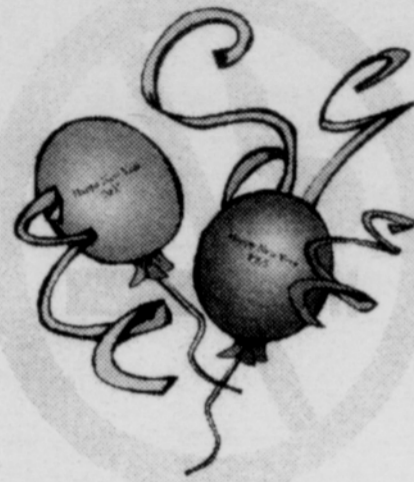
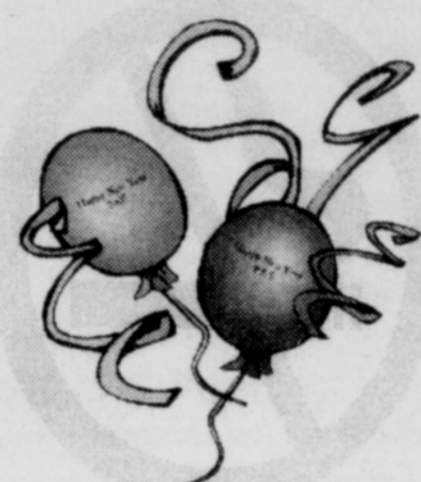




Missed the Great American Smokeout? Commit to Quit in the New Year



Get quit kits at the
Siletz Community
Health Clinic
Deanna Pearl,
TPEP coordinator
541-444-9659 or
1-800-648-0449,
ext. 1659
Oregon Quit Line
1-800-270-7867



Toothtalk

by Teri (the tooth fairy) Coddington

Can Dental Plaque Cause Respiratory Infections?

A recent study proved that germs found in dental plaque could make their way into the lungs and cause potentially fatal pneumonia in elderly nursing home patients, U.S. researchers say.

Though the study was small, the researchers said they found clear evidence in eight patients who developed pneumonia while in the hospital that had originated from their own dental plaque.

“This was the first study to establish a link between dental hygiene and respiratory infection,” reported Dr. Ali El-Solh of the University at Buffalo in New York.

The oral cavity is a complex biological environment. In dental hygiene practice, daily self-maintenance and care of oral tissue is essential. Controlling the microbial content in the mouth directly impacts your oral health and your systemic (overall) health.

Therapeutic care must target the infectious agent known as **dental plaque biofilm**. Biofilm is a complex three-dimensional arrangement of bacteria living together as a self-sufficient, secure, self-sustaining community.

Dental plaque biofilm begins to form by the development of an acquired pellicle, a thin protein layer attached to the tooth surface and derived from the saliva. Specific bacteria bind to the pellicle, forming a biofilm colony. The bacteria excrete a slimy, glue-like substance that helps them attach to the oral surfaces.

The next generation of colonizers binds to the proliferating cells and extra cellular products of the first generation, leading to a biofilm community. This community acts as a higher-level organism capable of coordinating the efforts, division of labor, and communication among its members, as well as the defense of its thriving community. Recognition of the complex nature of the biofilm helps explain why periodontal disease has been difficult to control.

Biofilm/plaque is best removed by mechanical therapies, such as having your teeth cleaned by a dental hygienist. Research conducted over the past century validates the importance of specific bacterial germs as a risk factor in oral disease initiation and progression.

Client knowledge of the characteristics of the biofilm provides a rationale for frequent subgingival root debridement (periodontal therapy) by the dental hygienist, because biofilm in periodontal pockets **cannot** be reached by toothbrushes, interdental cleaners, or mouth rinses.

Removing biofilm via meticulous toothbrushing and flossing remains the first line of defense against periodontal disease. Devices such as the Sonicare Elite electronic toothbrush that have the ability to create dynamic fluid forces have been shown to remove the dental biofilm in spaces between the teeth, beyond the reach of toothbrush bristles.

Preparing to Quit? 10 Suggestions



- Get a free quit kit from the nurse or tobacco prevention.
 - Read a pamphlet or booklet about quitting.
 - Make a list of challenges to quitting.
 - For each challenge, write down what you are going to do about it.
 - Make a list of things you are going to do instead of smoking.
 - Mark your quit date on your calendar.
 - Remind yourself why you are quitting – every day!
 - Tell your partner, family, and friends that you are trying to quit.
 - Plan how to spend the money you will save!
 - Practice drinking more water.
- **Bonus Suggestion:** Practice not smoking!



Guidelines

When to Call Your Doctor

Throat

- If your throat is sore for more than 48 hours.
- If the inside of your throat is beefy-red (not just pinkish-red), swollen, and pus-covered.
- If you have been exposed to someone who has strep throat (a bacterial infection).
- If you have a red rash that feels like sandpaper (could mean a bacterial strep throat).

Nose and Head

- If you have a runny nose for more than 10 days.
- If your nasal discharge is yellow or green and lasts all day long.
- If you have severe facial pain or headache.

Cough

- If your cough lasts longer than 10 days.
- If coughing is severe, or if it hurts to cough, or if coughing produces a thick, rusty, or greenish mucous.
- If you have chest pain when you breathe, or if you have difficulty breathing through your mouth.

Ears

- If you have severe pain in, or discharge from, your ear.
- If your ears are still bothering you after 10 days.

Fever

- If you have a temperature of 101°F or greater; if your fever lasts more than four days.
- If you have shaking chills, soaking sweats, shortness of breath, or mental confusion.
- If a fever over 100°F begins after the third day of illness.

Abdomen

- If you have persistent pain in your abdomen or rectum, or if pain is localized in one area of your abdomen.
- If you have black or bloody stools or vomit, or if there is a “coffee grounds” appearance to your vomit.
- If you have more than eight bowel movements per day.

These are guidelines. In all cases, if the illness is very worrisome or if the patient looks very sick, call your doctor.

“The symptoms of the common cold, if treated vigorously, will go away in seven days. If left alone, they will disappear over the course of a week.”

Popular physician witticism