

Liaisons with the dentist

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If you are one of those people who hate the dentist then you just need to find one you really like. Adrian Ogier found a few he liked and discovered what good dental care is all about.

I must confess ... I've had many, many dentists. Some have been dynamic, positive relationships that lasted for years. Others have been short-lived encounters that ended badly.

Yes, I know I'm the one who usually brings damaged goods to the relationship, but through root canals and extractions, under gas or numbed beyond belief, I have strived to be a considerate partner. Forever on time. Content to always meet at their place. Attentive to and respectful of their musings. And brave when it hurts. Very brave.

Considerable amounts of my cash have also been invested in these relationships over the years so I felt justified in dumping my last dentist because they wouldn't treat me under the Medicare rebate scheme. I suppose this was for the same reason they wouldn't give me those nice reminder calls the day before my appointments. It was just too much bother.

Fortunately, my charming new dentist could be bothered to x-ray my entire mouth before carrying out any of the work the former one had proposed. It was then we discovered that my two root canal crowns had not only failed (yes, apparently they only have about an 80 per cent success rate) but unbeknownst to me they were both harbouring abscesses. These should have been causing me pain but they weren't. He was surprised. So, considerately, I tried to feel some.

Adam Alford is a Sydney dentist who has seen a number of these undiagnosed infections in his positive patients. Most of them have related to the gums or to nerves dying in the teeth. The latter requires root canal surgery to save the teeth or, as it was in my case, extractions then followed by excruciating pain and the delightful option of bridgework or dentures. But enough about me. How are you feeling? No pain? Maybe you need to see the dentist.

Adam thinks that it is our HIV treatments that keep these infections in a chronic state and why they don't manifest any symptoms. I asked another Sydney dentist, Wayne Sherson, who has had many years experience in HIV dentistry, and he disagrees. He believes that the same amount of untreated infection is present in the general population but limited access to care may mean they go undetected for longer.

They do agree that there is a lot more [gum disease](#) [1]Disease of the tissues that support the teeth, including the gums, the periodontal membrane and the underlying bone. Periodontal disease, which includes gingivitis and the more serious periodontitis, is the most common cause of loss of teeth in adults. People with HIV/AIDS are at increased risk of developing periodontal disease, even with good oral hygiene. and a higher level of decay amongst their positive patients. This makes us sound like a very motley crew indeed. But, apparently, a lot of our problems are due to a lack of sufficient saliva. Wayne explains that it is the affects of the [virus](#) [2]A small infective organism which is incapable of reproducing outside a host cell. on the salivary glands, the side affects of many medications and other factors such as smoking, dehydration and recreational drug use that reduce the level of our saliva.

When we eat or drink (sweet things, particularly) saliva helps neutralize the acids produced and restores the [pH](#) [3]

Nausea, a common treatment [side effect](#) [6]An unwanted effect caused by the administration of drugs. Onset may be sudden or develop over time., also increases the acid level in our mouths.

"Nauseous people tend to snack more", says Adam, "which makes matters worse". I must be one of those nauseous people, I think, remembering the purchase- nine-gelatos-and-get-one-free card in my wallet.

"It's not all doom and gloom", Wayne emphasises. Early diagnosis and undertaking a low cost preventive program can minimize any damage, he says. Mouthwash and calcium fluoride together with diet and lifestyle modifications all help maintain a healthy mouth.

Adam believes that HIV, treatments and their side effects all play a part. He also acknowledges that periods of ill health and not working have affected the level of care a lot of us have received in the past.

And he's right. Seeing the dentist slips to the bottom of the list on most people's agendas but when you're scraping to make a living it rarely even makes the list. That is until something goes very wrong and then you're often at the mercy of the public system – a service which, depending on where you live in Australia, is probably best described as 'varied'.

Adam believes that people with HIV should expect the same level of care that the normal population receives at any good dentist.

"With the high level of control that treatments offer, HIV patients are not that different to the general population. It may have been that appropriate care hasn't been available or accessible. Most issues are easily controlled and maintenance after that is the key," he says.

Wayne agrees that in an ideal world the same level of care should be available from every dentist.

"Unfortunately, the realities of keeping up to date with the immunology, general medicine and drug therapies mean that unless your dentist is interested in learning about HIV and its oral management, they are unlikely to provide the highest level of care," he says, suggesting the best option is to seek an established practice with interests in HIV dentistry.

John Davies, an HIV- friendly dentist based in Perth, goes a bit further. He has thought for some time that the issue of finding a simpatico private or public dentist is crucial. He maintains that a good dentist should have some understanding of HIV treatments and side effects as well as the issues for those who are currently not treating. They should also have some communication with HIV medicos or immunologists.

"Some people with HIV also have hepatitis B and or C", adds John. "A good dentist should be able to take all these things into account when examining and treating you."

It's hard to believe, I know, but there are some health professionals who don't want to treat people like us. I heard recently from someone who was expected to 'understand' when told he may not get the medical procedure he needed because he was an infection risk. Frankly, I wouldn't want to be touched by someone who hadn't heard of Universal Safety Precautions but that's just me.

"There is a particular fear of being treated differently and disadvantaged when accessing the public dental system", says John, who clearly understands the barriers we put up to avoid that kind of situation.

One exception he offers is the special needs clinic for medically compromised patients run by Elizabeth Coates and a specially trained dental staff at the South Australian Dental Service. John thinks we can learn a lot from her model and that the mainstream public dental clinics in all states should have the same sort of training.

John has a dream. One day all public systems will understand and treat people with HIV and hepatitis in a mainstream way. And it won't merely be symptomatic relief. They will do it with a prioritised focus on our medical, social and personal needs.

Good on you, John.

I love dentists.

Eight tips for better dental health

1. Invest in an electric toothbrush
2. Use high-strength fluoride toothpaste rather than an off-the-shelf brand
3. Stop scrubbing your teeth and start massaging your gums
4. Get between your teeth with dental floss or those toothpicks called Interdents
5. If your gums bleed – focus on the area, don't avoid it
6. Rinse daily with a fluoridated mouthwash. Adam prefers Oral B Tooth and Gum
7. Get your mouth checked and cleaned at least every six months or every four months if you have advanced gum

disease

It is easier and more cost-effective to fix decay before it causes pain.

- [oral health](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/115>

[2] <http://www.napwa.org.au/glossary/term/125>

[3] <http://www.napwa.org.au/glossary/term/105>

[4] <http://www.napwa.org.au/glossary/term/410>

[5] <http://www.napwa.org.au/glossary/term/117>

[6] <http://www.napwa.org.au/glossary/term/469>