

Special Needs Newsletter



CSHCN

CHILDREN'S ORAL HEALTH PROGRAM
NJ DEPT. OF HEALTH & SENIOR SERVICES

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Children with Special Health Care Needs (CSHCN) are almost twice as likely to have unmet oral health needs compared to their peers without special health care needs. In many cases, CSHCN rely on others to maintain good health, including oral health. Approximately 15% of United States children have a chronic condition or disability.

Paint Away Tooth Decay!

The Centers for Disease Control and Prevention reports that tooth decay has increased from 24% to 28% in children ages 2-5. One way to help reverse this trend may be in the use of fluoride varnish, a thin coating of extra-strength fluoride to protect teeth from decay. This preventive agent is used to retard, arrest, and reverse the process of cavity formation. Fluoride varnish may be the best type of professionally applied fluoride for CSHCN.

Fluoride varnish is a topical fluoride, which means that it is applied directly to the tooth surface. It is simply brushed on the teeth in the same way that

nail polish is painted on the nails. Once applied, it forms a sticky layer on the tooth which hardens on contact with saliva. The fluoride is then absorbed by the tooth structure and helps to



remineralize tooth enamel that has been weakened by attack from plaque acids.

Ideal candidates for fluoride varnish are infants and children with moderate or high risk for the development of caries, and adults

with dentinal hypersensitivity. A child is to be considered at high risk for decay if he/she:

- * Had cavities previously or had white spot lesions where the gum and tooth meet or stained grooves in the chewing surface of the tooth

- * Uses a bottle with liquids other than plain water at nap or bedtime
- * Breastfeeds at will during the night
- * Has a developmental disability
- * Takes sugar-based medications for chronic conditions on a routine basis
- * Uses a sippy cup throughout the day
- * Has parents or siblings with a history of tooth decay

Fluoride varnish is effective, can be applied in less than five minutes, and does not require expensive, specialized equipment for preparation.

Fluoride varnish provides an easy, low-cost way to keep teeth healthy!

“People whose bodies and minds work differently should be viewed first as people and second as people with special health care needs.”

Did You Know?

- * The American Academy of Pediatrics and American Academy of Pediatric Dentistry recommend that a child have a dental visit by the age of 1.
- * CSHCN may require additional visits to an oral health professional, sometimes every 2-3 months, depending on their risk.
- * Sealants, a plastic coating placed over the chewing surface of the tooth, are a great protective measure to prevent tooth decay. However, some CSHCN may not be good candidates for sealants due to excessive jaw clenching or tooth grinding also known as bruxism.



**CHILDREN'S
ORAL
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Using Xylitol to Reduce Tooth Decay

Tooth decay is an infectious disease and needs bacteria and sugar to develop.

Streptococcus Mutans (SM) is the bacteria most closely associated with tooth decay. The SM bacteria are found in plaque on the teeth and help to form a sticky environment. SM is capable of fermenting consumed sugars to produce acids that lead to demineralization of the tooth's enamel.

Mothers inadvertently may transmit SM to their children through salivary contact, in the sharing of food, utensils, and even kissing. Moms with higher levels of SM, usually have children with higher levels of SM, which puts the child at higher risk for decay.

Recent research indicates that xylitol may be useful in reducing tooth decay, and may help children with acute otitis media. Xylitol is a naturally occurring low-calorie sugar substitute that

has been approved by the FDA. It can be found in fruits like berries, plums, lettuce, mushrooms, and cauliflower. It is a non-cariogenic sugar alcohol that prevents the growth of bacteria in comparison to sugar, which promotes bacterial growth and is capable of forming tooth weakening acids.



- * Reduces gum inflammation
- * Helps with xerostomia (dry mouth) and halitosis (bad breath) by stimulating saliva flow.

Oral health products containing xylitol include mints, tooth wipes, rinses, and chewing gum.



There are many candies, mints and gums that are formulated with sugar alcohols such as xylitol, mannitol, and sorbitol. Xylitol has been proven to show superior benefits in comparison to the other sugar alcohols in the prevention of tooth decay. Xylitol when used in conjunction with other preventive measures such as fluoride, can help prevent tooth decay!

Xylitol works in the following ways:

- * Reduces the formation of dental plaque
- * Reduces the adhesiveness of plaque
- * Neutralizes plaque acids
- * Reduces levels of SM
- * Assists in remineralization of tooth surfaces



Expanded Website Announcement

We are pleased to announce the expansion of the New Jersey Department of Health and Senior Services Children's Oral Health Program website at:

www.nj.gov/health/fhs/oral/index.shtml

The site contains valuable information for school nurses, teachers, health professionals and consumers and includes the following:

- * New Jersey Dental Clinic Directory 2012
- * Children's Oral Health Program brochures
- * Oral health curriculums
- * Online training resources
- * Links to free oral health materials and brochures

The screenshot shows the website interface for the Children's Dental/Oral Health program. It includes a navigation menu on the left with categories like Family Health Home, Primary Health Care, Prenatal Services, Children with Special Health Needs, and various age groups. The main content area provides information about the program's administration and lists several key resources and services, such as educational activities, fluoride mouth rinse programs, and teaching kits. At the bottom, there are four circular icons representing different user groups: Community Members, School Nurses & Staff, Health & Social Service Professionals, and NJ Oral Health Data.