

You Can Stop Cavities Now!

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Cavities are irreversibly damaged regions of your teeth's hard surface that progress into small gaps or openings. They are caused by various influences, such as bacteria in the mouth, frequent snacking, sipping sugary beverages, and not practicing good oral hygiene. If left untreated, they can grow larger and impact deeper layers of teeth, exposing the pulp and causing tooth sensitivity. Not only that, but caries can potentially cause toothache, infection, and loss of teeth. The idea of "potentially" having "tooth loss" is one of the main reasons I chose this topic and learned how to apply patient motivation so people can avoid experiencing tooth discomfort or any dental problems.

Caries are typically caused by poor oral hygiene maintenance and the patient's dietary intake. Researcher Kantovitz states, "Furthermore, soft drinks pose a risk of dental caries because of their high sugar content and enamel erosion due to their acidity (Heller et al, 2001). When sugar intake exceeds 15 to 20 kilograms per person per year, such intake is directly associated with increased caries prevalence (Sheiham et al, 2002)." (Kantovitz) The relationship between food and teeth plays a significant role in our overall body health. The everyday consumption of food has a massive effect on dental health; however, oral health can also significantly impact nutritional intake and general health status. This document highlights the importance of a daily diet, which can ultimately lead to a systemic disease such as obesity, especially in young children. "According to the American Academy of Pediatrics, Committee on Nutrition (2003), being overweight is now the most common childhood medical condition, with the prevalence having doubled over the past 20 years. About one in three children is at risk of being overweight, and one out of every six is overweight." (Kantovitz) The goal of this article was to conduct a systematic review of the relationship between childhood, adolescence, and adulthood obesity and caries prevalence, using nutritional concepts as they apply to overall health, precisely oral health situations.

Not only is obesity one of the most common systemic diseases that can cause cavities, but Perinatal Oral Health is a concept that many future mothers are unaware of. The health of women and babies before, during, and after birth is perinatal health. In terms of oral health, however, perinatal health is one of the most critical stages of a woman's pregnancy after the baby is born. Pregnancy may increase women's susceptibility to gum disease and cavities. Because poor oral health during pregnancy can result in poor clinical outcomes for the mother and baby, dental health may be regarded as a critical component of prenatal care. "Maternal factors, such as high levels of MS, poor oral hygiene, low socioeconomic status, and frequent snacking increase the risk of bacterial transmission to their infants.²² Infants have tested with high levels of MS even before the eruption of their first tooth." (Gomez) Unfortunately, pregnant women frequently do not receive oral health care and education. Many women are unaware that they should seek dental care during their pregnancy, and those who do frequently encounter dentists who are unwilling to provide dental care during pregnancy. Often these moms are unaware of the risk factors that can affect and transmit to their infant's oral health just before primary teeth emerge. Bacterial growth

You Can Stop Cavities Now!

caused by nutritional requirements can harm the child. Perinatal oral health is not a systemic disease, as opposed to the link between obesity and caries. It is essential to consider a newborn oral care program that includes comprehensive maternal and perinatal oral health care and treatment in the context of a mother-child pair or dad.

Cavities are easily acquired if proper oral hygiene is not performed in conjunction with dietary intake, as well as if the individual needs to be better educated about oral health. So, how can it be avoided for both adults and infants? At the end of an appointment, simply discussing tooth decay, gum disease, and tooth infections may not be enough to motivate your patients to take better care of their mouths. Clinicians must remember that the patient makes the ultimate decision, and it is our responsibility as dental hygienists to instill lasting behavioral changes in them by providing autonomy making them feel at ease throughout the whole procedure as we educate them. As clinicians, we can't expect change overnight; it takes time. Increasing patient confidence is critical to assist them in taking action for their oral health rather than simply reminding them of how poorly they are taking care of their oral health. Using "GUIDING PRINCIPLES" (Wilkins) is one way to make a patient commit effectively.

Regarding motivational interviewing (MI), four strategic principles help clinicians maintain relationships with their patients, such as "the acronym RULE." "Resist Righting Reflex" and "Empower The Patient" (Wilkins) were two important ones that stood out to me. Occasionally, clinicians want to help solve whatever is wrong and assume the expert role. Some clinicians make this standard error, resulting in a loss of concentration and focus on the patient's ideologies. Using unnecessary high medical terminology on a patient will only confuse and overwhelm the patient. Allowing the patient to express their concepts and making them feel in control as the expert is often an excellent method of encouraging patient motivation because it makes them feel more at ease in the setting and with their healthcare professional. After all, they feel accepted and valued. Supporting the patient's right to autonomy is central to patient empowerment. What does autonomy in healthcare imply? In essence, the patient has self-government. Respecting patients' autonomy entails acknowledging their decision-making capacity and the right to make decisions about their care, even if those decisions disprove their clinicians' proposals. "Outcomes of behavior change increase when patients take an active interest and role in their health care." (Wilkins) Patients are more likely to be proactive about change when they feel included in the conversation and participate in strategic planning. Integrating these MI strategies into caries prevention can apply to patients with high or low caries. MI counseling services on specific areas the patients need to work with can help educate them in making oral health to prevent caries.

Pediatric motivational interviewing differs from adult motivational interviewing because the child is a much younger patient and may not have the same level of comprehension as an adult. Pediatricians face complex challenges when it comes to providing advanced care to children and young teenagers. In this case, the clinician would rely on information from both the guardian and the patient. A likely scenario that almost all mothers are unaware of before childbirth is the

You Can Stop Cavities Now!

"Inadequate maternal vitamin D (assessed by using 25-hydroxyvitamin D [25OHD]) levels during pregnancy may affect tooth calcification, predisposing enamel hypoplasia and early childhood caries (ECC)." (Moffatt) Dental enamel hypoplasia is a tooth structure deformity categorized by thin and lacking enamel, which can impair aesthetic appeal and increase susceptibility to dental caries. Limited maternal vitamin D levels during pregnancy may affect primary tooth calcification, resulting in enamel defects contributing to early dental decay. These guiding principles' previously mentioned "RULE" core skills can be used to analyze any ambiguous motivation for change in pregnant women all through their perinatal health and educate them on ways to prevent this tooth malformation in their child before their teeth erupt. However, whether the communication about precautionary behavior modification is directed directly toward the child or the carer is determined by the infant's specific behaviors and self-care capabilities.

In conclusion, people often discount the potential of having a positive relationship with their clinician, which applies to all healthcare professionals, including dental hygienists. Recognition, confidence, and communication skills are the foundations of an excellent clinician-patient connection. These characteristics help ensure that patients receive appropriate care while also making them feel satisfied with their clinician and surroundings, enhancing their dental health and well-being, and motivating them to take action for their oral health. Throughout researching and discovering new findings, as a clinician, it is critical to keep your intellectual medical ideologies to yourself when speaking with a patient. We must realize that our patients cannot fit into our clinical shoes, but we, as clinicians, can! We must approach them from their perspective, dimming our phraseology so they can understand it, educating them, and always asking for consent. Our patients come to us for advice, not to be chastised for their mistakes. Motivational Interviewing guiding principles, for example, can be a brilliant way to encourage patient contemplation, which can result in improved oral health. We must make our patients feel welcome and secure and acquire a bond formation trust to build this friendship in which the participant feels listened to so that they can develop confidence in us health professionals and take appropriate action. Many clinicians in areas of medicine, such as dental hygiene, may gain confidence after acquiring and applying these foundations to a patient. Remember that the patient comes first!

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