Women’s Oral Health Week

This year the Australian Dental Association focusing on the significant way that hormones can play havoc with a woman’s oral health for Dental Health Week. This is an especially important topic in light of a recent study that revealed that many women are unaware of the significant impact that various life stages have on the health of their teeth and gums. The reality is that major life events like pregnancy, puberty, menstruation and menopause, dramatically affect the state of a your dental health if you are a woman.

Puberty

You don’t need us to tell you that there’s a lot going on in your body during puberty. But one thing you may not have given a lot of thought to is what happens to your mouth when your body starts producing all those extra sex hormones like estrogen and progesterone. This sends a lot more blood than normal to your gums, increasing their sensitivity to plaque, and causing them to become more easily imitated by food particles. It’s a condition you’ll hear referred to as puberty gingivitis and it’s hard to miss, leaving you with red, swollen gums that bleed more easily than usual.

If you take good care of your teeth and gums by brushing twice a day and flossing once daily, you probably won’t develop this form of gingivitis. But it can crop up if some plaque or gingivitis was present in your mouth at the onset of puberty.

The good news is that puberty gingivitis can be easily treated with brushing and flossing, and regular professional cleanings by a dentist. If you end up with a more severe case, you might need to have two or more professional cleanings in a year to keep on top of things. This is why it’s important that you keep seeing your dentist on a regular basis.

We get that eating healthy foods is probably not your first choice when you’re with your friends, but eating well goes a long way to keeping your teeth and gums healthy.

If you’ve got braces, you need to make sure you’re spending extra time to properly brush your teeth. This means taking out the removable parts of your braces such as elastics and bands, carefully cleaning around the wires and pins and brushing all the areas of your teeth. If you have any questions about the right technique you should use, you just need to ask your dentist.

Source: Australian Dental Association; dentalhealthweek.com.au
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Pregnancy

Just like the rest of your body, your teeth, gums and mouth are affected by hormonal changes during pregnancy. You will usually notice changes in the health of your gums around the two month mark.

At that point, your gums may bleed easily when you brush or floss, a sign of gum disease commonly known as “pregnancy gingivitis”. Though it is often temporary, as are many other oral health issues during pregnancy, it can seriously weaken the tissues that hold your teeth in place and you shouldn’t ignore it. It usually only affects you if you’ve previously had some gum inflammation and generally if you’ve kept up a regular routine of brushing, flossing and dental visits before pregnancy, it shouldn’t affect you.

You may also develop what are called “pregnancy tumours” (officially pyogenic granulomas), which are red lumpy lesions that appear along the gum line and between the teeth. Don’t worry – they’re quite harmless, and usually go away once you’ve had your baby.

Unusual food cravings are a fact of life for many women during pregnancy. If your cravings take a turn towards the sweet end of things, try to limit the sugary snacks and instead, choose healthier options such as fresh fruit with natural or Greek yoghurt.

Morning sickness can also affect your teeth as the acid in the vomit has an erosive effect on them. You might be tempted to brush your teeth immediately but brushing within an hour of vomiting can cause more damage to your teeth by stripping away the enamel. Instead of brushing, try rinsing your mouth with ¼ teaspoon of baking soda mixed into 1 cup of warm water, chew sugar-free gum or try eating an acid-neutralising food such as milk or hard cheese.

You might also be affected by dry mouth (xerostomia), which reduces the amount of saliva you produce, which is a problem since it plays a big role in keeping the bacteria that cause tooth decay in check. Gingivostomatitis is another condition that can affect some women – it’s hard to miss, marked by shiny, pale to deep red gums that bleed easily. If you’re diagnosed with either condition, the good news is that they can be easily managed by your dentist.

The effect these hormonal changes have on your oral health during pregnancy means your dentist should join your GP and your obstetrician on your list of health professionals whom you consult regularly. You need to make regular visits to your dentist in the lead-up to, during and after your pregnancy a priority.

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Menopause

If you’re going through menopause, which most women undergo between the ages of 47 and 55, you may have noticed a pronounced decline in your hormone levels, accompanied by a range of oral health effects including inflamed gums, burning sensations, altered taste sensations and dry mouth.

The inflamed gums stem from a condition called menopausal gingivostomatitis. It’s hard to miss, marked by shiny, pale to deep red gums that bleed easily. If you’re diagnosed with this condition, the good news is that it can be managed with medications suggested by your dentist.

You may also find you’re way more sensitive than normal to hot and cold food and drinks, and that everything tastes a little odd, either really salty, peppery or sour, or bitter & metallic. This can be a by-product of what’s known as burning mouth syndrome (BMS), which can be every bit as unpleasant as the name suggests.

With no definitive cause, other than likely being brought on by the sort of hormonal fluctuations you experience during menopause, BMS can make the front part of your mouth, lips, inside cheeks and tongue variously feel like they’re burning, tender, hot & scalding, numb or tender. Your dentist will be able to suggest an appropriate course of action.

Another symptom you may experience is dry mouth or xerostomia. This occurs when you don’t have enough saliva in your mouth which naturally makes eating and swallowing difficult, as well as increasing your risk of tooth decay (saliva keeps the germs that cause decay in check). Fortunately, your dentist can help you manage this particular condition.

Osteoporosis can also affect your teeth and gums post-menopause. While you might commonly think of it as something that causes the bones in your arms or legs to be brittle or your back to stoop, it can cause the bone in your jaw to recede too, leading to gum reduction and tooth loss.

There’s no need to suffer through these hormonal fluctuations. Seeing your dentist regularly throughout menopause will ensure that many of these conditions can be managed effectively.

Source: Australian Dental Association; dentalhealthweek.com.au
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Menstruation

The way in which periods may affect your teeth and gums are quite varied.

You could find that about three to four days out from the start of your period that you experience increased soreness in your mouth, with your gums swelling and becoming more prone to bleeding. This is caused by increased amounts of hormones such as estrogen and progesterone in your body and an accompanying build-up of plaque.

Or you could develop a temporary form of gingivitis, which is characterised by redness and swelling of the gums and sores that appear on your tongue and inside cheeks. Fortunately, it usually disappears once your period starts.

On the other hand, you may find you experience little to no ill-effects at all.

However your mouth reacts to your period, the best advice is to keep brushing and flossing as normal. If you experience increased sensitivity or soreness, and are tempted to pull back from your usual oral health routine as a result, see your dentist who can suggest the best way to handle brushing and flossing during these hormonal fluctuations.

While you can undergo dental treatments at any time, there is an emerging school of thought that says certain dental treatments are best carried out at particular times of your period. For instance, the increased gum puffiness and inflammation of your gums means that a professional cleaning by your dentist will be most comfortable about a week after your period ends. Similarly, you might find that the days right after your period is the least sensitive time for you to get a filling or have a tooth extracted.

If you’re on oral contraceptives (“the pill”), which contain progesterone, you may find that the increased levels of the hormone in your body trigger the same kind of gingivitis often seen in pregnant women. Known as “pregnancy gingivitis”, it’s marked by swelling and redness, caused by increased blood flow to the gums. It will be pronounced in the first few months after you go on “the pill” and if it worsens, it’s a good idea to look at an alternative. Always make sure you tell your dentist when you’re using contraceptives.

Source: Australian Dental Association; dentalhealthweek.com.au