

C'mon, Give Us a Smile!



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Dear readers, I assure you it is pure coincidence that your editors-in-chief would choose to write on similar topics in consecutive months. Although Randy Danielsen and I are simpatico in many ways, we do not actually sit down and coordinate our subject matter. It is simply a matter of similar tastes (ha) that leads me to present you with some musings on the same part of the anatomy that my counterpart focused on last month. Isn't it about time the mouth got some attention?

So let me ask you: What is the first thing you notice about a person? I recently conducted a survey (albeit limited in scope and scientific rigor) to determine the answer to this question. What I found was that five out of six people notice someone's face. Going one step further, I queried which specific component of the face they noticed; the majority said a person's mouth and/or smile.

Smiling is a simple motion that requires only a fraction of the 36 facial muscles to produce. The per-

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tinuous percentage is source dependent—and controversial—so I will not include a specific percent or number here. What I will say is that having a smile to be proud of is not controversial at all. Moreover, what people evaluate (or, let's be honest, pass judgment on) is the teeth as a component of that smile. Yet many children—who grow into adults,

naturally—do not have healthy-looking teeth. And that, my friends, is a preventable indignity.

While conducting my research, I was intrigued to learn that Pierre Fauchard (1678-1761) was one of the first practitioners to promote scaling of the teeth and debridement of the root surfaces to prevent periodontal disease.¹ Another interesting finding was that the first oral hygiene school opened in Bridgeport, Connecticut, in 1913; the Bridgeport School Board employed the first graduating class to clean the schoolchildren's teeth, which resulted in a decreased incidence of dental caries.² In 1945, Newburgh, New York, and Grand Rapids, Michigan, added fluoride to the public water supply, another step toward decreasing the incidence of dental caries.

Many of us recall the toothpaste commercial in which the young child comes home proudly announcing, “Look, Mom—no cavities.”³ That was more than 50 years ago, when having a cavity-free mouth was quite an accomplishment, given the limited access to dental care. And yet, sadly, access to oral health services—and the dental caries that result from lack of care—remain a serious public health problem.

But while we pride ourselves on (and admire) a beautiful smile, those pearly whites aren't necessarily *healthy*. In fact, they can mask underlying oral health problems.⁴ It cannot be emphasized enough: Good dental health is essential to overall health.

In his editorial last month, Dr Danielsen reminded us that the mouth “is the gateway and win-

dow into health in our body.”⁵ We know that properly functioning teeth allow for good nutrition, which can contribute to overall health, while poor dentition can impede eating. (It can also cause speech impediments.) Unhealthy teeth and gums can contribute to pain syndromes and systemic conditions and can lead to bacterial infections in the gums, pharynx, and major organs.⁶ Moreover, chronic dental infections can compromise the treatment of patients with comprehensive medical conditions, including diabetes, hypertension, renal disease, or cancer.

Dental caries (or cavities) persist as the most common chronic condition among American children: 26% of preschoolers, 44% of kindergarteners, and more than half of adolescents experience preventable tooth decay.^{7,8} Cavities occur when certain bacteria in oral plaque utilize dietary sugars to produce acid; this gradually erodes the tooth enamel, resulting in a cavity.⁹ When these same bacteria spread, they cause serious facial infections that result in swelling, toxicity, and sometimes death.

The impact of oral disease is a major public health problem that must not be ignored. The disparities in oral health care cannot be mitigated simply by performing more dental procedures.⁹ We, as primary care providers, must emphasize the importance of *prevention*. We already do this with other aspects of health care; to neglect the mouth as part of the body is a regretful oversight.

As health care providers, we need to understand, and communicate to our patients, the basics of common problems such as periodontal disease—including risk factors that compromise overall health and wellness.⁹ We can also share with them prevention practices that will help them to manage their disease. These elements merge well with routine health maintenance.

Nurse practitioners, nurse-midwives, and physician assistants, as frontline health care providers, are in a prime position to intercede and improve the dental health of all our patients. But while we are the most likely health professionals to take the lead in advancing patient-centered care that includes a dental evaluation, our formal curricula do not include the necessary skills.

The Affordable Care Act (ACA) provided an opportunity to expand dental coverage to millions of children nationwide. The provision to designate oral health services as “essential health benefits” establishes oral health as a critical piece of overall health.^{10,11} Educational programs for NPs and PAs must follow suit and capitalize on the evidence-based knowledge and tools of our dental colleagues, so we can add oral health as an element of the health and wellness examination. The time has come to integrate the concepts of inter-professional oral health into the curriculum for NPs, PAs, and all health care providers.¹²

Remember, a “conscientiously applied program of oral hygiene and regular professional care” is

an effective means of achieving a healthy smile!¹³ Let’s become providers of at least some of that professional care. Please share your thoughts with me at NPEditor@frontlinemedcom.com. **CR**

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