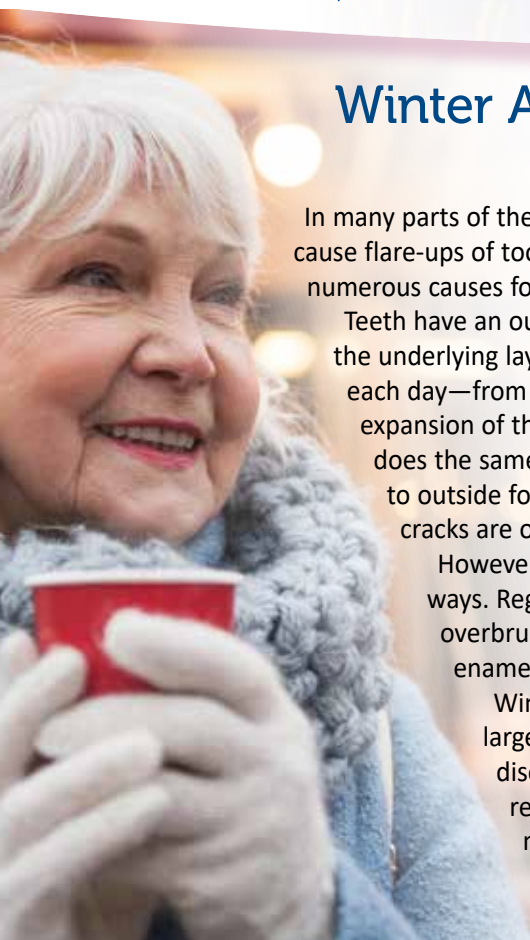


Branching Out



Winter 2019/20



Winter Air Can Be Revealing . . . *Dentally Speaking*

In many parts of the country, the chilly outdoor air of late fall and winter can cause flare-ups of tooth sensitivity and discomfort when inhaled. There are numerous causes for this.

Teeth have an outer layer of enamel whose job it is to protect the dentin, the underlying layer of tooth. Teeth experience wide swings of temperature each day—from sipping iced tea to slurping hot soup. The contraction and expansion of the enamel can lead to microscopic cracks. Years of chewing does the same thing. This can make the more sensitive dentin susceptible to outside forces ... such as cold winter air. In many instances, these cracks are otherwise harmless.

However, enamel can be compromised in other, more concerning ways. Regular consumption of acidic and/or sugary foods and drinks, overbrushing, and chewing on ice or abrasive foods can damage enamel. Clenching and grinding your teeth (bruxism) can do it, too.

Winter tooth sensitivity may also indicate that you have a larger crack in your tooth, tooth decay, a worn filling, gum disease, or an exposed tooth root. All of these conditions require dental attention. The sooner they're addressed, the more manageable (and less expensive) they'll be.

If winter air is drawing attention to your mouth, a call to our office is a wise move.

**Produced for
the patients of
Daniel W. Fridh,
D.D.S., M.A.G.D.**

1200 Andrew Avenue
La Porte, IN 46350

OFFICE STAFF

Patient Care Coordinators:

Patty Gangwer
Monica Mendoza
Linda Pinkstaff
Barb Ash

Business Manager:

Ashley Fridh Stout

**Expanded Function
Dental Assistant:**

Lindsay Gogel, EFDA, CDA

Dental Assistants:

Bonnie Igelski, EFDA
Elaine James, EFDA

Licensed Hygienists:

Jennie Alexander, LDH
Sharon Humphrey, LDH
Sharon Mullen, LDH

Office Hours

Mon.	8:30 a.m.-1:30 p.m. 3:00 p.m.-6:00 p.m.
Tues.	8:30 a.m.-1:00 p.m. 2:00 p.m.-5:00 p.m.
Wed.	8:30 a.m.-1:00 p.m. 2:00 p.m.-5:00 p.m.
Thurs.	8:00 a.m.-Noon
Fri.	Closed

Appointment Phone:

(219) 326-7446

**La Porte Hospital
paging service**

(219) 326-2498

Website: www.drfridh.com

Email: info@drfridh.com

Reducing Dental Anxiety

Many Americans avoid the dentist's office like the plague, due to fear and anxiety. Resultant poor oral health will eventually lead to trips to the dentist under even more stressful conditions. However, there are ways to alleviate anxiety.

Good communication is key. We will explain your treatment thoroughly and let you know what's coming up, step by step. We encourage you to ask questions or share any concerns you have (we don't judge).

Arrange a hand signal with us prior to treatment that will alert us to pause. We won't proceed until you are ready.

Focus on your breathing during treatment (regular and slow). When patients are nervous, they tend to hold their breath, which reduces oxygen levels and adds to feelings of panic.

Listen to music or an audiobook to help cancel out the sounds of the treatment room. Bring your earbuds and favorite listening material.

Avoid caffeine for at least six hours before your appointment. Eating high-protein snacks (e.g., cheese) an hour prior can have a calming effect. Sugary foods (and carbs) do the opposite.

Pressure from a weighted blanket can be soothing; our lead apron for X-rays can serve the same purpose. We also have nitrous oxide at our disposal for extensive dental work.

Some dental anxiety is natural. By working together, we can make your visit more comfortable.

Whatever your needs...expect excellence.

Sledding: *Have Fun but Keep It Safe*

For many kids (and adults!), gliding down a snow-covered hill on a sled, toboggan, saucer, or innertube is one of the joys of winter. However, according to the American Academy of Orthopaedic Surgeons, sledding injuries send over 160,000 people to emergency rooms each year.

Injuries include fractures, lacerations, and traumatic brain injuries, among others. Dentists see patients with chipped teeth, displaced teeth, knocked-out teeth, and jaw damage.

Minimize sledding risks and maximize the fun:

- Wear a helmet! A winter sports helmet is best, but a bicycle helmet will do.
- A sled is preferable to a saucer, toboggan, or innertube since it can be steered.
- A rider should be seated on the sled feet-forward. Lying on the sled face-first is a head injury waiting to happen. And ... just one rider per sled, unless it's a very young child riding with an adult.
- Scout the sledding area for rocks, tree stumps, and other potential hazards.
- Avoid hills that end near ponds, streams, fences, trees, streetlights, roadways, etc.
- Do not allow jump ramps—control goes out the window.
- Walk up the side of the hill after a run, away from downhill sledding traffic.
- Accompany very young children down the hill, and always supervise 5–12-year-olds.

May everyone's sledding memories be happy ones!

White Patches in the Mouth

There are many reasons why you might see a white patch (leukoplakia) somewhere in your mouth. Most of us will experience this from time to time.

White patches can be caused by irritation, such as sharp teeth or fillings rubbing against the inside of the cheek, cheek biting, or poorly fitted dentures. Mouth ulcers often have a whitish appearance, as do canker sores, which are usually surrounded by red inflammation.

A burn from hot food/drink might leave a white blister as its calling card. If you've been ill for a while and haven't moved your tongue a whole lot, you may develop a white fuzziness on your tongue, since skin on the taste buds has not been worn away like it would with typical activity.

A weakened immune system can lead to white lesions due to oral thrush, an overgrowth of a naturally occurring fungus in the mouth. Chronic alcohol intake, tobacco usage, and chewing areca nut (a.k.a. betel nut) are notorious for causing leukoplakia that has a much higher risk of transforming into oral cancer.

White patches are frequently harmless ... but there are times when it's something more serious. If you notice any changes in your mouth that don't heal on their own in two weeks' time, it's best to give our office a call.

Handling Dental *Emergencies*

Dental mishaps can happen in the blink of an eye. Knowing what to do next is critical.

A knocked-out permanent tooth should be retrieved and kept moist. Pick it up by the crown, rinse it off with water, and (ideally) set it back in its socket. Or, place it between your cheek and gums, in milk, or utilize an American Dental Association–approved tooth-preservation product (include one in your first-aid kit).

If a child's baby tooth gets knocked out, recover the tooth, keep it moist, and see your dentist, who can decide whether to implant it again.

If you bite your tongue and draw blood, gently clean the area and apply a cold compress. Excessive or continuous bleeding should dictate an immediate trip to the dentist or hospital emergency room.

A crack in your tooth should be rinsed promptly with warm water. Tamp down swelling by applying a cold compress, and beeline it to the dentist's office.

For toothaches, rinsing with warm water may bring temporary relief. Do not place an aspirin on your aching tooth or gums; it could cause a chemical burn.

For a suspected broken jaw, apply a cold compress. Immediately seek help at a hospital emergency room, where an oral surgeon(s) will likely be on call. If you have breathing difficulty or heavy bleeding, call 911.

Our office sets aside time each day for emergencies. Contact us in your time of need.



Osteoporosis Is a Threat to Dental Health

Bone is living tissue that is constantly regenerating—out with the old tissue and in with the new. However, for some people, new bone tissue does not keep pace with the amount of bone tissue being lost, elevating the risk for fractures—a condition known as osteoporosis.

Since our jawbone and teeth are made of bone, osteoporosis can have a direct bearing on dental health. People with osteoporosis are three times more likely to suffer tooth loss and may experience problems with the fit of their dentures. Certain oral surgeries may become more problematic (e.g., dental implants). Studies also suggest there's a link between osteoporosis and periodontitis.

Contributors to osteoporosis include the following:

- **Genetics.** Sometimes you're just born more vulnerable, thanks to family background.
- **Dietary.** Calcium and vitamin D deficiencies lower bone density.
- **Smoking.** No surprise here ... smoking makes everything worse.
- **Excessive alcohol or caffeine intake.** Alcohol and caffeine both absorb calcium that is intended for your bones.
- **Menopause.** Osteoporosis affects approximately 10 million Americans—80 percent of them women, according to the National Osteoporosis Foundation. Women typically have smaller, thinner bones than men, and the production of estrogen, a hormone that helps protect their bones, decreases sharply upon reaching menopause.
- **Sedentary lifestyle.** Daily exercise can help slow bone loss.

If you have osteoporosis or are at higher risk for it, let your dentist know and also inform them of any associated medication(s) you are taking. It can impact treatment decisions.

In some cases, patients may see their dentist more than their family doctor. As such, dental X-rays may reveal the first indications of osteoporosis. Just another reminder why regular dental checkups are so important.

Choosing the Filling That's Right for You

There are primarily two filling types available to dental patients: amalgam and composite resin.

Amalgam (silver) fillings are composed of a mix of silver, tin, copper, and mercury, and have been used since the 1890s. Mercury accounts for roughly 50 percent of the compound.

Mercury in fillings—and its potential health hazards—has been studied extensively. The American Dental Association, the Centers for Disease Control and Prevention, the World Health Organization, and the *New England Journal of Medicine*, among other health organizations, all agree that mercury is safe when combined with other metals, does not contribute to systemic disease, and is not toxic. Still, some dental practices choose not to use amalgam fillings. Also, as with many products, a small percentage of people are sensitive/allergic to one or more of the metals included in amalgam fillings.

Composite resins arrived on the scene in the 1960s as an alternative to amalgam fillings. They are composed of a combination of acrylic and ceramic.

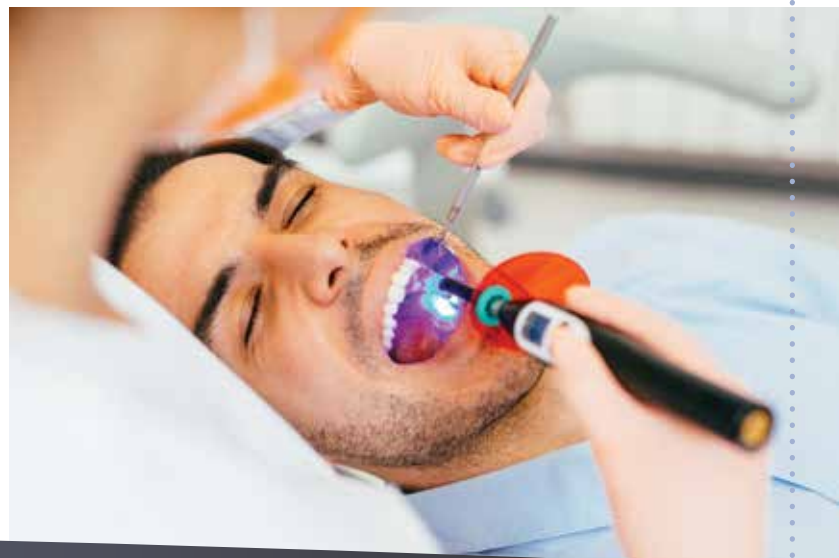
Amalgams are superior to composite resins in strength and durability, lasting up to twice as long. Amalgams are less expensive, too, as the technology used to create composite resins and the method of “curing” a composite filling elevate the price. In addition, placing a composite filling takes longer than an amalgam one.

On the other hand, composite resins win handily in the aesthetics department. They are clear and can be tinted as

necessary to match tooth color. Amalgam fillings closer to the front of the mouth are going to be noticeable when smiling or laughing; composites won't be. In addition, amalgam fillings may permanently stain teeth over time. Also, more natural tooth structure is preserved with composite fillings.

Some insurance companies don't cover composite fillings on back molars; others cover them up to the cost of an amalgam filling, then you pay the remainder out of your own pocket.

Good oral hygiene reduces the risk of cavities, but if you need a filling, we will help you weigh your options.



Dear Patients...

My term as Indiana Dental Association president has ended. I really enjoyed serving our state and being the voice for patients. My term as regent for the International College of Dentists continues. The ICD continues to promote patient health around the globe and will celebrate its 100th anniversary next year.

I am back working full-time at the dental office and still have found plenty of time to enjoy my wood shop on days off. Thank you for your continued support.

I wish you a happy holiday season. As the new year approaches, make it your resolution to share your positive dental experiences at our office with your friends and family.

Dr. Fridh

Season's Greetings!

FROM THE OFFICE OF

Dr. Daniel W. Fridh and Staff



Daniel W. Fridh, D.D.S., M.A.G.D.

Comprehensive Dentistry

1200 Andrew Avenue

La Porte, IN 46350

PRESORTED
STANDARD
U.S. POSTAGE PAID
LANCASTER, PA
PERMIT NO. 23



*Thank you for
choosing us!
We are so grateful
for wonderful
patients like YOU!*

A Dentist, Thomas Edison, and the **ELECTRIC CHAIR**

In late 19th-century America, hangings—the preferred method of government execution—were coming under scrutiny. Many deemed them inhumane; some condemned criminals dangled for 30 minutes with a broken neck before succumbing.

Alfred P. Southwick, an inventor and [gulp] dentist, allegedly witnessed a drunken man who accidentally touched a live electric generator and perished instantly. The light bulb went off—Southwick concluded that an “electric chair” would be a tidier form of execution.

Southwick contacted Thomas Edison for guidance. Edison, who was anti-capital punishment, turned Southwick down. However, during this same time frame, Edison was embroiled in economic warfare with George Westinghouse. Edison championed direct current electricity; Westinghouse firmly believed that alternating current (AC) was the future.

Southwick contacted Edison again. This time Edison told him that AC was the way to go for his “death machine.” Edison reasoned that consumers would associate Westinghouse’s alternating current with

danger and quick, efficient death—not a great economic tie-in.

Eventually, Southwick’s idea was adopted by a New York State commission, who hired someone else to actually build the electric chair using AC. The project was secretly financed by ... Thomas Edison.

The first electric-chair execution was horribly botched, but the new device lived on. And Edison failed to squash Westinghouse, who in time made quite the name for himself.

