

WINTER 2016



NEW MEXICO

DENTAL JOURNAL

The Official Publication of the New Mexico Dental Association

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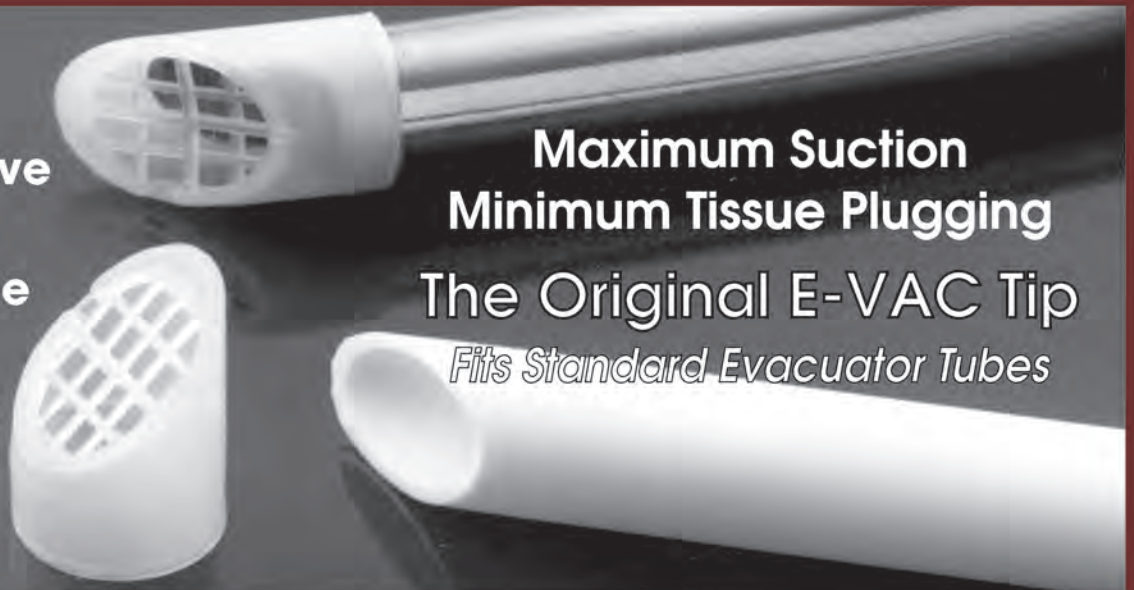
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President's Message



Michael Law, DDS

Colleagues, I hope everyone has had a wonderful past year. As we begin a new year, I want to give you a brief update as to what we have been doing for you. All of our local components are in the process of revising their bylaws, to make them compatible with the New Mexico Dental Association's bylaws as well as the American Dental Association's bylaws. This will add continuity to all of our processes to make programs work better.

One such program that we are in the process of rolling out is our 1-on-1 recruitment program. As you may know, our association's membership market share has started to decrease. One reason for this is due to an influx of dentists moving into our state. The fact that new dentists are relocating or coming back to our state is a great thing, but if we don't reach out to them when they arrive, they may never see the benefits our membership brings to them, and they may never join.

A big portion of the 1-on-1 recruitment program is providing a personal relationship with these new dentists. To do this, all you need to know is to be friendly. I know it sounds corny, but let me explain even further. When you learn of a new dentist in the area, reach out to them and invite them to lunch, dinner, coffee, etc. You don't need to talk to them about NMDA at this visit. Just get to know them and let them get to know you a little bit.

After you do this once or several times, invite them to attend a component meeting or social event as your personal guest. People are more likely to attend functions when they can go with someone, or when they know other people attending. These social events or business meetings are where they can find out about NMDA's benefits—they can join at that time if they so decide. If you don't feel comfortable reaching out to new dentists, not a big deal, but I will ask that when you do hear of a dentist whom has moved into your area, please contact your local component societies membership chair or other officer. They will have a network of people who are willing to reach out to them.

If you are not aware—in the process of re-branding and making ourselves more consistent with the ADA—we have updated our NMDA website (www.nmdental.org), and created webpages for all of the local components. We are one of the first states to do this. The new site has some great new features. One—which will be active shortly—allows you to sign up for, or renew, your membership electronically. This has been a much-anticipated feature, that we're glad to be able to offer for our members and potential members.



1-on-1

recruitment program

Switching gears, on the legislative front there are several items that we are focusing on. One of these items is a comprehensive dental access to care bill that may be put forth in the 2016 legislature. During the 2015 legislative session, a senate memorial was passed forming a legislative task force which includes six legislators, six members of the New Mexico Dental Hygienists' Association, and six members of the NMDA. The task force met four times over the last few months and was initially tasked to debate having dental therapists in New Mexico. Instead, the task force morphed into a role analyzing the dental access to care idea we have in some of our underserved counties. What came out of it is a possible comprehensive dental access to care bill, which is intended to address multiple issues that potentially prevent patients from having access to care. Keep in mind that it is still a work in progress. If they decide to create an official bill, we will inform you before it is brought forth to the legislature. Please check your inboxes and mail for updates.

The registration is up and running for Santa Fe's New Mexico Mission of Mercy on April 8 and 9. If you have previously participated in a NMMOM, we thank you and hope you will participate in Santa Fe. If you have not previously participated, you should consider doing so. This is a rewarding experience that you will not forget.

Lastly, don't forget our 2016 Annual Session will be June 2-4, at the Albuquerque Convention Center. We are pulling out all the stops to bring in nationally acclaimed speakers such as Drs. Sanda Moldovan, Tierona Lowdog, and Rhona Savage to name a few. Please consider bringing your entire staff for an amazing meeting where the take away will be priceless.

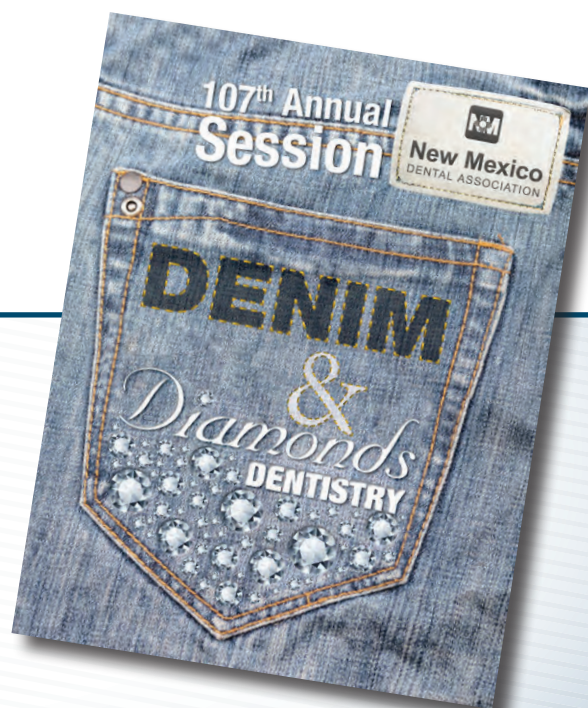
Sincerely,



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By Shelly L. Fritz, DDS and Bill Niendorff, DDS

Here is a brief summary of selected caries preventive materials—some old, some new—and their use. Your questions, comments and suggestions are appreciated. Please email shefritz@comcast.net.

Fluoride



History: In the 1930s, scientists discovered that children who drank water with naturally high levels of fluoride had less tooth decay. Back then, the high decay rate was endemic! In 1945, Grand Rapids, Michigan became the first city to modify the fluoride concentration in their community water system to what was then the optimum amount at 1.2mg/L (1.2 ppm) to provide the residents with the benefits of fluo-

ride. Since that time, fluoride levels have been adjusted in community water systems around the world. Water supplies have been managed so that 75 percent of the U.S. population now has access to fluoridated community water.

Currently, half of the children in the U.S. have never had a cavity in their permanent teeth. Over the past 70 years, fluoridated water was the primary factor in saving \$40,000,000,000 (yes, billion!) in oral health care costs. Because fluoride is also in most tooth pastes/gels, this past year, the CDC lowered the optimum fluoride level in community water systems to 0.7 mg/L (0.7 ppm). This action reduces the risk of fluorosis due to combined sources of fluoride containing products.

Some of the 100 organizations who recognize the public health benefits of community water fluoridation for preventing dental decay include: American Dental Association, UN World Health Organization, U.S. Public Health Service, American Medical Association, American Academy of Pediatrics, International Association for Dental Research, National Parents and Teachers Association, and American Cancer Society. The Centers for Disease Control and Prevention, World Health Organization, and American Public Health Association have proclaimed that **community water fluoridation is one of ten of the greatest public health achievements of the 20th century.**

The Chemistry: Sodium fluoride or other fluoride salts change the tooth crystal from hydroxyapatite to fluorapatite to make a much harder tooth structure that is more resistant to the oral acids. Bi-products of calcium fluoride, sodium oxide and sodium hydroxide can raise the pH of the saliva, neutralizing oral acids thus maintaining the equilibrium of minerals in enamel. Fluoride ions do not remineralize non-cavitated enamel lesions, but frequent use of high concentration preparations (e.g. 5,000 ppm) has been shown to effectively prevent some carious

decalcification. Topical fluoride varnishes increase the contact time of tooth enamel with the fluoride ion which facilitates greater penetration and absorption.

Fluoride is also widely available in varying forms and concentrations in many home care products and materials including rinses.

There are also some newer preventives that are intended to modify the oral biofilm, thus reducing the risk of caries by targeting oral bacteria and salivary content. Among these are the following products which are discussed.

To ensure the dentifrice or gels you prescribe has the amount of fluoride it claims to have, use products with the ADA Accepted Seal on the tube. Example products include, Aim, Aloe Sense, Aquafresh, Arm and Hammer, Cool Wave and numerous renditions of Colgate and Crest brand toothpastes/gel have been researched and approved by the ADA labs. Have your patients look for this seal as shown here.





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Xylitol

Xylitol is a wood sugar/alcohol that is extracted from birch wood sap or fermented yeast cells to make medicine and a sugar substitute in “sugar free” chewing gums, mints and candies. Sorbitol is more commonly used as a sweetener in sugarless gums because it is less expensive than other sugars.

As a medicine, xylitol is used to prevent middle ear infections in infants, and is used as a sugar substitute for diabetics. It is also used to

prevent tooth decay, but it is not as effective as fluoride. It reduces decay-causing bacteria in saliva and some bacteria that cause ear infections.

Since xylitol is a poorly fermentable sugar alcohol, it is not easily used by bacteria as an energy source. Less acidogenic strains survive if xylitol gum or mints are used routinely. The cell receptors accept xylitol into the cell (due to its similar shape), leaving no room for the six carbon sugars, thus tricking the bacteria

into starvation. Because it can re-arrange with polyvalent cations like calcium, transporting through the gut wall and saliva, it may allow enamel to remineralize before decay can form. At least six grams of xylitol per day is required for dental efficacy. Most sugar alcohols like xylitol have a laxative effect. A small percentage of patients have other GI discomfort. This has occurred after the ingestion of over 65 grams in some children. It is extremely toxic to dogs and birds and can be fatal.

NovaMin

NovaMin, a particulate bioactive glass, calcium sodium phosphosilicate, binds to the tooth surface. When the particles come into contact with saliva and water, the sodium ions exchange with the hydrogen ions releasing calcium and phosphate ions on to the tooth surface crystallizing as hydroxyapatite occluding the dentinal tubules. The addition of fluoride penetrates deeper than the same product without fluoride.

Even though NovaMin was invented by a U.S. company, it is mostly sold in Europe, India, China, Brazil and Canada. Products available in the U.S. market include Sultan Topex ReNew Toothpaste, Dentsply Nupro Nusolutions Fluoride Remineralizing and Desensitizing Toothpaste that contain 5,000 ppm fluoride, and Oravive Tooth Revitalizing Toothpaste which contains no fluoride.

Recaldent

Recaldent (casein phosphopeptide, amorphous calcium phosphate, or CPP-ACP) is composed of the minerals that teeth and bones are made of, in a cheese protein base. CPP has the ability to stabilize calcium, phosphate, and fluoride ions in a water soluble complex that makes these ions bioavailable to the tooth. The combination of these ions helps penetrate tooth surfaces deeper than fluoride itself. This process slows the progression of dental decay and repairs the early stages of decay. Recaldent is

applied to the teeth as either sugar free gum, a medicated tooth cream, toothpastes/gels, or fortified dairy milk. Those who are allergic to milk will be allergic to these products.

Originally produced only in Canada, many U.S. products now contain recaldent including Trident Xtra Care gum, GC America’s MI Paste, and 3M ESPE Clinpro 5000 toothpaste. Some products that contain ACP but no CCP are Arm & Hammer Age Defying toothpaste and Discus Dental Relief ACP Oral Care Gel.

It is important to note that these enamel remineralization products discussed on this page have demonstrated only limited effectiveness, unless they are used routinely as directed, and also used in the presence of a cariogenic diet (especially soda and fruit drinks), which can chronically affect the pH of resting or unstimulated salivary flow. Additionally, many prescription and street drugs (like methamphetamine) adversely affect salivary flow, which reduces the protection from decay that saliva naturally provides. Thus, a sugary diet (simple carbohydrates) and certain medications may overwhelm the potential benefits of remineralization products and fluoride.

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The Silver Bullets

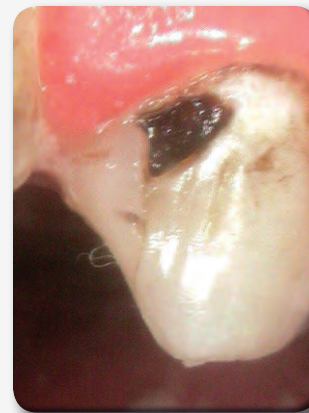
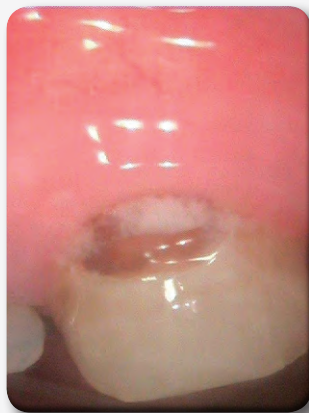
The new “Silver Bullet” products: Silver Nitrate (AgNO_3) with fluoride varnish or under sealants and Silver Diamine Fluoride are well-known silver compounds with antimicrobial effects for the prevention and treatment of infections including dental caries. Over a thousand years ago silver bowls were instrumental in making water potable. Silver nitrate and silver foil are used for the prevention and treatment of ocular infections in newborns, for surgical procedures and sterilization, and more recently dental caries. These compounds are incorporated in acute burn coverings, catheter linings, water purification systems, silver sutures, and hospital gowns. There is even a cleaning products company, Norwex, which has long used silver compounds in their cleaning agents and cloths.

Silver diamine fluoride is specifically formulated for dentists to use without experiencing the severe staining of lesions when it sterilizes and arrests them in pits and on root caries. Both compounds are capable of preventing and treating tooth decay by sterilizing lesions or preparations and by denaturing dentinal protein thus arresting active lesions.

You may think of silver nitrate use in the photographic and explosives industries and in histology to stain reticular fibers, proteins and nucleic acids. It has been used in medicine as an antiseptic and cauterizing agent for centuries. Older parents remember a diluted solution of silver nitrate dropped into their newborns’ eyes to prevent contraction of gonorrhea from the mother before the widespread use of antibiotics. In 1881, it was used as a cauterizing agent to remove granulation tissue,

and in 1827, it was used by a British surgeon to cauterize the wound of General Sir James Abbott in India to prevent the onset of rabies from a mad dog bite. Dentists have used it to heal oral ulcers. Podiatrists have used it to kill cells located in the nail bed, and physicians to cauterize warts and superficial blood vessels in the nose to prevent nose bleeds.

There is one really bad side effect, however. Whatever it comes into contact with, it stains black (see photo’s below). So skin, decay, and countertops turn black from its use. Argyria occurs from the consumption of colloidal silver solutions (<1 gm) not silver nitrate, which turns the skin and organs a blue-gray color. A bottle of silver nitrate liquid can be obtained from any dental products company for less than \$100.



See references on page 40

continues ►

Silver nitrate was repopularized in the U.S. for the treatment of decay in the past decade by Steven Duffin. In 1906, in *Operative Dentistry Volume #1, The Pathologies of the Hard Tissue of the Mouth*, G.V. Black advocated the pharmacologic management of caries in children using silver nitrate. In 1924, Dr. Black writes, "The idea that dental practice is purely mechanical and not dependent upon knowledge of the pathology of dental caries, should be abandoned forever. It is an anomaly of science that should not continue."

He recommended AgNO₃ use in cavity preparations to sterilize them, similar to the Gluma (glutaraldehyde desensitizer) protocol, which Gordon & Rella Christiansen currently suggests.

Even though *streptococcus mutans* was identified by J.K. Clark as a high acid producing oral bacterium in the lab in 1924, to this day we continue to search for the caries pathogen. Dr. Duffin muses that it does not exist. He notes, "So we see an infected tooth and we go straight for the drill. Does that not seem a little odd to you? The highly infected mist transports bacteria to new sites in the mouth. Drives microbes deep into

the dentinal tubules and closer to the pulp and into the air we breathe. Then settles into our hair. It contaminates our entire working environment. So why in the past 170 years have we not found a cure for caries? We have misunderstood the nature of the disease, blinded by Koch's postulates and artificial data from in-vitro studies. We do know that caries is the result of a complex multi species biofilm shift in ecology with hundreds of species involved and the old rules just do not apply."

Dr. Duffin, a pedodontist, learned that flowing several applications of silver nitrate over the infected surface and covering it with fluoride varnish ceased all caries activity. Biofilm formation was inhibited and children did not get new cavities and he could restore after the caries arrest with no anesthesia.

Duffin Protocol: Isolate and dry teeth and swab silver nitrate solution from a disposable dappen dish with an applicator on decay, root surfaces and open pits and fissures. Cover with fluoride varnish. Repeat procedure every two weeks four times over a period of two months if you are not going to restore the decay. Use once if you will later restore infected tooth structure.

Silver Diamine Fluoride is noted in the literature to arrest decay since the 1970s in Japan. It has been documented to treat and prevent decay and relieve dental hypersensitivity in China, New Zealand, Australia, India, Europe, Central and South America and the U.S. It like silver nitrate stains cavities black which is a strong indicator that the decay is arrested. It turns everything else black also. Pellicle stains can be removed with pumice. The application procedure is the same as for silver nitrate without the fluoride varnish. This past summer the FDA approved Advantage Arrest Silver Diamine Fluoride 38% for the treatment of dentinal hypersensitivity.

Where can we use silver compounds?

Wherever we see decay. We all have those patients who are noncompliant: someone with dementia, mental disabilities, ignorance, lack of motivation, brain damage, a wild tongue, an uncontrollable gag reflex, or a systemic disease like Sjogren's disease or diseases that affect motor skills like arthritis or multiple sclerosis. People who are on drugs that cause xerostomia or just have dry mouths are great candidates.

Children especially can benefit, and most of the research was targeted to help them. Think of anyone who is difficult to treat and maintain. If nothing works, and you are tired of filling teeth you just filled in the last few years. These silver compounds not only arrest the decay, they—by virtue of neutralizing the biofilm—allow the gingiva to be healthy. It is a pleasure to do a Class V restoration without bleeding. What is really great is that these salts have been used around the world on millions of people (mainly children) for decades with great research to support their efficacy.

Silver nitrate changes the bacteria theol amino acid and nucleic acid to silver amino acid and nucleic acid which leave the cell with no bioavailable amino or nucleic acids so it dies. Nitrate is the bi-product. Its various forms in particular nitric oxide is a cell signaling molecule that regulates cellular function. Increasing the amount of nitrates also poisons the cell.

See references on page 40



The ADA has begun to recognize the value of using these products in the management of caries patients. The CDT nomenclature has been broadened to include more individualized caries preventive procedures that are more in line with Caries Management Based on Risk Assessment (CAMBRA). But there is still a long way to go in getting third party payment rules up to speed with modern dental practice.

For fluoride, recalcant, NovaMin, silver nitrate with fluoride varnish and silver diamine fluoride applications, use these CDT codes:

- D1999** Unspecified preventive procedure by report
- D9910** Application of desensitizing medicaments
- D1208** Application of a topical fluoride excluding varnish
- D1354** Interim caries arresting medicament application

Note: This does not guarantee a dental insurance company will reimburse the patient for the service.

Additionally, patients are becoming more interested in more natural and less invasive methods of preventing and treating their disease. Consider trying these products on selected patients in your practice.



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By Miriam Wamsley, MWR—Environmental Health Epidemiology Bureau, NM Department of Health

The U.S. Centers for Disease Control and Prevention (CDC) recognizes water fluoridation to be one of the top 10 greatest public health achievements of the 20th century. Fluorides are naturally occurring minerals that are known to be effective at battling dental caries and therefore vitally important to oral health. Oral health is directly related to general health through people's ability to eat, the quality of their speech and their general or overall health (Sheiham, 2005). Two examples

of chronic diseases associated with periodontal disease are diabetes and cardiovascular disease (Petersen, 2003).

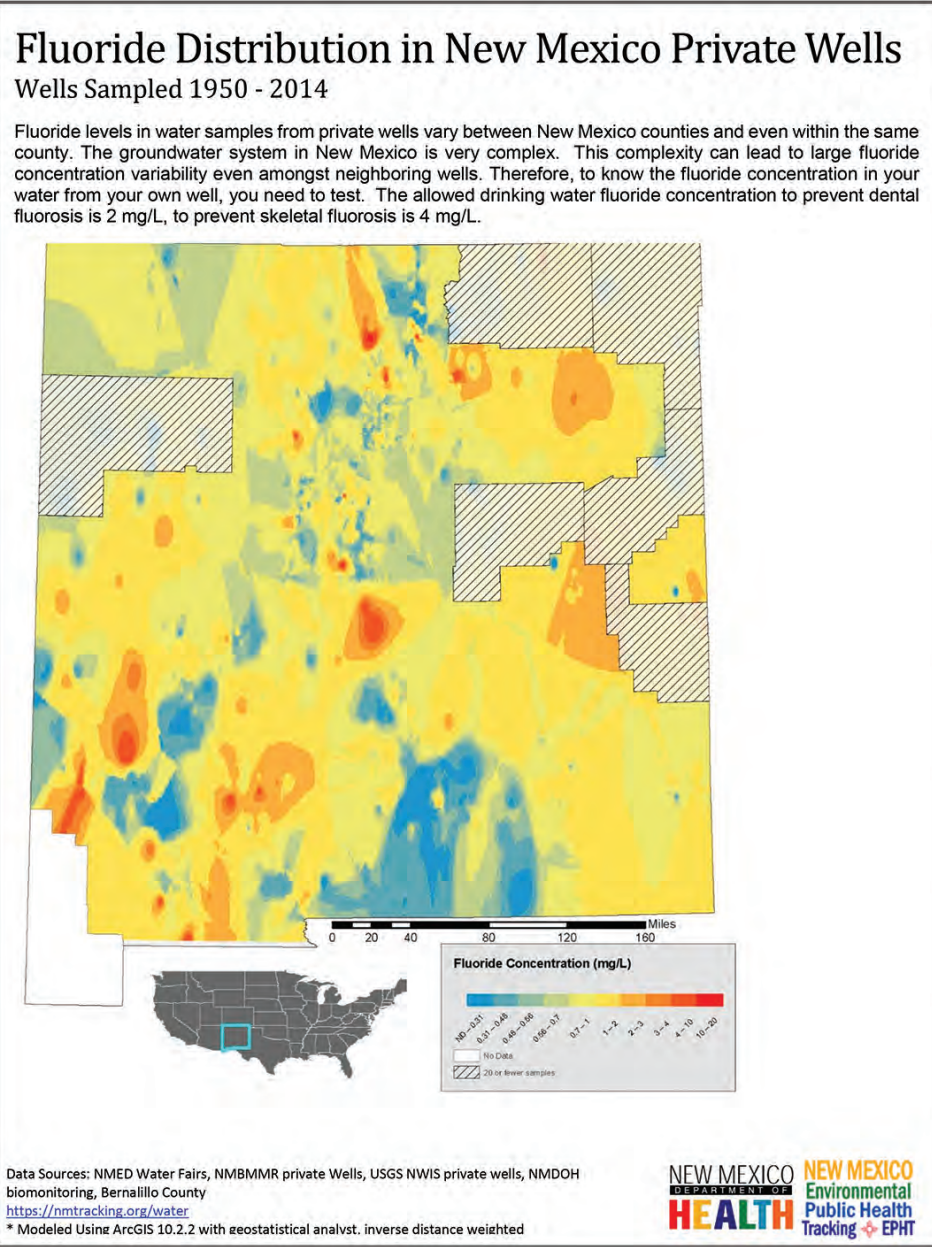
Low fluoride concentrations in drinking water (e.g., up to 2 mg/L) can help prevent dental cavities. However, too much fluoride can cause fluoride to go from a health benefit to a health cost. Chronic exposure to elevated concentrations of fluoride in drinking water, over 2 milligrams per liter (mg/L), can be associated with dental fluorosis, a mottled

looking or brown pitting and staining of teeth. Chronic exposure to fluoride in drinking water at even higher concentrations, above 4 mg/L, can be associated with skeletal fluorosis (osteosclerosis), a painful bone disease which causes the bones to be more brittle and increases the risk of fractures. Furthermore, the results of a study (Choi et al., 2012) suggest that high fluoride exposure may adversely affect a child's neurodevelopment.

The New Mexico Department of Health (NMDOH) would like private well owners to know their drinking water fluoride concentration. According to the CDC, fluoride concentrations in drinking water should, ideally, be between 0.7 and 1.2 mg/L. The current allowable concentrations of fluoride in public water supplies is under 4.0 mg/L, as established by the United States Environmental Protection Agency. For those on a domestic well, the well water needs to be tested. The New Mexico Environment Department (NMED) has been offering free domestic well testing, including fluoride testing since 1982. To find out more about well water testing visit https://nmtracking.org/en/environ_exposure/water-quality/private-wells/private-wells-testing/.

Around the State

All of the domestic well fluoride data that are available to the NMDOH have been mapped. The distribution of fluoride concentrations in domestic wells in state, can be found at <https://nmdoh.maps.arcgis.com/apps/PanelsLegend/index.html?appid=3784632b3b444d9ead9f5aa53387b591>. Due to the variability in groundwater quality, temporally and spatially, no map should ever be used to determine the concentration of fluoride in a given well. Each well should be tested individually, especially if the water is to be used for consumption by children.



New Mexico Private Well Inventory

Fluoride Test Results Summary 1950 - 2014

County	# of tests	% Tests above Secondary MCL	Concentration of Fluoride in Milligrams per Liter (mg/L)							
			% Tests above Primary MCL	Mean	Std. D.	Max	95th Percentile	Median	5th Percentile	Min
Bernalillo	473	7.0%	1.7%	0.7	1.0	11.0	2.1	0.5	0.1	ND
Catron	129	4.7%	0.8%	0.6	0.7	5.4	1.5	0.4	0.1	ND
Chaves	191	0.5%	0.0%	1.0	0.3	2.2	1.5	0.9	0.3	0.1
Cibola	57	3.5%	0.0%	0.8	0.6	3.1	1.7	0.7	0.2	0.2
Colfax	14	7.1%	0.0%	0.8	1.0	3.8	2.3	0.6	0.1	ND
Curry	27	14.8%	0.0%	1.2	0.7	2.5	2.4	1.1	0.3	ND
De Baca	24	16.7%	4.2%	1.7	0.9	5.1	2.5	1.6	0.7	ND
Doña Ana	296	5.1%	1.7%	0.8	0.7	4.6	1.9	0.6	0.2	0.1
Eddy	68	7.4%	0.0%	1.0	0.5	2.4	2.2	1.0	0.2	0.1
Grant	155	21.9%	4.5%	1.3	1.9	11.9	3.0	0.5	0.2	0.1
Guadalupe	2	0.0%	0.0%	0.7	0.5	1.0	1.0	0.7	0.3	0.3
Harding	24	33.3%	8.3%	1.9	1.3	5.2	4.6	1.9	0.5	0.3
Hidalgo	0	-	-	-	-	-	-	-	-	-
Lea	156	1.3%	0.0%	1.1	0.3	2.5	1.5	1.1	0.7	0.1
Lincoln	51	3.9%	0.0%	0.8	0.5	2.4	1.6	0.8	0.2	0.1
Los Alamos	1	-	-	-	-	0.5	-	-	-	0.5
Luna	267	6.7%	1.1%	0.9	0.8	6.0	2.5	0.8	0.4	ND
McKinley	12	8.3%	0.0%	0.7	0.6	2.0	1.9	0.5	0.3	0.2
Mora	48	16.7%	4.2%	1.5	2.5	14.5	3.6	0.8	0.1	ND
Otero	182	4.4%	0.5%	0.6	0.7	4.3	1.8	0.3	0.1	ND
Quay	15	13.3%	0.0%	1.3	0.6	2.3	2.2	1.3	0.4	0.4
Rio Arriba	231	6.1%	2.2%	0.9	1.2	11.9	2.1	0.6	ND	ND
Roosevelt	2	50.0%	0.0%	2.0	0.6	2.4	2.3	2.0	1.6	1.6
San Juan	25	0.0%	0.0%	0.7	0.3	1.4	1.3	0.7	0.2	0.1
San Miguel	69	4.3%	0.0%	0.6	0.5	3.1	1.5	0.6	0.2	0.1
Sandoval	458	3.5%	0.7%	0.7	0.6	6.3	1.5	0.6	0.2	ND
Santa Fe	1192	4.9%	1.3%	0.7	0.6	5.3	1.9	0.5	0.1	ND
Sierra	159	15.7%	1.9%	1.3	1.1	6.6	3.2	1.1	0.2	ND
Socorro	331	4.5%	0.3%	0.7	0.6	5.9	1.9	0.5	0.1	ND
Taos	396	4.5%	2.3%	0.8	1.9	20.0	1.8	0.4	ND	ND
Torrance	124	4.8%	1.6%	0.8	0.9	8.3	1.9	0.6	0.1	ND
Union	16	0.0%	0.0%	0.9	0.3	1.6	1.5	0.9	0.4	0.3
Valencia	213	0.5%	0.0%	0.6	0.3	2.2	1.2	0.5	0.2	ND

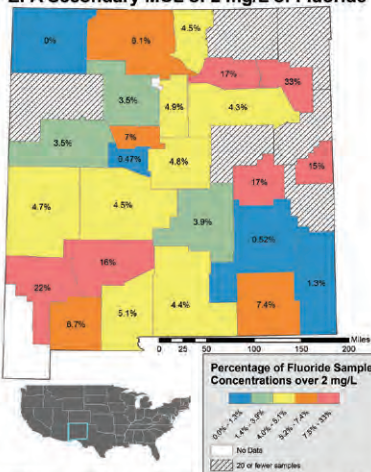
- Indicates insufficient data; ND – none detected, which varies based on source data

Data Sources: NMED Water Fairs, NMBMMR private Wells, USGS NWIS private wells, NMDOH biomonitoring, Bernalillo County
<https://nmtracking.org/water>

[continues ▶](#)

Fluoride Distribution in New Mexico Private Wells
Wells Sampled 1950-2014

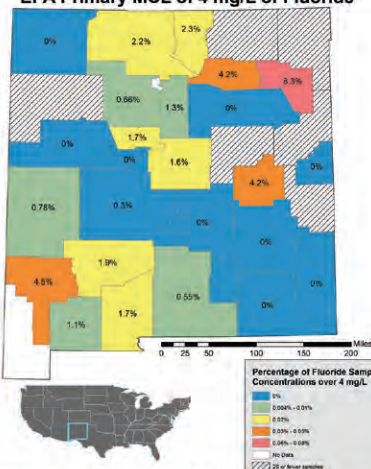
Percentage of Samples Exceeding the EPA Secondary MCL of 2 mg/L of Fluoride



Data Sources: NMED Water Fairs, NMBGMR private wells, USSS NVWS private wells, NMDOH biomonitoring, Bernalillo County
Last Updated: 7/20/2015

Fluoride Distribution in New Mexico Private Wells
Wells Sampled 1950-2014

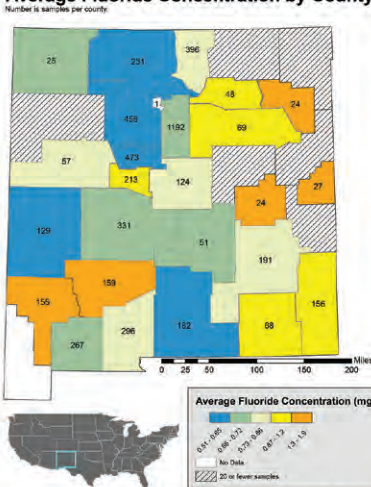
Percentage of Samples Exceeding the EPA Primary MCL of 4 mg/L of Fluoride



Data Sources: NMED Water Fairs, NMBGMR private wells, USSS NVWS private wells, NMDOH biomonitoring, Bernalillo County
Last Updated: 7/20/2015

Fluoride Distribution in New Mexico Private Wells
Wells Sampled 1950-2014

Average Fluoride Concentration by County
Number is samples per county



Data Sources: NMED Water Fairs, NMBGMR private wells, USSS NVWS private wells, NMDOH biomonitoring, Bernalillo County
Last Updated: 7/20/2015

Out of the 5,408 private well fluoride concentration records from 1950–2014 (United States Geological Survey, the NMED, and the New Mexico Bureau of Geology), almost 6% of samples had fluoride levels above 2 mg/L and just over 1 % were over 4 mg/L. Out of all of the samples tested for fluoride in this dataset, the average concentration was 0.81 mg/L. Most domestic wells in the state had fluoride concentrations that did not exceed the standards set for community water supplies. Some may actually be too low in fluoride. However, those wells that are high in fluoride can have extremely high fluoride levels, with the highest concentration of fluoride measured at 20 mg/L in some wells in Taos County.

When Fluoride is too Low

When NMDOH tests someone’s drinking water and the concentration of fluoride is below 0.7 mg/L, our recommendation is that they inform their dentist of their water supply source and the concentration of fluoride. The dentist may prescribe fluoridated toothpastes or fluoride treatments.

When Fluoride is too High

When the concentration is right at 2.0 mg/L, and someone asks questions about their water quality NMDOH asks questions about their other water sources including water used for making tea, coffee and for cooking. If more than half of their water supply comes from a public water supply (from school, work or restaurants), treated water, or bottled water that has less than 1.0 mg/L of fluoride, we do not have any further recommendations.

If the average fluoride concentration in water that a person is exposed to is higher than 2.0 mg/L, we recommend that they take action to lower their exposure to fluoride. We recommend that they inform their dentist of the concentra-

tion of fluoride (according to the CDC, fluoride drops should not be used for children under the age of 8 if their water has a concentration above 0.7 mg/L). We also recommend that they use different water sources with lower concentrations of fluoride to reduce their exposure.

Some people choose to install water treatment to remove excess fluoride from their water. Other people choose to haul water from a water supply that has a lower concentration of fluoride and others choose to buy bottled water. Reverse osmosis is an appropriate treatment choice for fluoride, but will not work well for all domestic wells because of related concentrations of: iron, manganese, hardness, total dissolved solids; the pH of the water; and the water pressure supplied to the home. Each well water/family situation needs to be evaluated individually. The well user can work with a water treatment specialist who installs water treatment systems. The Environmental Health Epidemiology Bureau staff are available to answer questions concerning domestic wells and health Monday through Friday 8 am to 5 pm 505-827-0006.



References:

Choi AL, Sun G, Zhang Y, Grandjean P. Developmental fluoride neurotoxicity: a systematic review and meta-analysis. *Environmental Health Perspectives*. 2013;120:1362–1368. doi: 10.1289/ehp.1104912 <http://www.ncbi.nlm.nih.gov/pubmed/22820538>.

Petersen PE. *The World Oral Health Report 2003: Continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme*. *Community Dentistry and Oral Epidemiology* 2003;32 Suppl 1:3-24.

Sheiham, A., Watt R., 2005 Oral health, general health and quality of life. *Bulletin of the World Health Organization*. 2005;83:9:641–720 <http://www.who.int/bulletin/volumes/83/9/editorial30905html/en/>.

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By David Manzanares

In June, two NMDA members, David Manzanares, DDS, and Mary Rose Twohig, DDS, were awarded fellowships in the Academy of General Dentistry (AGD), at its annual meeting in San Francisco. Dr. Manzanares is the Secretary-Treasurer of the NMDA, and Dr. Twohig is the president of the Albuquerque District Dental Society.

Founded in 1952, the AGD is a professional association of 39,000 general dentists dedicated to providing quality

dental care and oral health education to the public. As fellowship award recipients, Drs. Manzanares and Twohig join more than 6,600 active AGD Fellows who have gone above and beyond the basic requirements to care for their patients' oral health. In order to earn the AGD Fellowship Award, a dentist must complete 500 hours of dental continuing education, pass a comprehensive written exam, and fulfill three years of continuous membership in the AGD.

"We are proud to honor Drs. Manzanares and Twohig for their commitment in reaching this lofty goal," says AGD immediate past president W. Carter Brown, DMD, FAGD. "They have distinguished themselves professionally among their peers and are role models for both their fellow dentists and the Albuquerque community."



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By Linda Paul, NMDAF Executive Director

In July 2006, the New Mexico Dental Association Foundation began administering the New Mexico Dentist Relief Fund. This fund had previously been handled by the New Mexico Dental Association. The relief fund was created by dentists who—up until the early 2000s—voluntarily donated to the fund when they paid annual NMDA dues.

At the state level, this fund assists dentists, on a short-term basis, who are experiencing practice-threatening situations. These situations have historically included serious illness, fires, or weather-related disasters. Assistance has been provided both to New Mexico dentists, as well as victims of national disasters, including, for example dentists who lost their practices in the storms in Joplin, Missouri, and those who suffered from Hurricane Sandy.

Nationally, the ADA Charitable Assistance Fund also assists New Mexico dentists and their families who continue to need some financial assistance related to personal tragedy or natural disaster.



If you know of a colleague who might benefit from these funds or if you would like more information about them, please contact Linda Paul, NMDAF Executive Director, at 505-298-7206, Ext. 200 or lpaul@nmdental.org.



By Christine N. Nathe

Carrie Tingley Dental Clinic has moved to a newly renovated clinic within the UNM Novitski Hall facility. The grand opening and ribbon cutting ceremony was held during UNM Homecoming weekend, on Friday, October 16. The renovated clinic was funded by the UNM HSC, and is a state of the art facility designed to meet the dental needs of our patients.



To add to the initiative, the UNM Department of Dental Medicine recently was awarded a \$2.5 million grant over five years by the U.S. Department of Health and Human Services' Health Resources and Services Administration to create additional educational and clinical opportunities for UNM's special needs dental clinic. The grant will provide a special needs coordinator to oversee the academic program and direct patient care experiences for dental residents enrolled in UNM's accredited Dental Residency Program. Faculty from both dental hygiene and dental services will be involved in educational and clinical efforts supported by the grant. "With this support from HRSA, we will coordinate an educational program in areas of special needs dentistry to provide intellectually and developmentally disabled patients in the state of New Mexico more qualified oral health providers," says School of Medicine Assistant Professor Vicki Pizanis, RDH, MS, EdDc, principal investigator for the grant.

UNM's evolving dental program goals are increasing resident and student training in patient care specifically and improving access in the UNM clinics and both private and public clinics in New Mexico. The HRSA funding also will support the creation of a second-year dental residency curriculum in specialized areas of interest, like:

- Treating patients with special needs
- Improving interprofessional education in oral health evaluations skills for the SOM's Advanced Nurse Practitioner Program
- Enhancing a special needs training program for dental hygiene students enrolled at UNM
- Offering inter-professional rotations to interested Advanced Nurse Practitioners

Additionally, Dr. Shelly Fritz has been working with Ken Thompson at the UNM Foundation to raise funds for an endowment to sustain the program on a permanent basis. This initiative focuses on endowing positions for a dentist faculty coordinator, dental hygiene faculty and an operating expenses fund. This is particularly important to ensure access to quality care for all New Mexicans for generations to come!





By Charles D. Tatlock



On Friday November 13, over 50 pre-dental students from around the state were hosted to the 12th Annual Pre-Dental/Mentor Dinner at a banquet room in the Embassy Suites in Albuquerque. Pre-dental society groups from New Mexico State University, Eastern New Mexico University, and the University of New Mexico presented updates of their activities during the past academic year.

Audience members were treated to an inspirational and informative keynote address by Dr. Keon Ahghar. Dr. Ahghar is a past president of the pre-dental society at UNM, and was previously a UNM AEGD dental resident. He has returned to the state to practice in Roswell, where he's working with communities of high dental need.

A special thank you to the organizers, including the New Mexico Dental Association Foundation, the New Mexico Dental Association, corporate sponsors, dentist sponsors, and all dentists willing to serve as mentors for future dentists-in-training.



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Two of the Money-Saving Benefits That Make My Membership Worth It!

By Joe Gherardi, DDS—Albuquerque, NM

Talking about money and finances in dentistry frustrates me a little because it takes away from the core, enjoyable part of dentistry, which is what got me into the field to begin with. But at least talking about getting money is a lot better than spending it. So here are some ways to keep money in your pockets.

Student Loan Refinancing

The first and biggest way for new dentists to save money is by refinancing your student loan through the ADA's new partnership with Darian Rowayton Bank. If you are like me, you probably have or had student loans accumulating to around \$200,000 at 6.8% interest (although as of 2014 most federal Stafford loans are down to 5.4%).

I just recently applied and got accepted to refinance my loans through this service—my rate dropped from 6.8% to 3.25%! To break that down, if you were trying to pay off your loan on a ten-year plan, the total life cost of the loan goes from \$276,120 to \$237,240. That's a \$38,000 savings! If you're paying it off over 20 or 30 years then it's even more. So take advantage of this now. For more information, visit <http://student.drbank.com/ADA>.

Continuing Education Discounts

The second seemingly simple way to save your money is the discounts that you get at CE events, conferences, and conventions. Maybe you are someone who does all the possible CE—going to seminars, online webinars, journal articles, etc. Not all of these get discounted if they are hosted by private corporations.



But let's just look at some popular conventions and the money you can save. If you are planning on going to the New Mexico Dental Convention in June 2016 (which I highly recommend) you will save at least \$230 in registration fees if you are a NMDA member. This is true for conventions around the country. Another example is the Rocky Mountain Dental Convention; ADA members can save \$396 there. If you are a "new dentist," then up that to \$463 in savings! To me it's a no-brainer that if you are planning on attending at least one CE convention, it's better to do so as an ADA member, because by paying your dues, you get to immediately take that \$200-\$300 and stick it back in your pocket.



For all dentists—whether you fall under the "new dentist" category or not—these are simple reminders of what your benefits as an ADA and NMDA member are. When you really look at those "simple" financial benefits you appreciate how big they really are. Especially if you are a new dentist, just starting out, take my example and after my first 10 years are done I will have saved \$41,180 from my loan refinancing and discounts from the NM Dental Convention alone. That makes my membership worth it. Not even factoring in the other (non-financial) great aspects that the NMDA provides me, not to mention the great people I've met and am proud to call my colleagues.

To join the Committee on New Dentist or for more information, contact Joe Gherardi at 505-293-6125.

NMDA 107th Annual Session

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Wednesday, June 1, 2016

TIME	EVENT
1-5 PM	House of Delegates—General Session

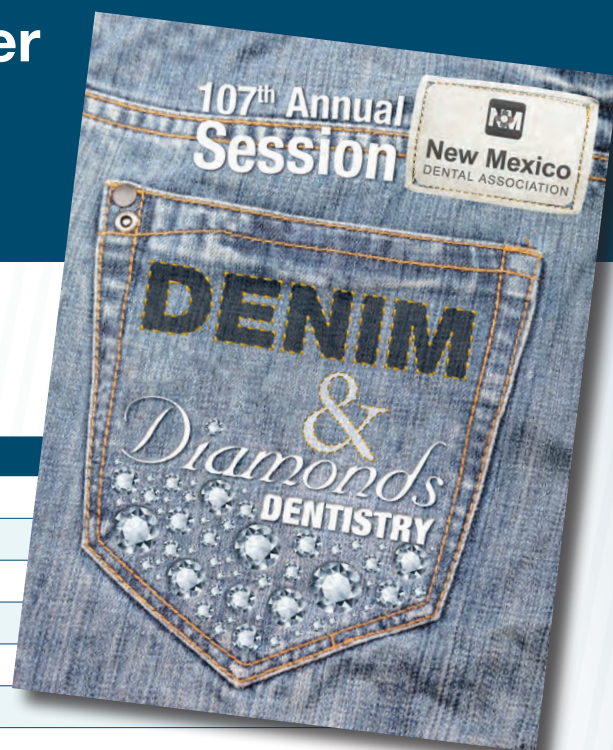
Thursday, June 2, 2016

Time	Speaker	Event
6:30 AM-3:30 PM		Registration Opens
7-8:30 AM		Eat & Learn Breakfast
7-8 AM		Past President's Breakfast
7:45-8:45 AM	Sanda Moldovan	Opening Session: Living the Life of Your Dreams <i>Sponsored by Nobel Biocare</i>
8 AM-5 PM		Exhibit Hall Opens
9 AM-12 PM	Alex Fleury	Restorative Endodontics, A modern standard of care for long-term success (Pt. 1) <i>Sponsored by Real World Endo</i>
9-10 AM	Jared Hansen	Fee Schedule Evaluation for Profitability
9-11 AM		House Of Delegates - Reference Committee Meetings
9 AM-12 PM	Sanda Moldovan	The Future of Dental Implant Treatment <i>Sponsored by Nobel Biocare</i>
9 AM-12 PM	Gary DeWood	Diagnosis and Treatment of Occlusal Problems
9 AM-12 PM	Theresa Johnson	From Risk to Results: Periodontal Instrumentation for the Advanced Practitioner <i>Sponsored by Dentsply Caulk</i>
9 AM-12 PM	Charles Loretto	Wealth Accumulation & Tax Strategies for Dentists
9 AM-12 PM	Mike DiTolla	The Modern Restorative Practice
9-11 AM		Invisalign Workshop
10-10:30 AM		AM Break
10-11 AM	Ronald J. Romero	TBD
10 AM-1 PM	Tierona Lowdog	The Fire Within: Nutrition and Lifestyle Approaches for Chronic Inflammation
11 AM-12 PM	James Braun	Making Better Impressions - A Path to Predictability and Precision <i>Sponsored by 3M Oral Care</i>
12-1 PM	James Braun	Making Better Impressions - A Path to Predictability and Precision Workshop <i>Sponsored by 3M Oral Care</i>
12-1 PM		FICD/FACD - Members Only
12:30-3:30 PM	John M Cornali	The Straight "Tooth Truth" About Orthodontics
2-5 PM	Lionel Candelaria	Current concepts is Post - Operative pain Management
2-5 PM	Charles Loretto	Why Owning Your Practices is the Key to Your Future
2-5 PM	Tierona Lowdog	Nutrition for the Dental Team
2-5 PM	Alex Fleury	Restorative Endodontics, A modern standard of care for long-term success (Pt. 2) <i>Sponsored by Real World Endo</i>
2-5 PM	Dr. Sanda Moldovan	Designing Smiles from the Inside Out <i>Sponsored by Nobel Biocare</i>
2-5 PM	Gary DeWood	Designing an Occlusion - Where do I start
2-5 PM	Theresa Johnson	Unveiling the Mystery of Caries Management: What's the Secret? <i>Sponsored by Dentsply Caulk</i>
2-5 PM	Mike DiTolla	The Monolithic Revolution
2-5 PM	Theresa Groody	TBD <i>Sponsored by Dentsply Caulk</i>

Albuquerque Convention Center

June 1–4, 2016

Exhibit Dates: June 2–3, 2016



Friday, June 3, 2016

TIME	SPEAKER	EVENT
6:30–11:45 AM		Registration Opens
7–10 AM		House of Delegates
7–8 AM		Women's Breakfast
8 AM– 5 PM		Exhibit Hall Opens
8–10 AM		TBD <i>Sponsored by Ivoclar Vivadent</i>
9 AM–12 PM	Tierona Lowdog	Fortify Your Life
9 AM–12 PM	Karen Davis	Creating the Ultimate Doctor-Patient Hygiene Exam
9 AM–12 PM	Gary DeWood	Appliance Therapy / The Anterior Bite Plane
9 AM–12 PM	Robert Vogel	Precision, Productivity and Profitability of Implant Prosthetics in Private Practice <i>Sponsored by Straumann</i>
9 AM–12 PM	Corky Willhite	Transitional Bonding: Non-traditional Direct Resin Restorations for Major Occlusal and Esthetic Changes <i>Sponsored by Dentsply Caulk</i>
9 AM–12 PM	Rhonda Savage	Your Fantastic Dental TEAM
10–10:30 AM		AM Break
10 AM–12 PM	Aamna Nayyar	What the heck is an Expanded Function Dental Auxiliary (EFDA), and does your office need one?
10 AM–4 PM		Blood Donation
12–1:45 PM	Rhonda Savage	Team Luncheon: Verbal Skills Workshop
1–4 PM		TBD <i>Sponsored by Dentsply Caulk</i>
2–3:30 PM		Registration Opens
2–5 PM	Corky Willhite	A Practical, Reversible Technique to Increase VDO (NOTE: the Transitional Bonding lecture is highly recommended to make the most of this hands-on) <i>Sponsored by Dentsply Caulk</i>
2–5 PM	Karen Davis	Think Outside the Mouth - Treatment Planning for Nonsurgical Periodontal Treatment
2–5 PM	Rhonda Savage	Banishing the Broken Appointment
2–5 PM	Tierona Lowdog	The Relationship of Environment and Human Health: Enhancing Awareness
2–5 PM	Robert Gherardi	Ethics
2–5 PM	Robert Vogel	State of the art Topics, Tricks and Techniques in Implant Overdentures and Implant Retained Partial Dentures <i>Sponsored by Straumann</i>
2–5 PM	Bernadette Jojola	Dental Radiography Safety

Saturday, June 4, 2016

TIME	SPEAKER	EVENT
9 AM–12 PM	Bernadette Jojola	OSHA-Infection Control Update
9 AM–12 PM	Jill Baskin	CNA Dental Professional Liability Risk Management Seminar <i>Sponsored by Brown and Brown of NM</i>
9 AM–12:30 PM	Robert LaPrise— EMS Aspects	CPR - BLS for Healthcare Providers

Schedule changes will be listed in the official program.

Rules Revisions

Regarding Anesthesia and Analgesia

L. Paul Balderamos, DDS, MS—Vice Chair New Mexico Board of Dental Health Care

The NMBDHC has implemented a revision of the rules regarding the provision of anesthesia and analgesia. Especially important to note are the following:

16.5.15.10 PEDIATRIC GUIDELINES:

Please follow the American Academy of Pediatric Dentistry's Guidelines. Please make yourself familiar with these guidelines, available online.

16.5.15.12 ADMINISTRATION OF CONSCIOUS AND DEEP SEDATION:

CS II licensees and facilities SHALL NOT use General Anesthetic Agents regardless of who is providing the anesthesia. General Anesthetic agents are named but not limited to Propofol (Diprivan) and Ketamine. Only Dentists and facilities with Deep Sedation and General Anesthesia Permit may use General Anesthetic Agents.

16.5.15.17 PERMIT EXPIRATION AND RENEWAL:

Please review and make sure that your permit is current and that your renewal application follow the letter of the law.

The important messages are:

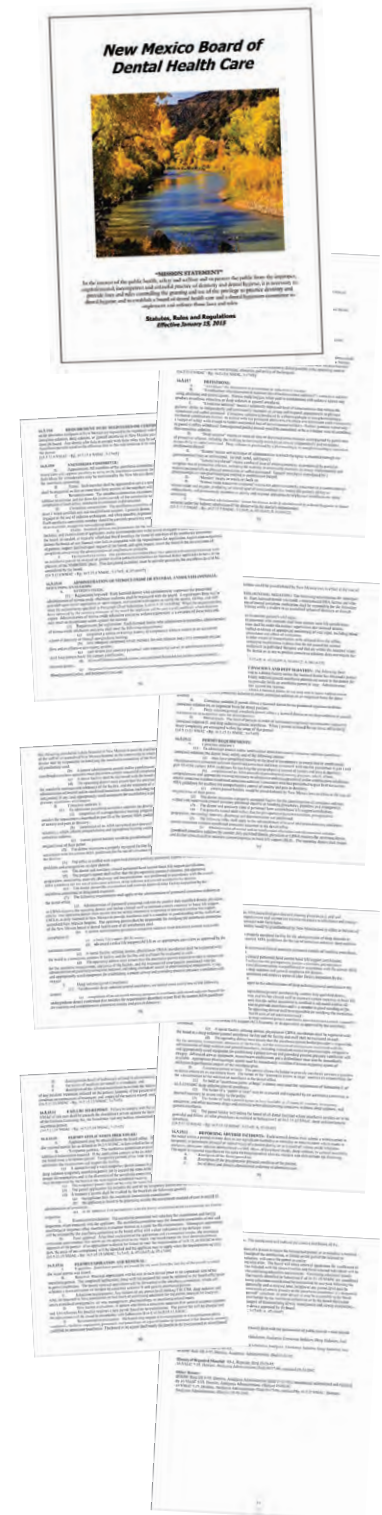
1. Follow Pediatric Guidelines
2. CS II licensees and facilities MAY NOT use general anesthetic agents in the provision of sedation... NO EXCEPTIONS!
3. The NMBDHC will have a keen eye regarding PERMIT EXPIRATION AND RENEWAL.
4. Please review your in office protocol and make sure you and your staff are compliant to the letter of the law.

You can read the 4,472 words of the entire section: Title 16 Chapter 5 Part 15, pages 75-81, by going to <http://tinyurl.com/nmbdhc-update>.

Thank you for your cooperation.

Yours in public safety,

L. Paul Balderamos DDS, MS, FACP, Vice-Chair NMBDHC



For more information visit the New Mexico Board of Dental Health Care website.
www.rld.state.nm.us/boards/dental_health_care



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New Mexico Oral Health Advocates Working To Prevent Tooth Decay

By Rudy Blea—OOH Program Director

Tooth decay is preventable! Reducing the incidence of tooth decay among children, adolescents and adults occurs by individuals practicing good oral hygiene, eating healthy food, consuming fluoridated water, seeing a dentist or hygienist on a regular basis, and most important having a dental home. While this article is primarily targeting pre-school aged children, elementary school aged children and adolescents, the same prevention interventions are applicable to adults especially those aged 18 to 35 who lack dental insurance and experience low income. Lack of oral health care crosses all ages, building a good oral health foundation can contribute to fewer experiences of tooth decay, adult extractions and other restorative needs.

The National Governor's Association (NGA) recently published an oral health document, "Health investments that pay off: Strategies to improve oral health. In its introductory statement NGA states that while most Americans enjoy good oral health, low income and uninsured families are disproportionately affected by dental related disease. The article further states that access to oral health care that could prevent tooth decay is significantly worse for the low-income, uninsured, and minority children.

To reduce the incidence of tooth decay NGA recommends three interventions to help improve the oral health of children:

1. **School-based or school-linked dental sealant delivery programs**
2. **Community water fluoridation programs**
3. **Routine application of fluoride varnish by primary care providers**

The report further states that oral health and state leaders should consider strategies that support the oral health work force to increase access to safe and cost effective interventions such as fluoride and dental sealant applications.



The New Mexico Department of Health, the New Mexico Dental Association, and the New Mexico Oral Health Coalition are partnering with the DentaQuest Foundation's Oral Health For All 2020 to reduce the incidence of tooth decay among children by **promoting in the increased use of dental sealant and fluoride varnish** through school-based programs. They have also been working closely with the medical community to **increase the use of fluoride varnish by pediatricians and dental providers, along with promoting and maintaining community water fluoridation throughout out the state.**

The New Mexico oral health partnerships follow the evidence-based practices recommended by the Centers for Disease Control and Prevention, American Dental Association, Association of State and Territorial Dental Directors, American Dental Hygienists Association, National Network for Oral Health Advocates, Maternal and Child Oral Health Policy, and other organizations. Additionally, the recommended interventions will contribute to a healthy New Mexico and meet the 2020 Oral Health Objectives.



Rudy Blea is program director for New Mexico Department of Health, Office of Oral Health. She can be reached at rudy.blea@state.nm.us.



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Phone: 505-294-1368 | Fax: 505-294-9958

Membership Matters



Dr. Sarah Oppel-Brown

New Dentist

Dr. Sarah Oppel-Brown

It's great to be back in New Mexico. This time last year I was experiencing the cold and windy winter weather of Omaha in my final year of dental school at Creighton University. I was born and raised in Albuquerque where I attended Sandia High School. I attended Oklahoma State University where I studied biochemistry and molecular biology with a minor in business management. This year I am fulfilling my life long dream of being a dentist, and embracing the challenges and rewards that comes with owning and operating my own clinic, Oppel Family Dentistry. I purchased my practice from Gary Muscarella, DDS and I am excited to continue treating his patients under our shared philosophy. I look forward to putting the skills I learned to use in providing dental care to support overall health. I appreciate the opportunity to serve patients in my hometown. I look forward to treating patients with the high quality of care they deserve.

I married Roger Brown in July of 2014. My husband does cancer research at the University of New Mexico Comprehensive Cancer Center. I enjoy sharing and teaching him about all the things I love about New Mexico. In my spare time I enjoy yoga, watching college basketball and football. I look forward to getting involved in my community and sharing the importance of patient centered dental care.



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Dental Care in Your Home, Inc. Awarded ADA Foundation Grant



The New Mexico Dental Association congratulates Albuquerque's Dental Care In Your Home, Inc. on receiving an American Dental Association Foundation (ADAF) 2016 semi-annual grant. The \$10,000 grant was awarded under the ADAF's "Access to Care Mission" pillar. Ten such grants were distributed nationwide to charitable organizations with the purpose of expanding oral health care to vulnerable populations.

Since founding Dental Care In Your Home in 2010, president Catherine Elliot, RDH, has worked tirelessly to allow the homebound "to have access to the same quality dental care as she and her family" enjoy. Catherine is joined by a team of dentists, hygienists and dental assistants to provide everything from examinations to root canals, fillings to extractions. For more information on the program, please visit www.dentalcareinyourhome.org.



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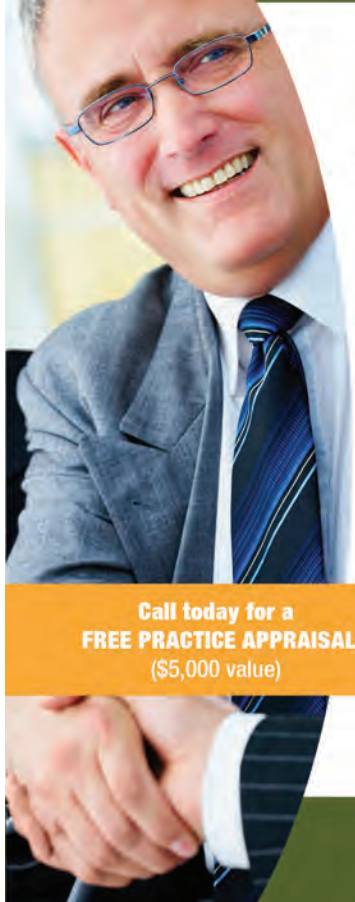
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Meetings

2016

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January 8 8:00am–2:00pm
NMDAF Board of Directors Meeting—
NMDA Offices

January 9 8:00am
NMDA Board of Trustee Meeting—
NMDA Offices

March 11 8:00am–2:00pm
NMDAF Board of Directors Meeting—
NMDA Offices

March 12 8:00am
NMDA Board of Trustee Meeting—
NMDA Offices

April 7–10
2016 NM Mission of Mercy—
Santa Fe Convention Center
Register to *Volunteer*
www.nmdentalfoundation.org

June 1–3
2016 NMDA House of Delegates
Northeast Building
Albuquerque Convention Center

June 2–4
2016 NMDA 107th Annual Session
“Denim & Diamond Dentistry”
Hall 4, Albuquerque Convention Center

Component Society Meetings



For information on ADDS events,
call Dr. Mary Rose Twohig at 505-881-9767.



For information on EDDS events,
call Dr. Tim Price at 575-622-3300.



For information on NWDDS events,
call Dr. Jennifer Thompson at 505-327-6233.



For information on SFDDS events,
call Dr. Kristine Ali at 505-992-1600.

SFDDS meetings listed below will be held
at Spa at Loretto, 211 Old Santa Fe Trail

January 28 6:00pm
Guest Speaker:
Joseph D. Matthews, DDS, MS, MSc

February 26 6:00pm
Guest Speaker: Ms. Bernadette Jojola
Topic: OSHA Update

March 24 6:00pm
Guest Speaker: David M. Baker, DMD



For information on SWDDS events,
call Dr. Marianne Day at 575-523-5589.

April 29 8:00am–1:00pm
Spring Seminar—Las Cruces, NM
Guest Speaker: Casey Hein, BSDH, MBA



For information on WCDDS events,
call Dr. Jared Montano at 505-863-4457.

We invite all dental groups to submit their events to this calendar.

Email them to narenas@nmdental.org

or fax to NMDA, Attn: Nancy 505-294-9958.

Also visit our NMDA Facebook page to see upcoming events.



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