The Fifth Handout – Third Edition

Brian B. Nový, DDS, FADI, FACD, FICD

While the body rests and recuperates during sleep, the oral cavity rarely takes a break. In fact, while patients are sleeping, there is a great opportunity to encourage oral health. Since salivary flow decreases during sleep, therapeutics remain in the mouth for longer periods of time and increase their protective effects.

With these concepts in mind, it becomes possible to help high risk patients (for dental caries or periodontal disease) lower their disease potential. Before going to bed, any of the following may be employed to minimize disease.

1. Do not rinse out the mouth after brushing. Spit out any remaining toothpaste foam, but try to refrain from rinsing the mouth with water. Patients who choose to rinse, should be encouraged to use a fluoride containing mouthwash.

2. Consume proteins rather than carbohydrates when snacking before bed. Late night snacks such as cheese, nuts, or other foods rich in protein have the ability to raise the pH of the saliva. During sleep, the high pH saliva can better neutralize any acid produced by plaque left behind after brushing.

3. Until you get proficient at getting patients to floss using motivational interviewing, I've found patients respond well to using an AirFloss with hydrogen peroxide. Don't hesitate to bring up the relationship between systemic health and interdental health with each patient, begin setting goals with patients and celebrate their success.

4. If patients live in a fluoridated community, encourage drinking tap water if/when patients wake up thirsty during the night. Bottled water is usually acidic, and alleviating the symptoms of dry mouth by drinking bottled water may actually lower the pH to critical levels. Tap water (which *should* have a pH close to neutral) containing fluoride is a better alternative during the night.

5. If/when you know a patient will go to bed without brushing. Encourage the use of xylitol water on the nightstand.

Stop counseling patients, and learn how to communicate on a deeper level with your patients. Evidence is mounting, that telling a patient what to do is the best way to inhibit success. Re-think how you interact with your patients and begin having "Caries Risk Conversations" rather than doing caries risk assessments. Use a systematic risk assessment to guide your thoughts, not your words, and engage in effective communication to empower protective changes that lead to oral health.

For more information, consider the following references:

Ruby J, Barbeau J. The buccale puzzle: The Symbiotic Nature of Endogenous Infections of the Oral Cavity. *Canadian Journal of Infectious Disease* 2002;13(1) 34-41.

Mira A. Simon-Soro A. Solving the etiology of dental caries. *Trends in Microbiology* 2104; 23(2) 76-82.

Sharma G, Puranik M, Sowmya KR. Approaches to Arresting Dental Caries: An Update. *Journal of Clinical Diagnostic Research* 2015; 9(5) ZE08-ZE11

Garcia-Godoy F, Hicks J. Maintaining the integrity of the enamel surface: the role of dental biofilm, saliva, and preventive agents in enamel demineralization and remineralization. *Journal of the American Dental Association* 2008; 139;25S-34S.

Humphrey SP, Williamson RT. A review of saliva: Normal composition, flow and function. *Journal of Prosthetic Dentistry* 2001;85: 162-9.

Burne, RA. Oral Streptococci… Products of Their Environment. *Journal of Dental Research* 1998; 77(3) 445-452.

