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DENTISTRY & BRACES



Gum Disease: The Silent Killer

Back in the 1970s, the Mayo Clinic conducted a study that showed that if you kept your own natural teeth in good health, you would live an average of ten years longer than if you didn't. At that point in time, the results of the study were credited to lifestyle as much as anything else.

We now know another reason. Research in the last few years has shown a correlation between chronic inflammatory process of gum disease and artery disease, both of the heart and brain. In summary, gum disease can cause heart disease and strokes. Also, an enzyme released by the gum disease process has been isolated in the heart after heart attacks, showing a possible link of gum disease contributing to heart attacks.

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BY DR. BRIAN BAILEY, D.D.S.

The Mayo Clinic study was duplicated in the 2000s, showing that people with a healthy oral cavity do outlive people with ill oral health. So whether it be proteins released by the chronic inflammation in the mouth or enzymes by the bacteria . . . it seems poor gum health can affect an increase in strokes and heart attacks.

On another note, after adjusting for smoking and other risk factors, people with gum disease have a 64% increase in risk of pancreatic cancer. Pancreatic cancer affects males more than females and has a four percent survival rate (this according to a study by Harvard University). It is not known if the increased risk is from c-reactive protein from chronic inflammation or from increased acid caused in the stomach from bacterial gum disease.

Unfortunately, we in dentistry still don't have a "cure all" for the four species of bacteria that cause gum disease. Meaning, if you have one of these species in your oral "make-up" of bacteria, you are continually fighting the disease process. This is done by really good oral hygiene at home. A Waterpik™ ("power washer" for the mouth introduced in the 1960s) seems to be one of the best fighters of the bacteria. A sonic electric brush does help as well as flossing. There are many "gizmos" for cleaning that help, such as "Christmas tree brushes." I personally see 60 seconds per day with a Waterpik™ on high power doing great things for fighting gum disease.

"Bleeding on probing" is our main form of diagnosis of gum health. It shows where

the chronic inflammatory process is active. All research shows that people battling this problem should have their teeth cleaned 3-4 times per year. This is after an initial process called scaling and root planing. This all reduces the amount of tartar and biofilm (a tenacious bacterial layer) under the gums. Where needed, periodontal surgery can be very effective to increase gum health. Midland's periodontist, Dr. Michael Holden, is a gifted surgeon.

If you have pockets of gum disease or gingivitis, it can affect your life span. We still fight it by physically removing the bacteria (routine dental cleanings, brushing, flossing, etc.). This is because "chemical warfare" (mouthwashes, antibiotics, etc.) is only a help against the bacteria but doesn't actually remove them.

So for your heart's sake, know about your state of bleeding on probing, and Waterpik™ daily for your longevity.

**Any questions,
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When To Start Braces?

Back in the '80s, there was a big trend to start braces or removable appliances at a young age (6-10 years old). My main orthodontic instructor, Dr. Richard Litt (past chair of Orthodontics at University of Detroit and University of Pacific at San Francisco) still strongly believes in this concept.

Some of our local orthodontists start cases early, and some do

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not. What's the right answer? Here is some information that may help you and your child.

Most cases can be treated well if you wait until 11-13 years old. If you start too early, odds are you will be doing another phase of treatment as an adolescent to "finish the case."

Kids and parents (and their wallets) tend to burn out more with two-phase treatment. With that said, there are some cases that really should be started early. Some that are a "no brainer":

1. Anterior open bite with tongue thrust. This is where the front teeth don't touch when biting on the back teeth. If this is caused by an improper swallow pattern or improper tongue posture (speech problem), it must be corrected before age 9 or it will not stay corrected. If you wait, the teeth will always relapse.

2. Class III or underbite. If this is corrected early, then the child will tend to have his upper and lower jaws grow together in harmony. In my experience, these two types may not need a second phase of treatment later.

3. If the child's self-confidence is affected by their teeth. This is something the parent has to judge more than me. The outcome can be awesome for kids and how they feel about themselves.

In summary, if your 7- to 10-year-old has:

1. An open space between their upper and lower front teeth
2. Their lower front teeth are out in front of their top teeth
3. If your child is affected by the unattractiveness of their smile...

Please call our office. We will perform a free evaluation and consult to help your child.

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INVISALIGN™ PROVIDER

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What Is a Sealant?

I am still surprised that many people ask me this question. The only reason why I am surprised is because they have been so common for so long.

I was possibly the first person in the state to have light-cured sealants placed on my teeth. In the late 1960s, my father, Eldon Bailey, D.D.S., had a classmate from U of M Dental School who went into dental materials research as his profession. He

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called and encouraged my dad to try it, and shortly after, I was in “the chair.”

The molar grooves are cleaned well with pumice and then etched with 37% phosphoric acid. This is the same etch that has been used for millions of tooth-colored fillings, bonding, and laminates over decades. The tooth is then rinsed and dried, and a thin coating of acrylic is flowed into the pits and fissures and “cured” or hardened with a curing light. Back then it was UV light; now it is halogen LED or even laser. The light is the catalyst for the chemical reaction that turns the sealant hard.

The concept is to “seal out” the miniature “crevice” that is in a tooth. The strep mutans bacteria that cause decay can have safe harbor away from your toothbrush in these pits and fissures . . . and . . . “bingo” a cavity.

The procedure is paid for by many insurance companies on children. It is most effective when done just after the tooth comes in. When I started practicing in the 1980s,

many insurance plans even covered 100% of pre-molars or bicuspid. The idea is to have them stay in long enough (years) to get children through their more “cavity-prone” years. I once saw a 15-year study in the ADA Journal that reported the treatment reduces decay by 50%. In my 23 years of practice, I have sealed hundreds, if not thousands, of teeth and only had to drill and fill cavities on a handful of sealed molars. It’s very rewarding to see all the susceptible grooves sealed out from decay.

If you would like to see some photos, please visit our website at www.drbebailey.com or just call and we would be glad to help.

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How To Save “Dental Dollars” In These Times

I received a request for this topic, so here goes. Let me make a bold statement. “Midland is one of the best places in the world for value for your ‘dental dollar.’” How so? **First**, Midland is blessed with many (over 50) quality dentists... not exactly a monopoly. **Second**, Midland’s dentists have definitely been, in my opinion, above-average for generations. I see dentistry from all over the United States and

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the world, and this area’s quality is above average. **Third**, when looking at national dental fee surveys, this region has significantly below-average fees.

**Above-average quality
+ Below-average fees
= Above-average value**

With that said, how can you stretch your dental dollar?

Prevent! Prevent! Prevent!

If you were given only one car to last your whole life, you would: (1) keep it clean, (2) keep it maintained, (3) keep repairs up when they are minor and (4) do recommended repairs without procrastination to keep costs down and dependability up. You would fix and maintain things not covered by insurance, such as oil changes, tires and engine repair. I have many patients who won’t do a \$150 service because they don’t have dental insurance. When they finally get insurance, they decide to fix the problem. Now it costs \$1,000 to restore because the condition of the tooth has worsened. Insurance pays \$500—but now the patient is paying \$500 instead of \$150. Your teeth will need attention eventually. Why not do it sooner than later and save money.

I think most dentists would agree with me that lack of prevention at home and procrastination cause the majority of dental dollars spent.

Please don’t think I am judging. Nobody is perfect, but I was asked to write on how to save dental dollars . . . prevent and be proactive.

With any type of oral hygiene, technique is really important. Like washing a car, you must have a pattern so you don’t miss a fender. And like a diamond ring, you must think small to get in the nooks and crannies.

By prevention and not procrastinating, you can save a ton of money and your dental health. If there is any way I can help, that’s what I do -- help people through dentistry.

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INVISALIGN™

At many consultations I have with patients, I state that they could get the improved cosmetic results they want with braces or Invisalign™. Routinely, I hear back “What is Invisalign™?”

Well, it is a process that was invented by students working on their computer science PhDs at the Massachusetts Institute of Technology. This process led into the development of a publicly-traded company (Align Technology) that has provided the technology to straighten

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teeth and improve smiles for ten years on over 800,000 people in the U.S. alone.

How it works is an Invisalign™-certified dentist, such as myself, takes molds of your teeth (as well as photos and x-rays). The molds are three-dimensionally scanned into their computer system. The software within the system then virtually moves your teeth 0.1 to .25 millimeters at a time. The dentist views the three-dimensional images and can e-mail any desired changes to Invisalign™ until the perfect result is observed.

Then, the patented system creates a series of clear plastic “shells” (normally between 6 and 30) that fit over the patient’s teeth. These shells are called aligners and are almost completely invisible. They are removable for eating and cleaning, and a new one is utilized every two to three weeks.

If worn correctly, there is no pain, and, of course no braces to bother your cheeks or lips. The cost is very similar to braces and is covered by insurance the same as regular braces (if patient’s

plan has orthodontic coverage). I have been moving teeth with different types of aligners for several years and using Invisalign™ technology since 2002. **I have not had one dissatisfied Invisalign™ patient.** I was in the first wave of general dentists to be certified. With many improvements on the technical side such as “magical” compliance indicators on Invisalign™ Teen, I am more and more impressed all the time.

Our office is hosting an Invisalign Day on Friday, May 1. Feel free to call our office for more details or visit our website.

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