**

K KLOCKNER

straumanngroup

**PLATINUM
CONTRIBUTOR**

Bexident
by ISDIN

Colgate

Oral-B

EMS

**Nobel
Biocare**

sweden & martina

ticare

**GOLD
CONTRIBUTORS**

SUNSTAR
GUM

KIN

Parogencyl

boliss

eckermann

MIO
powered by people
AlphaBio

Osteógenos

Sanhigia

**BRONZE
CONTRIBUTORS**

ACTEON

akura

BEGO

**Carestream
DENTAL**

HuFriedyGroup

**inibsa
Geistlich**

Advance:

IN DEPTH

Above all, maintain the tooth

4

One of the fundamental principles of dentistry is to seek the health and well-being of individuals and thereby try to preserve the natural tooth in health, functionality, and aesthetics. When this objective is no longer viable and the tooth needs to be extracted, once all the conservative therapeutic options have been exhausted, there are various alternatives of which the dental implant now tends to be the most indicated restorative option.



DID YOU KNOW...?

Debunking myths about dental implants 13



PREVENTION

Receding gums, a matter of health and aesthetics 18



INTERVIEW

Leyre Gaztelurrutia 22
"The dental clinic is an ideal place to help with quitting smoking"



ADVICE

In summer, also look after your oral health 28



UPDATE

Periodontitis doubles the risk of pregnancy diabetes 35



UPDATE

The papilloma vaccine prevents oral cancer in children 36



REPORT

Eat healthily, a gift to your health 38



SEPA OUTREACH

Pharmacies and dental clinics, united for your oral health 44



PRESENTATION

Regina Izquierdo
Scientific editor of the magazine
Take Care of Your Gums

Security, judgement, and common sense

AS WELL AS IMPROVING oral health, our obligations as oral-health professionals include **contributing to our patients' general health and well-being**. And for this we must provide oral healthcare of quality, but above all care that is safe, competent, and correct for each patient in an individualised and personalised manner.

First of all, our efforts have to be aimed at prevention, helping our patients to maintain their teeth in the best conditions of health, function, and aesthetics throughout their lives. And only when – despite all the many therapeutic options – there is no viable or predictable conservative treatment, consider the best option for replacing the "lost" teeth, which is treatment with dental implants.

This publication advocates the prudent and reasonable use of this restorative solution; but, above all, we work to avoid "disinformation" and "bad information" around this type of treatment. We want well-informed patients, because only in this way can they intervene in making decisions with security, judgement, and common sense, in the same way as the professionals.

Because **being sensible** implies being prudent, objective, and rational in our actions or decisions, as it allows us to evaluate different possibilities and circumstances to act in the best possible way, and because only with **common sense** can we judge everyday life situations reasonably and make correct decisions.

Take Care of Your Gums
Informative publication of the SEPA Foundation of Periodontology and Dental Implants.

Published by:
SEPA Foundation of Periodontology and Dental Implants.

SEPA Foundation trustees:
Executive Committee trustees:
President: Antonio Bujaldón.
Vice-president: José Nart.
Secretary: Paula Matesanz.
Spokespeople: Olalla Argibay, Andrés Pascual, Ignacio Sanz, Francisco Vijande.

Trustees: Adrián Guerrero, Óscar González, David Herrera, Rafael Naranjo, Mónica Vicario, Ion Zabalegui.

Honorary Trustees: José Javier Echeverría, Nikalus Lang, Jan Lindhe, Mariano Sanz, Alberto Sicilia, José María Tejerina, Maurizio Tonetti, Jordi Cambra, Juan Blanco, Julio Galván, Francisco Martos, Blas Noguero, Nuria Vallcorba.

Editorial Committee, Take Care of Your Gums:
Scientific editor: Regina Izquierdo.
Section co-ordinators: Desirée Abellán, Nagore Ambrosio, Gloria Calsina, Assumpta Carrasquer, Mónica Muñoz, Rosa Puigmal, Cristina Serrano.

Management of the project and communications team

Management: Javier García.
Operations and Innovation Management: Jaime Pros.
Editor-in-chief: Paco Romero.
Web co-ordination: Ángel Ramírez.
Editorial Design: Juan Aís.
Communication Co-ordination: Miquel López.
Institutional Relations Co-ordination: Eugenia Huerta.
Design and layout: elestudio.com
Design: Eila Blasi.

Period II, N. 22 Year XII
1st semester 2022.
Editor: Regina Izquierdo

For more information:
Tel.: 913 142 715
www.cuidatusencias.es
www.sepa.es
sepa@sepa.es

Legal deposit:
M-21249-2011

SECTION SPONSORED BY:



One of the fundamental principles of dentistry is to seek the health and well-being of individuals and thereby try to preserve the natural tooth in health, functionality, and aesthetics. When this objective is no longer viable and the tooth needs to be extracted, once all the conservative therapeutic options have been exhausted, there are various alternatives of which the dental implant now tends to be the most indicated restorative option

Above all, maintain the tooth



SECTION CO-ORDINATED BY:

Mónica Muñoz
Master's degree in
periodontology, Complutense
University of Madrid. Certified
in implantology, University of
the Basque Country.

UNLIKE THE CLASSIC and erroneous view of the figure of the dentist, today the main function adopted by this professional – and, in general, the other components of the dental team – is to maintain the health of the natural tooth and avoid its removal. For many reasons, the definitive teeth that emerges after the so-called “milk teeth” fall out are a treasure that must be protected, cared for, and maintained for the whole of one’s life.

One of the essential objectives of modern dentistry is to keep teeth and molars in the oral cavity, where they can have a proper masticatory, phonetic, and aesthetic function.

Dental implants: a useful alternative, but not always

Ever since Professor Per-Ingvar Brånemark described osteointegration in the 1950s, millions of osteointegrated implants to replace teeth have been placed in the mouths of millions of patients, but are they the only or best treatment option whenever we need to restore a tooth?

In fact, they are not always the best option. They are a magnificent alternative to replace missing teeth or those with an impossible prognosis, but they are not always the best indicated or first-choice treatment.

Dental implants are a magnificent alternative to replace missing teeth or those with an impossible prognosis, but they are not always the most indicated treatment

In any medical discipline or speciality, it is always necessary to avoid overtreatment and to try to resolve or treat a disease or situation in the simplest and most effective way to return the patient to health. Furthermore, in the field of dentistry, aesthetic, functional, and economic elements undoubtedly play an important role when deciding which is the best therapeutic option for each pathology. →



It is not ethical to remove a viable tooth or molar to place an implant

→ **When extraction is inevitable**

We will review which treatment options are available when we faced with a dental pathology that could suggest an alternative to the natural tooth:

1. Tooth fracture

Teeth can suffer fractures from trauma or bruxism (when tightening or grinding the teeth). The treatment of a broken tooth depends on the size and location of the fracture, the symptoms, and the patient's state of health. All this will determine whether it is necessary to extract the tooth.

One of the few situations in which all dentists agree that a tooth should be extracted is when there is a longitudinal fracture of a tooth or molar, which we call a vertical fracture. In this situation, the option of replacing the tooth with an implant is a very suitable treatment alternative.

However, if the tooth is a molar (which has two or three roots), there is also the possibility of removing only the fractured root or half of the molar, having devitalized the roots that we are going to leave in the mouth. This is what we call a root resection. In this way, the functionality of the tooth can be maintained for years (for example, this option is interesting if the tooth forms part of a fixed prosthesis and removing it would mean having to take out the whole prosthesis). This is not to say that

it may not be necessary later to remove this tooth or the bridge, but it is an alternative in the case of teeth with more than a single root. If the vertical fracture is in a tooth with a single root, extraction is the treatment of choice. But how to replace the tooth is another question.

Another situation where it needs to be decided whether to extract a tooth or molar is when the tooth is fractured in a horizontal direction. Depending on the height at which the fracture has occurred and which tooth it involves, it may be more appropriate to remove it than to restore it; this is because, sometimes, to be able to restore the tooth, it will first be necessary to remove part of the supporting bone, and in the long term this could be more harmful than beneficial in certain cases. →

Implants, only when it is not possible to preserve the tooth

An implant should replace a missing tooth or one with an impossible prognosis, but it would not be ethical to remove a viable tooth or molar to place an implant.

It is true that when replacing teeth in the posterior sector we are guided more by functional reasons while in the anterior sector aesthetic reasons predominate; however, this does not imply that implants should always be placed in the anterior sector when the appearance of a tooth is not liked. Today there are many treatment alternatives to osteointegrated implants that allow the tooth to be preserved.



→ 2. Extraction for orthodontic reasons
A different case is the prescription of an extraction for orthodontic reasons (when there is a significant lack of space because of dental crowding) and where the later repositioning of the extracted tooth is not required. In this case, space is needed for the repositioning and/or distribution of the remaining teeth and molars in the mouth. It would also not be appropriate to replace a missing tooth if the patient is later going to receive an orthodontic treatment and the space can be “closed or corrected” through this treatment, in a way that the functional and aesthetic result will be appropriate without the need to place an implant.

3. Caries
In principle, the presence of a caries in a tooth is not a reason for proposing that the tooth should be extracted. The treatment of choice would be to remove the caries and fill the tooth. If the caries affects the dental nerve or pulp, we will proceed to devitalization or root-canal treatment and the subsequent reconstruction with a filling or a crown if this is necessary because of the extensive destruction of dental tissue provoked by the extent of the caries.

It could be the case that the caries is so extensive that it affects the root and is found below the gum line (subgingival caries). In this situation, it is perhaps less advisable to restore rather than extract the tooth, because to completely remove the caries and then be able to restore the tooth it would be necessary to cut the gum and remove

Other than in exceptional cases, the presence of a caries in a tooth is not a reason to propose extracting the tooth

part of the bone that surrounds it, with an adverse aesthetic result in visible teeth. If patients attend regular dental check-ups and maintain correct and adequate oral hygiene, this scenario should not be reached.

If the caries affects only the crown of the tooth or molar (which is the visible part of the tooth in the mouth), however large it might be, it can almost always be restored with a filling or with a crown in such a way that the tooth can maintain its functioning for many years, while also fulfilling suitable aesthetic parameters. →

4 rules before placing a dental implant

If, after evaluating all the options to replace a non-viable natural tooth, it is considered that the best therapeutic option is an osteointegrated implant, it is essential to consider:

1 The need to first perform a **correct and complete diagnosis**, taking the necessary x-rays to check the availability of bone and the relevant health conditions of the patient.

2 If the patient is a **smoker**, they should know that the long-term prognosis is worse both for teeth and for implants. Thus, it is essential that they be encouraged to give up this habit before starting treatment with implants.

3 If there is an **uncontrolled periodontal disease**, the prognosis for the implants will also be worse; the same occurs in the case of uncontrolled diabetes. Hence the importance of achieving an optimal periodontal health before placing a dental implant and, in people with diabetes, a good control of this disease must also be achieved. In general, any **disease with an inflammatory component that is not well controlled**, or in which the bone metabolism is altered, will have a negative influence on the long-term evolution of the health of the mouth and, as a result, on osteointegrated implants.

4 And, of course, the patient who will receive the implant should commit to their correct daily care and to complying with the implant treatment's subsequent monitoring and maintenance, as this therapeutic option is not free of complications.

Dental implants for life?

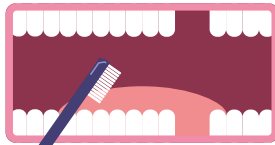
There are many factors involved in the success of implant therapy and, in particular, in the long-term survival of these implants. Because if we need to take care of our teeth so that they last as long as possible, even more so do we need to take care of our implants.

The great threat comes from peri-implant diseases and, among these, peri-implantitis. And, in this respect, one should not forget that the progression of an infection in an implant is generally quicker than in a tooth and its clinical manifestation is less evident, which means its diagnosis is more complicated. Furthermore, the treatment of the infection of the tissues that surround the implant is more complex and its aesthetic consequences are also harder to manage and resolve in a definitive way.



PREVENTION IS KEY TO MAINTAINING GOOD ORAL HEALTH¹

BRUSHING ALONE IS NOT ENOUGH



BRUSHING REACHES JUST 25% OF THE MOUTH²



MILLIONS OF BACTERIA LEFT AFTER BRUSHING LEAD TO PLAQUE ACCUMULATION, A PRIMARY CAUSE OF DENTAL CARIES AND PERIODONTAL DISEASES^{3,4}



MORE THAN 80% OF ADULTS* SHOW SIGNS OF GUM DISEASE LIKE BLEEDING⁵



COMPLETE THE CLEAN WITH LISTERINE

Listerine collaborates with the spanish odontologists and with SEPA



SIGNIFICANTLY IMPROVES ORAL HYGIENE IN BETWEEN DENTAL VISITS⁶

*UK population of dentate adults. Based on data from Adult Dental Health Survey 2009.

References:

- Gunsolley JC. J Dent. 2010;38(Suppl 1):S6-S10.
- Kerr WJS, et al. J Dent Res. 1991;70:1528-1530.
- Gurenlian JR. J Dent Hyg. 2007;81:1-11.
- Barnett ML. J Am Dent Assoc. 2006;137 (Suppl 11):16S-21S.
- NHS. Executive Summary: Adult Dental Health Survey 2009. The Health and Social Care Information Centre 2011. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-dental-health-survey/adult-dental-health-survey-2009-summary-report-and-thematic-series#related-links>.

Last accessed: 31st August 2020. 6. Araujo M, et al. J Am Dent Assoc. 2015;146:610-622.



A tooth should never be extracted without first evaluating if the most suitable treatment might be an endodontic treatment

- **4. Endodontically treated teeth**
 The long-term prognosis for a tooth that has been endodontically treated/devitalized and even teeth that have received re-endodontic treatment is very similar to that of osteointegrated implants. As a result, tooth extraction should not be chosen without a very serious evaluation of whether the most suitable treatment might be root-canal treatment and subsequent restoration; this solution, furthermore, is more economical than an implant and its corresponding crown. The time that this restored tooth remains in the patient's mouth represents "years gained", which delays the possible need of a dental implant (which is not without its problems or complications).

5. Periodontitis

Another situation or disease that can suggest the option of removing teeth is periodontitis. There is scientific evidence that demonstrates conclusively that an adequate periodontal treatment provides long-term stability of the oral cavity on most occasions, with simple treatments. Even in more serious cases, today there are techniques of periodontal regeneration that achieve the reconstruction of tissues lost because of periodontitis. Up to 96% of teeth treated with regeneration techniques can be maintained for periods greater than 15 years.

It is true that patients who suffer from periodontal diseases can have less bone support and therefore present tooth mobility, but that does not mean that these teeth must be extracted.

Appropriate periodontal treatment provides long-term stability to the oral cavity and avoids the loss of teeth

The aesthetics of patients with periodontal disease can also be compromised, but once the disease is treated and controlled, prosthetic, orthodontic, and restorative treatments can be applied with very good aesthetic results. →



Up to 96% of teeth treated with regeneration techniques can be maintained for periods of more than 15 years

→ **Special care in children and adolescents**

Finally, one needs to consider that when tooth extraction is necessary and happens at an early age (before 18 years), it may be necessary to place a maintainer that preserves the space for the eruption and housing of the definitive tooth or while waiting for the patient to finish growing to be able to place an implant in this space.

We have a multitude of alternatives and therapeutic options to preserve teeth in an appropriate way, both functionally and aesthetically

An osteointegrated implant should not be placed in patients who have not finished the period of growth, because the jawbones also grow and change the occlusion (or “bite”, which is the way in which teeth fit together with each other). However, because of the type of join that they have with the bone, implants do not change, and this would alter the functionality and final aesthetics in patients who are still growing.

Because of this, in children and adolescents it is necessary to evaluate and analyse, to a greater and better extent, whether to remove a tooth, as well as to exhaust other ways of treatment. Even if there is a dental avulsion (the complete exit of a tooth from the socket as the result of a trauma), it is possible to preserve the tooth if a suitable treatment is performed.

An osteointegrated implant should not be placed in patients who have not finished growing

Today we have available a multitude of alternatives and therapeutic options to preserve teeth in an appropriate way, both functionally and aesthetically. ■

KIN Gingival Complex

The oral care line with triple action:
moisturizing, antiplaque and gums toning



ANTIPLAQUE:

Chlorhexidine DG 0.12%
Cetylpyridinium chloride 0.05%

MOISTURIZES AND TONES GUMS:

Promotes gums health thanks to
the allantoin panthenol complex,
exclusive to its formula.



Oral hygiene products with **cetylpyridinium chloride (CPC)** help you prevent infection by respiratory viruses.*

SECTION SPONSORED BY:

Bexident[®]
by **ISDIN**

Debunking myths about dental implants

SECTION CO-ORDINATED BY:

Rosa Puigmal
Master in Periodontology,
University of Barcelona.

PROCEDURES IN DENTAL IMPLANTOLOGY have been used for more than 35 years and are proven as an effective method to make up for missing teeth. Dental implants are the best solution to replace one or various teeth and a great alternative to restore aesthetics and masticatory functioning to patients.

However, many people still have their doubts or take certain completely false statements for granted, as there are a number of myths or hoaxes around implants that could undermine confidence in this treatment and lower expectations.

The procedures in dental implantology have been used for more than 35 years and are proven as an effective method to make up for the lack of a tooth

Implants are not free from suffering diseases

1) Implants... for life

The general estimate of the duration of implants is different in each patient and there is no known expiry date. However, implants are not free of diseases, and there is a greater risk of failure or complications in patients with undiagnosed and/or untreated periodontitis, in patients who smoke, and in those who are not able to maintain appropriate oral hygiene. In the case of people who smoke, have diabetes, or have other health problems, this duration can be significantly reduced. And, of course, the lack of dental hygiene will provoke infections that will also affect the useful lifetime of these implants.

Patients who have received periodontal therapy and who have been introduced into a maintenance programme present fewer complications with their implants

The relentless growth, fall in price, and improvement in the efficacy and security of therapy with dental implants in recent years has not only generalized their use but also been accompanied by a series of false beliefs, hoaxes, and errors, some of which are well established in society. We clear up some questions

The treatment and control of periodontal disease before the placement of implants minimizes the risk of bone loss around the implants. Advances in technology and materials enable results that were unthinkable a few years ago, both in aesthetics and in functionality and durability. Some basic hygiene care and regular visits to your dentist will help you keep your implants. The scientific evidence clearly demonstrates that patients who have received periodontal treatment and who have been introduced to a maintenance programme present fewer complications with their implants.

2) I am old, why should I have implants?

Optimal masticatory function is of great importance at any age and dental implants are the best option to reinstate a tooth. Old age is not a constraining factor or an impediment for the placement of implants. The only limitation is the patient's state of health and, because of this, it is important to carry out a good medical history, as the professional should know the state of health or disease, the medications taken, and so on of any person who opts for treatment with implants.





Old age is not a constraint or impediment for implant placement

→ On the other hand, there is a minimum age for implant therapy: 18 years, when it is estimated that the period of bone growth has finished, for which reason it is advisable to delay this type of therapeutic solution until the coming of age, although it is important to evaluate cases on an individual basis.

3) Fear of rejection

Dental implants are made from surgical titanium, a material that is completely inert, biocompatible, with the capacity to integrate in bone, and very well tolerated by soft tissues. It is not a new material; in fact, it has been used for several decades in different medical specialities in the form of cardiac valves, plates, screws, and prosthesis after traumatological injuries. Titanium is a metal that has not shown any toxic or irritative reaction on living tissues, and this means that the organism does not recognise it as foreign. Up to now, biological rejection of an implant by a patient has not been identified, although it is true that there have

been failures in osteointegration (the process by which the implant attaches itself to the bone). These early failures tend to be rare and are usually related to infections, poor biological conditions in the area of the operation, and/or excessive loading or inadequate force on the implant.

There have also been complications because of prior or pre-existing health problems in the patient, but it is worth pointing out that implant rejection as such does not exist. In any case, where there is an implant failure this does not “condemn” the patient to never receiving implants, because once removed, and after the tissues have had time to heal, another can be placed and have a successful osteointegration.

4) Implant placement is a very painful process

It is a complex treatment but not a painful one, as it is performed with local anaesthetic or can be accompanied by assisted sedation if required by the complexity of the case. Implants can be placed in out-patient surgeries in little time, under the effect of local anaesthetic, and recovery tends to be

quick if the specialist’s indications are followed. Post-operation is also not particularly painful or bothersome. Each case is different, so it will be the professional who decides the optimal medication for the comfort of the patient during the first days after the intervention.

5) Any dentist can place implants

The dental professional who places implants must be trained in implant surgery and have the knowledge, skills, and experience necessary in the handling of soft and hard tissues (that is, bone and gum). To achieve the optimal result with implants, more complex treatments will sometimes be needed, such as procedures of bone regeneration or gum grafts. The specialist must also evaluate the need for prior or simultaneous treatment with other forms of therapy (prosthetic, rehabilitative, orthodontic, and occlusal) that encourage the successful accomplishment of a treatment with implants; and the dentist should also know about and how to act in the case of risk factors that the patient might present.



It is a complex treatment, but not a painful one

→ **6) With little bone implants cannot be placed**

It is incorrectly thought that if a patient has little bone tissue in the jawbones, they cannot be a candidate for a dental implant. However, this is totally false. There are various methods and techniques – such as bone regeneration – that allow the rehabilitation of bones through certain treatments. Bone grafts, as well as advances in technology and materials, allow the possibility of optimal results. Today, complex techniques of vertical and horizontal bone regeneration are routine. The improvement in knowledge and numerous scientific studies that endorse this type of technique have made its implementation a success.

It is completely false that a patient with little bone tissue in the jaw bones cannot be a candidate for a dental implant

The dental professional who places implants should be trained in implant surgery

7) There is no need to look after implants

They should be cared for the same as natural teeth, maintaining an appropriate oral hygiene to avoid diseases, such as mucositis and peri-implantitis. A correct oral cleaning should be applied, together with regular periodontal and implant monitoring and maintenance visits. During these visits the specialist will monitor risk factors such as smoking, certain systemic diseases, and periodontal disease. Patients should be evaluated at regular intervals to check the condition of their peri-implant tissues, and it is also necessary to check the patient's efficacy in practising oral hygiene and eliminating bacterial deposits, both visible ones and those which are not visible (located below the gum). It is very important to regularly review the state of the prosthesis, its fitting, the need for repair, and to check the ease of performing hygiene.

All treatment that involves the placement of implants demands that the patient is made aware of both the importance of daily care and the skills and instruments needed to be able to maintain a correct control of their implants' health.

8) If I have implants, I cannot undergo magnetic resonance

Magnetic resonance imaging (MRI) is a procedure used for diagnosis. It is very useful for musculoskeletal and cerebrovascular explorations and is used to obtain high-resolution images of the human body, above all soft tissues. It is a non-invasive procedure that does not employ ionizing radiation (x-rays). It is true that MRI devices can interfere with iron or ferromagnetic objects, but dental implants are made of titanium or zirconium and are not included in these categories. Nonetheless, before an MRI scan, it is important to advise that one is a bearer of dental implants so that the professionals can take this into account.





→ **9) Will it be noted that I have a dental implant?**

Implantology has evolved enormously in recent decades, in a way that today not only is its attachment prioritized but so too is obtaining an optimal aesthetic result. The handling of the hard tissues and above all the soft tissues will encourage these good aesthetic results, in such a way that the tooth will adopt a natural appearance. The maximum objective for the professionals who dedicate themselves to implantology is precision, and success consists in ensuring that a tooth goes unnoticed and does not differ from the rest of the mouth.

10) Implants do not work: I know various people who have had many problems

An implant is subject to a series of factors that mean that not all achieve attachment to the bone, and there is a success rate for this osteointegration that varies substantially. This lack of osteointegration or early failure – which ranges between one and eight percent – can be caused by inadequate healing, the contamination of the implant at the time of placement, a bone bed of insufficient quality, or the application of excessive forces on it before it has healed. There are many factors that can affect the capacity of the organism to integrate the implant.

They should be cared for like natural teeth, and it is essential to maintain a correct hygiene

Yet current implantology, carried out correctly, following sensible surgical protocols, and appropriately selecting those patients who can have implants, allows one to say that it is a successful alternative for replacing non-viable natural teeth. However, once past the stage of osteointegration of the implant (when it is already anchored to the bone), the real challenge for the patient begins – maintaining their implants in a correct state of health so that they stay in the mouth for many years.

11) I want to have implants, but not to carry out other treatments

So that implants can be a successful treatment in the short, medium, and long term, it is essential that there is an optimal health of the gums, as implant treatment should not be performed in diseased gums. So, before placing an implant, the mouth should be healthy and free of infections: deficient periodontal health before implant placement can reduce the efficacy of this therapeutic resource and substantially reduce its average life. One should not forget that periodontitis is the main risk factor for developing peri-implantitis.

Dental implants are made of titanium or zirconium, so they do not interfere in magnetic resonance tests

After implant placement, it is necessary to follow a follow-up or maintenance programme, in which the oral-health team will clean teeth and implants, check the stability of the tissues around them and the integrity of the restoration; and, where necessary, will recommend the use of mouth rinses or other specific treatments.

The dental implant should be unnoticeable, with an acceptable aesthetic result and without differing from the rest of the mouth

12) There are very expensive dental clinics, I will get my implants in a cheaper centre

The difference of price in implant treatment according to the clinics is not based only on the different needs of each patient and on the law of supply and demand, but also on the type of care they offer and, above all, on the quality of service and the materials used. In implant therapy, cheap can turn out to be very expensive. ■

Your health begins in the mouth

The first oral healthcare portal in Spanish

TAKE CARE OF YOUR gums

To fully enjoy life, it is important to maintain healthy gums. Brush your teeth twice per day. Use dental floss and reinforce your oral hygiene with mouthwash.

2 times per day



Brush your teeth with toothpaste



Use dental floss or interdental brushes



Reinforce your hygiene with a mouthwash

Every 3 months



Get a new toothbrush

Every 6 months



Visit your dentist or periodontist; check your gums and clean your mouth

Discover everything you need to know to have a healthy mouth at

cuidatusencias.es

SECTION SPONSORED BY:



Receding gums, a matter of health and aesthetics

Many people visit their dentist altered by the sensation that they must be losing gum and seeing their teeth as becoming longer. This is known as receding gums or gingival recession, which is the pathological displacement of the gum from its natural position leaving the roots of teeth exposed. We explain why this happens and how to tackle this problem

SECTION CO-ORDINATED BY:

Gloria Calsina
Certified in periodontology
University of Southern
California, USA.

THE SENSATION OF LOSING GUM and noting at first glance that some teeth are “longer” and unattractive is what is known as gum retraction or recession. Gingival recession is common, and its treatment is a reason for regular dental visits for many reasons: because of its visibility and aesthetic impact, but also because it is sometimes associated with an increase in the sensibility of the area, whether when brushing the teeth or when eating or drinking something that is very cold and/or acidic.

What is it?

Receding gums consists of a displacement of the gum in the opposite direction to the crown (which is the visible part of the tooth in the mouth), exposing the surface of the roots of the teeth and making the teeth seem longer, thereby worsening the mouth’s aesthetics. In addition, the surface of the root that is left exposed is yellower and contrasts with the white colour of the tooth crown, making the gum recession more evident. This retraction, as well as inducing dental hypersensitivity, can also predispose to the development of caries.

There are triggering factors and predisposing factors for gingival recession

Some patients fear losing the teeth that present receding gums

It occurs frequently in patients with high levels of oral hygiene and also in patients with periodontitis as a result of the loss of bone around the teeth. For this reason, it is common that in people who show receding gums, a periodontal disease that was unknown to the patient because of the absence of other symptoms is diagnosed.

Why does it happen?

There are triggering and predisposing factors for gingival recession or retraction:

Triggering factors, which will start the damage:

1. Constant and prolonged **inflammation of the gums** because of the presence of dental bacterial plaque and calculus (tartar) produces a destruction of the bone that supports the teeth as a result of the periodontitis from which the patient suffers. The lack of specific treatment resulting from the patient’s not being aware of suffering a periodontal disease is a very common cause of receding gums.

Treatment of gingival recessions is indicated because it improves the periodontal prognosis and the aesthetics

2. **Trauma from aggressive toothbrushing or brushing with a poor technique, which is to say**, applying too much force when brushing the teeth or using a toothbrush with hard bristles, which is a highly undesirable option. There is an incorrect idea that strong toothbrushing cleans more and cleans better, and this is one of the most common causes of receding gums.
3. The use of an **aggressive toothpaste** (with a high degree of abrasion) over a long period of time can also produce this problem. If the gums are also thin*, there is an even greater risk of gingival abrasion and the appearance of receding gums.
4. **Orthodontics** can also sometimes predispose to receding gums, above all if it is performing expansion movements (outwards) in people with thin gums and/or narrow bone, a movement that can take teeth out of the bone plate that holds them. →

Tobacco, a threat

IF AVOIDING RECEDING GUMS IS DESIRED it is essential to control the smoking habit as this is associated with a reduction of the body's defence system and a worse response to any type of conservative or surgical periodontal treatment.

Giving up smoking produces an almost immediate improvement in periodontal tissues. It is proven that smoking patients more often have recessions in their gums. Smoking silently damages the gums as it reduces their bleeding and "hides" any sensation of disease.

→ Because of this, it is very important that before starting any orthodontal treatment, a periodontist evaluates the type of gum that the patient has. If the gum is very thin, and/or depending on the movement of the teeth that the orthodontist will perform, it may be necessary to perform a gum graft before the orthodontal tooth movement to prevent possible retractions of the gums. During the orthodontic treatment it is also advisable to include the patient in a phase of periodontal maintenance that ensures good hygiene and disinflammation of the gums before, during, and after the orthodontics.

5. The presence of an **oral piercing**, above all in the lower lip, which strikes the gum constantly and causes it to retract.
6. **Occlusal trauma and bruxism** (the habit of clenching the teeth, especially at night).

Do you use too much pressure when you brush your teeth?

WITH NORMAL USE brushing two or three times a day, with a medium brush and average pressure), a toothbrush will stay in optimal conditions for at least three months, which is the estimated amount of "useful life". If before this time is up the bristles are very open and have lost their original shape, it is clear that too much force is being applied during the use of the toothbrush.

Some people find it difficult to control their brushing, and in these cases the use of an electric brush with pressure sensor is recommended. This type of electric brush is also recommended for patients with very thin gums, to avoid the appearance of recessions to which they are very prone.



→ **Predisposing factors:** these tend to be anatomical factors or derived from a masticatory parafunction which means that the patient is prone to suffering gingival recessions. These factors are:

1. **Thin periodontium:** the thin gum is fine, almost translucent, is easily damaged and as a result has a great tendency towards gingival recession.
2. **Inadequate band of keratinized gum:** if the band of gum around the teeth is thicker it allows safer hygiene: it will better resist a possible “trauma from toothbrushing” and, in addition, will prevent the appearance of gingival recessions; on the other hand, its absence can produce discomfort in the patient in various situations.
3. **High attachment of the frenulum or short vestibular depth:** when the lower labial frenula have a high attachment, they produce traction (or stretching) on the gum (even with labial movement), triggering a mucogingival problem. The frenula are strips of connective tissue – fibrous, muscular, or both – that tend to be located in the buccal midline. We all have buccal frenula, as they are of congenital origin; and normally those of greatest size are the labial frenula (below the upper lip) and the lingual frenula (below the tongue).

The oral vestibule is the space between the lip and the gum and, if it is very short, it can also produce gingival retractions.
4. **Badly positioned teeth in the dental arch:** specifically, when the teeth are positioned further forward than the others, very often related to tooth crowding.
5. **Presence of bone dehiscences:** these are bone defects in isolated areas in which the tooth root does not have bone on one of its faces.

The retraction of the gum is the sensation of losing gum and at first sight noticing teeth that are “longer” and unattractive

Prevention is key

The main and most important principle is prevention, which begins when we make our regular visits to the dentist or periodontist to be able to promptly diagnose any possible pathology that could cause retraction of the gums, and thereby treat it as soon as possible.

Preventing the recurrence of this problem is fundamental. To this end, the patient should follow regular periodontal maintenance, which allows triggering factors to be controlled through good plaque control, a correct toothbrushing technique, and control of oral parafunctions – those movements of the masticatory system that have no useful purpose, which are involuntary and even unknown to the person themselves.

What is most important is to achieve optimal health of the periodontal tissues, decontaminating the surface of the exposed root and ensuring good and effective oral-hygiene habits, which prevent injury to the gums. Factors that retain bacterial plaque – such as badly fitting fillings or prostheses – should also be removed.

Can it be solved?

Receding gums are very common. If we want to resolve this problem once it has presented itself, the first thing to do is carry out a good diagnosis of the causes that have produced the recessions; these factors should then be eliminated or corrected, taking the opportune measures in each case. Then, it should be evaluated whether treatment is necessary and if the conditions are appropriate to perform a successful gum graft.

This retraction, as well as inducing dental hypersensitivity, can also predispose to the development of caries

The treatment of gingival recessions is indicated because it improves the periodontal prognosis, thanks to a better control of dental bacterial plaque, thus controlling the inflammatory factor of infectious origin. In addition, it improves aesthetics by covering the exposed roots.

There are many types of gum graft that can be performed. The most common is where the gum that will be grafted is obtained from the thick gum of the hard palate of the same person or, in some cases, a collagen matrix material is used. Grafting is a predictable technique which tends to be successful, although it requires the collaboration of the patient who must comply correctly with the postoperative guidelines: do not touch the graft, do not smoke, etc. →

When should a gum graft be used?

In cases of recession, it is not always necessary to treat them with a gum graft. In general, recessions will be treated...

- a. If the patient presents dental hypersensitivity
- b. If there is an aesthetic problem that the patient wants to improve
- c. Before an orthodontic treatment with a type of movement that is not favourable towards the gums
- d. Before a restorative treatment in patients with thin gums, and especially if the termination will be very close to or below the gum
- e. When the gum graft contributes to improving plaque control

Interdental toothbrushing is the most effective tool for eliminating interproximal bacterial plaque

→ The bilaminar techniques (with subepithelial connective tissue) are the standard ones employed in these cases, for their predictability in obtaining complete root coverage with a tissue that resembles the neighbouring tissues to obtain a good final aesthetic appearance.

How to treat?

If the recessions are stable and free of inflammation or discomfort, they can be maintained and regularly monitored, although there is a minimal amount of attached keratinised gum.

It is very common, and its treatment is a common motive for dental consultations for various reasons

The root surface that is exposed is yellower and contrasts with the white colour of the tooth crown

The most important thing is that there is periodontal health. If there is periodontitis, it should first be treated correctly and the situation stabilized with a good hygiene technique by the patient (brushing without excessive pressure, avoiding the use of hard toothbrushes and/or very abrasive toothpastes) and following a programme of regular visits to the dentist or periodontist every four to six months to carry out an appropriate periodontal monitoring and maintenance.

Single or multiple gingival recessions can often be treated with different techniques (such as coronally repositioned flaps or laterally displaced flaps), which may or may not require grafts of gum or collagen matrix. Free gingival grafts, bilaminar grafts, and regenerative techniques can also be performed.

The patient and the type of recession they present must be thoroughly assessed to decide whether a graft need to be performed, to choose the type of graft, and to determine the most correct technique in each case. The treatment should always be individualized.

It is also necessary to consider if the recession is visible when the patient smiles, if there is a non-carious cervical lesion, the shape and size of the gums adjacent to the recession, whether the tooth with the recession is rotated... all of this is fundamental to making the treatment decision and thus to achieving the best results.

Message to remember

If you suffer receding gums, visit your dentist so that they can diagnose the cause, evaluate the need to start treatment or control the recession and prevent it from worsening. Visits to your dentist or periodontist should be regular and take place at least once a year. ■

SECTION SPONSORED BY:



“The dental clinic is an ideal place to help with quitting smoking”

LEYRE GAZTELURRUTIA
SECRETARY OF
THE NATIONAL
COMMITTEE FOR THE
PREVENTION OF
SMOKING

SECTION CO-ORDINATED BY:

Assumpta Carrasquer
Professor of Master's degree
in periodontology and implants,
Faculty of Dentistry, University
of Valencia.

It is estimated that at least one in five people aged over 15 smokes every day, according to the European Survey of Health in Spain 2020. In the face of these figures, there is an urgent need to adopt measures of prevention and smoking cessation, and the dental clinic is an optimal space to start this effort. The collaboration of pharmacists and dentists can also be crucial to move forward in the battle against tobacco, argues Leyre Gaztelurrutia, a pharmacist who is a member of the board of the National Committee for the Prevention of Tobacco Addiction (CNPT) and of the working group on smoking cessation of the Spanish Society of Periodontology (SEPA) and the CNPT.

“By dedicating only five minutes to talking about smoking, we can ensure that a not insignificant percentage of patients propose making a serious attempt to quit smoking”

“Smoking, with the collaboration of an increasing number of professionals, will recover the place it deserves within public-health concerns”

In the face of the coronavirus pandemic, other epidemics – such as smoking – seem to have been forgotten. Is that your impression too?

We have lived through some very difficult times, both for patients and professionals, with a great workload and accumulated fatigue, which has not permitted the dedicating the necessary time to smoking, to the monitoring of other already diagnosed diseases, or to the screening and detection of new ones. Fortunately, little by little we are returning to normality and smoking, with the collaboration of more and more professionals, will recover the place that it deserves within the concerns of public health, given the number of deaths that it can cause.

“The dental clinic is key to identify the consumption of tobacco among patients, as well as to encourage them to abandon this practice”

Undoubtedly, there seems to be a problem that we can only tackle this with a certain degree of hope if there is a multidisciplinary collaboration...

That's right. This situation should make us reflect and think that all health professionals, in addition to those in primary and specialist care, should be involved in the fight against smoking; professionals such as dentists and community pharmacists, among others. Both are professional groups to which smokers have direct and regular access, and who have also been on the frontline during the whole pandemic. We should all work in a joint and co-ordinated way, with protocols, obtaining synergies to meet a common objective: that the greatest possible number of patients give up smoking and new people do not start the habit. →

Fighting smoking from the community pharmacy

LEYRE GAZTELURRUTIA LAVESA is a community pharmacist in Barakaldo and holds the post of secretary of the board of the National Committee for Preventing Tobacco Addiction (CNPT), and she is also the coordinator of the Area of Smoking of the Respiratory and Tobacco Addiction Group of the Spanish Society of Clinical, Family, and Community Pharmacy (SEFAC) and has a master's degree on tobacco addiction from the Inter-University Training Programme for Specialists in Tobacco Addiction (PIUFET).

From her training as a pharmacist and her concern at the "epidemic" of tobacco addiction, this expert has been involved in the training and dissemination of the dangers to health implied by this disease and, above all, has shown her interest in helping groups of health professionals – such as pharmacists, pneumologists, and dentists – to create a common front to fight against the consumption of tobacco.

LEYRE GAZTELURRUTIA LAVESA
Secretary of the board of the National Committee for the Prevention of Tobacco Addiction (CNPT) and co-ordinator of the Area of Tobacco Addiction of the Respiratory and Tobacco Addiction Group of the Spanish Society of Clinical, Family, and Community Pharmacy (SEFAC).

“The community pharmacist, like the dentist, has access to smokers who do not have contact with other health professionals”

→ **Focusing particularly on Spain, do you think that the data on smoking continues to be as worrying as it was some years ago?**

As long as there continue to be smokers, it will continue to be worrying. Furthermore, the latest survey – EDADES 2019 (survey on alcohol, drugs, and other addictions in Spain, conducted in relation to the population aged between 15 and 64) – shows figures around 32% for daily consumption and nearly 40% saying they have consumed tobacco in the previous 12 months. These data show the huge amount of work that we still need to do.

Is the situation particularly worrying among younger people?

If we look only at the young population, the latest data from the ESTUDES 2021 survey (on the use of drugs in secondary education in Spain, conducted by the National Plan against Drugs) shows that the average starting age is around 14; although 9% recognise consuming tobacco daily (8.8% in the case of females and 9.2% in the case of males), 30.7% say that they have done so within the last year. And the industry is constantly seeking new consumers and trying to attract them with strategies that are well studied and, unfortunately, effective.

“Collaboration between dentists and pharmacists is particularly interesting, as the patient who leaves the dental clinic must normally go to the pharmacy to pick up the prescribed treatment”

“Against smoking, all groups of health professionals should work in a joint and co-ordinated way and with protocols”

Traditionally, the problem of smoking is associated with the consumption of cigarettes, but there are more forms of consuming this drug, including some very new ones. What are they and what are the main problems that they present?

As well as cigarettes, for some time – and as part of the strategy of seeking new consumers and making this habit attractive to younger people – new and increasingly sophisticated products have come into play. Among these are electronic cigarettes, heated-tobacco products, and we should not forget the increasing use of hookahs or water pipes. According to the ESTUDES survey, in 2014, 18.8% of male students and 15.2% of female ones said that they had tried electronic cigarettes, while today it has been shown that the corresponding figures are 46.9% and 41.7%.

Because of all this, we must retrain ourselves and obtain new evidence on prevention and treatment of these new enemies to fight.

What are the main health problems that you would identify as being caused by smoking?

Smoking affects our health widely and negatively. But let us talk positively, which is what needs to be done with smoking: giving up consumption and exposure to smoking will improve nearly all pathologies; for instance, it improves wound healing, breathing, the regulation of blood pressure, it lowers the heart rate, and even improves the appearance with a more luminous skin tone, shinier hair, etc.

And in terms of the mouth?

Our oral health is hugely affected by smoking and, for the same reason, substantially improves after the habit is given up. Some examples of oral-health problems related to smoking are the worsening of the aesthetic appearance through discolouration and the appearance of stains, halitosis, an increase in the incidence of caries, the development and worse evolution of periodontitis, an increased risk of the loss of teeth and dental implants, and the increased risk of developing oral cancer.

And in the face of this reality, what can be done at the dental clinic?

A lot can be done at the dental clinic. From this privileged place one can do much not only for oral health but also for the general health of the patient. The dental clinic is the ideal place to identify smoking among patients and in the same way to encourage them and help them as they start a process of smoking cessation.

So, do you consider the role of the dental clinic to be crucial to smoking cessation? And what can be provided by collaboration with smoking-cessation units?

It is more than proven that brief advice is very effective and by dedicating only five minutes to talking about smoking we can ensure that a not insignificant percentage of patients consider making a serious attempt to stop smoking. But if, in addition, with good training, an appropriate follow-up service is offered throughout the process, this percentage will increase considerably.

If one works in a co-ordinated way with other health professionals transmitting the same message, it will increase the time dedicated to each patient and, with this, the number of patients who will give up smoking. →

5 phrases to 'blow smoke''

- ⇒ "Up to a third of the population aged between 15 and 64 in Spain consumes tobacco daily"
- ⇒ "The tobacco industry is constantly seeking new consumers and trying to attract them with strategies that are very well studied and effective"
- ⇒ "There are new forms of consuming tobacco – because of this, we need to retrain ourselves and obtain new evidence on preventing and treating these new enemies"
- ⇒ "Tobacco has a wide and negative effect on our health"
- ⇒ "In the mouth, tobacco is associated with effects such as the deterioration of aesthetic appearance, halitosis, the increase in caries, the development and worse evolution of periodontitis, the increased risk of losing teeth and dental implants, and the increased risk of developing oral cancer"

...& 5 for quitting smoking

- ⇒ "Giving up the consumption of and exposure to tobacco smoke improves practically any pathology"
- ⇒ "If you give up smoking, there will be improved wound healing, improved breathing, blood pressure will be regulated, the heart rate reduced..."
- ⇒ "Quitting smoking even improves one's image and aesthetics: with more luminous skin, shinier hair..."
- ⇒ "Our oral health is hugely affected by tobacco and, for the same reason, improves substantially when this is given up"
- ⇒ "Maintenance programmes for periodontal patients become the ideal place to monitor a patient's process of tobacco cessation on a regular basis"





“Every day in pharmacies we are consulted about oral health, and we perform a lot of educational work in this field”

→ **Do you think that oral-health professionals should be more involved in smoking prevention and cessation?**

Of course. With appropriate training, they are professionals who are very well equipped to work on smoking cessation. It should be noted that the dental clinic has access to patients who smoke who do not have contact with other health professionals, whether because they are young or because they do not have any “known” diseases, and this offers the opportunity to interact with them.

“The coronavirus pandemic has not allowed sufficient time to be dedicated to tobacco addiction”

Dental clinics see patients regularly; specifically, periodontal patients follow strict maintenance programmes. Would it be advisable to take advantage of this situation to help them give up smoking?

The more time that is dedicated to the patient in short visits the better will be the result obtained in smoking cessation. As a result, the maintenance programmes of periodontal patients become an ideal situation to regularly follow the patient’s process of quitting smoking and we should not miss this opportunity. Furthermore, it is likely that the patient sees a good opportunity and has a good motivation to make a serious attempt, as they are concerned with improving their oral health.

Understanding, then, that the good and close relationship that tends to be established between the members of the dental team and the patient who attends the dental practice is a determining factor for driving measures of smoking cessation...

That’s right. It is clear that an atmosphere of trust always helps the patient to feel comfortable, to expose their barriers towards not making a serious attempt, to be receptive to any advice, to be helped by the dental team to increase their motivation, and to analyse the obstacles that they face with the aim of finding strategies to overcome them.

And what can community pharmacies do in the fight against this epidemic?

The community pharmacist is the most accessible health professional, who is visited regularly by patients to pick up their medication, buy health products, or ask questions. Because of this, like dentists, they have access to smokers who do not have contact with other health professionals.

A survey of patients carried out by SEFAC (the Spanish Society of Clinical, Family, and Community Pharmacy) during “No-smoking week” made clear that patients often ask pharmacists about smoking, and even more so the greater the number of attempts to quit they have made. Community pharmacies have spent years working in this field, training pharmacists and registering results. Because of this, we have recently carried out in community pharmacies the biggest study in smoking, with around 1,000 patients, with spectacular results in smoking cessation.

Is the collaboration between dentists and pharmacists crucial in the fight against smoking?

Co-operation is needed between all professionals, but the dentist-pharmacist collaboration is particularly interesting, as when patients leave the dental clinic, they must normally go to the pharmacy to pick up the treatment prescribed. In this way, the message given by your dentist can be reinforced in the pharmacy, as well as being followed up together by the dentist and the pharmacist.

In this context, how do you evaluate the work that is being performed by the SEPA-CNPT working group?

I can only congratulate the Spanish Society of Periodontology (SEPA) for the work that it is carrying out and the great initiative of developing a project of smoking cessation together with the National Committee for the Prevention of Smoking Addiction (CNPT). This working group has developed documents of a high scientific quality, and we continue with an active and fruitful collaboration.

In what way can the implementation of this protocol be encouraged in dental clinics?

The protocol must reach all practices; to this end, it would be interesting to carry out a theoretical-practical training of all professionals who work in the clinics, give that this could boost its implementation.

In general, what role do you think could and should be played by the pharmacy in promoting oral health?

The oral-health category is one of the biggest turnover categories in the pharmacy, and every day we are consulted and do a lot of educational work on oral health. I believe that the birth of a working group between pharmacists and dentists could be very interesting and would be very fruitful. ■

Silence won't help. You can.

50% of sensitivity sufferers don't report their pain¹



Many patients with dentine hypersensitivity might believe it is normal. Instead of speaking up, they simply avoid the triggers and suffer in silence. It's important to ask questions, listen carefully and try to understand what your patients are not telling you.

Screen every patient for dentine hypersensitivity

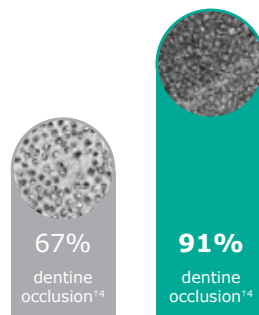
to identify your silent sufferers.



Recommend a proven solution:
elmex[®] SENSITIVE PROFESSIONAL



Superior
tubuli occlusion⁴



Stannous fluoride / sodium fluoride technology

elmex[®]
Sensitive professional
toothpaste

Proven
efficacy^{5,6}

Instant⁵ relief
60.5% pain reduction[§] immediately after application



Long-lasting⁵ relief
80.5% pain reduction[§] after 8 weeks of brushing



Help your patients ease their pain in an instant* and experience long-lasting relief

† In vitro study, actual confocal images after 5 treatments. § Reduction from baseline. p<0.001.* For instant relief, apply directly to the sensitive tooth with finger tip and gently massage for 1 minute.

References:

1. Colgate-Palmolive. Market research through Zapera. Data on file. 2009. 2. Hines D et al. Poster #3406, July 2018 IADR. Colgate-Palmolive Company 2018. 3. Nathoo S et al. J Clin Dent. 2009;20 (Spec Iss):123-130. 4. Docimo R et al. J Clin Dent. 2009; 20 (Spec Iss): 17-22.



In summer, also look after your oral health

Summer holidays are a time of the year when our eating habits and care of our oral health can suffer variations, and it is also a period when the risk of suffering lesions in the mouth increases. Here are some tips to avoid these problems

SECTION CO-ORDINATED BY:

Desirée Abellán
Associate professor, Master's
degree in periodontology,
UIC Barcelona

SUMMER IS INEVITABLY associated with relaxation... but this should not extend to basic oral-hygiene measures. Furthermore, the increased exposure to the sun, as well as the practice of a greater number of open-air sports activities, can increase the risk of lesions on the lips and the incidence of dental trauma.

The importance of healthy eating

Maintaining a healthy diet is essential to prevent many kinds of disease, but also to maintaining good oral hygiene. Basically, foodstuffs which protect oral health are included within the so-called Mediterranean diet, which encourages the consumption of fruit, vegetables, fish, and olive oil while limiting the consumption of sugars and red meat.

Maintaining a healthy diet is essential for maintaining proper oral health

Fruit and vegetables are an important source of nutrients, vitamins, phytochemicals, and fibre which function as antioxidants and antibacterial agents, and also stimulate cellular immunity. Consuming at least five pieces every day can help in the prevention of periodontal diseases, reducing the loss of teeth, and improving the quality of life related to oral health.

As well as being healthy, eating fresh fruit and raw vegetables such as celery, apple, carrots, and watermelon refreshes the breath, and can also help in reducing bacterial plaque.

In terms of drinks, it is important to limit the consumption of packaged juices and energetic or carbonated drinks. Their high sugar and carbon-dioxide content is a risk for the formation of caries, as well as increasing dental sensibility and eroding the enamel. It is fundamental to keep yourself hydrated by drinking two litres of water a day; this helps to improve dry mouth and to counteract the loss of liquid through sweating. →

Greater exposure to the sun can increase the risk of lesions appearing on the lips

Benefits of vitamins for oral health

- **Vitamin A:** helps maintain the health of teeth and the mouth's soft tissues as well as saliva flow. In addition, maintaining sufficient levels of Vitamin A can help in the prevention of infections. It is found in food such as melon, tomato, mango, lettuce, carrots, cabbage, and spinach.
- **Vitamin B:** helps the organism to grow new cells and reduce inflammation. A deficiency can encourage the appearance of aphtha (small ulcerations, like blisters). This vitamin is present in nuts, eggs, salmon, chicken, beef, milk, beans, oysters, spinach, and legumes.
- **Vitamin C:** is essential for tissue growth and repair. Maintaining adequate levels of vitamin C is essential to prevent the inflammation of the gums. We can find it in food such as oranges, grapefruit, green peppers, red peppers, kiwi, broccoli, strawberries, melon, and tomato. A foodstuff's vitamin-C content can be reduced when cooked or stored for a long period; however, the best sources of vitamin C – such as fruit and vegetables – are eaten raw.
- **Vitamin D:** maintaining adequate levels of vitamin D is essential so that the immune system can fight viruses and bacteria. In addition, it helps the organism to absorb calcium, one of the most important substances for having strong bones. In a natural form, there are few foods that contain vitamin D; the best natural sources of vitamin D are found in trout, salmon, tuna, and mackerel, as well as in fish-liver oils.

The increase of leisure activities in the summer holidays might also lead to an increase in cases of dental trauma

→ How to prevent dental trauma

The frequency of dental trauma is relatively high in young and child patients, above all at times of leisure and games. In adults, the main causal factor for dental trauma is associated with the practice of contact or combat sports (such as football, handball, basketball, martial arts) and other sports (such as cycling, skating, paddle tennis, and squash).

For this reason, the increase in leisure activities during the summer holidays can lead to an increase in the incidence of these dental trauma. In general, the best preventive measures are focused on avoiding these injuries as far as possible, especially in people with a prior history of dental or oral trauma. There is also a high risk of suffering these events in people who have badly positioned teeth with an excessive dental protrusion, for which a preventive orthodontic treatment might even be indicated.

Fresh fruit and raw vegetables can help reduce bacterial plaque

Try to avoid dental trauma, protect yourself, and if it occurs act calmly to provide the best possible solution

To prevent these traumas, it is essential to perform a risk evaluation of the games or sports activities, as well as to instruct children and those responsible for them of how to act if a dental trauma occurs. →

Take advantage of the summer holidays to check your oral health and visit your dentist

Oral-B **iO™**



En un estudio clínico a largo plazo de 24 semanas, Oral-B iO™ transformó la salud de las encías en el 96 % de los pacientes.

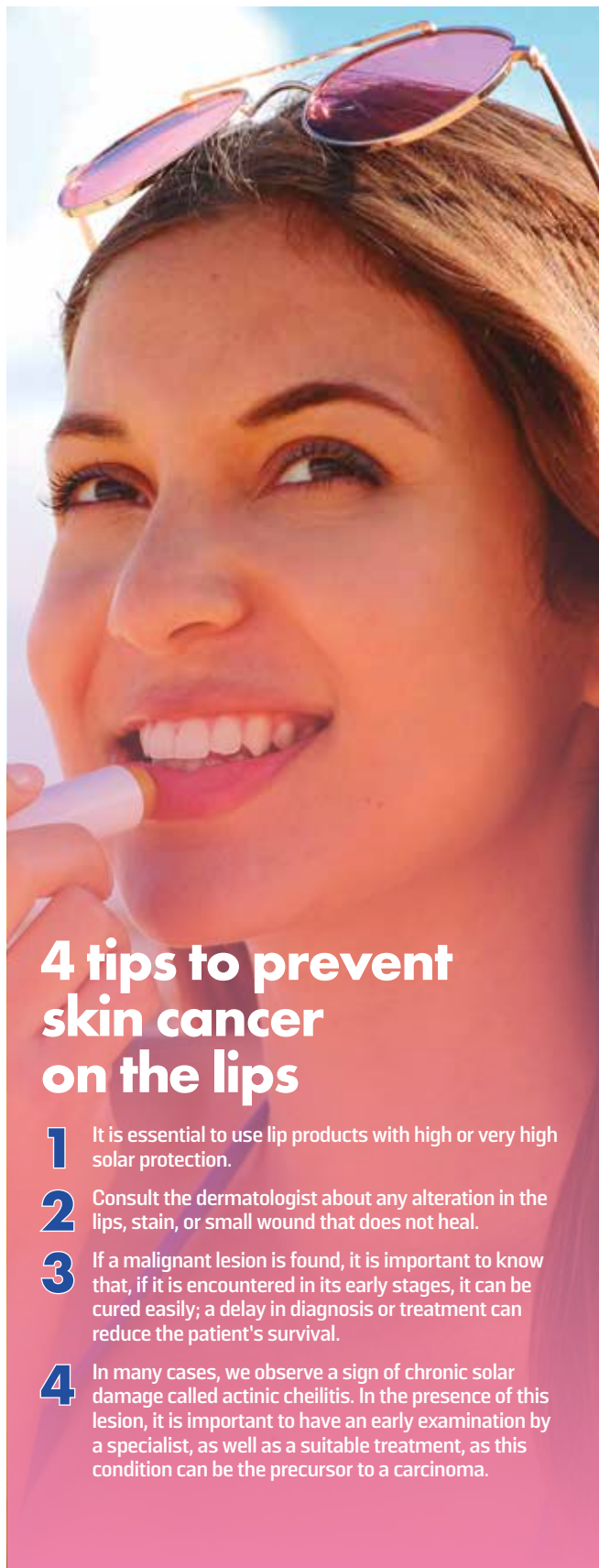
Recomendar el cepillo de dientes adecuado podría ser lo que ayude a sus pacientes a mejorar significativamente su salud bucal para su próxima visita.



MARCA MÁS USADA
POR DENTISTAS EN EL MUNDO

Goyal CR y cols. Am J Dent2021;34: 54-60.

* Basado en el % de dentistas que usan cepillos de dientes Oral-B o pastas dentales; encuestas de una muestra representativa mundial de dentistas realizadas para P&G regularmente.



4 tips to prevent skin cancer on the lips

- 1** It is essential to use lip products with high or very high solar protection.
- 2** Consult the dermatologist about any alteration in the lips, stain, or small wound that does not heal.
- 3** If a malignant lesion is found, it is important to know that, if it is encountered in its early stages, it can be cured easily; a delay in diagnosis or treatment can reduce the patient's survival.
- 4** In many cases, we observe a sign of chronic solar damage called actinic cheilitis. In the presence of this lesion, it is important to have an early examination by a specialist, as well as a suitable treatment, as this condition can be the precursor to a carcinoma.

What to do?... In the event of a dental trauma to permanent teeth

The first and fundamental thing to do is to visit a dentist immediately after the accident, to get early treatment:

- There are more possibilities of preserving the vitality of the tooth.
- A more conservative treatment can be performed.
- There will be a better prognosis.
- Complications can be prevented.
- More expensive treatments can be avoided.

It is very important that all traumatic lesions are diagnosed, treated, and controlled over time (at least within the first five years).

If the tooth is avulsed (outside the mouth):

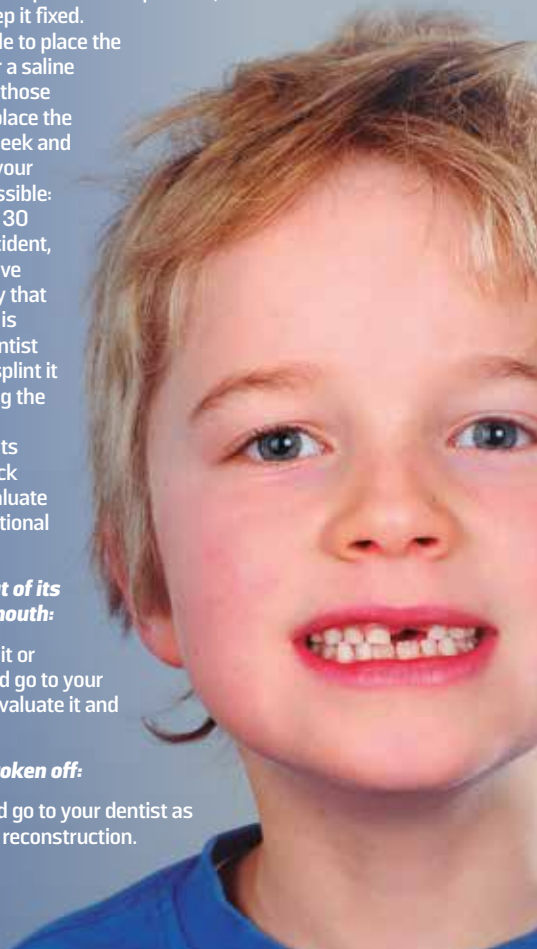
- **Above all, keep calm.**
- Find the tooth and hold the tooth by the whitest part, the crown (never hold it by the root).
- If it is contaminated or dirty because it has fallen to the ground, rinse it briefly and gently with cold water and, if possible, put the tooth back in its place.
- Once the tooth has been placed in its position, bite on a handkerchief to keep it fixed.
- When it is not possible to place the tooth, put it in milk or a saline solution. If neither of those options is available, place the tooth between the cheek and the gums, and go to your dentist as quickly as possible: preferably in the first 30 minutes after the accident, as once two hours have passed the possibility that the tooth will survive is practically nil. The dentist will reimplant it and splint it to immobilize it during the healing period.
- Later, monitoring visits will take place to check the evolution and evaluate the need for any additional treatment.

If the tooth has come out of its place or is loose in the mouth:

Carefully try to reimplant it or replace it immediately and go to your dentist so that they can evaluate it and stabilize it.

If a piece of tooth has broken off:

Look for the fragment and go to your dentist as quickly as possible for its reconstruction.



7 commandments to take care of yourself in summer

1. Do not forget your oral hygiene! Brush your teeth at least twice a day with a fluoride toothpaste and use dental floss or interdental brushes at night.
2. Protect your teeth with a protector if you are going to perform sport or risk activities.
3. Hydrate yourself by drinking two litres of water per day.
4. Eat healthily, such as the Mediterranean diet; avoid sugary juices, soft drinks, energy drinks, processed food, fats, alcohol, and tobacco.
5. Do not neglect your dental treatments and use your discharge splint or your orthodontic device following the recommendations of your dentist.
6. Protect your lips from the sun! Remember to take care of them just like the skin of the rest of the body; use a photoprotector frequently to prevent them from 'burning'.
7. Holidays are a period when we have more time to look after ourselves. Take advantage of them to check your oral health at your dentist and prevent complications.



→ We provide some practical tips for the prevention of dental trauma in early teeth (milk teeth) and in mixed dentition (usually between six and 12 years of age, when tooth replacement takes place and temporary and definitive teeth tend to be together in the mouth):

- Do not use baby walkers.
- Do not allow children to use skates without appropriate protection.
- Show your children how to care for their teeth and the teeth of their friends when they play, avoiding blows to the mouth.
- Avoid obstructions that can make a child trip or fall.
- Recommend not pushing when playing and taking care with headbutting.
- Instruct children to remain seated in the swing and not to jump out of it when it is still moving.
- Always use the steps when getting out of the swimming pool.

- Take special care in water parks, avoiding risk activities and times when they are crowded.
- If the child takes part in sports such as rugby, hockey, karate, cycling, skateboarding (or any activity that implies a potential trauma in the facial area) make sure that they wear a helmet and a mouth protector.

Protect your lips from the sun

The lips are a zone that is particularly sensitive to ultraviolet radiation, as their skin is thinner than that of the rest of the body. The use of sun-protection creams to protect our skin from the sun when we perform activities outdoors, whether in summer or winter, is a very common practice. However, the regular application of a lip salve that protects our lips from the sun is rather less common. Not performing this simple act can provoke labial herpes, cheilitis, and even more serious lesions.

It is important to limit the consumption of packaged juices and energetic or carbonated drinks

Skin cancer on the lips normally develops in people with pale skin and when there is a chronic exposure to sun for more than 20 years, more often affecting men than women (with an average age of around 50 years). Apart from sun, other risk factors for labial cancer are alcohol consumption, states of immunosuppression, and smoking.

In general, the main predisposing factor for suffering this type of cancer is the sun. Cases of this tumour are very much higher on the lower lip than the upper one (12 times more common), as its exposure to ultraviolet light is greater. ■

*can*ker, thrush, sore,
*ch*afing, ulcer

Whatever name you may call them,
you'll forget that you have them

**Fast & Long Lasting Pain Relief
From the 1st Application**

Bexident[®] **AFTAS**

WITH HYALURONIC ACID

- ① Creates a film that relieves pain
- ② Protects against external agents
- ③ Moisturizes the damaged tissues
- ④ Accelerates healing*
- ⑤ Fast and long lasting pain relief



In compliance with the regulations of medical devices. Do not use it if you have a known allergy to any of the following ingredients such as limonene (Gel, Mouthwash, Spray) and citral (Gel, Spray).
*Natural healing process.

ISDIN



CARE for what matters

You know that small things can make a big difference. So do we.

Discover the fresh sensation and holistic health benefits of new oral care rituals. Rituals that allow you to gently and effectively clean where a toothbrush alone can't. For today, for tomorrow, for your mouth and your whole body. By the GUM brand, the pioneer of holistic oral care.



DISCOVER OUR LATEST AD!



PROUD TO CARE

SECTION SPONSORED BY:



Periodontitis doubles the risk of pregnancy diabetes



SECTION COORDINATED BY:

M^a Cristina Serrano
Master in Periodontology
and Implants, Complutense
University, Madrid.

THERE IS CLEAR EVIDENCE that shows how people with periodontitis have a higher risk of suffering diabetes; however, until now there were few studies that showed a possible influence of this periodontal disease on the risk of developing pregnancy diabetes.

However, a recent study that included 3,523 pregnant women, compared the incidence of diabetes throughout the pregnancy between those who in the first four weeks of pregnancy presented untreated periodontitis and those who were periodontally healthy. The study found a significantly higher incidence of pregnancy diabetes (11.21%) in the women with periodontitis compared with those who did not have this gum disease (4.79%). This would suggest that a pregnant woman with diabetes would present a 2.5 times higher risk of suffering diabetes during her pregnancy than a woman without periodontitis.

In the same study, a percentage of the women with diabetes received treatment for the disease (specifically, those who accepted treatment), and it was observed that the incidence of pregnancy diabetes in these women was reduced by almost half (from 11.21% to 7.32%).

Similarly, the study warned that, in the women with periodontitis who were not treated, a positive relationship was established between the periodontal pathogen *Porphyromonas gingivalis* and the increase of two inflammatory markers that play an important role in the development of diabetes (interleukin 8 and tumour necrosis factor alfa).

This important study has an impact on the advice that a woman who wants to become pregnant should check her gums previously to avoid problems that could affect the development of her pregnancy. Furthermore, it confirms the safety protocol and the benefits derived from performing, periodontal treatment during the pregnancy if it is necessary. ■

A pregnant woman with periodontitis has a 2.5 times greater risk of suffering pregnancy diabetes than a pregnant woman without periodontitis

The papilloma vaccine prevents oral cancer in children

THE HUMAN PAPILLOMA VIRUS (HPV) is the most frequent causal agent of sexually transmitted infections in the world. It causes warts on the genitals and in the mouth and throat; and it is also responsible for various types of cancer in the cervix (the most common), penis, anus, throat, and mouth, both in women and in men.

The prevention of cervical cancer led health authorities to vaccinate girls at ages before their first sexual relationships. Even so, the World Health Organization (WHO) warns that only 13% of girls between nine and 14 are vaccinated.

This virus is spread by direct contact between skin and mucous during sexual relations, as well as through oral sex. Both women and men can be asymptomatic carriers of the virus, so health experts recommend early vaccination of both boys and girls, as this would be the only way to reduce oral infections by HPV, which is also the main risk factor for oropharyngeal cancer.

Males under 12 years of age should be vaccinated against HPV

According to the latest studies, although the cause is unknown, the incidence of this type of cancer is increasing across the world and above all in men. Studies carried out in the United States observed that more than half of oropharyngeal cancers were caused by HPV 16, which is covered by the vaccines approved by the highest US authority on drug approval (the FDA). These studies also point out that vaccinating boys against this virus would significantly reduce these rates of oral cancer.

Thus, even though Spanish vaccine programmes still do not contemplate the vaccination of males, the majority of health experts consider that boys under 12 should be vaccinated against HPV, albeit on a personal basis and without its yet being mandatory. ■

People who eat oily fish have better gingival health



PERIODONTITIS is a chronic inflammatory disease in which the immune system responds in an abnormal way to pathogenic bacteria in the mouth. Why does this occur? Because the immune system is not in good shape. One of the reasons that can provoke this poor response is the lack of factors that tackle inflammation and repair tissues. Examples of these factors are lipoxins, resolvins, and protectins, powerful natural anti-inflammatory agents derived from Omega-3 polyunsaturated fatty acids.

Frequent consumers of oily fish have a significantly lower risk of suffering severe periodontitis

Studies tell us that Omega-3 fatty acids are associated with a lower incidence of periodontitis and with better results after periodontal treatment. However, it seems that the positive effect on gingival health is greater if these Omega-3 fatty acids are ingested in a diet rich in oily fish and nuts rather than via food supplements.

A recent investigation, carried out at the University of Malmö (Sweden), investigated around 1,000 patients analysing a metabolite that is found in oily fish and which is a marker of its ingestion: 3-Carboxy-4-methyl-5-propyl-2-furanpropanoic acid (CMPF). This is a metabolism that can be measured in humans both in blood and in urine.

Omega-3 fatty acids are associated with a lower incidence of periodontitis

It has been observed that people with high levels of CMPF – that is to say, people who frequently consume oily fish – present a statistically significantly lower risk of suffering severe periodontitis, adjusting for variables related to age, sex, education, bodily mass index, glycaemia, and smoking. ■

Eat healthily, a gift for your health

Nutrition and diet can influence, both directly and indirectly, the oral and general (or systemic) health of patients. Without a doubt, eating healthily is one of the best resources at hand to ensure optimal health... and your mouth's health too

SECCIÓN COORDINADA POR:

Nagore Ambrosio
Máster en Periodoncia
por la Universidad
Complutense de Madrid.

THERE IS A BIDIRECTIONAL RELATIONSHIP between what one eats and oral health. It is not only that diet and nutrition affect the tissues of the mouth, but also that the mouth's state of health can interfere with the consumption of nutrients.

A healthy mouth for optimal nutrition

Because of this, it is also important to have optimal oral health, because the capacity to achieve an optimal and balanced nutrition – both of macronutrients (fats, carbohydrates, and proteins) and of micronutrients (minerals, vitamins, and trace elements) – depends on this.

Furthermore, maintaining good oral health that ensures good mastication has a direct influence on nutrition (something of vital importance, especially in older people), which will also provide better quality of life in allowing a more complete and satisfactory social life.

Food and caries

The scientific evidence on the relationship between an excessive consumption of carbohydrates (above all free sugars) and the appearance of dental caries is well known.

Caries is a demineralization of the inorganic part of the tooth, with dissolution of the organic substance. Demineralization is provoked by organic acids which form in the dental biofilm through bacterial activity, through the metabolism of sugars that are found in the diet. The fermentation of carbohydrates by cariogenic bacteria gives way to fermented products that produce the destruction of the tooth's mineral surface. In fact, the development of dental caries has traditionally been considered to be a tell-tale sign of an unhealthy diet.

The ability to have an optimal and balanced diet depends on good oral health

And not only this, a carbohydrate-rich diet can not only cause caries but can also increase the risk of systemic diseases such as diabetes, obesity, and cardiovascular diseases. Because of this, a balanced diet may be a good ally in the prevention of caries... and other significant diseases that affect the human organism. →

Following a Mediterranean diet has many positive advantages for oral health

New trends in diet and oral health

Many people are not aware that the diet they choose, perhaps to lose weight or to feel healthier, could have unexpected consequences on their oral health by not being very suitable for teeth and gums. Among these, we find the ketogenic ("low-carb"), vegetarian, and vegan diets, together with intermittent fasting. Not all these fashionable diets have negative effects on the health of patients or to the same extent.

- **The ketogenic diet** involves a regime that is high in fats, very low in carbohydrates, and moderate in proteins. With this diet, the body decomposes fat in ketones which become the main source of energy (in place of carbohydrates). This process is called ketosis. As a result, it reduces the ingestion of important minerals and vitamins (such as vitamins A, C, K, and folate). A vitamin-C deficiency, for instance, can influence the development of periodontal diseases. Furthermore, "ketogenic breath" is a common symptom, resulting from the freeing of ketones which makes the breath have a peculiar smell: "fruity", metallic, or even similar to acetone.
- **In vegetarian diets** no type of meat or fish is consumed; in vegan diets, any foodstuff of animal origin – such as dairy, honey, and eggs – is prohibited. Veganism is a stricter form of vegetarianism, where the consumption of any animal product or subproduct – in clothing and cosmetics as well in food – is avoided. This can lead to a risk of deficiency in micronutrients such as vitamin B12, vitamin D, calcium, and zinc, which are important for the health of the teeth, the gums, and the oral tissues as we have observed. Because of this, it is important to find a way to obtain sufficient micronutrients, whether through the appropriate combination of foods or through food supplements.

Another of the potential dangers of these diets for oral health comes from the large amounts of fruit, nuts, and seeds that are eaten. The sugar of fruit, if consumed in excessive amounts, can influence the development of caries and the appearance of dental hypersensitivity. In the same way, nuts and seeds can stick to the teeth for long periods of time if good practices of oral hygiene are not followed.

- The "**intermittent fasting diet**" is an eating pattern in which the consumption of food is limited to a specific number of hours per day. A common pattern is 16:8, which is to say that the person eats during a designated period of eight hours and then fasts during the remaining 16 hours. This diet generally does not prohibit the intake of any specific food groups and simply restricts the number of hours in which one can eat. As a result, the consumption of macro- and micronutrients is not necessarily reduced. However, limiting the feeding phase to only eight hours reduces mastication, and this can lead to a production of saliva production, a greater risk of xerostomia (dry mouth) and caries, and gingival inflammation.

It is therefore important to keep oneself hydrated with water to eliminate xerostomia, and thereby help with the normal production of saliva, dampening the effects of low pH. The appearance of halitosis is also common after some hours of fasting through the presence of ketonic bodies.



The Mediterranean diet, also for better oral health

It has been shown that following a Mediterranean diet has many positive benefits for oral health. This diet is characterized by the frequent consumption of varied fruits and vegetables, cereals, fish, seafood, the use of olive oil as the main seasoning fat, the moderate consumption of alcohol, and the relatively low consumption of meat and dairy products. No macro-foods are restricted. Furthermore, this diet is not only good for oral health, but it also reduces the risk of cardiovascular disease, diabetes, obesity, various types of cancer, and increases the organism's antioxidant capacity... in short, it helps reduce mortality in general.



Do not forget!!!

A healthy diet is a balanced diet, which does not involve any deficit or excess of any macro- or micronutrient. In most cases, patients start an extreme diet with the best of intentions but, unfortunately, it can have negative effects on their oral and general health.



Your dentist can help you

The dental professional as a provider of medical care is concerned mainly with promoting good oral health. This includes not only practices of oral hygiene, but also good nutrition to promote good oral and general health.

The dentist should be trained to give recommendations and implement interventions related to healthy lifestyle habits and, among these, eating habits. Because of this, it is advisable that they guide their patients in good practices and warn them about the harmful effects that certain diets can involve.

Adequate dietary recommendations can provide a starting point for preventing diseases such as dental caries and promoting periodontal health. It is important to eat healthily to have healthy teeth and gums, as well as a healthy and complete life.

The Alliance between the SEPA Foundation and Bidafarma allows bringing to the group's more than 9,000 pharmacies a new service that tries to place pharmacies as a centre of support, education, and practical orientation, aiming at the early detection of periodontal diseases.





DARE TO CRUNCH

DUAL ACTION FOR THE GUMS

Anti-inflammatory + Antibacterial

PROVEN EFFICACY IN 48 HOURS*

**helping to combat the main cause of gingivitis*



see instructions on Parogenacyl



BIFLUORINATED ACTION ANTI-CAVITIES ACTION



from 96% of ingredients of natural origin
clinically proven



REGENERATE™

ENAMEL SCIENCE

WE MAKE THE IMPOSSIBLE POSSIBLE

82% Of the enamel mineral regenerated in 3 days



NR-5 TECHNOLOGY

ERODED ENAMEL



REGENERATED ENAMEL



**based on an in vitro study that measures the hardness of enamel after 3 days of combined use of toothpaste and advanced serum.

→ **Impact on gum health**

Periodontal diseases (including gingivitis and periodontitis) of an infectious and inflammatory character and with a multifactorial origin, affect the tissues that surround and support the teeth (the periodontium).

The relation between nutrition and periodontal disease is complex. In any case, it is known that changes in the ingestion of macro- and micronutrients can influence the inflammatory status of the tooth-supporting tissues. Periodontal diseases seem to benefit from a restriction or reduction of processed carbohydrates, with a high glycaemic index (as happens with caries). On the other hand, complex carbohydrates that are found in fibre-rich food (such as fruit, vegetables, legumes, nuts, seeds, and berries), and which contain considerable amounts of micronutrients and antioxidants, are associated with a positive effect on periodontal health.

There is a bidirectional relationship between what one eats (and how much) and oral health

In terms of fats, it is likely that periodontal patients would benefit from a greater ingestion of Omega-3 fatty acids and a lower ingestion of unhealthy saturated fats, trans fats, and Omega-6 fatty acids. In addition, the lack of micronutrients (particularly vitamins B12, C, D, A, E, calcium, and magnesium) can have a negative impact of periodontal health. It has also been observed that diets rich in foodstuffs with anti-inflammatory effects – such as blueberries, green tea, salmon, cauliflower, and broccoli – have a positive impact on the periodontium.

In the source of halitosis?

Diet also plays an important role in the development of halitosis, especially diets rich in proteins and carbohydrates. Amino acids that contain sulphur are freed during the decomposition of sugar-rich food and proteins. Later, they are metabolized by bacteria able to produce volatile compounds, and it is these that are directly related to the development of halitosis.

The development of dental caries is a tell-tale sign of an unhealthy diet

A diet with a lot of ‘wear and tear’

Dental erosion has been related to an excess of extrinsic and/or intrinsic acids. This is:

- through the excessive and/or repetitive consumption of low pH food or drink (such as cola, energetic, and citrus drinks, juices, vinegar...);
- or in relation to stomach-acid reflux, resulting mainly from digestive problems.

Food with anti-inflammatory properties (blueberries, green tea, and broccoli, among others) has a positive impact on the periodontium

As a result of these acids, there is a progressive and irreversible loss of dental tissue. The most common extrinsic acids derived from the diet are citric, phosphoric, ascorbic, malic, tartaric, and carbonic acids, which are found in fruits, soft drinks, and vinegar, among other substances. In terms of intrinsic acids, these derive from serious gastro-oesophageal reflux.

Remember that certain food disorders, such as bulimia, would have an aggravating role in dental erosion.

Changes in the ingestion of macro- or micronutrients can influence the inflammatory state of the tooth-supporting tissues

Acids, whether ingested or produced by the organism itself, cause a progressive and irreversible loss of dental tissue

Diet also plays an important role in the development of halitosis, especially diets rich in proteins and carbohydrates

And don't forget saliva

Finally, it should not be forgotten that saliva plays a protective role in the mouth, and that this can be influenced by diet, producing changes in the amount and/or in the qualitative characteristics of saliva secretion.

Saliva has a protective role in the mouth, and it can be influenced by diet

Specifically, mucin-secreting proteins represent a significant barrier against the reduction of moistness, against the physical and chemical penetration of irritants, and against bacteria. An unbalanced diet produces a reduction in mucin content, with the consequent risks to oral health. ■

SECTION SPONSORED BY:



La alianza entre la Fundación SEPA y Bidafarma permitirá acercar a las más de 9000 farmacias asociadas a esta cooperativa un nuevo servicio que pretende situar a las oficinas de farmacia como un centro de apoyo, formación y orientación práctica, con el fin de detectar precozmente enfermedades periodontales.

Pharmacies and dental clinics, united for your oral health

SECTION COORDINATED BY:

Paco Romero
Writer Take Care
of Your Gums

PERIODONTAL DISEASES affect more than half of adults in the world. Hence the importance that the population is offered correct information by health professionals. This highlights the value of the essential role of collaboration between oral-health professionals and pharmacists, a co-operation that has now been translated into an innovative service: “Gingifarma”.

Oral health... and diabetes

As Dr Miguel Carasol, co-ordinator of the SEPA working group, highlights, “Gingifarma is a very innovative and decisive step, the product of joint work between SEPA and Bidafarma for the promotion of oral health at the pharmacy.” To this end, it is seen as a priority that professionals in pharmacies acquire reasonable knowledge about periodontal diseases, so that they can make recommendations to their users in the best possible way. “It seeks to update current knowledge and establish recommendations of hygiene products and periodontal treatment, all based on scientific evidence,” he notes.

Among other services, it will allow the giving of practical directions on how to prevent and treat gum diseases, which affect eight out of 10 adult Spaniards.

In this case, as well as educational and dissemination activity aimed at professionals and people who visit pharmacies, “Gingifarma will be a service in which the Cuidatús Encías test (gingival health test) and the FindRisk test (which with only a few questions allows the evaluation of a person’s risk of type-2 diabetes), with the aim of the early detection of the risk of periodontal diseases and diabetes,” says Dr Carasol.

As Dr Cristina Serrano, of the SE-PA-SED working group on diabetes and periodontal disease, clarifies, “this is about informing, educating, and raising awareness of the patient with diabetes and the population at large about the existing relationship between diabetes and periodontitis.” And, as she explains, “the Gingifarma Project is a decisive step to integrate oral health and general health, with the essential help of the pharmacy team.”

It is intended to implement the initiative in the more than 9,000 pharmacies associated with Bidafarma

Large population coverage

The initiative has three attributes that make it particularly important: it is innovative, ambitious, and necessary. “It is innovative because it unifies the current relationship between the dental practice and the pharmacy, which is today very fragmented and less efficient and useful for professionals and, above all, for patients,” claims Dr Serrano, who also considers that the initiative is “ambitious because it brings together two health professionals who have a common objective: to promote the health of patients.” But, furthermore, “it is necessary, because it helps the prevention and early detection of disease as common and clinically important as periodontitis and diabetes.”

One of the main attractions of this initiative is its expected populational reach, as the service will be offered in more than 9,000 pharmacies that are part of Bidafarma, which represents 40% of all pharmacies in Spain. ■

cesaciontabaquica.sepa.es

Sepa.



TOBACCO CESSATION PROTOCOL IN THE DENTAL CLINIC



Improving training, generating initiatives among clinics, and increasing cooperation with other healthcare collectives involved in tobacco cessation can benefit everyone but, above all, patients.

#TreatYourGums



Gum diseases affect your overall health. Take care of your gums.



Sepa.

Periodontology
and oral health
for everyone





The 1st Conference of Oral Health and Smoking Cessation, promoted by SEPA, and which received the backing and collaboration of other leading scientific societies and patient associations, highlighted the crucial role that can be played by the dental team against the 'epidemic' of smoking in Spain

The dental clinic, meeting place and driver of initiatives for quitting smoking

EXPERTS FROM DIFFERENT AREAS of dentistry and medicine met in this forum, which has served to provide evidence that the dental clinic is not only the ideal place to prevent smoking and to identify smoking patients but can also be crucial to motivate many of these people to tackle this disease and to collaborate in starting and continuing the necessary measures for smoking cessation.

This task can be even more successful if it is based on interdisciplinary collaboration, as was the case with this conference which brought together experts of various medical societies, pharmacists, patient groups, dental hygienists, and dental societies, and which was backed by Johnson&Johnson, Nicorette, and Listerine. *“Establishing links is crucial, above all because it is providing the development of consensus documents and the carrying out of practical actions of inter-consultation, which is beneficial to patients”*, says Dr Miguel Carasol, co-ordinator of SEPA's Alliance for Oral and General Health.

This interdisciplinary collaboration, which has emerged in pioneering way in Spain, is also an example for other countries. In the words of Dr Xiomara Giménez, secretary general of the Ibero-Panamerican Federation of Periodontology (FIPP), *“it represents the start of a great project to improve the quality of life of smokers (in whatever form) and non-smokers, with cessation*

programmes that manage to be implemented in dental clinics in Ibero-America, also complying with the Framework Convention on Tobacco Cessation as an international treaty signed at the United Nations.”

The perspective from Oral Health

As indicated by Dr Regina Izquierdo, co-ordinator of the working group of SEPA and the CNPT (National Committee for the Prevention of Tobacco Addiction), *“the dental clinic offers a unique setting for tackling smoking: we have access to a wide sector of the population (many of them smokers who consider themselves to be healthy, for which reason they do not tend to make any medical visits) and users tend to be receptive to health advice and motivated to make improvements in their lifestyle.”* Furthermore, she adds, *“we know that brief advice carried out by a health professional can be very effective and we should therefore include it in every visit, together with various strategies of motivation that generate behavioural change.”*

The success of this strategy of smoking cessation was based on the role of the dental clinic starting with the dental team and complemented by an interdisciplinary approach and the collaboration of all health professionals involved in the battle against tobacco, and necessarily culminating in the disposition, will, and effort of the patient.

Given that all staff members of the clinic should be involved in the process of smoking cessation, Dr Rocío Cerero, president of the Spanish Society of Oral Medicine (SEMO), demands that *“we dentists must prepare ourselves to help our patients quit smoking.”* And the work of dental hygienists is of no lesser importance, as they are *“a fundamental pillar in the empowerment of the patient in tobacco detoxification,”* says Rosa Tarragó, president of the Professional Association of Oral Hygienists of Aragon, who notes that *“we see patients quite frequently during dental treatment and, above all, during periodontal treatment which requires various visits to be completed.”*

The perspective from Primary Care

Assuming that the oral-health team *“is a key element because of its accessibility, professionalism, and trust, and that high percentage of the population visits these professionals annually,”* Dr Raúl de Simón, co-ordinator of the Working Group on Tobacco Addiction of the Spanish Society of Primary Care Doctors (SEMERGEN), considers that *“this puts them in an ideal position by having constant opportunities to intervene in smoking.”* But, in addition, it is very positive that *“there is fluid and bidirectional information between this group and primary-care doctors.”* →

The patient's voice

But, without a doubt, the degree of success that any smoking-cessation initiative can achieve is determined by the interest, will, and effort of the patient. Because of this, patients were not only invited to participate in the 1st Conference of Oral Health and Smoking Cessation but also provided their experiences and advice.

As Nicole Hass, spokesperson and technical adviser of the Association of Patients with COPD (APEPOC), points out, "the dental clinic can be an important reinforcement in the secondary prevention of tobacco addiction, to establish an early diagnosis and the immediate interruption of the progression of the dependency on tobacco and/or its early cessation."

According to the representative of this association of patients with chronic obstructive pulmonary disease (COPD), "it has been the members of the association themselves who asked the board that we establish contact with the Spanish Society of Periodontology and Osteointegration (SEPA) to obtain useful and corroborated information." And, she adds, "our members

often tell us of their concerns for the oral problems that they suffer, above all in respect to periodontitis and the frequent loss of teeth." This is the case with Consuelo Díaz-Maroto, a patient with COPD and periodontist and a member of APEPOC, who admits to being "especially concerned about oral health and above all that they show me how to understand its relationship with smoking, even more if taking into account that COPD is a direct consequence of smoking."

The maintenance of periodontal health can contribute to improving respiratory health, "and so it is necessary to inform our patients about the importance of regularly attending the professional and of maximizing the oral-hygiene measures that allow them to maintain good oral health." And it is now known that there is an association between the periodontal status and the appearance and/or aggravation of specific respiratory diseases (such as COPD); and, in general, it is agreed that poor oral health directly affects the quality of life of people with COPD.

Also against diabetes

The Madrid Diabetes Association, which was represented in the forum, also highlighted this initiative. This was recognised by Jorge Hinojosa, a patient with diabetes, ex-smoker, and manager of this organization, who said that "this SEPA conference was very opportune and interesting, with the sharing of the opinions of multiple experts of different disciplines related to smoking cessation, and very much taking the patient's opinion into account."

As an ex-smoker, Jorge Hinojosa highlights that "periodontal diseases and also the treatments that are used to tackle them have a direct relationship with smoking; if you smoke, not only do you have more risk of developing oral diseases but it is also more likely that dental treatments will fail... including dental implants: depending on whether or not a person smokes, there can be different results."

But the dental clinic can also influence other aspects related to the promotion of health and the management of diseases that go beyond the mouth. As a person with diabetes, Jorge Hinojosa recalls that "the relationship between oral health and diabetes is bidirectional." Thus, as the manager of the Madrid Diabetes Association says, "from the care perspective, it is known that better control of diabetes not only offers more guarantees in the care of the mouth and is associated with better oral health, but also good gum health facilitates better control of diabetes; without doubt, taking care of the mouth is a very important prevention tool." As he highlights, "the mouth can generate a warning about the possible presence of diabetes in a person, something which is especially important when you consider that undiagnosed diabetes is a health problem that goes beyond the disease itself."

→ In the field of primary care, "90% of doctors typically treat patients who want to give up smoking and 77% of these show a high disposition towards the prescription of medication," indicates Dr de Simón.

The fundamental role of the pharmacy

Navidad Sánchez, member of the board of the Spanish Society of Clinical, Family, and Community Pharmacy, also highlights the importance of collaboration between the dental clinic and the pharmacy. "From the community pharmacy, thanks to our accessibility, we can help smoker patients to give up tobacco, a task that will be more productive and successful if we do it in collaboration with dental professionals, and thereby also gain patients' trust and confidence."

In this respect, Leyre Gaztelurrutia, secretary of the board of the National Committee for the Prevention of Tobacco Addiction (CNPT) and a community pharmacist, underlines that "against tobacco addiction it is necessary to involve all health professionals in a co-ordinated way and to transmit the same message." For this reason, among other measures, she proposes that "we should all offer at least some brief advice every time we have a smoker in front of us, as even just five minutes can mean that the patient considers the possibility of making an attempt to stop smoking."

New threats

Today, the consumption of tobacco is the main cause of preventable disease and death in the world. Even though the population is informed about its devastating effects on health and

its serious economic consequences, a large percentage of the population continues to smoke (around 22% in Spain). As Leyre Gaztelurrutia points out, there has been "a slow decline in the consumption of tobacco in recent years (since the 2010 campaign) and because of COVID-19, but we are concerned about the increase of other new forms of consumption."

From the perspective of pneumology, the role that can be played by other fields in the battle against tobacco is also considered to be essential: "The dental clinic plays a very important role in the prevention and treatment of smoking addiction, and the same is true of the pharmacy," says Dr Jiménez-Ruiz, a former president of the Spanish Society of Pneumology and Thoracic Surgery. ■

Organizations that took part in the conference:



Collaborators:



CUIDA TUS ENCÍAS LIVE

CUIDA TUS **TV**
encias

• LIVE

DURING THE YEARS OF THE PANDEMIC it has been clear that information about health is not only very relevant to the population but that it is also a very delicate matter. An ill-intentioned manipulation of information can lead to disinformation, and this is one of the main reasons why two seasons ago the SEPA Foundation launched the online TV programme “Cuida tus encías en Directo”.

Cuida tus encías en Directo is a fortnightly space, enjoyable and rigorous, in which health professionals accompanied by the journalist Ángel Ramírez, cover all the fundamental aspects of the population’s gum health in an interview format. Questions such as why it is important to have healthy gums before starting an orthodontic treatment or whether we should use manual or electric toothbrushes are among the topics envisaged for the third season which will be screened towards the end of 2022.

Live events on our YouTube channel

May 2022

12/05/22
Gum Health Day: your periodontist answers

26/05/22
Don't you know how to quit smoking? We help you.

June 2022

09/06/22
I have to have an implant. How will I be afterwards?

25/06/22
Why is it important to have healthy gums before starting an orthodontic treatment?

July 2022

07/07/22
¿Dudas sobre el Questions about oral cancer? We help you.

21/07/22
¿Es el Is tooth whitening good for our oral health? Discover the types. We help you.

September 2022

15/09/22
Oral health and periodontology in patients with Alzheimer's.

22/09/22
Sleep apnoea, oral hygiene, and periodontitis. We help you.

October 2022

13/10/22
Oral and cardiovascular diseases. Special session for patients and their families.

27/10/22
Aligners or traditional braces?

November 2022

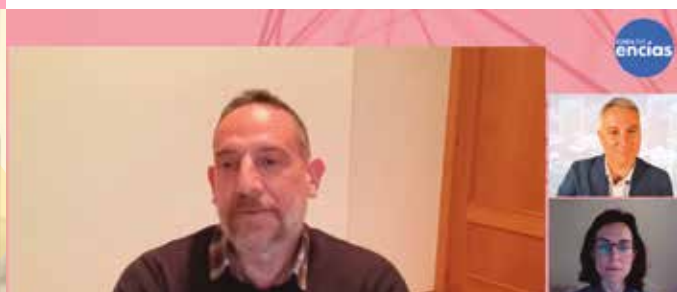
10/11/22
Special for patients. Oral health in diabetes.

24/11/22
Questions about dental implants? Are they for a lifetime?

December 2022

08/12/22
Oral health and COPD, are they related?

22/12/22
Manual or electric toothbrush? Irrigator, yes or no?



Salud bucal
para todos



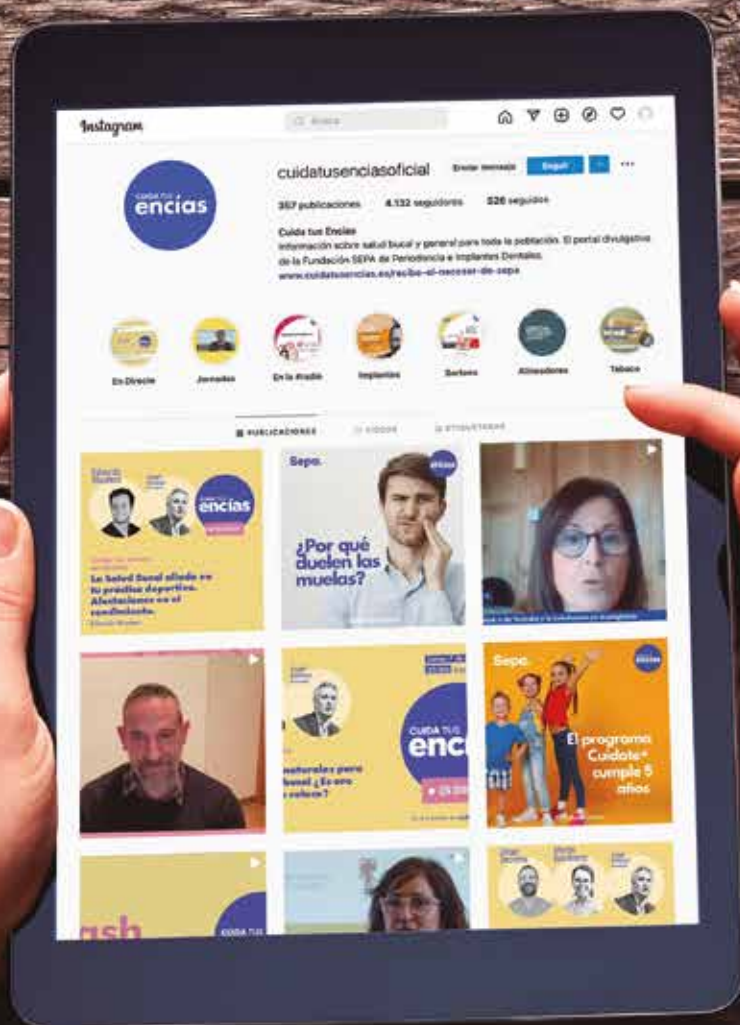
CUIDA TUS
encias

Dr. Eduardo Montero
Especialista en Periodoncia e implantes dentales

Instagram

SOCIAL NETWORKS are part of institutions' communications media, the point of direct contact, without intermediaries between an institution and society. In the case of the project Cuida tus encías [Take care of your gums], channels such as Instagram and Facebook have become veritable loudspeakers for messages about the health of our gums.

In the last year, followers of social-media accounts have grown exponentially. Today, almost 4,000 people follow and share the content of @cuidatusenciasoficial. Videos, messages, competitions, and promotions have consolidated a community of followers that receives and shares information.



Instagram

Editorial Committee *Take Care of Your Gums*



Regina Izquierdo
Scientific editor



Desirée Abellán
Section co-ordinator
Prevention



Nagore Ambrosio
Section co-ordinator
Report



Assumpta Carrasquer
Section co-ordinator
Interview



Gloria Calsina
Section co-ordinator
In Depth



Mónica Muñoz
Section co-ordinator
Advice



Rosa Puigmal
Section co-ordinator
Did you know...?



Cristina Serrano
Section co-ordinator
Update



Paco Romero, Editor Journalist
specialized in health

TAKE CARE OF YOUR
gums

**PROTECT YOUR MOUTH
NOW MORE THAN EVER**



Protect yourself with products containing CPC*

***Cetylpyridinium Chloride**

VITIS

PERIO-AID®

DENTAID

Oral Health Experts

Good oral health, for good general health

Take care of your gums

It is important to **keep your gums healthy** to be able to enjoy life to the full. To do this, **brush your teeth twice a day** and use **dental floss** and a **mouthwash**.

Two times a day



Brush your gums and teeth with toothpaste.



Use dental floss or interdental brush.



Reinforce your hygiene with mouthwash.

Every 3 months



Change your tooth brush.



Visit your trusted dentist or periodontist every six months to check your oral health.

WHAT ARE GUM DISEASES?

GINGIVITIS

Superficial inflammation of the gum. Bleeding is the main warning sign. If not treated appropriately, it can lead to periodontitis.

PERIODONTITIS

Profound infection of the gum and the other tissues that support the tooth. It can provoke the loss of teeth and has an impact on general health: it increases the risk of cardiovascular disease, diabetes, and premature birth.

WARNING SIGNS

- Bleeding or reddening of the gums
- Bad breath
- Hypersensitivity to cold
- Mobility-separation of teeth
- Longer teeth
- Loss of teeth

RISK FACTORS

- Tobacco
- Stress
- General diseases: diabetes, osteoporosis, HIV, herpes, transplants, etc....
- Hormonal changes
- Hormonal antecedents