

THE FLOSS DEMOCRAT

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GENERAL & COSMETIC DENTISTRY

a higher standard

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BISPHOSPHONATE ALERT

Excerpted from the Press Democrat 6/2/2006

In the last ten years, millions of patients have taken a class of drugs that can prevent agonizing broken and deteriorating bones. These drugs once seemed perfectly safe and have transformed life for patients with cancer and osteoporosis. Recently there have been reports of a serious side effect: death of areas of bone in the jaw. Everyone agrees that the condition, osteonecrosis of the jaw, is an uncommon complication, but that its true incidence is not known. It is estimated that among the 500,000 American cancer patients who take the drugs because their disease is affecting their bones, 1 - 10 percent may develop the problem. As for the millions of osteoporosis patients, who take lower doses, the condition seems less common.

Firm data are slim to nonexistent, studies that may provide answers are only now about to begin, and doctors and drug companies are struggling to provide guidance, often only based on hunches. The patients want to know whether they should stop taking the drugs, or avoid surgical dental procedures. Some patients have decided to stop taking the drugs until more is known. The problem is that patients cannot easily abandon the drugs. Doctors say that Bisphosphonates largely prevent excruciating bone pain and fragile bones that break like kindling. Even if patients stop taking the drugs, they are not free of them. Bisphosphonates can

remain in the bones for years.

Medications Include:

FOSAMAX, ACTONEL, DIDRONEL, SKELID, ZOMETA and AREDIA

Recommendations:

Caution should be used with patients taking bisphosphonates. Since definitive guidelines have not yet been established, ask your physician what is best for you.

To read the entire article:

<http://www.pressdemocrat.com/apps/pbcs.dll/article?AID=2006606160303>

More information at:

<http://www.ada.org/prof/resources/topics/osteonecrosis.asp>

EDUCATION vs ALARMISM

While it is important to be diligent in educating ourselves as to the outcomes of the medical decisions we make, it is also important to weigh the risks and not become alarmist. In the case of bisphosphonates, the literature is just now coming in. No standards have yet been established.

It is my feeling that we need to proceed with caution, continue our research and keep our eyes open.

The internet is a wonderful tool to researchers, since so much data can be accessed so easily. But there is a lot of "Pseudo-Data" online as well.

A case in point is a search on Fluoride. If you read the majority of articles published, it is easy to be persuaded against fluoride and its benefits to dental health. It is described as a highly toxic poison that contributes to many forms of cancer. Perhaps at mega-doses this may be the case, but the track record of fluoridated water improving the dental health of Americans is well documented. Since its accidental link in the 1930's, the benefit of trace amounts of fluoride in drinking water has far outweighed the risks of overdose.

For more information on fluoride:

<http://en.wikipedia.org/wiki/Fluoride>



From the desk of **Kamran Azmoudeh, DDS**

I can't believe it is July already! Where has this year gone? We have really been keeping busy at the office – between continuing education, Jennifer's Wedding, both assistants in college classes and the pure pleasure of seeing our great patients on a daily basis – it proves the old adage "Time flies when you're havin' fun!"

As you know, I have always been a huge proponent of dental implants. This Spring I formally began my surgical training. If you wear dentures consider this – Dental Implants can be a superb choice for patients with dentures that don't stay put. Implants are anchored in the bone just like implants for replacing missing teeth. These implants are a bit different. They have precision attachments (like snaps) which allow the denture wearer to snap the denture in place. The attachments hold the dentures securely and add stability when chewing and speaking – no more wobble. These implants can be placed in our office and your dentures modified in just a couple of hours.

On the family front: Eva, who turned 13 last month, will be continuing in the eighth grade at Rincon Valley Charter School in the fall; and little brother, Ian, also known on the block as "the emperor", will be starting Kindergarten at Matanzas. He is currently honing his bike-riding skills with the hope of removing his training wheels before school starts in August. Too old to be a camper, Eva is a C-I-T (counselor in training) this summer at Camp Wa-Tam. Sharon is taking a vacation next week to Quebec City & the kids and I are collecting take-out menus to hold us over! The puppies are still playing tag team in our back yard and, generally speaking, I now know why it's "a dog's life."

OFFICE CALENDAR

JULY 3 & 4 – CLOSED
INDEPENDENCE DAY

JULY 31 – CLOSED
LONG SUMMER WEEKEND

SEPTEMBER 4 – CLOSED
LABOR DAY

NOVEMBER 9
HOLIDAY OPEN HOUSE

NOVEMBER 22, 23 – CLOSED
THANKSGIVING

**AS ALWAYS, BE SURE TO
SCHEDULE AHEAD TO GET YOUR
PREFERRED DATE AND TIME.**



**IF YOU HAVE A DENTAL
EMERGENCY, PLEASE CALL THE
OFFICE NUMBER, 576-1416,
AND YOU WILL BE DIRECTED TO
THE DOCTOR ON CALL.**

What's In a Cleaning?

Every three to six months our patients come in to see our hygienist to "clean their teeth." From as early as two years of age, as long as you have teeth in your mouth it is pretty much understood that they should be "professionally cleaned." What does the hygienist do? Why are there different kinds of cleanings? Which one is right for me?

Prophylaxis

As defined in the dictionary, a prophylaxis is a protective or preventive treatment against disease. This procedure involves removal of plaque, calculus and stains on teeth with periodontal pockets 1-3mm in depth.

(approx. 50 minutes)

Periodontal Maintenance

This procedure is for patients who have previously been treated for periodontal disease. Typically, maintenance starts after completion of active (surgical or non-surgical) periodontal therapy and continues at varying intervals, determined by the clinical diagnosis of the dentist, for the life of the dentition. It includes removal of the microbial flora and calculus, site specific scaling and root planning where indicated. When new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

(approx. 60 minutes)

Oral Hygiene Instructions

In truth, we can only be of service to you while you are a patient in our chair. In providing you with methods for caring for your teeth at home, we can assure that your periodontal health is in your own trained hands.

(30 minutes)



THE TOOTH FAIRY GETS A HAND FROM TECHNOLOGY

Recently, Joshua Kahn and his family went on a car trip from their home in Chicago to visit friends in Minneapolis. During the visit, his young son Max lost his first tooth. Max was unbelievably excited, but his joy quickly turned to sadness when he realized the Tooth Fairy would go to his home in Chicago rather than their hotel in Minneapolis. He was devastated.

Kahn told his son not to worry. "We'll call OnStar," he said. "I am certain they can help us." Kahn pressed the blue button and explained the situation.

"The training, professionalism and empathy of the OnStar Advisor for my son was sincere," Kahn says. "Without the slightest subtle silent wink, the advisor told my son not to worry and that OnStar would be able to help."

The OnStar Advisor explained that he would determine the location of Kahn's vehicle and would contact the Tooth Fairy with exact address of his hotel after Max fell asleep.

In the LIMELIGHT **FLUORIDE** Dental Education Series

History Adjusting the level of fluoride in drinking water first used as a preventative for tooth decay in Grand Rapids, Michigan. Fluoridation of drinking water has been used successfully in the United States for more than 50 years. Fluoridation of community water has been credited with reducing tooth decay by 50% - 60% in the United States since World War II. More recent estimates of this effect show decay reduction at 18% - 40%, which reflects that even in communities that are not optimally fluoridated, people are receiving some benefits from other sources (e.g., bottled beverages, toothpaste).

How Much is Too Much? Fluoride is naturally present in all water. Community water fluoridation is the addition of fluoride to adjust the natural fluoride concentration of a community's water supply to the level recommended for optimal dental health, approximately 1.0 ppm (parts per million). One ppm is the equivalent of 1 mg/L, or 1 inch in 16 miles. Children under age six years may develop enamel fluorosis if they ingest more fluoride than needed. Enamel fluorosis is a chalk-like discoloration (white spots) of tooth enamel. A common source of extra fluoride is unsupervised use of toothpaste in very young children.

The Result Community water fluoridation is an effective, safe, and inexpensive way to prevent tooth decay. Fluoridation benefits Americans of all ages and socioeconomic status. Of the 50 largest cities in the United States, 43 have community water fluoridation. Fluoridation reaches 62% of the population through public water supplies, more than 144 million people. Water fluoridation costs, on average, 72 cents per person per year in U.S. communities (1999 dollars). Fluoride works by stopping or even reversing the tooth decay process. It keeps the tooth enamel strong and solid by preventing the loss of (and enhancing the re-attachment of) important minerals from the tooth enamel. Consumption of fluids--water, soft drinks, and juice--accounts for approximately 75 percent of fluoride intake in the United States. Fluoride also benefits adults, decreasing the risk of cavities at the root surface as well as the enamel crown. Use of fluoridated water and fluoride dental products will help people maintain oral health and keep more permanent teeth.



Graduation Congrats!

As if **Barbara** doesn't have enough to do with full time work & family responsibilities, she has just completed her Bachelor's Degree in Healthcare. She has already signed up for her Masters Program & at this rate, I'm sure it won't be long before she has us calling her "Dr. Conachy". Way to go!



Wedding Bliss

Special congratulations to Jennifer, our receptionist, who celebrated her wedding on Saturday, June 24th.

Jen & her new hubby, Justin, have a relaxing week in Cancun, Mexico planned, before they return to their home in Santa Rosa.

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OFFICE HOURS

MON, TUE, WED	8 – 5
LUNCH 1-2	
THURSDAY	7 – 3
LUNCH 12-12:30	
AZMOUDEHDENTAL.COM	24H

HOW MIGHT GUM DISEASE AFFECT CARDIOVASCULAR HEALTH?

Diseases of the heart and blood vessels are most commonly related to thickening of the walls of arteries, a condition called atherosclerosis. It is believed that atherosclerosis results from damage to the artery wall that, in turn, results from inflammation within the artery wall along with deposits of fat. The combination of fat deposits and artery wall inflammation leads to the development of an "atheroma" or plaque. Part of this inflammatory damage is from infections of various sources. Many researchers believe that bacteria from gum infections could be one of the infections involved with this injury to the artery wall. Bacteria cause an inflammatory tissue response that allows the bacteria to enter the blood stream from the gum pockets. Simply put, when your gums bleed, a path for bacteria to enter your blood stream is created. This bacteria can move through blood vessels to distant sites in the body, including the heart. When this happens the artery becomes less elastic and the inside of the artery becomes smaller and smaller. What happens next is small blood clots may form and arteries get clogged which causes blood flow to be cut off. This results in a heart attack or stroke depending on the location of the blood clot. The role that gum disease plays in this process is an area of research which is under investigation at this time. In the meantime, you should discuss warning signs of gum disease and risk factors for heart disease with your dental and medical care providers, and it is recommended that adults be evaluated by their dentist or dental hygienist for periodontal disease. More information about gum disease and its relationship to cardiovascular disease may be found on the Web site of the American Academy of Periodontology, which may be accessed at www.perio.org. More information on heart disease and stroke may be accessed from the American Heart Association at www.americanheart.org; the Web site of the National Heart, Lung and Blood Institute at www.nhlbi.nih.gov/index.htm ; and from the American College of Cardiology at www.acc.org. We have detailed printouts available at the office, or on our web site, www.azmoudehdental.com.