



From the office of  
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## HELPFUL HINTS, REMINDERS AND NEWS TO KEEP YOU IN SMILES! WINTER 2010-2011

*"I am still learning." "Trifles make perfection, and perfection is no trifle."*

*Michelangelo di Lodovico Buonarroti Simoni (1475-1564)*



### WHAT'S UP AWARD

For whatever reasons, I'm usually somewhat reluctant to tout my accomplishments but this is one I share with pride! ***What's Up? Eastern Shore Magazine*** recently polled only dentists from the Bay Bridge to the Salisbury area and asked them to select the dentist they would choose to provide dental care for themselves. We were the only general dental practice selected in the Salisbury area! What makes this recognition even more meaningful is that the survey wasn't a patient popularity contest where larger practices tend to win on sheer numbers, but it was an acknowledgement by my professional peers of what this practice provides. Combined with being asked to teach at the dental school last year, these recognitions affirm the work we do.

### ASPIRIN THERAPY:

Taking a daily dose of aspirin will reduce the incidence of adverse vascular events by 25%, and for those with angina, up to 50%. However, there have been reports that some people are "aspirin resistant," in other words the aspirin therapy doesn't seem to work. Researchers found out however that the main cause behind aspirin "resistance" is non-compliance taking the daily dose of aspirin. One research study found up to 40% of people didn't take aspirin with regularity as recommended. Sooo.... Aspirin works, but only if you take it—regularly.



### O SUGAR, WHERE ART THOU?

I find some manufacturers tend to mask the sugar content of their products by listing sugar in grams, rather than a method of measure that most of us use.

So, to make it easier for you, 4 grams (g.) of sugar = approx. 1 teaspoon. Now if a can of Coca Cola has 39 grams of sugar in it—"can you say almost 10 teaspoons of sugar boys and girls?" Can you imagine downing anything with 10 teaspoons of sugar in it? Can you imagine what's in a Big Gulp? And we wonder why is diabetes increasing—much less tooth decay?



### ASSOCIATION BETWEEN ANTIBIOTICS AND EARLY CHILDHOOD TOOTH DECAY:

Children who use systemic antibiotics during the first two years of life are at significantly greater risk of developing early childhood tooth decay compared to those children who didn't use antibiotics. There could be several reasons for this: #1, children who take antibiotics may be sicker than children who didn't.

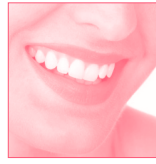
#2, many of the antibiotic preparations contain sugar, and many over-the-counter therapeutic agents have high sugar content. From January 2010, Oral Health.



### FDA TAKES ON LISTERINE:

The FDA has issued warning letters to three companies – Johnson & Johnson, CVS, and Walgreen’s -- that manufacture and market mouthwash products with claims that these products remove plaque above the gum line or promote healthy gums. The warning letters were specific to Johnson & Johnson’s Listerine Total Care Anticavity Mouthwash, CVS’ Complete Care Anticavity Mouthwash, and Walgreen’s Mouth Rinse Full Action. These products contain the active ingredient sodium fluoride. While the FDA has determined that sodium fluoride is effective in preventing cavities, the agency has not found this ingredient to be effective in removing plaque or preventing gum disease. To date, the FDA is unaware of any injuries or adverse health effects related to the use of these mouth rinse products. Consumers who have these products may continue to use them for cavity prevention without risk of injury but should be aware that the FDA has no data

to support that these products can prevent gum disease.



### EFFECT OF TOOTH BLEACHING ON DENTIN:

(aka: the “ouch” part of a tooth—not the enamel). A study was conducted which shows tooth bleaching can weaken the fracture resistance of dentin if bleaching solutions are applied directly to the dentin for a long period of time (several weeks). There are apparently no problems with enamel, but in mouths with gum recession where the root of the tooth is exposed, or if people with tooth decay bleach their teeth, there is exposed dentin and there “could” be problems. The inherit problem with this research is that it was performed on extracted teeth—a so called “in- vitro” (outside the mouth) experiment which can give different results than “in-vivo” (inside the mouth) experiment. Nonetheless, it is something to think about, and to my mind should give pause to using over-the-counter bleaching solutions. Also, while on the subject of people purchasing over-the-counter products, I see ads on TV for dental “snoring” devices which work on the same principle as dentist-provided

appliances for sleep apnea. They protrude the lower jaw and bring the tongue forward, opening up the air passage. However, I get nervous about these non-custom fitted products because research shows wearing these appliances over time, the probability of developing TMJ problems approaches 100%. Somehow I never see that statistic mentioned. I also see people purchasing over-the-counter mouthguards to mitigate tooth grinding during sleep. The problem is that a mouthguard is a soft appliance and is designed to cushion the teeth from impact during athletic activities. It can act as an orthodontic force. What is needed is a hard plastic surface to allow opposing teeth to move freely, not locking into the soft plastic, thus risking tooth movement with a mouthguard. So a “nightguard” is different than a “mouthguard”; they each serve different purposes.

### DROPPING A DENTAL INSURANCE PLAN:

My conscience would not allow me to participate any longer. Recently I decided to drop participation as a preferred provider with the area’s largest dental insurer. Letters were sent

out to my patients in the plan informing them of our rationale and decision, but I also think others with dental insurance could benefit from some of the “back story.” Basically, I felt some policies made by this dental insurer could be in conflict with patients’ interests. There is a procedure in dentistry with a good success rate in preventing the need for a root canal in people with deep tooth decay. Many insurance companies do pay for the procedure. However, this one company unilaterally decided that the procedure, if needed, could be done, but they would not reimburse for it. The procedure, to be performed correctly as the research indicates it should be done, takes time and compared to the only other alternatives of either extraction, or root canal with a crown is far less expensive. I’ve never let insurance company payment policies dictate recommendations for my patients’ treatment. However, when I started to think that I could spend up to a half an hour on a procedure that was both in the patient’s best interest and help the insurance company’s bottom line (only to be told that I couldn’t charge for this procedure), I started questioning in whose best interest was it for me to either do, or worse, not do

this procedure? Why spend time not getting paid for this procedure, when I could extract the tooth, get paid for the extraction, and maybe also a partial denture or fixed bridge later on? With the insurer being intransigent, I felt it was time to “get out.” An interesting epilogue occurred. Shortly after dropping out, I received a phone call from one of the dentists hired by the insurance company whose job is to review their insurance claims; she agreed totally with my position. (Note: Prior to dropping out of the plan, I had sent two letters to the insurance company for reconsideration of their policy position, providing documentation of research supporting the efficacy of the procedure I was doing. Both letters were ignored until my letter of resignation.) Despite the consultant’s strong agreement with my philosophy, it meant nothing, as the company is administered by MBA/CPA-type people. But she did offer me a “consolation prize” as she put it: to join a prestigious NIH research project at NYU which was seeking practicing dentists performing the procedure I wanted reconsidered by the insurer. Bottom line: I think those with dental insurance, especially in these economic times need to be vigilant as to what their insurance is, or is not

providing. Recently there was an NPR story about a mini-Whooping Cough outbreak in rural California. It seems the largest medical insurance carrier was only reimbursing MDs about 50% of the purchase price of the vaccine and prevented the MDs from charging the overage to the patients. As a consequence, some MDs stopped using the vaccine-- thus the outbreaks. I neither want to treat insurance patients differently from non-insurance patients, nor do I feel it is right to offer only certain treatments to certain patients. Hence, I dropped out of the plan for ethical reasons.



### CHILEAN MINERS:

A dental sidelight to the rescue operation involved the periodontal condition of the miners. They went 17 days without brushing their teeth. That combined with poor nutrition, smoking and the hormonal stress of the situation (think of trench mouth suffered by WWI soldiers from stress and poor oral hygiene), one of their first priorities was to receive a full dental checkup and tooth cleaning after being rescued.



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**BUYER  
BEWARE:**

I am somewhat surprised that some people still buy into the concept of “free.” I’m seeing ads in the local media about dental exams for a dollar, or \$500 off certain procedures, and I think people have to remember: Where is the profit motive? If something is given away for free, could there be an incentive to compensate for the freebie? I realize this may come across as defensive, and I’m sure advertising campaigns work for those who procure dental care solely on the basis of price.

But there is one local managed care practice where three of their dentists lost their licenses for various reasons. Two other local dentists, also heavily into managed care, lost their licenses for Medicaid fraud. If it seems too good to be true... it probably is!



**HERE IS  
SOME  
ABSOLUTELY  
USELESS  
TRIVIA...**

that I came across from the Guinness Book of Records: The most people brushing their teeth

simultaneously in a single venue is 3,380. The event was arranged in 2005 by Colgate Palmolive of Central América, in El Salvador. The largest tube of toothpaste measures 9.7ft long and weighed 1,719 lb. It was made in 2005 by Unilever in China. A total of 1,470 students, parents and teachers flossed their teeth for 55 seconds on a single line of dental floss measuring 6,000ft. in North Carolina, on 19 March 2004. Aren’t you glad you know all this?

**MERRY CHRISTMAS  
& HAPPY NEW YEAR  
TO ALL!**