Q1 My daughter is 7 years of age and still sucks her thumb. What should I do?

Usually by pre-school age most children have stopped thumbsucking, often due to peer pressure. However, as your daughter still has a persistent sucking habit, this could cause an irregularity in the teeth (and supporting bone) requiring future orthodontic treatment. It is recommended that you seek advice from your local dental professional.

A dental examination will be conducted on your child and the dental professional will ask relevant questions concerning her habit. For example, when does she suck her thumb, is it during the day or night. Is thumbsucking a form of comfort when your child is upset or tired, or has it just become a habit? Lastly, what has been tried previously to stop this habit?

After assessing the situation, the dental professional can then offer advice and treatment if necessary. Advice and strategies to stop thumbsucking could include all or just some of the following:

😊 The dental professional can encourage your child to stop sucking and explain what could happen to the teeth if the habit continues. As many parents will testify, children tend to listen to an ‘expert’, especially a kind professional rather than a ‘nagging’ parent.

😊 After the dental professional has spoken to your child, give your child the responsibility to stop thumbsucking by making it her choice. Often this has the desired effect because she will realise it is up to her.

😊 Instead of scolding your child for sucking, praise her when she is not.

😊 Make a contract, set a goal to stop sucking by a certain date using an appropriate reward system. For example, a star chart can be used to show progress and a certificate or prize given on being successful.

😊 Devise a reminder for your child such as a bandaid to be worn on the thumb during the day and use a sock or glove on the hand at night.

😊 Remember at all times to be positive and encouraging in support of your child’s efforts to stop the habit. It is unwise to break the habit abruptly if it causes undue stress on your child.

😊 Make a recall date with the dental professional to check progress and to reinforce the message.

Q2 When should I start cleaning my child's teeth?

Mouth care should begin even before the teeth appear. Gently wiping baby’s gums with a clean, damp cloth after a feed will help familiarise baby with a good cleaning routine and establish good habits. Start to clean your child’s teeth as soon as they appear in the mouth (approximately 6 months of age). It is necessary to clean your child’s teeth daily as plaque (a soft, sticky, yellow/white film of bacteria) builds up on your child's teeth just as it does on your own teeth.

At first a clean damp cloth may be used to wipe the teeth around the gum line. When a few teeth are present, replace the cloth with a toothbrush that has a small head and soft bristles. Remember to make tooth cleaning a positive experience by being gentle and making it a fun time of the day.
Q3  When should my child start to use toothpaste?

Fluoride toothpaste should be introduced when a child reaches around 18 months of age. Low fluoride toothpaste should be used for children under 6 years of age. Examples of low fluoride toothpaste available in WA include Macleans Milk Teeth, My First Colgate Junior and Oral-B Children’s Toothpaste.

Fluoride toothpaste used properly will prevent tooth decay and protect your child’s teeth. So, it is not a good idea to avoid fluoride toothpaste. Care should be taken however to ensure that children do not swallow their toothpaste or they may get too much fluoride and the formation of their permanent teeth may be affected. Some good oral health ‘rules’ to follow include:

1. Ensure teeth are brushed twice daily using no more than a pea-sized amount of low fluoride toothpaste for children under 6 years of age;
2. Encourage your child to spit out, not swallow and not rinse;
3. Avoid toothpastes that are brightly coloured or contain attractive flavouring agents so that toddlers do not think that toothpaste is for eating.
4. Supervise toothbrushing and keep fluoride toothpaste out of reach of children.

Q4  Is there sugar in toothpaste, because it tastes sweet?

Sugar and honey are not used in toothpaste because they may contribute to tooth decay. Instead, small amounts of artificial sweeteners are added. They include saccharin, sorbitol, aspartame, cyclamates and glycerine.

Flavoured toothpaste plays an important role in making toothpaste acceptable. Peppermint, menthol and spearmint are commonly used flavouring agents. Avoid toothpastes that are brightly coloured or contain attractive flavouring agents such as strawberry and banana, so that toddlers do not think that toothpaste is for eating.

Q5  How should my children brush their teeth?

Children should be encouraged to brush their own teeth from an early age. However, it is difficult for young children to brush effectively as they do not generally develop adequate dexterity until they are about 8 years of age. Therefore you should brush your child’s teeth at least once a day, either in the morning or before going to bed at night and supervise your child’s own efforts the other times.

When doing so, follow the same brushing technique that you would when brushing your own teeth. There are several toothbrushing techniques and one common technique is to place the brush at a 45° angle, aiming the bristles towards the gums and gently jiggle the brush. Spend at least 10 seconds on each area before moving to the next. The same brushing method is repeated on the inside surfaces of all teeth. For the chewing surfaces, a light backward and forward motion is used. Teeth should never be scrubbed!

To help children with brushing their own teeth, start them off with a simple brushing technique, for example, a circular motion. Remember the main aim is to remove plaque in a manner that is not traumatic to you or your child. By brushing ‘every bit of every tooth’ the plaque is removed, thereby reducing the risk of tooth decay and gum disease.
Q6  How can I get my son to brush his teeth?

Most importantly you need to gain your child’s compliance and then establish a routine so that toothbrushing becomes a lifelong habit.

For young children, always supervise toothbrushing and make it a positive experience by:-

• brushing gently. Plaque is soft, there is no need to scrub!
• making it a fun time together. If your child won’t cooperate, make it a game. You may have to lead by example, rather than push.

Discuss your concerns with your son’s dental professional. By discussing the importance of caring for teeth and demonstrating the correct toothbrushing technique, the dental professional can motivate and produce a positive response in your child which you can then build upon at home.

Under the guidance of the dental professional your child will be given the responsibility to care for his own teeth if over 8 years old, and for the younger child he will have the shared responsibility with you (or another adult). On subsequent dental visits the dental professional will check your child’s toothbrushing technique and give valuable feedback to both of you.

Find a routine that will encourage compliance and one that suits your child. For example, let your child brush in the shower or in front of the TV. In other words make it easy on everyone, even take the toothbrush to your child. The aim is to establish the routine of brushing so that it becomes a life time habit.

Other ways to encourage toothbrushing include:-

• practising what you preach! You are your child’s role model and you need to set a good example;
• complimenting your child’s efforts (this should also come from other members of the family);
• rewarding your child’s positive progress, for example using a daily star chart, reward good progress after a week or two. Another technique could be making a toothbrushing contract with your son, with the reward being permission to watch his favourite TV program;
• the use of a disclosing agent (eg. solution/tablets) so he can see the effectiveness of his toothbrushing technique;
• the use of an electric toothbrush. This can be a good motivational tool.

Remember toothbrushing must not be punitive (no nagging or yelling) or a negative experience. Make it a positive experience with positive reinforcement and it will become second nature.

Q7  Is flossing teeth important?

Yes. Although toothbrushing removes plaque from most tooth surfaces, only dental floss removes plaque that builds up in the spaces between your teeth and under the gum line.

Dental flossing is a skill requiring good manual dexterity and lots of practice. For this reason the age to begin using dental floss will vary between individuals. By age 13 most children should be able to floss without help or supervision. However, the best person to give advice regarding when and how to floss is your dental professional.

Don’t be discouraged if you find it difficult at first. You may find it helpful to use a commercial flossholder.
Q8 What is the best type of toothbrush and toothpaste to use?

The best type of toothbrush is one with a small head and soft, fine bristles that will ensure plaque is removed without damaging the teeth and gums. There is an enormous variety of toothbrushes available. The toothbrush design should allow the user to reach all tooth surfaces and gum margins easily and comfortably.

The best toothpaste is one you like. It must be non abrasive, have a pleasant flavour and contain fluoride. The most important ingredient is fluoride as it helps prevent tooth decay plus strengthen and protect teeth.

In recent years other ingredients have been added to improve the effect of toothpaste. Therapeutic agents such as zinc citrate, triclosan, gantrez, and pyrophosphate help minimise the build up of plaque and calculus. Toothpastes containing one or more of these agents combined with effective toothbrushing at least twice a day, help keep your teeth and gums healthy.

There has been an increase in ‘cosmetic’ toothpastes, such as baking soda toothpastes and tooth whiteners. Whitening toothpastes are capable of removing extrinsic (outside) staining on the tooth surface, or maintaining tooth whiteness after professional whitening treatment has been completed. Using a recommended toothpaste with effective daily toothbrushing, can help prevent extrinsic stains occurring.

Always ask your dental professional for further information or advice.

Remember, children under 6 years of age should be discouraged from swallowing toothpaste and use only a pea size amount of low fluoride toothpaste or a smear of regular fluoride toothpaste.

Q9 What does fluoride do to teeth?

Fluoride is a safe, colourless natural element that dissolves in water. It occurs naturally in minute quantities in most foods and water.

Fluoride acts with minerals in saliva to repair and harden teeth damaged by early stages of tooth decay. Teeth become stronger and more resistant to decay when they are frequently in contact with small amounts of fluoride, such as that found in fluoridated water and fluoride toothpaste.

Fluoride is helpful for people of all ages, not just children. To ensure the effectiveness of fluoride toothpaste, after brushing your teeth spit out but do not rinse. Your dental professional may also use a fluoride solution or gel to strengthen weak areas in your teeth.

Q10 Is using a ‘mouthwash’ better than brushing your teeth?

No. A toothbrush is required to mechanically remove plaque, a soft, sticky, film of bacteria that continually builds up on teeth.

Most ‘over the counter’ mouthwashes have minimal action on the bacteria in plaque responsible for causing decay and gum disease. The main benefits lie in temporarily freshening the breath, improving taste and mouth freshness, hydrating the tissues and some specific actions eg. anti-viral.

Therapeutic mouthwashes containing chlorhexidine are best used under the supervision of a dental professional and only as an adjunct to professional care. Chlorhexidine, a bactericide, assists in plaque control, the reduction of gingivitis and associated bleeding. It is also an ideal first aid treatment to prevent infection and assist in healing after oral surgery.
Q11 Is eating potato chips better for your teeth than lollies?

No. Dental research has shown that potato chips tend to remain on and between the teeth for hours after being eaten. Potato chips comprise of cooked starches, which are broken down into sugars by an enzyme in saliva. The bacteria in plaque feed on the sugars and in turn produce acids that can dissolve enamel and lead to tooth decay.

The amount, frequency and the form (stickiness) of sugars are dietary factors contributing to tooth decay.

Q12 My oldest son has 6 fillings, whereas my younger daughter has none. Why is this as they both eat the same foods?

Food alone does not cause cavities. Many other factors are involved in the development of tooth decay, these include:

- the susceptibility of the individual;
- the shape of teeth - deeply grooved or pitted teeth cannot be properly cleaned with a toothbrush;
- the level of crowding in the mouth can make cleaning difficult;
- the amount and flow of saliva. (Saliva is needed to wash away acids and protect teeth).

- level of oral hygiene;
- ineffective and infrequent tooth cleaning will increase the risk of tooth decay.

- sugar in the diet;
- frequent intake of sugary foods and drinks such as nibbling or snacking constantly throughout the day increases the risk of decay;
- form in which sugar is consumed – sticky sugars that cling to the teeth are more harmful because they are not readily cleared from the mouth.

- bacteria in the mouth;
- some people have more ‘decay causing’ bacteria than others.

- availability of fluoride;
- studies have shown teeth that are not in contact with fluoride are less resistant to decay.

- other factors such as medical history;
- liquid medications containing sugar and drugs that reduce salivary flow, increase the risk of tooth decay.

Put simply, your son’s higher risk of tooth decay is due to many other factors besides the foods he eats.

Q13 What are those white marks on my daughter’s front teeth? Will they go away?

Firstly, a dental professional will need to assess the white markings on your daughter’s teeth. The white markings could be due to initial decay. This is where plaque acids have repeatedly attacked the enamel causing loss of minerals (demineralisation) from the tooth surface. Unless plaque is removed daily using a toothbrush and fluoride toothpaste and the sugar intake is reduced, this initial decay will progress and eventually lead to a cavity.

Once initial decay has been ruled out, other reasons for white markings (enamel defects) occurring in teeth should be considered. Enamel defects could be due to a variety of reasons making it very difficult to determine the exact cause. The defects usually occur whilst the crown of the tooth is forming under the gum. In permanent teeth this usually occurs between birth and 6 years of age.
Some examples of factors that can cause enamel defects include:

- A history of childhood fever, illness e.g. measles, whooping cough,
- Hereditary diseases such as Amelogenesis Imperfecta;
- A history of physical trauma to the primary teeth and/or dental infection;
- Excess fluoride intake. If young children swallow fluoride toothpaste they may get too much fluoride which can affect the formation of their permanent teeth.

Generally these white markings will not go away, however, over time they will become less noticeable due to normal tooth wear. Unless the enamel defects are causing a problem or they are cosmetically unacceptable, they are best left alone. Your dental professional will be the best person to advise you on cosmetic treatments that are available.

Q14 Does an electric toothbrush clean as well as a manual toothbrush?

Yes, but like all toothbrushes the technique is important. The electric toothbrush must be used correctly and regularly to be effective. Follow the method advised by the manufacturer or ask your dental professional to show you the correct technique. Electric toothbrushes are particularly useful for people with poor manual dexterity, such as people with physical disabilities or the aged. Where there is a lack of motivation to brush teeth, electric toothbrushes can also improve motivation and give an incentive to brush.