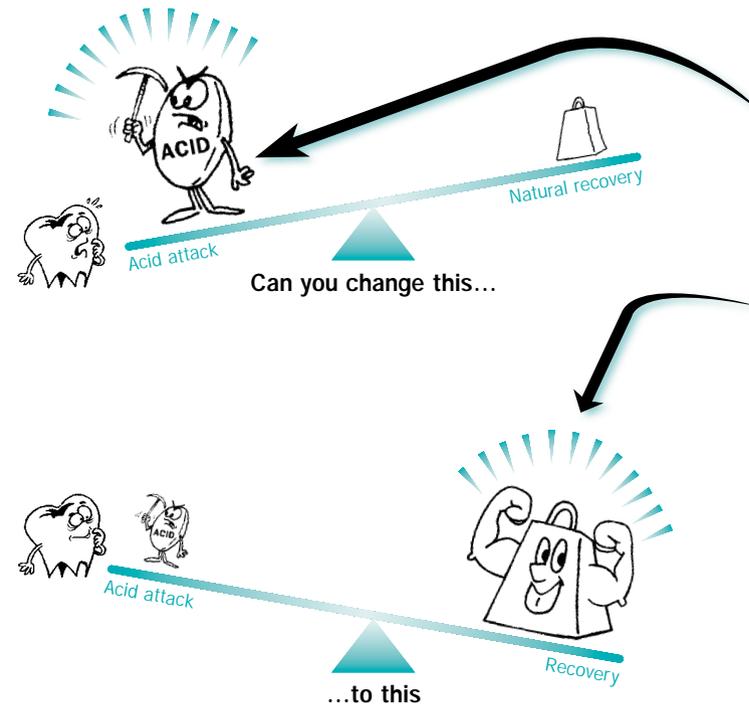


Figure 4



Note the root decay near the gumline  
(seen in an older adult's mouth)



### Groups at higher risk may include...

- people in areas with low fluoride water
- all individuals who have experienced any recent major change in employment, lifestyle, health status, re-location to another city/state/country, marriage, or separation.

Circumstances common among high risk groups may be relevant to some people in all age groups, as well as to those who have responsibility for the well-being of:

- recent migrants and refugees
- people with disabilities
- people with compromised health

### If your mouth is out of balance –

#### Your dental professional can:

- help make you aware of risk factors that apply to you
- advise you how to control decay and prevent further damage

#### Your dentist may recommend the use of additional fluoride to strengthen your teeth:

- to prevent decay
- to remineralise already damaged areas of your teeth

Fluoride is available in water supplies in most capital cities in Australia, in toothpaste, mouthrinses, tablets or drops used as dietary supplements, and in fluoride-containing gels and varnishes prescribed by dentists.

Consult a dental professional before beginning to use any additional fluoride products  
*Keep all fluoride products out of the reach of young children*

#### Further information

can be obtained from the  
**Dental Practice Education Research Unit  
Dental School  
The University of Adelaide  
South Australia 5005**

**Telephone (08) 8303 5438**

**Toll Free 1800 805 738**

**Fax (08) 8303 4858**

**Email [dperu@adelaide.edu.au](mailto:dperu@adelaide.edu.au)**

**Website // [www.adelaide.edu.au/socprev-dent/dperu](http://www.adelaide.edu.au/socprev-dent/dperu)**

### Older adults

Older adults experience major changes to their lifestyle, with retirement, decreasing income and changes in their general health. Upheavals that may occur during these years include:

- leaving the workforce,
- moving (from the family home) into a retirement village or nursing home,
- losing a spouse
- poor health.

Oral health may be affected by any changes that affect the appetite or diet, or circumstances that lead to:

- irregular meals,
- increased between-meal snacks or sweetened drinks,
- sucking sweets or increased consumption of sweet drinks to relieve 'dry mouth' feeling or taste of medications,
- delaying dental visits due to cost or poor health,
- skipping brushing with a fluoride toothpaste, or
- reduced ability to brush thoroughly all areas of the mouth due to loss of dexterity, eg arthritis

## Whose teeth are at risk?

*Could it be you or someone in your care?*



THE UNIVERSITY OF ADELAIDE  
Colgate Caries Control Program

Decay Decay Decay

PREVENT

After emerging through the gum, teeth are under attack from food acids every time you eat

Every meal or snack is followed by an 'attack and recovery' process.

Extra protection for teeth is necessary for some people who have a higher risk of decay.

## Everyone's teeth are at risk –

'attack and recovery' follows every meal, snack or drink

Teeth are attacked by:

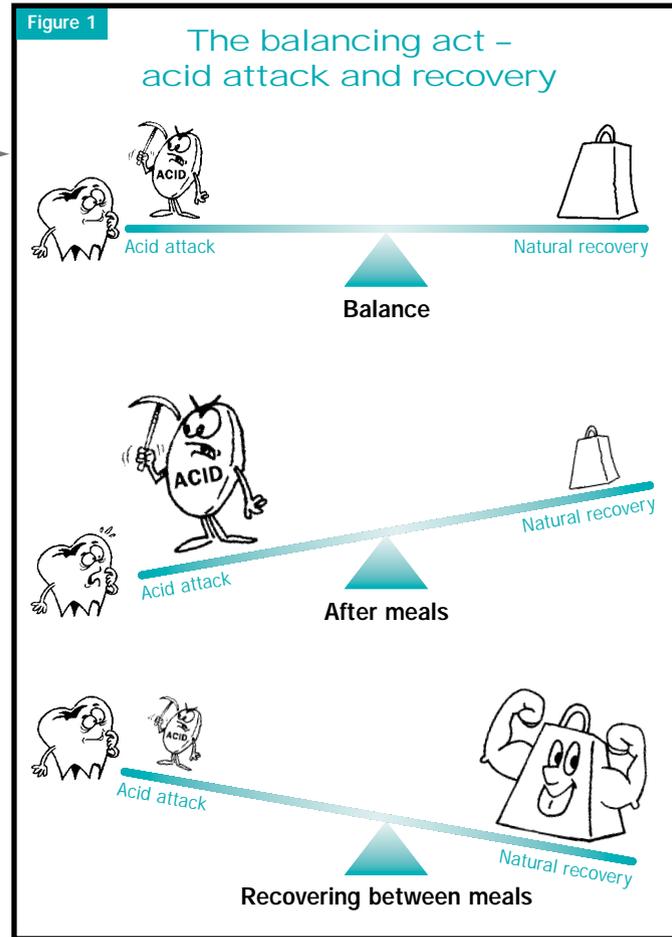
- acid produced by plaque bacteria; and
- acidic foods and drinks.

Acids penetrate well below the tooth surface, causing some tooth minerals to be lost.

Recovery (or remineralisation) begins as the saliva in the mouth washes away the food acids, restoring the acid balance to normal. This usually takes up to 30 minutes after eating. Much of the lost tooth mineral will be replaced during the period between meals.

Longer or more frequent periods of acid attack will cause greater loss of tooth minerals and the recovery phases may be too short for the repair to occur.

If this pattern of incomplete recovery lasts for a long time, acid can dissolve layers of tooth crystals below the surface. Opaque 'white spots' may appear where the tooth is damaged and fragile. If the acid damage continues early decay 'white spots' become cavities.



## When are teeth at greatest risk?

We may be at an increased risk of decay when rapid or major changes affect our lives, or when carers responsible for our diet and oral hygiene are not aware of dental risk factors. There are three age groups of particular concern:

- Pre-school age children
- Adolescents and young adults
- Older adults



## Infants and young children

Infants and young children rely completely on parents or carers in regard to diet and oral health habits. Newly emerged teeth are particularly vulnerable to dental decay. As teeth get older and become more mature, the outer surface becomes harder and more resistant to acid attack.

Decay on the top front teeth often occurs when children have been bottle-fed for an extended period. When a child has unlimited access to a bottle containing milk, sweetened drinks or fruit juices, prolonged acid attack occurs. If the bottle is left with the child at bed time, the risk of decay is increased. Acids forming in the mouth of a sleeping child are washed away at a slower rate. It is preferable to change from the bottle to a cup or feeding mug as early as possible.

Avoid:

- long feeding periods during day or night
- sweetened drinks or fruit juices in bottle, or sweetened dummy
- bottle left with child at night



## Young adults

School-leavers and young adults face major changes in their social environment as they:

- seek employment or begin tertiary education;
- enter the workforce; or
- move out of home.

Many restrictions are left behind, and increasing independence and uncertainties may lead to changes in health priorities and behaviour.

Any of the following may affect oral health:

- inadequate diet or irregular meals relying on convenient 'fast foods';
- increased snacking and consumption of soft drinks and sports drinks;
- skipping brushing with a fluoride toothpaste; and
- putting off regular dental visits.

Young adults are frequently unaware that they are at high risk of decay until the accumulated oral neglect of several years causes them problems and considerable expense.