

“Twelve Things You Can Do...”

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1. Increase the amount of arginine in the diet. Eat more spinach, soy, seafood, and nuts. Drink the cheapest tea you can find. Basic Bites offer a prebiotic strategy to nurture the growth of commensal bacteria. www.basicbites.com
2. Brush with baking soda. If patients don't like the taste of baking soda, have them apply toothpaste to the brush then dip it in a little baking soda. Encourage the use of a Sonicare toothbrush, and AirFloss with hydrogen peroxide, if flossing is a challenge.
3. Apply chlorhexidine varnish (Cervitec Plus) to exposed roots. The chlorhexidine arrests the enzymatic breakdown of dentinal collagen. To remineralize these surfaces it takes a lot of attention, and probably some SDF (remember my grandmother if/when you decide to use potassium iodide).
4. Stock up on Nuvora products and encourage patients to use them daily. All of their lozenges contain xylitol and baking soda. When these lozenges are in the mouth, the pH does not fall to critical values. Check out www.nuvorainc.com.
5. Work with a compounding pharmacy to help your xerostomic patients. Products like arginine mouthwash and pilocarpine lollipops are indispensable for difficult patients. Instead of giving chlorhexidine mouthwash, prescribe a compounded gel. The staining is minimized and patient compliance increases. www.PCCArx.com can help you locate your closest pharmacy and they can make you a 2 gram sorbitol/xylitol lollipop that contains 5 mg of pilocarpine SIG: use prn to relieve dry mouth.
6. Offer patients Glylic lollipops. Glylic is a compound from licorice root that has specific antimicrobial properties against cariogenic and periodontal organisms. After being unavailable for a while, it's back in a new form called Cavibloc. Find out more at www.cavitiessuck.com.
7. Xylitol is a great preventive aid. Patients should brush with xylitol gel or paste and/or try to get a minimum of six grams per day. IceBreakers Ice Cubes gum are easy to find in the grocery stores, but Xlear products contain a much higher dose in a wide variety of useable forms. My preferred vehicle for xylitol is one packet (4 grams) added to a bottle of water, sip on two bottles of xylitol water each day, but start slowly so as not to become a rocket ship.
8. Use some of the rapid diagnostics that are on the market as devices to stimulate a new conversation with your patients. GC America makes a saliva analysis kit and a monoclonal antibody test. CariFree makes the ATP meter. You don't need to test everyone, but you may be surprised to see the results on people you thought were low risk.
9. Remember cariogenic organisms that result in cavities have grown up in the presence of fluoride for a long time. My personal philosophy is to “treat” the disease with something other than fluoride, then return to low doses of topical fluoride (like ADA accepted toothpaste) for home prevention.
10. MI Paste changes plaque chemistry. Have patients apply a “dab” to their tongue after brushing before bed. Use the tongue to wipe it around the mouth. This should be regular practice for anyone prior to inserting occlusal guards or Invisalign.
11. Cocofloss and Synedent rinse have changed my world. Both products are permanent fixtures on my bathroom counter.
12. Good research stimulates debate but there doesn't seem to be much debate about silver diamine fluoride dramatically altering the course of oral healthcare. Read the paper Pam and I wrote for Dentistry IQ, “The Do's and Don't's of SDF” before you use it in practice and start by applying it to posterior teeth only.