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HOW TO BECOME A WISE DENTAL CONSUMER

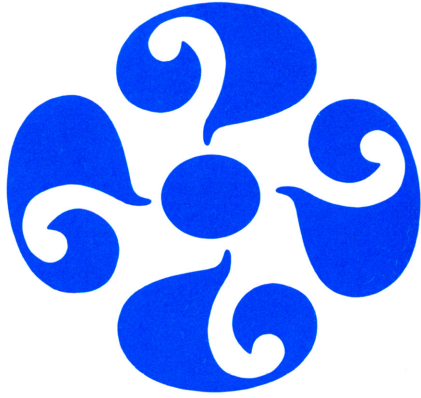


CHOOSING A DENTIST

REDUCING YOUR DENTAL BILLS

WHERE TO TAKE A PROBLEM

PURCHASING DENTAL HEALTH AIDS



Thousands of persons contact the American Dental Association every year for advice on finding the best possible dental care. Consumers want to know how to spend their money wisely, and they want assurances about the quality of their dental care and the safety and effectiveness of dental care products.

It is difficult to give hard-and-fast rules about what is "good" dentistry because dental care, a highly personalized health service, must vary from patient to patient. This pamphlet offers some broad but useful guidelines for the consumer.

A good experience with dentistry is based on making the right choice in a family dentist and in taking steps to keep dental costs at a minimum through self-care at home between dental visits. The individual patient has much greater control over his own oral health and the cost of his dental care than most people realize.

CHOOSING A DENTIST

Important to successful dental care is having a family dentist who takes a sincere interest in the general health of his patients, as well as in their oral health. It makes sense to select and become acquainted with a family dentist before an emergency arises.

A dentist in general practice is fully qualified to provide all routine care. He can provide referrals in cases where very specialized treatment is required. Some parents take their children to pedodontists, dentists who limit their practices to treatment of children.

You may want to consider several dentists before deciding on a family dentist to provide regular care.

Here are some suggestions for locating qualified dentists in your area:

- Ask friends, neighbors or co-workers to recommend dentists with whom they are pleased. You will want to be sure that the persons you ask are individuals who you would expect demand the same high standards in a health professional as you do.
- Faculty members of dental schools in your area may be able to suggest practitioners in the community.
- A nearby hospital with an accredited dental service should be in a position to offer suggestions.
- Check the **ADA Directory** which can be found in many public libraries and in all dental school libraries.
- If you already have a family physician, you may want to ask him who provides his dental care.
- Check with your local pharmacist.

After you have considered the various recommendations, call for an appointment. Much can be learned in the initial visit.

Is the general appearance of the office and the dentist and his staff neat, clean and orderly? How available is he, both in location and appointment schedule?

Is he prevention oriented? You will want a dentist who is skilled in both the treatment of oral disorders and the latest preventive techniques.

Does he use X-rays in his diagnosis? Dental X-rays are one of the most valuable diagnostic tools in modern dentistry. For a new patient, he will probably request that you have a full-mouth set of X-rays taken, unless suitable X-rays are available from your previous dentist.

Does he seem to take a personal interest in you and your health? A record of important information about your medical and dental history should be taken, and he will start a permanent record to assist in the evaluation of your future dental and medical health.

What arrangements does he have for handling emergencies that may occur outside of office hours? Most dentists when unavailable, are backed up by a colleague or an emergency referral service.



Don't be embarrassed to ask him about his fees. In fact, most dentists would prefer that the patient open the subject since the patient is aware of his own financial situation and his new dentist is not. The dentist should be willing to discuss fees and payment plans in advance of treatment.

The benefit of this small amount of time necessary to make an intelligent, informed decision in choosing a dentist will be a doctor-patient relationship founded on mutual trust and respect.

REDUCING YOUR DENTAL BILLS

The cost of health care is a concern to most families. Dentists share this concern and want to provide the highest quality care they can for each dollar spent.

Dental fees have not increased as quickly as other health care costs, as shown by government statistics. In fact, the rise of dental fees during the past decade has been slower than the average increase in costs of other services. Dentists' fees have remained well behind the rise in employee wages.

Between 1970 and 1974 the average dentist's wages and prices for personnel, equipment and supplies increased about 6.6 per cent per year. The average annual increase in the dentists' fee index of the CPI, 1970 to 1976, has been 6.3 per cent.

Prevention. Although dentists are doing their part to control dental care costs, there is much more that the patient can do. The key to reducing dental costs is prevention.

Preventive dentistry makes good economic sense, and basic to prevention is the regular dental checkup. To avoid seeing a

dentist until there is a serious problem not only defeats the purpose of preventive dentistry, but is much more costly in the long run.

Emergencies can be expensive, and an emergency repair may often be a stopgap rather than a problem-solver. Consequently, nothing is more economical than the regular checkup. When the patient sees his dentist at regular intervals, small developing problems can be corrected before they become serious problems.

In recent decades there has been a shift in the kinds of treatments that dentists provide. Advances in preventive procedures have allowed the dentist to change his treatment emphasis from reparative to preventive care.

But, new preventive treatments can save teeth and reduce dental costs only if the patient takes responsibility for daily self-care. Both routine use of dental floss and brushing with an accepted fluoride dentifrice are vital preventive measures. A sensible diet that avoids over-indulgence in sweets is another important factor in preventive care.

While dental decay is the major cause of tooth damage and loss among children and young adults, gum diseases – known also as periodontal diseases – are the major cause of tooth loss among adults. Inadequate oral hygiene, particularly the accumulation and mineralization of bacterial plaque, is an important factor in the cause of periodontal disease just as it is in tooth decay.

Fluoridation. Community fluoridation of drinking water provides better dental health for an annual cost of only 10-to-20 cents per person. More than 105 million people – nearly half the U.S. population – now have the advantage of fluoride in the community water supplies.

Tooth decay can be reduced by as much as 65 percent within the population of a com-

munity where drinking water is fluoridated one part per million. This protection lasts a lifetime.

Dental insurance. Dental insurance offered primarily through group plans such as those of employers and unions, can be a good investment. About 35 million Americans are enrolled in dental plans.

The insurance carriers understand the long-range economic benefits of regular dental care. Therefore, some of the plans are designed so that patients who use their plans regularly pay a smaller percentage of the bill. When a patient uses his plan during the year and has a regular checkup, his portion of the co-payment ratio decreases the following year.

Quack remedies and cures. It is estimated that Americans spend more than \$2 billion a year on health quacks and quack products. Denture construction and repair is one of the areas abused by quacks. Dentures fitted by unqualified persons and mail order dentures can damage mouth tissues. When



poorly fitted dentures are worn, serious problems can arise. These may include eating problems, difficulty in speaking and destruction of bone needed for denture support. Some damage, such as excessive bone loss, is irreversible. Constant irritation from an ill-fitting denture, if continued over a long period, may contribute to the development of open sores and other serious lesions such as tumors. Poorly fitted dentures can cost the patient more in the long run when the damage they cause has to be corrected.

Financial aid. Persons who need financial help in obtaining dental care can contact the dental society in their area for information on dental care programs for which they may qualify. The dental society knows what assistance programs and dental care centers, such as dental school clinics and public facilities, are available and can help with a referral.

The care provided in a dental school clinic is by graduate dentists or dental students under the careful supervision of faculty experts. The fees charged are minimal, usually including only partial payment to cover the cost of materials and equipment.

Individuals may also contact their state or county department of public welfare for information on programs such as Medicaid, designed to help families that are self-supporting but cannot bear the additional expenses of dental and medical care.

WHERE TO TAKE A PROBLEM

A patient who takes care in choosing a family dentist and always discusses fees in advance of treatments can expect to have a long-lasting, good relationship with that den-

tist. But even in the best of patient-dentist relationships, a problem may arise.

If a patient believes he has been unfairly treated, he should first make sure that his dentist is aware that the problem exists. Often what starts out as a "grievance" turns out to be merely a matter of bad communication between dentist and patient.

Most dentists sincerely want to know if the patient is not satisfied so that they can correct the situation. Even expertly administered care can sometimes not achieve the expected results, in which case the dentist will want to re-administer the treatment or use an alternate procedure – or call in a consulting dentist.

Although most problems can be remedied in this way, there are other instances in which assistance from a mediator may be needed. The patient can turn to the local dental society for an impartial review. The dental society first will ask the patient to put the details of the complaint in writing and then will assign the case to a review committee.

The names of the local committees vary sometimes. Commonly used names are peer review committee, patient relations committee and grievance committee.

Frequently the next step is for a single member of the review committee to be assigned to meet individually with the patient and the dentist. Many times the complaint is resolved at this stage. Difficult-to-resolve problems may be reviewed by a panel of dentists, the patient given a dental examination and the dentist asked to submit his treatment records.

All of this is voluntary. The dental society has no power by law to compel cooperation on the part of either the dentist or the patient. All parties have to be committed in good faith to a fair resolution of the problem.

The great majority of cases brought to dental society review committees are successfully resolved, and their conclusions agreed to by all parties.

Dental societies can usually be found listed in the yellow pages of the telephone book under "dentists" or "associations," or any dentist can be contacted to ask for the location of the dental society. The patient can also contact his county health department or the American Dental Association in Chicago for the address of the local dental society.

Each state has a dental practice act, a set of laws that govern the practice of dentistry, and a state board of dentistry that is empowered to establish regulations for the practice of dentistry and the protection of public dental health. If it ever is suspected that a dentist has performed in a manner that violates the state dental laws or regulations, the matter should be brought to the attention of the board of dentistry. The same is true if it is suspected that a person who is not a dentist or not licensed to practice dentistry is performing dental procedures for the public.

PURCHASING DENTAL HEALTH AIDS

It seems that hardly a month goes by that we don't see or hear an advertisement for a new dental health product. With so many new products to choose from, it becomes increasingly difficult to sort out the types of products that are important and the brands that are useful and effective.

The best advice, of course, is to follow the recommendations of your family dentist. He may suggest a particular oral hygiene aid for your personal needs, and he may recommend a particular brand. Don't hesitate to ask him for his opinion on products.

There are some general things that you should know, however, in order to be a wise consumer of oral health products.

A continual, independent review of some of the most commonly used commercially manufactured dental products is conducted by the American Dental Association. The Association has allowed products that have been proven effective and safe to carry statements of ADA acceptance on packaging and in advertising.

The dentist, himself, has traditionally depended on the ADA for evaluation and classification of the professional products he uses in his practice. Consumers can look for acceptance by the Association's Council on Dental Therapeutics on fluoride toothpastes and by the ADA Council on Dental Materials and Devices on powered toothbrushes, oral irrigators and denture adhesives.

To maintain a product's acceptance rating, the manufacturer must adhere to the Association's advertising code. Consumer advertising for ADA-accepted products must be completely accurate in fact as well as in implication and proof must be available on demand.



No other health profession benefits from as comprehensive an advertising evaluation process.

The ADA is not a government agency and has no statutory control to regulate manufacturers. It exerts its influence with manufacturers mainly by weight of its professional opinion.

Manual toothbrushes and dental floss.

Two dental products, floss and manual toothbrushes, are simple in design and function and the dentist can easily evaluate the usefulness of individual products for each patient.

Dental floss comes waxed and unwaxed. While many dentists recommend unwaxed as doing the better job of removing plaque, people with tightly-spaced teeth may find it easier to use waxed floss. The important point is to use floss daily in the manner prescribed by your dentist or his auxiliary in order to remove the plaque which is a major cause of tooth decay and periodontal (gum) disease.

A special toothbrush may also be recommended by your dentist. The type that matches the needs of the greatest number of people is a brush with soft, multi-tufted, round-end bristles. Be certain that the head of the brush is small enough to reach all accessible areas in the mouth.



Powered brushes. Powered toothbrushes are much more complex. The methods of obtaining power, the safety in design and various other factors are considered before ADA acceptance is given to a product. No one has been able to satisfactorily show that either manual or powered brushing is superior. If the patient tends to be more thorough and consistent in his use of one type as opposed to the other, that type should probably be his choice. Because of its novelty, children may find the powered toothbrush appealing and use it more often than the manual toothbrush. Persons with certain physical handicaps often find powered toothbrushes easier to use.

Oral irrigating devices. Oral irrigating devices use a direct spray of water to remove loose food particles and other material from about the teeth. They cannot take the place of either the toothbrush or dental floss in removing plaque, but for certain patients they are an effective additional aid to promote oral cleanliness. Patients with orthodontic bands or fixed partial dentures in particular may find oral irrigators helpful.

In all cases, the patient should seek the advice of his dentist on the manner in which to use oral irrigating devices. Persons with certain oral conditions can injure oral tissues with incorrect use of pressure sprays.

Mouthwashes. Mouthwashes can temporarily freshen your breath or sweeten your mouth. However, they do not remove plaque and cannot prevent decay or gum disease.

Commercial mouthwashes available without prescription are primarily cosmetic, but, unfortunately, advertisers sometimes imply wider benefits. The ADA Council on Dental Therapeutics discourages the use of medicated mouthwashes for unsupervised use by the general public.

Offensive breath may indicate poor oral health or other bodily disorders. A mouthwash simply masks the basic problem. The general use of mouthwashes can be considered to serve no greater purpose than as an aid in the removal of loose food and debris.

Toothpastes. Today's modern dentifrices generally are in two forms, paste and powder. Pastes are by far the most popular and widely used.

Thorough cleaning of teeth – with toothbrush, fluoride dentifrice and floss – helps control the buildup of dental plaque, a sticky, almost colorless film that forms continuously on teeth and which leads to both decay and gum disease. To aid in the prevention of these diseases, plaque should be removed from all tooth surfaces a minimum of once a day. For some people, more frequent removal may be recommended by their dentist.

Much has been written and said recently about abrasiveness of toothpastes. Toothpastes must have some degree of abrasiveness to enable them to assist the brush in removing plaque and stains.

It is known that excessively abrasive toothpastes may be harmful to softer tissues of exposed root surfaces and to restorative materials. For any one individual, the most desirable toothpaste is the one which is abrasive enough to prevent plaque and stain accumulation but not so harsh that it injures teeth or gums.

The family dentist can recommend toothpastes that are within the proper range of abrasiveness, based on the patient's individual needs.

Some toothpastes can do more than serve as an aid to mouth cleanliness. There are several toothpastes that offer proven decay-preventing benefits. They are fluoride toothpastes.

The American Dental Association continually evaluates commercial toothpastes. The Association's Council on Dental Therapeutics permits the use of its seal and acceptance statement on products that have proven in clinical studies their effectiveness in reducing tooth decay.

It should be emphasized, so there is no misunderstanding, that fluoride toothpastes are not a substitute for the fluoridation of community drinking water. Water fluoridation has been shown to reduce dental decay by as much as 65 per cent. Used together, fluoridated water and an accepted fluoride toothpaste can have a compounded value in reducing dental decay.

The American Dental Association, of course, cannot diagnose specific cases or recommend particular treatments by mail. This is something that can be done only by a dentist who has examined the patient and evaluated the individual health needs unique to that person.

The patient should consult a dentist on matters of personal oral health. The Association is eager, however, to answer questions of a general nature about dentistry and dental health. Please let us know if we can be of service to you:

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