

CHAIRSIDE CHATTER

Fall 2012



OBESITY, DENTAL HEALTH AND HOMELESS CHILDREN

Obesity and dental cavities increase and become epidemic as children living below the poverty level age, according to nurse researchers from the Case Western Reserve University and the University of Akron.

"It's the leading cause of chronic infections in children," said Marguerite DiMarco, associate professor at the Frances Payne Bolton School of Nursing at Case Western Reserve University.

Researchers Sheau-Huey Chiu, assistant professor, and graduate assistant Jessica L. Prokp, from the University of Akron's College of Nursing, contributed to the study.

Researchers found that as body mass index (BMI) increased with age, so do the number of cavities. These findings were published in the online *Journal of Pediatric Health Care* article, "Childhood obesity and dental caries in homeless children."

The study examined the physicals of 157 children, from 2 to 17 years old, at an urban homeless shelter. Most were from single-parent families headed by women with one or two children.

Obesity was calculated based on height and weight of BMI. Cavity counts included missing, filled or injured teeth. The data was originally collected for DiMarco's doctoral dissertation at Case Western Reserve nursing school.

While studies in Brazil, New Zealand, Sweden and Mexico have shown a relationship between obesity, dental health and poverty, few U.S. studies have examined how the three factors are linked.

A pediatric nurse practitioner, DiMarco said dental caries (tooth decay) and obesity

outpaced such health issues as asthma among the children studied.

The findings support reports from the Centers for Disease Control and Prevention that obesity and poor oral health have doubled since 1980, raising the risk of diabetes and other health problems, as well as issues with self-esteem.

Poverty contributes to poor dental health by limiting access to nutritious food, refrigerators to preserve food and even running water in some homes, said DiMarco, who has seen dental caries as the predominant infectious disease in rural and urban children.

"Many people do not realize," she said, "that dental caries is an infectious disease that can be transmitted from the primary caregiver and siblings to other children."

To help reduce the spread of dental infection, DiMarco reminds parents that gum disease and other oral infections can be spread by licking a child's spoon or baby bottle, or by sharing toothbrushes.

Another problem for children of poverty is access to dental care, where families lack the financial means and transportation to make and keep an appointment. And some working poor may not qualify for Childhood Health Insurance Program, which subsidizes health and dental care reimbursements to providers.

"There are no easy solutions," DiMarco said, "especially with the homeless population."

Pediatric nurse practitioners are in a pivotal position to provide health information from birth through the teen years to prevent such health issues, DiMarco said.



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FALL 2012

President's Message

Merry Christmas and Happy Healthy New Year. What an exciting Fall. Our last con-ed that was hosted by NBDAA was held on October 20th at the Holiday Inn Express in Moncton. We had the wonderful privilege to listen to Louella Woodworth and Karen Wiggins. These two ladies are more than RN's, they operate WellNurture Custom Health. They treat mostly women and our needs.

Everyone felt they could relate to there information on our needs. We thank you for filling out the survey at the end of the con-ed. We will work with your comments to improve the next con-ed.

I recently travelled to Winnipeg in November to attend the CDAA annual general meeting. What an event to take part in. Sharing ideas & opinions with our sister provinces.

With it being the season of giving, I gave the most important gift that can be given, blood. If you have never given blood, think about it, perhaps you are not a candidate but you will never know until you try.

We are currently looking to fill the position of NBDS representative. It doesn't take a huge amount of time but it is a very important position on our board. For more information, please contact the NBDAA office.

SEASONAL FLU

Get the facts - not the flu.

Protect yourself, your family and your community

The flu (influenza) is a common seasonal infection of the airways and lungs that can spread easily from person to person.

When someone with the flu sneezes or coughs, the virus can travel through the air and you can breathe it in. The virus can also land on surfaces like doorknobs, toys and phones. If you touch something with the flu virus on it and then touch your eyes, nose or mouth, you can get the flu.

Recognize the symptoms

Most common

- feeling tired
- body aches
- sore throat
- headache
- not being hungry

Sometimes

- nausea
- vomiting
- diarrhea

The flu is not a cold. A cold is a mild infection of your nose and throat. A cold might linger, but the symptoms will be mild. Symptoms of a cold include runny nose, sneezing, cough and sore throat. With a cold, you do not usually get a headache, fever, muscle aches or nausea.

Contact your local health care provider *right away* if you have:

- shortness of breath, rapid breathing or difficulty breathing
- chest pain
- sudden dizziness or confusion
- severe or continued vomiting
- high fever lasting more than 3 days



Contact your local health care provider if you are caring for a child who has the flu and:

- is not drinking or eating enough
- is not waking up or interacting with others
- is irritable, not wanting to play or be held

Most people will recover from the flu within a week. But others (like, pregnant women and people with chronic health conditions) are more at risk for severe complications. If your symptoms don't get better, see your healthcare provider.

Stopping the flu virus - you can make a difference

You can prevent the spread of the flu in your community by following these tips:

- Get a flu shot (if you can).
- Cough and sneeze into your arm, not your hand.
- Avoid touching your eyes, nose and mouth with your hands.
- Wash your hands often with soap and water for at least 20 seconds. If hand washing is not possible, use hand sanitizer.
- Keep objects that many people touch clean (like doorknobs and TV remotes).
- If you are sick, stay at home and try to limit contact with others.
- To maintain a strong body, mind and spirit, eat well and be active every day.
- Be a role model for kids and teach them how they can stop the spread of the flu.

In Canada, flu season usually runs from November to April. The flu virus usually changes from year to year, which is why there is a new vaccine each year to protect people. It is important to get a new flu shot every year.



CONGRATULATIONS TO THE NBDAA AWARD WINNERS

FALL 2012



Amber Caissie, President, presents Jan Cowper with her President's ring.



Annette Kierstead (right), last year's Ann Coughlan award recipient presented the award to Pam Dupuis (left).



Pamala Dupuis (right) presenting the Certificate of Merit to Marie-Christine Arsenault (left).



Pamala Dupuis (right) presenting the Certificate of Merit to Elizabeth Beek (left).



Jan Cowper (right) presenting the Student award to Kelly Chenell (left) from Oulton College of the Dental Assisting program.



Amber Caissie (right) presenting the Spirit Award to a co-worker of Krista Dewitt on her behalf.

Do you know what the NBDAA logo means?

The increasing lines represents the growth of the Association

The circle represents the never ending education



The triangle represents the Greek symbol for dentistry

The ship represents New Brunswick

(background is white, circle is gold, ship is burgundy, lines are green)

NBDAA is Gold

FALL 2012

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MENSTRUAL TAMPONS—HEALTHY CANADIANS



needed to control menstrual flow. Using tampons may also put you at risk for serious hygiene problems if tampons are forgotten and not taken out on time.

protection, like pads and liners.

If you have any of the symptoms of TSS when using a tampon, remove it and get immediate medical help. If you can't reach your doctor, go to the nearest Emergency Care facility. Make sure the health care professional treating you knows that you were using a tampon when the symptoms started.

Background

Menstrual tampons are made from cotton, rayon, or a blend of both materials. Rayon is a synthetic product made from cellulose, which comes from wood pulp. Women in North America have been using tampons since the 1930s. In the early 1980s, there was an epidemic of Toxic Shock Syndrome in North America that was associated with the use of a high-absorbency tampon and strains of toxin-producing bacteria.

Tampon use and TSS

Tampons do not cause Toxic Shock Syndrome, and the disease is not limited to menstruating women. Men, non-menstruating women, and children can also get TSS. The incidence of TSS has dropped significantly since the epidemic in the early 1980s. Over the last number of years, only a few cases have been reported, and of these, about half were associated with tampon use. Younger women (under the age of 30) are at greater risk than older women because they have not yet developed

These tips will help you minimize health risks when using tampons:

- Do not use tampons, if you have ever been diagnosed with TSS.
 - Use the lowest absorbency that will meet your needs. All tampons licensed for sale in Canada use a standardized, absorbency-labelling system. This means that any tampon of a stated absorbency, no matter which brand, will absorb the same amount of fluid.
 - Read the information pamphlet that comes with tampons, and follow all directions.
 - Do not use tampons until your period begins. Do not use them as a precaution because you expect your period to start on a given day, or to control other types of discharge.
- Wash your hands before and after inserting a tampon.
- Change your tampon every 4 to 8 hours, and do not use tampons overnight.

Using tampons versus external protection-like pads when you have your period is a personal decision. However, you should know that using tampons may present certain health risks, like an increased risk of Toxic Shock Syndrome.

Toxic Shock Syndrome (TSS)

Toxic Shock Syndrome (TSS) is a rare, but serious infection that occurs when toxins made by certain strains of Staphylococcus aureus bacteria (Staph) get into the bloodstream. The initial symptoms are similar to the flu, and can include high fever, nausea, vomiting, diarrhea, dizziness, fainting, and disorientation. Those affected by TSS might also experience low blood pressure, shock, dehydration, sore throat, muscle pain, peeling skin, and a rash that looks like a sunburn. Toxic Shock Syndrome can be fatal if it is not diagnosed and treated right away.

Minimizing the health risks of tampon use

Tampon use may also cause an increased risk of vaginal dryness and vaginal ulcers, especially if the tampons used are more absorbent than is

- Remember to remove each and every tampon.
- Alternate the use of tampons with external



MENSTRUAL TAMPONS

the antibodies to the toxin that causes TSS.

Scientists have not been able to determine exactly what the link is between tampons and Toxic Shock Syndrome. There may be a number of factors, such as hygiene practices and the length of time a tampon is left in place. Greater tampon absorbency appears to be a factor, because there are more cases reported among women who use high-absorbency tampons. Other risk factors include the use of barrier methods of contraception, like the sponge, cervical cap, or diaphragm. The material of manufacture, whether cotton or rayon, has not been found to be a risk factor.

False rumours about tampons

In recent years, a number of false rumours about tampons have been circulating over the Internet. These e-mails may

say that tampon manufacturers add asbestos to tampons to promote heavy bleeding, or that tampons contain toxic chemicals, like dioxins. Another rumour claims that tampons made of rayon present a greater risk of TSS than tampons made of cotton. These rumors should be treated as **false** for the following reasons:

- It is illegal to contaminate a tampon, or any other product, with asbestos or other toxins. Health Canada has received no reports of any such contamination.
- The manufacturing processes used in the production of tampons sold in Canada are dioxin-free. Dioxins are a known environmental pollutant, so it's possible that tiny amounts may be found in tampons as a result of environmental pollution. However, these trace amounts do not pose a health risk to tampon users.

There is no scientific proof that tampons made of rayon present a greater risk of TSS than tampons of the same absorbency that are made from cotton.

Health Canada's role

In Canada, menstrual tampons are regulated as medical devices. Health Canada makes sure that the tampons sold in Canada are safe, effective, and of high quality based on requirements for licensing, quality manufacture, and post-market surveillance. Before a device license is given to a manufacturer, tampon-package labelling must contain specific information about absorbency. Labels must also provide details about the risks and symptoms of Toxic Shock Syndrome, and instructions on what to do if you have these symptoms.

FALL 2012

AWARDS

Please consider nominating a deserving dental assistant for a NBDAA award presented at our next AGM on May 4th, 2013 in Fredericton.

For more information on awards, please visit the website at www.nbdaa.ca under "site pages".



INJECTABLE COSMETIC TREATMENTS



Many Canadians are choosing injectable cosmetic treatments to reduce facial wrinkles

and attempt to restore their skin to a smoother appearance. However, consumers should be aware of the potential for adverse

reactions that are possible with the use of these products.

Background

Just like other parts of our bodies, skin ages over time. Excessive occupational and recreational sun exposure generally causes the most damage to our skin. This kind of exposure can result in:

- wrinkles (either fine surface lines or deep furrows)
- dryness
- sagging, due to the loss of underlying tissue volume
- skin growths and liver spots

Smoking and hereditary factors can also contribute to the skin conditions above.

MONCTON LOCAL RAISED \$300 FOR A FAMILY IN NEED

What an auction it was!

For our family, we were able to raise \$300 with only 17 of us being there! It's not \$6000, but hopefully the family can have a good Christmas.

There were some door prizes to be won, plus cider and cookies.

I must say, you missed my tiara Santa hat, my meat mallet as a gavel, and my pleading sense of humor. I think it was a good time had by all.

Sharon-Ann Roberts
Moncton local rep.

INJECTABLE COSMETIC TREATMENTS... (CONT'D)

Women and men are increasingly seeking out medical and/or cosmetic treatments to attempt to correct or reduce signs of aging. Treatment options range from surgical procedures (facelift, eye lift, etc) to skin rejuvenation treatments such as laser resurfacing, microdermabrasion and chemical peel. Injectable dermal fillers and Botox® Cosmetic injections have also become increasingly popular treatments.

Injectable dermal fillers

There are four basic materials used in dermal fillers: autologous fat injections, collagen products, hyaluronic acid products and injections of a carrier material containing microspheres of another biocompatible material (e.g., polymethylmethacrylate or PMMA for short). Be sure to talk to your health care provider when deciding what the most appropriate options are for your situation.

Hyaluronic acid (HA) products are the most commonly used dermal fillers in Canada. There are currently over 30 dermal fillers containing HA licensed for sale in Canada. The effects of HA dermal fillers can last from six months to a year or more, though they are dependent on factors such as:

- the age of the skin
- the severity of the facial defect or the size of the area requiring corrective measures

Botox® Cosmetic injections

Botox® Cosmetic (Botulinum Toxin Type A) is a protein complex produced by the bacterium Clostridium botulinum, which contains the same toxin that causes food poisoning (botulism). Botox injections are used for the treatment of various neurological disorders and Botox® Cosmetic is used for cosmetic purposes. In cosmetic use, small injected doses block the ability of underlying facial muscles to contract; this is designed to reduce existing wrinkles on the face. The effects of Botox® Cosmetic treatments generally last anywhere from three to four months.

Health effects

Anyone considering an injectable cosmetic procedure should always consult a medical professional who has experience in such procedures. Patients should be aware of all the potential risks and benefits of a procedure before obtaining treatment.

Injectable dermal fillers

Dermal fillers are popular and widely used. Both health professionals and consumers should be aware of reported adverse reactions listed on the product labels. These are some of the adverse reaction reports that Health Canada has received for dermal fillers:

- pain
- bruising

- redness
- swelling or edema
- nodules (raised bumps)
- abscesses (sores)
- infection
- skin discoloration or hyper-pigmentation
- allergic reaction
- improper placement of the material

Many of these adverse reactions are generally temporary, but some could last several months and may require additional treatment and/or procedures to correct. Some of the procedures used to correct an adverse reaction may lead to scars and other skin reactions. A few dermal fillers are intended to be permanently inserted at the site of injection. Since the polymethylmethacrylate (PMMA) microparticles used in these dermal fillers are intended to be permanent, the treatment of potential side effects from these injections is more difficult and surgical removal may be the only solution.

Botox® Cosmetic injections

Complications can arise if Botox® Cosmetic is injected incorrectly. Incorrect injections in the forehead or around the eyes can result in droopy eyelid muscles (ptosis); too much injected into the neck can cause muscle weakness and swallowing difficulties. Other adverse reactions may include the following signs and symptoms:

INJECTABLE COSMETIC TREATMENTS... (CONT'D)

- pain/bruising at the injection site
- headache, face pain, eye swelling
- skin rash/allergic reaction
- local muscle weakness/paralysis of the face
- irregular heart beat/chest pain
- malaise (feeling generally unwell)

These adverse reactions are generally temporary, but could last several months.

A rare but serious reaction to Botox injection is the possibility of the toxin spreading to other parts of the body. This adverse reaction has mainly been associated with non-cosmetic use. These reactions may include the following signs and symptoms:

- muscle weakness away from the injection site
- pneumonia
- swallowing difficulties
- difficulty speaking
- difficulty breathing

If you are using Botox® Cosmetic and experience any of these signs and symptoms, seek immediate medical care.

Minimizing your risks

Only you can decide what level of risk is acceptable; all medical procedures come with risks.

Injectable dermal fillers

To help minimize the risks associated with cosmetic dermal fillers, avoid or postpone treatment if you have any of the following:

a history of severe allergies marked by anaphylactic shock

- an allergy to collagen, eggs, or lidocaine
- inflamed or infected skin
- a bleeding disorder
- an active case of cysts, pimples, rashes or hives
- tendency to excessive scarring, such as keloids

Some injectable products are not recommended for lips.

Botox® Cosmetic injections

Botox® Cosmetic injections should only be given by a qualified health care provider, no more frequently than every two months (according to the

Canadian product monograph (CPM)). If you are using Botox® Cosmetic products, you should seek immediate medical care if swallowing, speech, or breathing difficulties arise.

It is important to consult your doctor to learn how Botox® Cosmetic injections and injectable dermal fillers could interact with other injectable cosmetic products, cosmetic procedures or medications that you might be taking for other conditions. Speak with your doctor about possible adverse reactions, and ensure you are working with a medical professional who is trained to do the procedure. It is important to follow the Instruction for Use (IFU) or the Canadian Product Monograph (CPM) of any product and pay close attention to the warnings and contraindications sections.

Use these injectable cosmetic treatments with extreme caution if you have a history of:

- underlying neurological disorders
- swallowing difficulties
- breathing problems

Do not obtain injectable cosmetic treatments if you have either of the following:

- inflamed or infected skin
- hypersensitivity to any ingredient in the treatment product

Fluoride: How does it work?

Fluoride is a natural element that can be found in many things, like the water we drink and the food we eat. Decades ago, scientists began to notice that children who lived in places where fluoride occurred naturally in the water, had fewer dental cavities.

Fluoride that is absorbed by your body is used by the cells that build your teeth to make stronger enamel. Topical fluoride - fluoride that is applied to the outside of the enamel - makes the crystals that form enamel more durable. Tooth enamel crystals that have fluoride are much more resistant to acid. They are less likely to breakdown and cause the tooth surface to become porous.

If your dentist recommends a fluoride treatment during your next dental visit, you'll be receiving topical protection. The fluoride your dentist puts in your mouth will help make the crystals in your tooth enamel stronger. Always use a toothpaste with fluoride. Look for the Canadian Dental Association seal of approval on the toothpaste tube in your bathroom.



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The next Board of Directors' meeting is scheduled for February 9th, 2013 at the Holiday Inn Express at 2515 Mountain Road in Moncton, NB

The NBDAA AGM is scheduled for May 4th, 2013 in Fredericton, NB

AWARDS

Please consider nominating a deserving dental assistant for a NBDAA award presented at our next AGM.

For more information on awards, please visit the website at www.nbdaa.ca under "site pages".

WELCOME TO OUR NEW STUDENT MEMBERS

- | | |
|----------------------------|------------------------|
| 1. Brittany Almon | 24. Carol Gould |
| 2. Jade Basendale | 25. Sharon Hallett |
| 3. Courtney Bissett | 26. Katherine Holroyde |
| 4. Catherine Brown | 27. Zeinab Ibnlfassi |
| 5. Katrina Burchill | 28. Chelsea Jones |
| 6. Catherine Carr | 29. Cynthia Laforest |
| 7. Marissa Carr | 30. Julia Lambert |
| 8. Shantal Carr | 31. Justine MacDonald |
| 9. Julie Charlton | 32. Sarah Macfarlane |
| 10. Kelsey Coleman | 33. Victoria Macminn |
| 11. Josée Cowan | 34. Morgan Marr |
| 12. Laura Curtis | 35. Shelby McAloon |
| 13. Parise DesRoches | 36. Brittany Munn |
| 14. Shelby Doherty | 37. Emily Murray |
| 15. Renelle Doucet | 38. Jenika O'Donnell |
| 16. Shelby Drapeau | 39. Jessica O'Donnell |
| 17. Chantal DuBroy | 40. Pamela O'Shea |
| 18. Brittany Flowers-Smith | 41. Sherree Ann Pablo |
| 19. Jessica Flynn | 42. Sarah Parlee |
| 20. Megan Foster | 43. Shelby Pauley |
| 21. Stacey Fournier | 44. Rachel Perry |
| 22. Sophia Frigault | 45. Jennie Price |
| 23. Geneviève Godin | 46. Robyn Price |



- 47. Amanda Richard
- 48. Miranda Robertson
- 49. Alison Russell
- 50. Allison Scott
- 51. Jalise Sharpe
- 52. Kayla Simonds
- 53. Rachael Spear
- 54. Adrianna Tenapel
- 55. Seline Thébeau
- 56. Charline Thériault
- 57. Annik Thomas
- 58. Larissa Thompson
- 59. Whitney Ward

WELCOME TO OUR NEW CDAA REPRESENTATIVE

Pamala Dupuis has finished her term as the CDAA representative and we would like to welcome Shelley Fletcher to this position. She had her first meeting in October in Winnipeg.

Thank you Pamala for your hard work and dedication. More fun to come for you in the upcoming years as our next President.

SEARCHING FOR A NBDS REPRESENTATIVE

We are searching for the right member to become our NBDS representative. There are only a few meetings per year to attend and bring back the information to the NBDAA. If you are interested in making a difference in your profession in this volunteer position, please send us your résumé. We need to submit 2 résumés to the NBDS for this position.

Thank you Jan Cowper for representing the NBDAA so well provincially among our friends in dentistry.

