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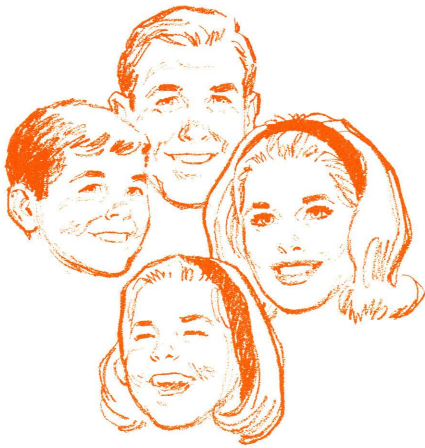
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# HOW TO BECOME A WISE DENTAL CONSUMER



CHOOSING A DENTIST  
REDUCING YOUR DENTAL BILL  
PURCHASING DENTAL HEALTH AIDS



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**A**mong the thousands of letters sent to the American Dental Association from the public each year, a large number have questions related to consumerism in dental care. People want to be sure that they are getting the best possible care, that their money is being spent wisely and that the dental health products they purchase in stores are safe and effective to use.

Answers to the most commonly asked questions are included in this pamphlet on consumerism in dentistry.

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### Choosing a dentist

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It is important to have a family dentist who can take sincere interest in the general health as well as the oral health of his patients. The time to find this family dentist is not in an emergency situation. It makes sense that a person in pain does not have the

time to make the intelligent decision he might otherwise.

A dentist in general practice is fully qualified to provide all routine care. Some parents take their children to pedodontists, dentists who limit their practice to treatment of children.

You may want to become acquainted with several dentists before deciding on a family dentist to provide regular care. There are numerous ways of finding 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.



■ The local dental society that serves your community has a referral service through which it provides the names of nearby dentists who have indicated they will accept new patients. If you cannot find the local dental society in the telephone book or through the county health department, contact the American Dental Association, 211 E. Chicago Ave., Chicago 60611, for the information.

■ 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.

■ If you already have a family physician, you may want to ask him who provides his dental care.

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.

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.

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## Reducing your dental bill

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There is little doubt that people are concerned about high costs in health care. Dentists, too, are concerned and want to keep the costs of dental care down.

Government statistics show that dentistry is unique within the health field in that inflation of dental fees has been much slower than the rise in most other health care costs. Too, dental fees have risen slower during the last decade or so than the costs of non-health services throughout the economy, and they have remained well behind the rise in private-sector wages.

Since 1964, the dentist's average expenses to con-

duct his practice have increased at a rate of about 10 per cent per year. However, the annual increase in the dentist's fees has been about 4.8 per cent. This would indicate that the dentist has not passed along all his increased expenses to patients.

A large share of the costs of an individual's dental care is within his control. There are many ways the patient can effectively reduce dental costs while increasing the benefits of good oral health.

One of the primary considerations is the economics of the regular dental check-up. Too many people try to "save money" on dental bills by not seeing the dentist until they have serious problems. This not only defeats the purpose of preventive dentistry, but it is much more expensive in the long run.

Emergencies are quite often more expensive, and emergency repairs may often be only a stopgap toward solving the real problem. Once the disease process has taken a strong hold, it often lasts longer and costs more to treat than to prevent.

Consequently, there is little that can replace the regular check-up for economy. Small developing problems can be corrected before they become serious problems when the patient sees his dentist every six months or at whatever interval the dentist recommends for the patient's particular oral health needs.

Following the dentist's orders is important, too. The dentist may suggest a special program of oral hygiene or diet. Far too many patients ignore the expert advice that they have solicited and paid for.

The most cost-saving step of them all, of course, is not to become the victim of oral disease in the first place. This opens the broad topic of prevention. Daily use of dental floss and regular brushing using a fluoride dentifrice in the method prescribed by the patient's dentist are important. Certain accepted fluoride toothpastes have been proven to help prevent dental decay. A sensible diet that avoids over-indulgence in sweets, particularly between meals, can reduce dental bills.

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 shift his treatment emphasis from reparative to preventive care. But the effectiveness of new preventive treatments in saving teeth and saving dental costs depend greatly on the cooperation of the patient in daily self-care at home.

Dental insurance, offered mostly in group plans such as those of employers and unions, can be a good investment. The patient should check to see whether there is a plan under which he would qualify for membership.

The dental insurance carriers realize the economics of regular dental care. Some of the plans are designed so that patients who use their plans regularly have lower co-payment percentages. When the patient uses his plan during the year (that is, he has a regular check-up), his portion of the co-payment ratio decreases on billings the following year. The insurance carriers understand the long-range economic benefits of regular dental care.

Persons who have personal financial problems should contact their local dental society to see if there are any dental care programs locally under which they would qualify. They may also contact the state department of public welfare for assistance.

And of course, all taxpayers are able to include dental expenses and the costs of prescription drugs which exceed a certain percentage of their total income as deductions for federal income tax purposes.

Even with the high cost of living, an entire community can supply better dental health for a cost of about 10 cents a person per year by fluoridating its drinking water supply. About 100 million people—nearly half the American population—now benefit from the fluoride content in community water supplies. Fluorides introduced artificially yield benefits equal to the fluorides that occur naturally in the proper amounts. It is not unusual for tooth decay to be reduced by 65 per cent among people who are reared in a community with water fluoridated to one part per million. And this protection will last a lifetime.

Finally, don't waste money with "quack" cures. It has been estimated that Americans spend more than \$2 billion a year on health quacks and quack

products. Denture construction and repair is one of the most frequent areas for abuse by quacks. Dentures fitted by unlicensed 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 oral cancer. Poorly fitted dentures can cost the patient more in the long run when the damage they cause has to be corrected.

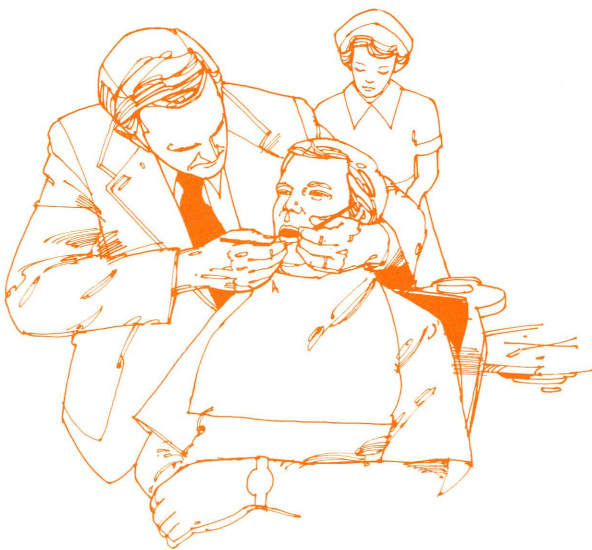
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### Purchasing dental health aids

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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 bacterial 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 or 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 tooth-brushes 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 bacterial 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 irri-

gating 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, bacterial 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.

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.

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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