

RISBRUDT REPORTS

We feel called to be a nurturing, supportive and health-centered practice based on integrity, trust, commitment, quality, service, and dedication to technical and behavioral excellence.

We Have a Website!!

Check out our website:

www.drrisbrudt.com It's finally up and running, and we welcome your comments. The philosophy and purpose of our website is different from most. It is meant to be first and foremost an educational tool for you, our valued patients, and secondarily a place where you can refer your friends to educate them about our practice. We want you to know about it so when you are recommending anyone to this practice they can get a non-threatening look at us to evaluate us and decide if our practice is for them.

We are considering an electronic version of Risbrudt Reports. If you would prefer this method of receiving our newsletter, please let us know by calling our office at (949) 496-0311. Most people seem to like having a piece of paper in their hands, so Risbrudt Reports will continue to come in the mail unless you tell us differently, because now each newsletter will be posted on our website!

After you look at our website we would appreciate your constructive feedback. Perhaps there are some services that you are not aware we provide. I'm thinking particularly about oral health appliances that benefit those with snoring and sleep apnea issues. These issues can be life-threatening! We are partnering with a very forward-thinking company in the area of "sleep medicine", and we have learned there is much we can offer in this area.

Of course, esthetics and cosmetic dentistry are common themes in today's marketplace. We have been providing these kinds of services for over 20 years. The first veneer case I did twenty years ago, for instance, is still functioning today. I have taken the advanced course in Invisalign so we can offer minor

orthodontic treatment for adults who are looking to perfect their smile. We are particularly committed to providing esthetics with longevity, not just for esthetics sake alone. We feel if a person avails themselves of this kind of service, it should provide comfort, function, longevity and esthetics!!

Implants are now "standard of care."

That is, with sufficient bone, replacing missing teeth with implants is our first recommendation due to their high success rate. There are also more conservative options available for replacing missing teeth, should medical conditions or other reasons preclude the use of implants. You will find them on our list of services.

See something requiring more information on our website? Simply click on "Contact Us", and we'll respond promptly to your inquiries.

Yours for abundant dental health,



Thomas H. Risbrudt, DDS, FAGD

Let's Review...

Several years ago, the American Dental Association speculated that there would not be much repair work coming down the pipeline for dentists due to the widespread use of fluoride in drinking water, mouth rinses, and toothpastes. They postulated that there would be a whole generation of young people needing very little restorative care, and consequently, there would be too many dentists chasing too little pathology, etc., etc.

Well, their dire predictions didn't come true, for a number of reasons. One of

the main reasons is that food habits can still overcome the benefits of fluoride. I see a lot of decay today relating to food habits. Let's review what happens in the mouth when we eat something: When there is no food present, a healthy individual's saliva has a neutral or slightly alkaline pH. (pH is a chemistry term that defines how acid a substance is. On a scale of 14, for instance, 7 is neutral, (water is neutral) and hydrochloric acid is .87.) The pH of our body chemistry as it relates to blood for instance, has to be in a very narrow range, or (and I am NOT making this up) dire health circumstances can occur! But I digress. Below 7 is acid, and above 7 is alkaline. If the environment in the mouth has a pH of 5.5 or below, demineralization of the enamel occurs. The reason enamel is not impervious to this process is a tooth is actually like a sponge. Enamel is 85% mineral, and 15% spaces—the spaces are what attract stain and bacteria. That's why tooth "whitening" works—the discoloration is foamed out of the spaces by the peroxide products used in whitening products.

When food is introduced into the mouth, the saliva becomes acid for at least the next 30 minutes, regardless of the amount, be it a swig of soda, a dollop of yogurt, or a full meal. Chefs, for instance, as a group, have their hands full with tooth concerns, simply because they are sampling food all day. Well, you know what? We have a whole generation of Americans who are "piecing" all day! It might be coffee with sugar in it, it might be a can of soda that sits on the desk all day, "flavored" bottled water, it might be a handful of raisins, a donut, a bagel or breath mints, chewing gum, or worst of all, a candy bar. The operative words here are frequency, and hidden sugars!!! The enamel is literally being demineralized by this process. "Sugar"

is not so bad if only eaten with meals, but constant snacking is a real problem, as the pH in the mouth continually stays in the acid range.

If something is going into the mouth frequently during the day, the pH is constantly on the acid side, so it's no wonder tooth enamel even full of fluoride doesn't stand a chance under this kind of assault. Add to that medications for blood pressure, heart conditions, etc. that dry the mouth and it's recipe for a large dental bill!!

We'll deal with the nutritional part of this in more detail in the next issue, but for now, a good protein breakfast keeps a person from wanting something sugary mid-morning. Skipping a wholesome breakfast predisposes a person to all kinds of dental problems, let alone general health issues. Skipping breakfast, or worse yet, eating a sugary breakfast makes one's blood sugar plunge mid-morning and sugar cravings result. The next thing you know, you have a desire for coffee and a Danish, and the wild gyrations in blood sugar continue. Frequency of eating "a little something" contributes to the dental disease process. The result is decay sneaking up under existing restorations, compromising a previous dental investment.

What to do? Control frequency of food intake, as it keeps the pH of saliva in the acid zone, predisposing one to decay. If you must snack, find something with low sugar and some protein. If you really look in a healthy market or health food store, you can find low-glycemic food bars. I say really look, because America is into convenience, and convenience is becoming the enemy to healthy eating!! Rinse with water following a snack, or better yet brush if you can.

There are a number of products available to help strengthen the teeth, and moisten the mouth if dry mouth is an issue. We have a brochure that outlines the protocols and products. For a copy, call our office or just ask at your next recare visit.

A word to the wise is...prevention!!

Keeping Current—It's a Minefield Out There!

Not that many years ago, I took a course on how to evaluate the professional literature in dentistry. It became clear to me that discernment was the operative word in evaluating the current literature at the time. Well, fast forward that to today's literature and continuing education offerings, and it's a whole new ballgame! It is becoming increasingly complex, due to a number of factors.

We have moved from the "Age of Materials" to the Age of Technique." In the age of materials, it was simply matching up the correct material with the correct condition and you were good to go. Now, it's simply not that easy. We have myriads of new materials, and technique is king. We used to have materials that were very forgiving, technique-wise. But—no longer!! Today's dental materials are very technique sensitive, and if the proper protocols are not followed, there can be less than perfect results, particularly in the field of esthetic or cosmetic restorations. Bonding porcelain to teeth is a complex, technique-sensitive affair. I have spent countless hours in continuing education settings to keep abreast of the newest cements and bonding techniques.

Back to continuing education, products, and the literature: Reading the literature used to be about knowing where the author was coming from, academically and geography-wise. Then, many authors came under the "sponsorship" of certain manufacturers, so one had to be aware of their bias in that respect. Even Universities began to have seminars that were "sponsored" and "underwritten" by certain manufacturers. Certain manufacturers, dissatisfied with the speed at which the profession embraced their products, went direct to the public via TV and the Internet without adequate long term studies to back their clinical findings. Now, even the dental insurance companies underwrite certain researchers who will uphold their (insurance companies) views on not reimbursing patients for certain procedures. So, it's not just evaluating a product on its merits,

but whose product it is, evaluating what kind of testing was done, and WHO did the testing!! There are now only a virtual handful of journals that are "refereed" by impartial evaluators. The rest are manufacturer or vested interest-driven!!

I'm averaging around 135 hours per year on continuing education, because I feel called to be current on your behalf. Your confidence and trust with respect to your comments about our being "up-to-date" are most appreciated. We happen to believe that you deserve it!

Keeping Up.....

January 12: Half-day team meeting

January 19 Lunch With the Masters—a small gathering of 10 progressive practitioners with two of our significant mentors on the topic of Excellence in Dentistry.

February 2, 3: Pankey Affiliated Learning Group: Two days with our mentor, Dr. Jay Anderson, lead faculty from the Pankey Institute on the subjects of occlusion, treatment planning and diagnosis.

February 9: Newport Harbor Academy of Dentistry: High-Strength All Ceramic Restorations and Esthetic Placement of Implants in the Anterior Region. Stefan Paul, DDS, Ph.D., Zurich, Switzerland

February 23: Half-Day Staff Meeting

A total of 73 man-hours and 33 clock hours spent on "improving our serve" on your behalf.

Risbrudt Reports is created and published for the people in our practice at:
655 Camino De Los Mares, #128
San Clemente, CA 92673
Phone: (949) 496-0311
www.drrisbrudt.com

Thomas H. Risbrudt, DDS, FAGD
and Staff

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