



Welcome To Our Newsletter



Welcome to Newsletter 7 and our second for 2011. Over the last 6 months we have welcomed new staff, had previous staff embrace motherhood and have enjoyed a Father's Day Concert performed by the Artarmon Public School Bands.

In this newsletter we look at the touchy subject of snoring and the important role that dentistry can play in alleviating this common problem. Our hygienist shares a few pointers for maintaining optimal oral health during pregnancy and our feature article is on dental erosion, which is frequently misunderstood by patients.

We are also happy to report that since the announcement that we now accept American Express, a great number of patients have taken advantage of this.

If there are any topics you would like featured in future newsletters, please let us know.

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The team at Dr David Young and Associates look forward to seeing you soon



Open Monday - Saturday

Emergency and after-hours appointments

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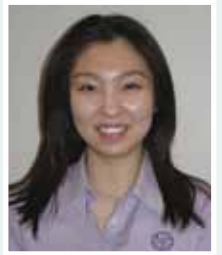
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STAFF News

We warmly welcome Haylie Hur, our newest Dental Assistant. As Haylie has only been with us for a few months, she is still quite shy, but in our surgery that usually doesn't last long. She recently had her 30th birthday and was given a little initiation gift from the clinical staff. Let's just say that she blushed from head-to-toe and it probably won't be the last time she does!



Natasha Medford was last seen working as a Dental Assistant in our surgery in May of this year. She did have a big bump at the time. We are happy to announce that the 'bump' arrived on 25th July and weighed a healthy 3 kgs. Natasha reports that baby Tyler is a joy to mother and is almost sleeping through the night at 7 weeks old. Daniel is very lucky he only needs to get up once a night! Congratulations to Natasha and Daniel.

A lot of our patients will remember Susu, our pocket-dynamo office administrator, who left us for China.....actually she left us for Aaron, who lives in China. Although we were not happy she did, it has proved to be a good life choice for Susu and we are delighted to share the news that they have just had their first child. Baby James was born on 10th July and weighed 3.42 kilos. So far he has given his mum no trouble at all, but then he hasn't starting walking yet !!! Congratulations Susu and Aaron.



Welcome to OUR NEW PRACTITIONERS

Dr David Young & Associates warmly welcome Dr Loreen Akram and Dr David Argent to the practice.



Loreen joined Dr David Young & Associates in May 2011 and has worked in private practice since January 2008. She has interests in cosmetic dentistry, oral surgery and restorative dentistry and is passionate about continuing her education and has done so in many areas of dentistry, including endodontics (root canal therapy), aesthetic dentistry and oral surgery. Loreen loves her martial arts and it helps to keep her fit and ready for anything. She is a family-girl at heart and makes it a priority to spend time with her brothers and sisters. She recently married Nofel and both are wanting the honeymoon to last as long as possible!



David joined Dr David Young & Associates in August 2011, having worked in private practice in Sydney's North Shore for more than 20 years. He regularly attends professional development courses to keep up-to-date with changes in modern dentistry. His special interest is in orthodontics, for both adults and children. David is a keen cyclist but is equally happy chilling-out with his family. Presently, he is having a love-hate relationship with learning the bass guitar. He also possesses a black belt in Tae Kwon Do, which means he is pretty good at defending himself.....but only if you twist his arm!

ARTARMON PUBLIC SCHOOL Father's Day Concert

On Friday, 2nd September a number of our staff enjoyed the Father's Day Concert performed by the Artarmon Public School Bands. As the major sponsor of the School Band Program, we are lucky enough to be given prime seating up the front, which adds to the experience. The high standard of the concert is testament to the commitment Artarmon Public School invests in their music program.



SO YOU SNORE...So What?

For many patients, snoring does not involve a serious medical disorder and can easily be treated successfully with an oral appliance. Snoring is a result of partial blocking of the upper airway. However, loud snoring may be a sign of a more serious problem - obstructive sleep apnoea (OSA). This is where the airway becomes completely blocked and breathing stops. The brain then detects the lack of oxygen and prompts a momentary arousal to draw breath and can sound like a loud, explosive snore. These interruptions to breathing can occur many times during the night. If breathing is absent for more than 10 seconds, the condition is known as apnoea. For this reason, all people who snore should be tested for OSA by a respiratory sleep physician. For more information on OSA, see our previous newsletters - May 2010 and November 2010.

During waking hours the airways are held open by the tone of the muscles around them. During sleep, these muscles relax. In some people, the soft tissues may relax too much and collapse, leading to obstruction of the airways. Oral appliance therapy uses a dental device fitted in the mouth to prevent the airways from collapsing during sleep. All appliances attempt to dilate or open the airway by altering the position of the mandible (lower jaw) and holding it forward. Dentists with special training in oral appliance therapy can treat OSA and troublesome snoring in cooperation with respiratory or sleep physicians. These dentists have expertise in the types of oral appliances that will best suit your needs. In this way, dentistry plays an important role in sleep medicine.

So, if snoring is a problem and the cause of an unhappy bedtime environment, come and talk to Dr Michelle Donegan. No referral is necessary for the treatment of OSA but we are happy to involve your GP at your discretion. At Dr David Young & Associates we are pleased to offer our patients specially trained practitioners in the area of sleep dentistry.

SPECIAL OFFER

- 10% off a MAS.
- Complimentary sleep consult.
- Complimentary review for patients who are not happy with their current treatment.

*NOTE: Offer expires December 2011. Appointments for OSA are available on Wednesdays only.

OSA appliances look similar to orthodontic retainers and TMJ appliances. They are safe, painless and effective, small, light and extremely portable. They are easy to wear and it is possible to speak, yawn or drink whilst wearing the appliance. The MAS (Mandibular Advancement Splint) is worn when you sleep. The device is very discreet, unlike the CPAP mask, allowing you to close your lips so it is not obvious that you are wearing it. It is reported that of every 100 snorers, about 95 will have a decrease in the noise levels they make during sleep when wearing an appliance.

Dr Michelle Donegan is passionate about caring for patients who suffer OSA and delivering a comprehensive service that will address your needs. She works with a team of specialists (ENT - Ear Nose and Throat and Sleep Physicians) who can help and assist with your problem. Dr Donegan has achieved excellent results for patients using the MAS. Because it is custom made, it is very comfortable, easy to wear, easy to adjust and has a very high rate of patient compliance. It compares well to CPAP (Continuous Positive Airway Pressure) mask which can be cumbersome and invasive, while surgery is not always successful.



Dr Michelle Donegan has a particular interest in sleep dentistry. Apart from working at Dr David Young & Associates, Michelle also works as a consultant at The Woolcock Clinic, which specialises in the diagnosis and treatment of sleep and breathing disorders.

HYGIENE CORNER

Pregnancy & Good Oral Hygiene

I am often asked by pregnant patients whether they should have routine preventive care (checkup) appointments during their pregnancy. The answer is "YES !!!" Women who are pregnant may experience increased gingivitis or pregnancy gingivitis, beginning in the second or third month of pregnancy and increasing in severity throughout the eighth month. During this time, some women may notice swelling, bleeding, redness or tenderness in the gum tissue. Studies have shown a possible relationship between periodontal disease and pre-term, low-birth-weight babies. Any infection, including periodontal infection, is cause for concern during pregnancy. In fact, pregnant women who have periodontal disease may be more likely to have a baby that is born too early and too small. If you are planning to become pregnant, be sure to include a periodontal evaluation as part of your prenatal care.

See you all soon in the Hygiene Room. Suzie ☺

DENTAL Erosion

Dental erosion is the loss of tooth substance from frequent exposure to strong acids, which can result in softening of the enamel, exposing the softer underlying dentine. When this happens, pain and sensitivity are common symptoms. If the erosion is not controlled and the tooth is not treated, the tooth could be dissolved down to the gum line and an abscess or loss of the tooth may occur.

Beverages with pH less than 5.5	pH range
Sports drinks & energy drinks	2.4 - 4.5
Alcopops (alcoholic soft drinks)	2.5 - 2.8
Carbonated mineral water & soft drinks (incl. sugar free)	2.5 - 3.6
Commercial fruit juices	3.4 - 3.6
Wine	2.9 - 4.2
Beer	3.9 - 4.2

Most common causes:

- Acidic drinks and foods
- Some medicines
- Stomach acid that regurgitates into the mouth (e.g. as occurs in gastro-oesophageal reflux disease, also known as GORD)
- Brushing too vigorously with a hard toothbrush and an abrasive toothpaste (e.g. whitening toothpaste)

Risk factors may include:

- Frequent intake of acidic foods and drinks such as soft drinks (including sugar-free), sports drinks, energy drinks, red and white wines, fruit juices and cordials, citrus fruits, jams and vinegar-based foods.
- Acidic medications such as chewable Vitamin C tablets, cough syrups and some antiseptic mouthwashes.
- Longterm medications, such as asthma drugs and medications that increase gastric reflux, such as anti-inflammatory drugs, including aspirin.
- A dry mouth and dehydration, which may be caused by various factors. Saliva plays a vital role in protecting teeth. It neutralises acids in the mouth and provides a mineral source which hardens the tooth.
- Conditions that cause chronic regurgitation, vomiting or reflux, such as morning sickness, bulimia, hiatus hernia, peptic ulcer or diets high in fatty foods.
- Frequent exposure to highly chlorinated water in swimming pools.

Ways to limit or prevent tooth erosion:

- After consuming any acidic food or drink, immediately rinse your mouth with either water, milk or a recommended mouthwash. Foods rich in calcium and phosphate, like milk, cheese and yoghurt, help to remineralise the tooth surface, despite sometimes having a low pH.
- Maintain hydration by drinking more tap water throughout the day.
- Reduce the frequency of acidic drinks (e.g. avoid sipping) and where possible, limit acidic drinks to mealtimes.
- Do not consume acidic foods or beverages immediately before bed.
- Drink acidic drinks through a straw and avoid "swishing" the drink in the mouth.
- Do not brush immediately after consuming any acidic food or drink.
- Brush your teeth using a soft toothbrush and avoid abrasive toothpaste.
- The dentist may prescribe a fluoride gel or tooth mousse that you apply to your teeth.
- Chew sugar-free gum to increase saliva production.
- Swallow Vitamin C tablets whole with water instead of chewing them.

Your dentist can help limit further dental erosion by treating some teeth with a composite resin, which forms a physical barrier between the teeth and the acids. Regular dental checkups will detect any early signs of damage so that dental erosion can be treated and monitored before it leads to more complicated and costly dental treatment.

A dentist will help you identify your acid sources and risk factors

**Both enamel and dentine are weakened and dissolved by acid (pH less than 5.5).
In commercially available sports drinks, the pH is 2.4 - 4.5 !!!**

Dental professionals have been concerned about the increasing incidence of dental erosion in patients of all ages, from pre-school children through to adults, especially those that participate in sport. The increased rate of erosion has been linked to increased dietary acidic intake, particularly the consumption of soft drinks, fruit juices and sports drinks. The enamel layer in primary teeth (first set of teeth in children) is thinner, making them particularly vulnerable.

Signs of dental erosion:

- Loss of surface detail or depressions or pitting on the chewing surfaces.
- Fillings in affected teeth appear to "stick out" due to the surrounding tooth structure being dissolved.
- Thinning/chipping of the biting (incisal) edges of the teeth.
- Thinning outer enamel layer resulting in the underlying grey/brown tooth colour to be more noticeable.
- Tooth sensitivity to hot/cold or sweet substances.