



Women's Dental Health

AUSTRALIAN DENTAL ASSOCIATION INC.



Good dental hygiene is important for oral health. It is especially important for women because hormonal changes throughout a woman's life can increase her risk of tooth and gum diseases.

During puberty, menstruation, pregnancy, breast feeding and menopause, fluctuating levels of female hormones can cause swelling and changes to the gums. Hormone medications such as the oral contraceptive pill and hormone replacement therapy (HRT), as well as other prescription and non-prescription medications, can also play a role in oral health.

Daily attention to oral hygiene will ensure that the teeth and gums are in the

TALK TO YOUR DENTIST OR PERIODONTIST

This leaflet is a summary of women's dental health issues and is intended to provide general information. It does not replace advice from your dentist or periodontist and does not contain all known facts on this subject. If you do not understand any of the information, your dentist or periodontist will be pleased to answer any questions or concerns you may have.



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best possible condition to deal with these hormonal fluctuations.

A woman's dental health is linked to the changes taking place in her body due to the influence of hormones. This begins

Prevention of tooth and gum disease

Attention to oral hygiene is important for women because tender, bleeding gums aggravated by changes in hormone levels are more likely to harbour bacteria. This can contribute to plaque formation. Plaque is a thick, sticky film of bacteria that thrives on food particles that remain around the teeth after eating. Plaque is a common cause of tooth decay (caries) and gum diseases (the inflammation and infection of gums).

If oral hygiene is poor, plaque can eventually harden into calculus (tartar). Plaque can further damage the gums and cause gingivitis, an inflammation of the gums. Untreated gingivitis can lead to an advanced stage of gum disease called periodontitis, which is the infection and inflammation of the tissues supporting the teeth. This can cause serious damage to gums and the bone that support the teeth, and therefore to the teeth. Periodontitis is a major cause of tooth loss in people older than 30.

To reduce plaque build-up

- Brush two to three times daily (with an adult-style fluoride toothpaste) and floss once per day. For comprehensive information, refer to the ADA patient education pamphlet "Home Dental Care", available from your dentist.

- Choose healthy foods. High-sugar foods (especially sticky sweets, chocolate,

with the onset of menstrual periods when there is a surge of the female hormones, oestrogen and progesterone, and continues throughout life. These changes may increase the chances of gum diseases.

cakes, biscuits and sweet drinks) promote the growth of plaque-forming bacteria. After eating high-sugar or starchy foods, brush your teeth. Rinse your teeth with water after having a sweet drink or a sports drink.

- Avoid snacking, which increases plaque development. Regular meals are healthier for your teeth and gums.

- Drink mainly water and milk. Avoid adding sugar to coffee and tea; if you do, rinse afterwards with water.

- Chew sugarless gum after eating high-sugar or starchy foods to help stimulate saliva and reduce the risk of plaque.

- Have regular check-ups by your dentist.

If plaque has hardened into calculus, it can be removed only with special instruments. If your teeth tend to have build-ups of calculus, regular removal by the dentist is important to minimise the risk of progressive damage to the gum and bone supporting the teeth.

A visit to your dentist every six months will help to detect any early problems, even if you think you have no symptoms of dental disease.

Your dentist may recommend a consultation with a dental hygienist to advise you on the best techniques for brushing and flossing your teeth. You may be referred to a periodontist if you show signs of more advanced gum disease.

Pregnancy

During pregnancy, a dental check-up and routine dental treatments are important for oral health. X-ray films should be taken prior to, and not during, pregnancy.

Pregnancy gingivitis: The surge in female hormones during pregnancy is associated with an increase in gum disease. Many pregnant women find that their gums bleed easily during brushing because their gums are more sensitive to plaque. Pregnancy gingivitis is first seen when the woman is about 12-weeks pregnant, and it may continue throughout the second and third trimesters.

If pregnancy gingivitis occurs, visit your dentist. It is best to see your dentist prior to pregnancy so that periodontal health is achieved before pregnancy. As well as careful attention to dental hygiene, visit the dentist more frequently during pregnancy so that plaque or calculus can be removed by professional cleaning. This will help prevent gingivitis.

Pregnancy epulis: Pregnant women are also at risk of developing a pregnancy epulis, or swelling, on the gums. This is a benign (non-cancerous) growth caused by gum inflammation. A pregnancy epulis may not need any specific treatment, but if it interferes with eating, brushing or flossing, or is unsightly, your dentist may recommend removal. A pregnancy epulis often shrinks once the pregnancy is over.

Damage from stomach acid: Both nausea and vomiting can cause stomach acid to reflux into the mouth, damaging the teeth due to erosion of the enamel. Use a fluoride mouthrinse to neutralise the acid and protect the teeth. If a mouthrinse is not available, thoroughly rinse the mouth with water. A tooth crème (such as Tooth Mousse®) can help by remineralising eroded enamel.

If brushing is difficult due to morning sickness, try using a child-sized brush and avoid “frothy” toothpaste. Avoid further acid exposure of the teeth by avoiding soft drinks, citrus fruit drinks and sports drinks.

No tooth loss: The old wives’ tale that says a woman loses a tooth after each pregnancy is not true.

Impacted wisdom teeth: Before becoming pregnant, check with your dentist whether any wisdom teeth are likely to become impacted. If impacted wisdom teeth become infected during pregnancy, the implications can be serious.

Treatment (if needed) prior to pregnancy would avoid the risks of X-rays, anaesthesia and surgery during pregnancy.



Puberty and menstruation



Due to the surge of female hormones at puberty and during menstruation, women may develop swollen, tender gums at different times of the month. The gums become more sensitive to irritants, such as toothpastes or cold drinks. Ulcers or cold-sore lesions caused by the herpes virus are more likely to occur.

Menstruation gingivitis refers to an existing condition of gingivitis (tender,

bleeding, inflamed gums) that worsens immediately before a period. Any bleeding of gums is not healthy nor normal.

Once the period is over and the hormone levels drop, the intensity of the symptoms subsides, but the gingivitis may remain. At this time, pay attention to good brushing and flossing.

Menopause

With the onset of menopause and the decline in female hormone levels, women may notice new oral problems. Pain in the mouth, burning sensations, dry mouth, or a bad taste can occur around this time of life. Gums may become sore and sensitive. These symptoms can be relieved with good oral hygiene, including brushing, flossing and regular professional cleaning by a dentist or dental hygienist.

As well, many women begin to lose bone mass at a more rapid rate during menopause. This loss of bone can lead to a condition called osteoporosis. While the major concern with osteoporosis is the increased risk of broken bones, such as spine or hip fractures, osteoporosis can also cause thinning of the jawbones, which hold the teeth. However, osteoporosis alone will not cause tooth loss unless periodontitis is also present.

Although a diet high in calcium is

important, the use of hormone replacement therapy (HRT) has been shown to be one of the most effective ways of improving bone density and may lower the risk of tooth loss. HRT should be discussed fully with your doctor.

Bisphosphonates: Osteoporosis can be treated with medications called bisphosphonates. However, bisphosphonates can cause serious problems of the jaw bone in some women who require invasive dental work. If you take a bisphosphonate, this is best discussed with your dentist. The ADA patient education pamphlet “Oral health and bisphosphonate medication” contains more information.



The effects of medication on oral health

The birth control pill

The oral contraceptive pill (the Pill) contains hormones that prevent the monthly release of an egg. The higher levels of hormones due to the Pill can cause gums to swell and become sensitive.

Unlike menstruation gingivitis, the symptoms may not necessarily occur just before a period but may be noticeable during the entire month while the Pill is taken. Symptoms are more likely in women who have been using the Pill for many years.

Dry socket: Women who take the Pill and have a tooth or teeth extracted are twice as likely to develop "dry socket". This occurs if the blood clot that normally forms over the extraction site does not develop properly or is washed away, exposing the bone underneath. Dry socket causes a constant throbbing pain, which may last for some days.

Should you need to have a tooth removed, tell your dentist if you are taking the Pill. To reduce the risk of a dry socket, try to schedule the extraction for the last week of your cycle, when you are taking the inactive pills that do not contain oestrogen or progesterone.

Antibiotic medicines: Antibiotics may decrease the effectiveness of the Pill and cause menstrual irregularities. Other forms of contraception will be needed. This should be discussed with your doctor.

Hormone replacement therapy

Women who commence hormone replacement therapy (HRT) at menopause may notice an increase in gum bleeding, swelling and redness.

This is similar to the effects of the contraceptive pill and is due to the hormones in the HRT medication.

Other medications

About one in four older women report the problem of a dry mouth. While a decrease in saliva production is a normal result of ageing, a dry mouth is also frequently due to medication. Some heart medicines, anti-depressants, anti-allergy medicines, fluid tablets, sedatives and medications to help some bladder problems can cause a dry mouth. Attention to your oral hygiene is important if you are taking any of these medications.

If you have a persistent dry mouth, your dentist may recommend salivary substitutes, available at pharmacies.

Pay close attention to oral hygiene as you will be prone to tooth decay. Topical fluoride rinses may be recommended to prevent this decay, or a tooth crème (Tooth Mousse®) to help remineralise enamel.

The causes and management of bad breath

Bad breath, or halitosis, can be an embarrassing problem, but it can be overcome. Women are more likely to have bad breath just before a period, when other symptoms such as abdominal bloating and mood swings are present.

Bad breath may be due to hormonal fluctuations, which lead to changes in the saliva and an increase in bacteria in the mouth. Bad breath can also be due to retained food particles, gum diseases, chronic sinus problems, and lung or stomach diseases. Bad breath can be reduced by:

- daily flossing

- regular brushing of the teeth, gums and tongue
- tongue cleaning; daily brushing with your toothbrush or a scraper, such as the side of a wooden spatula, will help remove odour-producing bacteria from the small furrows on the upper surface of the tongue
- drinking plenty of water
- limiting the intake of coffee and alcohol, which can worsen bad breath
- chewing sugar-free gum, especially if your mouth is dry
- cleaning your mouth after eating or drinking milk products, fish and meat
- quitting smoking.



Medical conditions that affect oral health

Burning Mouth Syndrome

A condition known as Burning Mouth Syndrome affects many women in their postmenopausal years. This syndrome, which is not well understood, causes chronic pain and a burning sensation in the mouth. It may also lead to a dry mouth, increased thirst, altered taste sensation, changes in eating habits, irritability and depression.

Although no obvious local cause for

the condition is found in most women, symptoms can be eased by using sugarless gum and drinking water frequently. Sometimes, anti-fungal lozenges can help to relieve symptoms.

If you have a persistent burning mouth, tell your dentist or family doctor. The most common underlying factor of burning mouth syndrome (when no local cause is apparent) is anxiety or depression.

Sjögren's Syndrome and other auto-immune conditions

Sjögren's Syndrome is a disease of the immune system and mostly affects women. The body's immune system mistakes its own moisture-producing glands for foreign tissue and starts to destroy them. Among other symptoms, this results in a dry mouth because the salivary glands do not produce enough saliva.

Diagnosis is often made with the help of blood tests and microscopic examination of a sample of the small salivary glands that line the mouth.

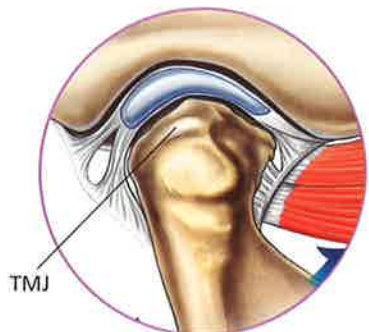
Women with Sjögren's Syndrome are

more prone to oral diseases such as tooth decay, thrush infections, burning mouth syndrome, eye dryness, and white lesions in the mouth and on the gums.

Good oral hygiene is essential for

women who have this problem. Your dentist will advise you about saliva-stimulating treatments or substitutes for saliva. A daily fluoride mouthrinse will help to protect teeth.

Temporomandibular joint (TMJ) disorders



diagnosis and management of TMJ disorders. Combinations of methods, including physiotherapy, a bite plate or occlusal splint, medication, modified diet and stress management, may be needed to overcome a TMJ disorder.

For more information, see the ADA patient education pamphlet "Disorders of the Jaw Joint", available from your dentist.

Eating disorders

Eating disorders are complex conditions where a person's perception of her weight and body image is unrealistic. Eating disorders occur more frequently in women than in men.

A woman with an eating disorder may make herself vomit. Teeth can be easily damaged by repeated contact with the stomach's contents, which are highly acidic.

Stomach acid erodes the enamel surfaces, weakening the structure of teeth and leading to chipping and breakages. While most damage usually occurs on the

back of the front teeth, all teeth are at risk. Teeth may change colour from the usual whitish-cream to a grey or brownish hue due to thinning. Amalgam fillings may appear darker due to erosion of the surrounding enamel. Even frequent brushing and mouth rinsing cannot neutralise the acid if exposure is frequent.

A dentist can help to reduce further damage to teeth by recommending a fluoride treatment, an antacid mouthrinse or a tooth crème (Tooth Mousse®). Women with eating disorders should seek professional help.

Diet pills

Used to suppress appetite, some types of diet pills decrease the production of saliva. This can increase the risk of tooth decay and gum disease.

If you are taking diet pills, a dry mouth may be a side effect of the medication. To minimise risk to teeth, increase your brushing and flossing, drink extra amounts of water, and use a fluoride mouthrinse daily.

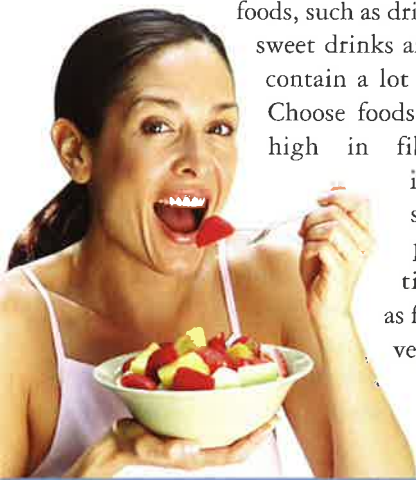
For a whiter smile

Professional cleaning

Good oral hygiene is the first step to having healthy teeth, but regular professional cleaning by your dentist or dental hygienist will help remove stains and plaque from your teeth that brushing and flossing might miss.

Healthy foods

Generally, food that is good for you is good for your teeth. Sticky foods, such as dried fruits, sweet drinks and lollies contain a lot of sugar. Choose foods that are high in fibre and increase saliva production, such as fruits and vegetables.



Mouthguards

With more women playing sports, injuries to the mouth and face have become more common. Mouthguards are flexible, plastic appliances worn over the teeth to protect them and can help to prevent injuries to the mouth, lips, cheeks and tongue. If you play a contact sport, wear a fitted mouthguard.

By helping to prevent the lower jaw being forced upward into the upper jaw, a mouthguard can sometimes help prevent other serious injuries such as concussions, jaw fractures and neck injuries. Even sports considered low contact, such as netball, can result in injuries to the face and teeth.

The most effective mouthguards are those made by a dentist from a mould of your teeth.



Quit smoking

Smokers have a much higher risk of tooth loss, dental decay and gum disease than non-smokers. Even smokers with good dental hygiene have an increased risk of decay compared with non-smokers. Smoking is also a leading cause of mouth and throat cancer, as well as other cancers.

From a cosmetic viewpoint, the nicotine and tar in cigarettes builds up on the teeth, tongue and sides of the cheeks. As well as discolouring the teeth, smoking also reduces the amount of saliva produced and dries the mouth. This causes bacteria to grow and leads to bad breath.

Your Dentist

