



Nutrition, Diet, and Dentistry Today

by David Meinz

I have addressed more than 300 dental groups during my speaking career. In that same time, I've been invited to speak to medical groups just five times.

I find that dentists and their staffs truly want to know how to practice total patient care. More and more dental professionals realize that there's a body connected to that mouth that they've been treating. Dentists, hygienists, and dental assistants understand that oral health affects the overall health of their patients. Dental professionals are interested personally as well. It's been my observation that today's dental team is physically healthier and more fit than the general population. It makes sense that a nutritionist would be warmly received in the dental profession.

■ Promote the sugar bowl

Dental professionals need to start telling their patients to put the sugar bowl back on the table again. I know that sounds like heresy. The average American consumes an incredible amount of sugar every year and encouraging an increase in that intake seems like the last thing you'd want to do. However, a large amount of that sugar is in our food already when we purchase it. If your patients have children who eat pre-sweetened breakfast cereals, putting the sugar bowl back on the table can actually decrease their sucrose intake every morning.

Quaker Puffed Wheat is a cereal with no added sugar. *Kellogg's Honey Smacks* (which used to be called *Sugar Smacks*) offers what basically is the same food, puffed wheat, with a whopping 4 teaspoons of sugar added for every three quarters of a cup of cereal! (When checking labels, always remember: 4 grams of sugar on the label is equal to 1 teaspoon of sugar.) Dentists should recommend that parents replace *Honey Smacks* with plain *Puffed Wheat*, put the sugar bowl back on the table, and tell the child to put on as much sugar as they want.

Dangerous? Not really. I don't believe the average child is

going to use 4 teaspoons of sugar on three quarters of a cup of cereal. And even if they did, a lot of that sugar ends up at the bottom of the bowl. On the other hand, those 4 teaspoons of sugar in the pre-sweetened variety end up inside the child. Some of it may end up on the teeth. You can decrease the sugar intake of your patients when you help educate them that the real source of sugar in their diet is not found in the sugar bowl, but at the grocery store.

■ Obesity

It has been suggested that obesity may play a role in the development of periodontal disease, especially among those with insulin resistance. It's estimated that one half of adults over 50 have insulin resistance. There's no question that diabetic patients can face additional challenges regarding the maintenance of good oral health. The incredible increase in adult onset type II diabetes in this country is due to a large extent to the increase in obesity.

If you have an average practice, more than half of the patients that sit in your chair are overweight. The official figure

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is now right at 70%. Several decades ago, only 25% of the US population had a weight problem. Genetics is probably not the major factor; the people whose body fat has increased over the last two decades have the same genetics they had 20 years ago.

Certainly, genetics does play a role in obesity. Studies involving identical twins raised by separate families reported that those twins end up looking physically more like each other than the families that raised them. That is, if one twin was overweight, there was a good chance the other twin also would be overweight, even if their adoptive families were not overweight. But genetics is a tendency, not destiny. It was also observed that a physically active twin was much more likely to be in good shape even if his or her twin was obese. Genetics probably accounts for about 30% of an individual's total risk for obesity. Obviously, the majority is lifestyle.

Do you and your dental team know enough of the basics of weight management to answer your patient's questions or at least steer them clear up the latest fad diets?

■ Maybe it's hay fever

Approximately 6% of the US population is allergic to latex, although that rate is about three times as high among health-care professionals. Symptoms include coughing, runny nose, itchy eyes, and hives. People with a serious sensitivity to latex can experience trouble breathing, decreased blood pressure, and even death, depending on the severity of the case.

What's interesting is that these same individuals often share certain food sensitivities as well. People with latex-diet syndrome may also have negative reactions to bananas, avocados, chestnuts, apples, carrots, celery, tomatoes, kiwi, potatoes, melons, or mangoes. Nonprescription digestive enzymes papain (from papaya) and bromelain (from pineapple) also may create symptoms. All of these foods contain proteins that are also found in natural rubber or latex. It might be a good idea to perform a quick diet history on new patients, as a problem with any of these foods might be a sign to be cautious with the use of latex. Why not also see if any of your staff identify themselves as particularly sensitive to these foods? Some of their chronic "hay fever" might just clear up by switching to something other than latex gloves.

■ The heart of the matter

Your patients may include some real fitness buffs; patients who eat well, exercise, avoid tobacco, get plenty of rest, and know how to handle stress. However, if their gums are bleeding, they may be missing the boat. The research is strong regarding the relationship between periodontal disease and the inflammatory

aspect of cardiovascular disease. It's reasonable to recommend that patients have the level of their "high sensitivity C-reactive protein" (hs-CRP) measured. The test is inexpensive and it can uncover a problem long before more serious symptoms show up. The ideal C-reactive protein level is approximately 3.0 mg/L.

Cardiovascular disease kills more Americans than anything else. 58,000 Americans died during our ten or so years of involvement in the Vietnam War. That's the same number that die in the US from cardiovascular disease every five weeks. Every five weeks. I'm not suggesting that dentists start doing blood work in their offices, but taking a patient's blood pressure might be appropriate, since hypertension is a major risk factor in the biggest killer of Americans. It isn't that hard to start practicing total patient care.

■ Osteoporosis

During the three or four years of puberty, a young woman establishes approximately 60% of the final bone mass she will ever have her entire life.

The best time to prevent osteoporosis is approximately 40 years before most women ever get interested in the subject. Today, Americans drink far more soda than milk.

Low dietary calcium has been shown to be a risk factor for periodontal disease among women under 40 and in men over 60. While the research does not provide evidence for supplementation above the recommended intakes, the average patient you see falls short of even those recommended levels. Adults aged 20 through 50 should get 1000 mg of calcium per day. Those over 50 should get a total of 1200 mg every day. Supplements made specifically from calcium carbonate and calcium citrate contain more actual calcium (40% and 25%, respectively) than forms such as calcium lactate, of which only 10% of the pill is actual calcium.



■ The big picture

Remember, there's a body attached to that mouth you've been treating. When you treat your patient as a whole person, and not just a mouth, you're practicing true 21st-Century dentistry.

For over twenty-five years, health promotion expert David Meinz, MS, RDN, FAND, CSP has been helping dental audiences enhance both their personal and professional productivity. As an award-winning international speaker, author, and frequent radio and television guest, he presents his inspirational and content-rich keynotes to groups worldwide. He can be reached at www.TheHeartOfDentistry.us