

Aspect

A QUARTERLY **NEWS BULLETIN**

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Welcome to Aspect, PrimeCare Benefits Group's quarterly news bulletin, through which we offer contemporary news information on oral health, the dental industry, the latest research and advice for providers.

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USPSTF: PRIMARY CARE CLINICIANS WITH YOUNGER PATIENTS SHOULD PRESCRIBE, APPLY FLUORIDE

Janel Miller | Healio

The U.S. Preventive Services Task Force has issued several final recommendations regarding the oral health of children.

The USPSTF recommended that primary care clinicians prescribe oral fluoride supplementation in asymptomatic children aged 6 months to 5 years “whose water supply is deficient in fluoride” (that is, it contains fewer than 0.6 parts fluoride per million parts water). The task force also encouraged these same health care professionals to apply fluoride varnish that contains 5% sodium fluoride to the primary teeth of all infants and children in the same age group without symptoms of dental caries once the individual’s primary tooth erupts.

The task force also said there is not enough evidence “to assess the balance of benefits and harms of routine screening examinations for dental caries” in asymptomatic children younger than 5 years.

“About half of pediatricians report examining the teeth of more than half of their patients between birth and age 3 years,” the task force wrote. “Fewer report regularly applying fluoride varnish.”

National Health and Nutrition Examination Survey data indicate about 23% of children aged 2 to 5 years had dental caries in their primary teeth, and that dental caries is the most common chronic disease in children in the U.S., the task force wrote. Also, 33% of Mexican American children and 28% of non-Hispanic children have caries in their primary teeth, compared with 18% of white children.

“Tooth decay can lead to a variety of health issues that affect children’s development and well-being, including pain and tooth loss,” Martha Kubik, PhD, RN, a task force member and a professor with the School of Nursing, College of Health and Human Services at George Mason University, said in a press release. “Fluoride effectively prevents tooth decay in children, is safe and can be provided by a primary care clinician.”

The final recommendations are based on 32 studies with 106,694 individuals participating, the task force said, adding that the recommendations are consistent with the 2014 recommendations and a draft statement published earlier this year in this same clinical area.

The task force indicated that, in response to feedback received during this year’s public comment period, it added details to the final recommendation regarding timing and dosage information.

No studies “specifically addressed the dosage and timing of oral fluoride supplementation in children with inadequate water fluoridation,” the USPSTF wrote. Although there were also no studies that “directly assessed the appropriate ages at which to start and stop the application of fluoride varnish,” the evidence suggested applying the fluoride varnish every 6 months appeared to be sufficient, according to the USPSTF. In addition, “all children with erupted teeth can potentially benefit from the periodic application of fluoride varnish, regardless of the levels of fluoride in their water,” the USPSTF wrote. The final USPSTF recommendations also include, for the first time, a CDC tool that can help primary care clinicians ascertain the amount of fluoride in a water system.

In a related editorial, Melinda B. Clark, MD, a pediatrician with Albany Medical College, and Patricia A. Braun, MD, MPH, a professor at the University of Colorado and a senior founders fellow with the Santa Fe Group in New York City, encouraged clinicians to assess the oral health of children not covered by the USPSTF recommendations.

“Dental access remains a challenge in many communities, so the absence of formal guidelines addressing school-aged children should not imply that preventive primary care oral health interventions are not indicated for this population,” they wrote.

“Moreover, recognizing that primary care health care professionals are not dental health professionals, referral of school-aged children for routine recommended dental care is appropriate, and lack of data on referrals preventing caries in this age group should not be interpreted as devaluing this important service to patients,” Clark and Braun added.

To view the online article, [click here](#).





STUDY LINKS GUM DISEASE TO MENTAL HEALTH CONDITIONS

Robby Berman | Medical News Today

A study from the University of Birmingham, in the United Kingdom, finds that periodontal disease is associated with the development of a range of serious health issues.

These include mental health conditions, autoimmune diseases, cardiovascular disease, and cardiometabolic disease.

With gum health problems affecting many adults, links to these other conditions are especially concerning.

According to the Centers for Disease Control and Prevention (CDC) Trusted Source, gum, or periodontal disease and tooth decay are the two most serious conditions affecting dental health.

Now, a study from researchers in the U.K. reports that the impact of periodontal disease may extend well beyond the mouth, increasing the risk of a range of serious health conditions.

The study finds that poor gum health is associated with a rise in mental health conditions, as well as autoimmune, cardiovascular, and cardiometabolic diseases.

The CDC notes that nearly half, 47.2% Trusted Source, of people older than 30 have some form of periodontal disease. For people 65 and older, that figure increases to 70.1%.

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DECLINING ORAL HEALTH AFFECTS PATIENTS' LIFE QUALITY, STUDY SUGGESTS

Patricia Inacio | Parkinson's News Today

Oral health affects life quality in adults with Parkinson's, with oral health worsening with disease progression and resulting in a related greater decline in quality of life than is evident in adults of similar age without this disorder, a small study from the Netherlands reports.

Motor difficulties impacting daily living activities, a worsening in oral hygiene, tooth wear, and burning mouth syndrome were all associated with a poorer oral health-related quality of life.

Dentists need to be attentive that care is given to help prevent further deterioration in oral health and life quality for these patients, its researchers noted.

The study "Oral Health-Related Quality of Life in Patients with Parkinson's Disease" was published in the *Journal of Oral Rehabilitation*

Scientists at the Academic Centre for Dentistry Amsterdam set out to do what they reported would be a first study of oral health-related quality of life in Parkinson's patients living in the Netherlands, and factors that may associate with it.

Increasing difficulties with movement and motor control over time can limit oral hygiene, the team noted, which "can increase the incidence of dental pathology, resulting in, for example, dental pain and, therefore, reduced quality of life."

These scientists evaluated oral health-related quality of life in 341 Parkinson's patients (mean age, 65.5) compared with that reported by 411 adults without Parkinson's (mean age, 62.6), who served as controls.

Oral health-related quality of life was assessed using the Dutch 14-item version of the Oral Health Impact Profile (OHIP-14), a validated questionnaire whose 14 items are scored by responses ranging from one (never) to five (very often). Higher scores indicate a worse oral health-related quality of life.

To view the entire online article, [click here](#).



THE DENTIST-PATIENT RELATIONSHIP AND SOCIAL MEDIA



Toni M. Roucka, RN, DDA, MA FACD | Academy of General Dentistry

Professionalism in the Use of Social Media

The American Medical Association (AMA) has issued a policy, “Professionalism in the Use of Social Media,” to help guide physicians in the appropriate use of social media. Dentists also need to be aware of their online presence and evaluate their digital impact. Concerning boundary-setting on social media, the AMA advises the following:

- ▶ Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- ▶ When using social media for educational purposes or to exchange information professionally with other physicians, follow ethics guidance regarding confidentiality, privacy and informed consent.
- ▶ When using the internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but they should realize that privacy settings are not absolute and that, once on the internet, content is likely there permanently. Thus, physicians should routinely monitor their own internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- ▶ If they interact with patients on the internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethics guidance just as they would in any other context.
- ▶ To maintain appropriate professional boundaries, physicians should consider separating personal and professional content online.
- ▶ When physicians see content posted by colleagues that appears unprofessional, they have a...

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GROWTH LINES OF PRIMARY TEETH MAY HELP EVALUATE RISK OF DEVELOPING MENTAL DISORDERS

Franziska Beier | US Dental Tribune

BRISTOL, UK/BOSTON, US: The thickness of growth marks in primary teeth may help identify children at risk for depression and other mental health disorders later in life, according to a study led by researchers at Massachusetts General Hospital (MGH) in Boston using data from a health study conducted in Bristol. The study results may help in developing a tool for identifying children who have been exposed to difficulties early in life—a risk factor for psychological illness—offering support and preventive treatments if necessary.

According to previous studies, children’s exposure to prenatal and perinatal maternal psychosocial distress can have an impact on their brain health across the life course. Not only does the mother’s psychosocial stress almost double the risk of a mental disorder, but also it can become biologically embedded in children and lead to lifelong physiological and neurobiological disorders.

Although a better understanding of risk factors is needed, data such as prenatal medical records are often unavailable, resulting in studies having to rely on retrospective—and subjective—maternal self-reports. Thus, researchers were in need of novel and objective measuring instruments and assumed that primary teeth would be suitable, as the exposure to sources of physical stress, such as poor nutrition or disease, can affect the formation of dental enamel, resulting in pronounced growth lines. These lines may vary, based on the environment and experiences of the child before birth and shortly after; thicker lines indicate elevated stressful life conditions.

“Teeth create a permanent record of different kinds of life experiences,” said senior study author Dr Erin C. Dunn, who is from the Psychiatric and Neurodevelopmental Genetics Unit at the Center for Genomic

Medicine at MGH and also an associate professor in the Department of Psychiatry at Harvard Medical School, in a press release.

The research team hypothesised that the width of a particular line—the neonatal line—could serve as an indicator of whether the child’s mother had been exposed to high levels of psychological stress during pregnancy and the early period following birth.

To test their hypothesis, the researchers used microscopes to analyse 70 exfoliated primary canine teeth collected from 70 children aged 5 to 7 enrolled in the Avon Longitudinal...

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SCREENS NEAR BEDTIME BAD FOR PRESCHOOLERS' SLEEP

Robert Preidt | HealthDay News



It's crucial to keep preschoolers away from screens and other sources of light in the hour before bedtime if you want them to get a good night's sleep, researchers say.

That's because even a little bit of light exposure can trigger a sharp drop in the sleep-promoting hormone melatonin, according to the research team at the University of Colorado Boulder.

"Our previous work showed that one [hour of] fairly high intensity of bright light before bedtime dampens melatonin levels by about 90% in young children," said study first author Lauren Hartstein. She is a postdoctoral fellow in the university's Sleep and Development Lab.

"With this study, we were very surprised to find high melatonin suppression across all intensities of light, even dim ones," Hartstein said in a university news release.

For the study, Hartstein and her colleagues had 36 healthy children, aged 3 to 5, wear a wrist monitor that tracked their sleep and light exposure for nine days.

For the first seven days, parents kept the children on a stable sleep schedule to normalize their body clocks. On the eighth day, the researchers placed black plastic on the windows and kept the lights dimmed in the children's homes to create an environment with minimal light.

On the last day of the study, the children were asked to play games on an illuminated table in the hour before bedtime. The table's light intensity varied between children, ranging from 5 lux to 5,000 lux. (One lux is defined as the light from a candle that is about 3 feet away.)

Saliva samples revealed that melatonin was 70% to 99% lower on the night when children were exposed to the light table than on the previous nights with minimal light, the study authors said.

There was little-to-no association between how bright the light was on the last night and the declines in melatonin levels, according to the study published recently in the *Journal of Pineal Research*.

The findings showed that melatonin fell an average of 78% in response to light at 5 to 40 lux, which is much dimmer than typical room light. Even 50 minutes after the light was turned off, melatonin did not rebound in most of the children.

Why are children so sensitive to light?

Because children's eyes have larger pupils and more transparent lenses than adults, light streams into them more freely, the researchers noted.

"Kids are not just little adults," said senior study author Monique LeBourgeois, an associate professor of integrative physiology. "This heightened sensitivity to light may make them even more susceptible to dysregulation of sleep and the circadian system."

The study authors pointed out that half of children use screen media before bed, and said these findings are a reminder to parents to turn off electronic gadgets and keep light to a minimum before bedtime to help children get a good night's sleep.

To view the online article, [click here](#).

5 Healthy Toast Topping Ideas

Sara Bond | Live Eat Learn



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YOGURT**



**ALMOND BUTTER
BANANA**



**COTTAGE CHEESE
BLUEBERRY**



**CUCUMBER
HUMMUS**



**AVOCADO
EGG**



To view the online article, [click here](#).

Please meet Dr. Harout V Gostanian DDS MSD, Board Certified Pediatric Dentist and Owner/Operator of Centennial Children's Dentistry in NW Las Vegas & Galleria Pediatric Dentistry in Henderson. Originally from San Francisco, Dr. Gostanian moved to Las Vegas in 2004. He has provided pediatric dental care in the Las Vegas and Henderson areas since that time, and has been practicing for over 20 years. His goal has always been to be available to take care of any child needing dental care, with accessibility on either side of town. Let's find out a little more about Dr. Gostanian.



Dr Gostanian

PCB: Why did you choose to specialize in Pediatric Dentistry?

HG: Well, I have always felt like making an impact on a person's dental health and dental experience is a privilege and a passion of mine. When better than to start that on a formative young child, when every effort made by me and my staff is perpetuated as a lifelong improvement in a young dental patient's experience. Our care and attention to detail is so worthwhile because it affects so much. I love that responsibility and feel a sense of fulfillment every day while working in my practice. Plus, children are so fun to be around!

PCB: When away from work, how do you spend your time?

HG: I am a father of three, with twin sons who are 15 and a daughter who is 12. These kids keep me and my wife super busy; we can't wait for the boys to get their drivers' licenses to help us out! On weekdays, we are running around from sports practices and games like most parents, and weekends are similar. When things settle down a bit, family hikes, or any other outdoor activities are the ticket for us. On a personal level, I enjoy reading. But I don't read novels, I love knowledge and read informational books on topics that appeal to me. Lastly, we are huge San Francisco Forty Niner fans. I grew up in San Francisco in the 1980's, it's in my DNA!

PCB: Do you have a favorite place you like to visit out of town?

HG: When we get a chance my family and I enjoy visiting southern California. It is our destination of choice because it's convenient, climate-friendly, activity-rich, and we have family in the area. We prefer to enjoy the beach cities. Our children like the ocean and associated activities and I love beach walks/jogs. It's also fun to walk around to various restaurants and shops, rather than to drive to all destinations, as with daily life. Finally, we like to visit National Parks, like many Las Vegans do.



If you know of a dentist that might like to be featured in one of our upcoming news bulletins, please let us know. Email Crystal Robbins at crobbins@primecarebenefits.com



Dr Gostanian & Family



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