Put your money where your mouth is

5 tips that will help you save money at the dentist

Dr Jonathon Munro
CONTENTS

Introduction 4

Chapter 1 - How to clean your teeth effectively 7

The truth about brushing, flossing and mouth rinsing; knowing where, when and how can save you money at the dentist.

Chapter 2 - Those nasty habits you should be avoiding 17

Getting scientific: understanding the role or negative effects of sugar, acid, smoking, grinding, stress, uneven bites, jaw pain, bacteria, saliva – and many more!

Chapter 3 - Regular Maintenance. 27

The importance of maintenance and the long term benefits for both adults and children; implementing the right maintenance plan for you and your family can save you money.

Chapter 4 - Making your decisions based on information you understand, and a long term outlook 33

A look at the external factors that can affect your money-saving decisions: Cost (financial, time, biological and lifestyle), fear, lack of understanding, environment and previous experiences. We also discuss the importance of developing a long term outlook.

Chapter 5 - Understand your private health insurance and government schemes 41

A brief overview of private health insurance and government schemes, rebates and clinics – the more you know, the more you’ll save.
INTRODUCTION

There are a lot of people who genuinely believe that the best approach to saving money at the dentist, is to simply avoid visiting them in the first place. If that’s what you’d like to hear, then you may not like this book. Because while avoiding the dentist will certainly save you money in the short term, you will almost always lose out in the long term...and often in a big way. It is a simple fact of life that at some point you will need to see a dentist and that will cost you money - but how often you go and how much you spend, will be up to you.

As a dentist, I have the opportunity to speak to many people about their mouths, and I’ve found that people generally fall into one of three distinct groups:

- The first are those who don’t look after their mouths at all. They brush irregularly, they never floss, and you generally won’t see them at dentist until they have a raging toothache.

- Then there are those on the very other end of the scale. This second group will brush 3 times a day, floss at least once a day, never eat sugar, don’t smoke, and will definitely be at the dentist every 6 months for their check-up and clean.

- The majority of people, however, live somewhere in-between. This third group will usually brush twice a day and floss occasionally, but are otherwise not particularly conscious of how they’re using their teeth. Some of these people will visit the dentist every 6 months to 12 months, and others will only make an appointment when something hurts.

It’s no surprise of course, to find such a range of different approaches when it comes to people’s personal habits. What is surprising though, is that the majority of people I come across – and this is regardless of where they fall on above the spectrum – don’t realise that they don’t actually know how to properly care for their mouths. Some come close by accident and others put in huge efforts and completely miss the mark. The fact is that people don’t seem to have the right information on this subject. But as the old adage goes: information is power, and this book aims to arm people with
correct and relevant information that will help them to not only save money at the dentist, but ultimately, to also save their teeth.

Before writing this book, I made a quick survey, which was circulated around various groups on Facebook. I thank everyone that took the time to fill it in. The survey yielded some very interesting results, which I will refer to through the book. In the survey, roughly 80% of people indicated that they were unsure of the best way to look after their teeth and would like some information as to how to do it better. Interestingly, with the 20% of people that decided they knew what needed to be done, more than a third of them were not flossing as regularly as they should.

All dentists will agree that a healthy set of natural teeth is far, far superior to any set of false teeth. Keeping your teeth healthy will not only save you money in the long run, but will also maintain your quality of life. So no matter what stage your teeth are at, whether you have some or all of your original set, it’s important to understand exactly what state your teeth are in and what you can do to best care for them. Knowing not only how to look after them, but why, will hopefully increase motivation to follow through, so that we do what we know we should.

In writing this book, I’ve opted not to dive too deeply into the science of dentistry itself, although my thoughts are certainly based on scientific principles. Rather, my aim is to provide readers with important practical information that can have immediate application. My words are intended as a general guide only and it will be important for you to clarify your specific situation with your dentist at your next check-up.

Throughout this book, there are certain guides and videos that will expound and help to clarify the text. There are also highlighted tips that will help you quickly identify the most useful thoughts. These points will be outlined in a box

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Useful tips will be highlighted in a box such as this
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Pay particular attention to these points, as they will highlight information that will help you to make quick changes that will hopefully have a
significant impact on your mindset and your actions to allow you to get saving quickly.

There will also be links to videos, which will help to explain certain items. These links will be available in 2 ways. Firstly, the written link that will look like this:

www.dontputyourmoneywhereyourmouthis.com/videos

By clicking this link directly if viewing this book on an electronic device you should be taken to the video page.

The other way to get to the videos page, will be through the use of what is called a QR codes. QR codes are essentially image barcodes, that are scannable on smartphones and tablets, which will link you directly to a website. This can be particularly helpful if you have a printed version of the book. They look like this:

There are free apps available for android or from the app store, which will allow you to scan these images and be taken straight to the video page on your device. Search for “QR Code Reader” and you should be able to easily find the app. The logo for the apps is on the right of this paragraph.
CHAPTER 1 –
HOW TO CLEAN YOUR TEETH EFFECTIVELY

If you would like to limit the amount of time and money you spend at the dentist, then the first place to start is with your personal oral hygiene. Taking good care of your teeth is the single most important thing you can do to limit your spend. Unfortunately most of the well-intentioned people I come are not doing the right things in the right ways. While most people knew that they should brush and floss, over 40% of people surveyed, claim they have never been taught how to brush their teeth by a dentist or hygienist. Knowing that we should brush is very different to knowing how to brush effectively.

Now my family and friends know that I’m a bit of a foodie, and our homemade chocolate mousse is one of my favourite desserts. The best thing about a great mousse is its light and fluffy texture, which is achieved when you fold the egg whites into the chocolate cream mixture. If you haven’t spent much time in the kitchen then the process of folding could easily be confused with mixing. But it’s actually the difference between a light and fluffy mousse and one that’s heavy and dense. Ultimately this comes down to not only your knowledge of how to fold a mixture properly, but also your understanding of why. Because if you don’t understand why something is important then you could be tempted to cut corners, leaving you with an inferior result.

Turning back to oral hygiene, most people know that they should brush twice a day, but less common in Australia is an emphasis on flossing. As a kid growing up, not only did I not floss or know how to floss, but I didn’t even know that we should floss. I thought flossing was simply to get bits of steak out when a toothpick didn’t cut it. I brushed my teeth well (or so I thought) but never flossed. When I started dental school and learned all about good oral hygiene, however, I had some x-rays taken and noticed several areas of decay between my teeth which ended up needing some extensive work. My efforts were not lacking, I simply did not have the information. Unfortunately though, once the decay is there, we can’t go back and start over; I’ll never get those lost sections of my tooth back!
So before we go into how to brush, and there are videos included, I feel it’s important to understand what it is exactly that we’re trying to achieve.

I’ll try not to get too scientific here, but basically, our mouths are full of bacteria. No matter how well you clean your mouth, this will never change. Bacteria will always be there. Not a particularly pleasant thought, but a natural part of life. And without getting into the details of the specific species, we can divide these bacteria into 2 main categories: aerobic bacteria and anaerobic bacteria. The ‘in-a-nutshell’ difference between the two is that aerobic bacteria uses oxygen and anaerobic bacteria doesn’t. The other important differentiator is that the anaerobic bacteria are the nasty guys who do the most damage to our teeth. This becomes really important when we talk about plaque.

Plaque is the soft white substance that builds up on our teeth when we don’t clean them properly. It’s basically an ecosystem of bacteria (known as a biofilm) and by the time it’s visible to the naked eye it’s already become a bacterial growth roughly 500 layers thick! Let’s imagine for a moment taking the school-yard game of ‘stacks on’ to another level, piling 500 people on top of some poor guy on the ground. Apart from being a bit squashed, I dare say he would be struggling to breathe due to the lack of oxygen at the bottom of the pile. If this were a game, hopefully everyone would eventually get off and he could start breathing again. In the case of bacteria though, the guy at the bottom is stuck there until the plaque is removed, and he’s got no oxygen. So what you tend to find is that as plaque builds up, the bacteria up against the tooth become the non-oxygen using bad guys. And being positioned against the tooth like that, they’ve got their perfect environment for causing decay.

Once you have lost part of your tooth, you will never ever get it back.

Do everything you can to avoid losing it!

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In the next chapter we'll focus more specifically on how bacteria causes damage and how we can get rid of it. But it’s important to know the 3 places that bacteria particularly like to hide:

1 – **In the grooves between the cusps on the biting surfaces of your teeth**
Some of us have very deep, fine grooves between the cusps along the biting surface of our teeth and others of us have shallow and open grooves. If you are in the first category it can be extremely difficult to keep these grooves clean and you may like to consider a preventive filling or sealant to help you out. These types of procedures will be discussed briefly in chapter 4.

2 – **Around the gumline**
When the gums are healthy, we naturally have a 2-3mm pocket between the gum and the tooth. In cases where the gums are unhealthy with either gingivitis (inflammation of the gums) or periodontitis (inflammation of the structures supporting the teeth including bone) however, these pockets can actually increase in depth to 4-6mm, or even in some severe cases to 9mm or 10mm or more. These pockets are a perfect hiding place for bacteria, so it’s important to be aware of them.

3 – **In-between your teeth**
This is a somewhat protected space for certain bacteria as it’s a place that’s not typically cleaned well. These areas can’t be reached by a toothbrush (no matter how well you brush) so the bacteria that hide here require floss for removal. Many of the cavities we as dentists fill, originate from these areas between the teeth.

As you may have already noticed, there are a few key components to good oral hygiene: Brushing and Flossing. In the survey conducted, 100% of people answered that you should brush at least twice a day, however 30% reported that they actually brush less than that. Similarly, 65% of people knew that you should floss every day, however only 12% reported that they actually did, with 80% reporting that they floss less than 3 times a week.
Brushing

As you walk down the toothbrush aisle of your local supermarket you’ll be bombarded with the whole range of choices, styles, types and brands that are available. To assist you in making the right choice for you and your family, let me give you 2 specific things to look for: Firstly, you will need a soft toothbrush. If you have sensitive teeth or previous toothbrush wear on your teeth, then you might even be better opting for an extra-soft toothbrush. But I would always recommend against anything harder than soft. One of the most common misconceptions about brushing is that the harder we scrub and the harder our toothbrush is, the cleaner our teeth will become. This is simply not the case. Plaque is actually quite soft and can be removed very easily. If you cannot get plaque off with a soft toothbrush using the method I’ll explain shortly, then you’re either not doing it right, or the plaque has actually become calculus and it will need to be removed at the dentist.

My second piece of advice for selecting the right toothbrush, is to choose one with an appropriately sized head. This will differ from person to person, but basically the head of the brush needs to be small enough to fit everywhere it needs to go. For people with small mouths, for example, a large toothbrush head will make it very difficult to get to all the right areas in the right way.

| Over 65% of people surveyed thought they should use a medium toothbrush. |
| This is incorrect. |
| A soft toothbrush should be used. |

If you also like the soft grips, tongue cleaners, ergonomic handles or any of the other bells and whistles on offer in the toothbrush aisle, then those can be great too - but they should never come at the expense of a soft brush and an appropriately sized brush head.
While we’re on the subject of toothbrushes, patients will often ask me whether using an electric toothbrush is better than using a manual toothbrush. My answer is generally that a well used manual toothbrush is better than a poorly used electric toothbrush, and a well used electric toothbrush is better than a poorly used manual toothbrush. So if you prefer using one over the other than go with your preference. As long as they’re both used properly, each will do the required job.

Having said that however, there are a couple of exceptions where an electric toothbrush would be recommended. If you have poor manual dexterity and struggle to hold and use a manual toothbrush then an electric toothbrush will probably help you brush more effectively. And if you’re in the habit of scrubbing aggressively with your manual toothbrush and are damaging your gums in the process, then an electric toothbrush may help to tone it down. The only other electric toothbrush benefit worth mentioning is that some electric versions will have a 2 minute timer on them, which helps ensure that you’re not shutting things down too early.

Once we have the right toothbrush, we need to pick a toothpaste. Again there are numerous options available at the supermarket, but if you go with one of the major brands, like Colgate or Oral B, then it’s hard to go wrong. If you do go with another brand, I would strongly advocate for a toothpaste that’s fluoridated. And of course when selecting children’s toothpastes, it’s important to follow the manufacturers’ guidelines for ensuring fluoride levels are age-appropriate.
So, now how to brush.

Some things are really important, and some things are pretty unimportant. For example, while it's important to use the right technique, it really doesn’t matter if you start on the left or the right side of your mouth. So rather than a providing you with a step-by-step commentary on exactly how to fill your two minutes of brushing time, I’d like to focus instead on some of the important things you should keep in mind:

Firstly, angle your brush at 45 degrees into the gums. As we discussed earlier, there is a 2-3mm space between your gums and teeth. By holding your toothbrush at this angle, it will allow the bristles to push into these spaces and clean them out. Once you are holding the brush at the correct angle, push the brush into the gums gently and use something similar to an ‘up and down’ motion. Whether its ‘up and down’, ‘little circles’, ‘wiggles’,
‘jiggles’ or anything else is not particularly important, as long it’s not the back and forth scrubbing action. If you are scrubbing back and forth, you tend to over time get recession of the gums and quite literally wear the teeth away, particularly if using a medium or a hard toothbrush. If using an electric toothbrush, you do not need to do anything except hold it on a 45 degree angle with the brush pressed gently into the gums around the teeth. It actually doesn’t take much to clean the outside surfaces of your teeth, so as you clean the areas around the gums with a little bit of up and down action, these areas will also be done.

Now, whether you start on the top or bottom, left or right, inside or outside, isn’t important. What is important however, is that you don’t miss any spots. What we often tend to do is a bit of a scrub here, and then a bit of a scrub there, and then back to here. Often while we’re multitasking or thinking about something else, and there will be a bit that gets missed. So I always recommend that people start at one point and work their way around their mouth in a systemised manner. This ensures that you’re not missing any teeth.

Once you’ve cleaned all the surfaces around the gumline, you also need to clean the biting surfaces of your teeth. These surfaces generally have much thicker enamel, which provides greater protection, and can be scrubbed a little more if needs be. Be conscious though, that the purpose here is to remove the plaque in the grooves in the teeth and scrubbing too hard won’t help to do this.

Click the link below or scan the QR code, for a video on:

“How to Brush correctly”

www.dontputyourmoneywhereyourmouthis.com/videos
Flossing

The final piece of the puzzle is flossing. Step number 1 is get a nice long piece of floss. I would generally recommend roughly 40cm. If the length of floss is too short, it becomes difficult to manoeuvre. A longer piece of floss is a worthy investment as it allows you to floss properly. People will often tell you to wrap the ends of the floss around your index fingers. If it works well for you, then that’s great. But if you’re struggling to reach every area in your mouth, then I’d suggest you try wrapping the floss around your middle fingers. What this does is free up your index finger and thumb, which can then be of assistance getting floss to those hard to reach areas. You can use a finger and thumb, two fingers, or two thumbs, without having to worry about it slipping off your fingers. Either way, wrap the floss until you have roughly 7-10cm between your hands.

Once it’s wrapped on your fingers you’re ready to go. The process is quite simple in theory, however it may take a little getting used to if you haven’t done it before. Start by pulling the floss down between two of your teeth. Sometimes it will need a little sawing motion to get it underneath the point where the teeth contact but you’ll want to avoid forcing it through so hard that it cuts down into the gums. Once through the contact point, pull the floss down towards the gumline and then over to one side so that it wraps around one of your teeth. You will find that the floss appears to go underneath the gums. If you remember, there is a 2-3mm pocket between the teeth and gums, and so it is important the floss is going right down to the bottom of this area. Once the floss is right down you can start to lift it up again, keeping the pressure against the tooth. Literally what is happening is that the floss is just scraping all the plaque off from between the teeth. Once the floss is out, go back down the same hole and repeat the scraping action for the tooth on the other side. This process should then be repeated between every contact in your mouth.

Now reading this you might be starting to wonder if the whole flossing thing will take a while to execute. Well, to be honest, when you first start it probably will. But the more you do it the quicker you’ll get. And this extra minute or two each night will likely save you not only hours in the dental chair, but also significant costs as well.
Click the link below or scan the QR code, for a video on:
“How to Floss correctly”

www.dontputyourmoneywhereyourmouthis.com/videos

For spaces that are simply too big to floss (where your teeth have no contacts, or recession has meant that there is more space lower down around the gums, etc.), in would be worth looking into what we call interdental brushes. These are small ‘Christmas Tree’ looking brushes that can be pushed directly between the teeth, cleaning this space out. But these should generally be used in addition to floss, as we’ll still need to get to the areas between contact points where no toothbrush or interdental brush can otherwise reach.

When it comes to flossing, one thing that people will often mention, or ask me about, is bleeding gums. It’s common to hear that patients have stopped flossing because they noticed their gums bleeding. Now this is obviously a natural response to bleeding, but your gums are a little unique in this regard; when the gums bleed, it’s a sign of one of two things. The first is that they could be damaged. If you are sticking toothpicks into your gums, or have had a recent run-in with a boxer for example, then this will likely be the result.

Bleeding gums when brushing or flossing
Correctly is an indication that you need to clean better, not stop!
If bleeding persists, see your dentist.
However the second and more common reason for bleeding gums, is that your gums are inflamed. The body doesn’t like bacteria. So if you leave bacteria sitting on the gums, your body will tries to protect itself by swelling the blood vessels. And when these areas are swollen with blood, they tend to bleed very easily. If gums are bleeding spontaneously or with light pressure when you're flossing or brushing normally, then it’s not a sign you should stop. It’s a sign you should be doing it better. Once the bacteria is gone, your gums can become healthy very quickly, and bleeding of this nature will generally resolve within a week. So it’s important that you continue to floss and brush properly.

My only side caution here would be to note that there can be serious underlying damage to your gum such as periodontal disease, so if gum bleeding persists after a week, or you haven’t had a check-up in a while, I would be a good idea to visit your dentist.

**Mouth Rinsing**

A final subject in our discussion of good oral hygiene should probably be mouth rinsing. Many people seem unsure of how to rinse or if/why they need to, and I often get questions along those lines. There have been several clever marketing campaigns on the subject which is evident by the fact that 75% of survey respondents said that mouth rinse was a necessary part of daily oral care. I’ll shy away from commenting on any brand in particular, but I would like to make 2 quick comments on the subject:

Firstly, if you think about the biofilm of bacteria that we’re dealing with, and remember that it can potentially be several hundred layers thick, a swish of mouth rinse on the top simply will not penetrate down to the bottom layer and take care of the bad guys that are actually causing the damage. While the rinse may contain elements that kill bacteria, if it can’t penetrate down to the bacteria that really needs to be killed, then it is of little value. And should definitely not be viewed as an alternative to brushing and/or flossing.

My second comment is that if you have brushed and flossed effectively, removing all the plaque, then a case could be made against the need for a chemical agent at all. Of course, there can be additional reasons that people rinse, such as the fresh-mouth feeling, or perhaps your dentist has recommended a particular mouth rinse for a specific circumstance, so these
reasons should also be considered, but I would advise you be careful with what you are using and how. There’s been a lot of talk recently about alcohol containing mouth rinses and their role in other disease processes, so consider the contents but more importantly, do not use rinsing as any sort of an excuse not to brush or floss properly. There is simply no substitute for proper brushing or flossing!

Click the link below or scan the QR code, for a video on:
“Summary of Chapter 1”

www.dontputyourmoneywhereyourmouthis.com/videos
CHAPTER 2 -
THOSE NASTY HABITS YOU SHOULD BE AVOIDING

In Chapter 1 we looked at where and who bacteria forms in our mouth and how we can remove it. In this chapter I’d like to discuss the implications of bacteria being allowed to build up and remain in our mouths, along with some additional habits that should be avoided if we’d like to save money at the dentist.

Imagine if you will, the war that is being constantly waged in our mouths. There are two very clear sides in the conflict:

<table>
<thead>
<tr>
<th>Our team (aka the good guys)</th>
<th>The other team (aka the bad guys)</th>
</tr>
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<tbody>
<tr>
<td>Oral Hygiene</td>
<td>Sugar</td>
</tr>
<tr>
<td>Saliva</td>
<td>Acid</td>
</tr>
<tr>
<td></td>
<td>Bacteria</td>
</tr>
</tbody>
</table>

This war is essentially being fought over pH (a unit used to measure how acidic a solution is), so while an understanding of how pH units are calculated is not necessary for our purposes, it’s important to know that the lower the pH value, the more acidic the solution. As a baseline, remember that a pH of is neutral. So anything below that level is an acid, and anything above that level is known as a ‘base’.

There is a war raging in your mouth, which will be alive until you are not. There will never be an end to the enemy soldier.

If you’re not constantly fighting this war, your enemies will win. Find a way to make this battle a part of your life.
Taking the science a step further, a pH level of 5.5 is what we call a critical pH for our teeth enamel. So if our pH levels drop below 5.5, then the enamel on our teeth will start to demineralise and be drawn out of our teeth. On the flipside, when our pH levels are sitting above 5.5, our enamel is able to remineralise and pull minerals back into our teeth.

So with this basic understanding of our battlefield and the rules of engagement, let’s take a closer look at the players:

**Sugar**
There’s a lot of misunderstanding around the causes and process of tooth decay - we all know that sugar is bad for our teeth, but we don’t really understand why. Simply put, sugar is a form of food for bacteria and when any organism eats, there will be waste. In the case of bacteria, the by-product of a sugar-feast is acid. So while we sometimes assume that it’s sugar doing lots of bad things to our teeth, in reality, it’s the by-product of the bacteria eating the sugar that causes all the damage. But just because sugar isn’t the direct cause of decay, doesn’t mean that we shouldn’t attempt to control our intake. Sugar is not only found in chocolate and lollies, but also in many of our other foods, such as fruit and even breads. The form, frequency and duration of all sugars are an important consideration. And while very few of us will opt to cut sugars out of our diets completely, one important things we can do is to avoid constant grazing on snacks throughout the day. But we’ll come back to this in more detail a little later.

**Acid**
We’ve touched on this a little already, but the enamel on your teeth is basically a mineral, and when it comes into contact with acid it’s pulled out of the tooth’s surface leaving the tooth demineralised. The problem here is that it leaves the surface of the tooth softened, and the damaged enamel will be worn away far more easily than otherwise. Demineralisation also allows the bacteria to penetrate deeper into the tooth itself. So people who enjoy significant amounts of acidic drinks such as lemon water, fruit juice, soft drinks, wine and sports drinks, will likely have problems in the future.

**Bacteria**
We have a good understanding of bacteria from chapter 1, but to quickly recap: bacteria is everywhere and the bacterial by-products of sugar are acids which are ultimately responsible for tooth decay. As bacteria live on
the surface of our teeth, their contribution to decay is much more localised than that of say drinking some orange juice.

**Oral Hygiene**
Again we've already covered this one, but in the context of this discussion, good oral hygiene will not only remove the bacteria, but also it's food supply.

**Saliva**
Saliva is essentially a buffering solution in that it aims to drive the pH in your mouth up to above 5.5. I won’t go into the science of exactly how this happens, but saliva is very important! Saliva also carries all of the minerals that your teeth need, ready to be reinjected when pH levels permit. It is through this process of demineralisation/remineralisation that fluoride can be integrated into the tooth enamel, and enamel that includes fluoride is more resistant to attack. Fluoride at low constant doses in a drinking supply allow the mineral to be recirculated in the saliva, which is more effective in this sense than a large dose once a day as per a fluoride tablet.

Regular dehydration and other conditions or medications that reduce saliva flow, can have an enormous impact on your overall risk of tooth decay. If you are in this category, it would be well worth speaking to your dentist about what extra measures you can take to reduce the adverse effects of not having enough saliva.

So those are the big players in this war. Saliva and good oral hygiene work for us, and sugar, acid and bacteria work against us. This war will continue to rage until either you’ve lost all of your teeth, or you’re 6 feet under. There won’t, unfortunately, ever be a period of peace or an end to the enemy soldiers. So we need to find a way to make this battle a part of our everyday routines.

Here are my top 10 tips for swinging the balance towards our favour:

1. **Reduce the frequency and duration with which you are eating and drinking sugars and acids** - As far as your teeth are concerned, eating 3 mars bars in 3 minutes, will be better than eating 1 mars bar nibble by nibble, over the course of 1 hour. (Please note this is obviously not general health advice!)
2. **Limit soft drink intake** – Soft drinks are not only loaded with sugar, but are also extremely acidic. The pH level of these drinks is usually 3.0 and under, with some much closer to 2.0. When you consider that the critical pH level is 5.5, it highlights how damaging this can be to your teeth. This combined with massive amounts of sugar are a recipe for tooth decay disaster.

3. **Drink any acidic and/or sugary drinks through a straw** – This includes, but is not limited to, soft drinks, energy drinks, sports drinks, fruit juices, lemon water and even wine. Most people prefer not to drink wine through a straw, and the odd glass will be fine, but if you are regularly enjoying these types of drinks then a straw will help the acid bypass your teeth, reducing the acid attack.

4. **Try to alternate acidic drinks with water** – I have treated professional athletes, triathletes in particular, who drink large amounts of sports drinks as part of their training and competition regimes. As a result, these athletes often have very bad acid wear. Now it’s obviously difficult for me to ask them to stop using these when the benefits in terms of rehydration are proven. However, where possible I encourage them to alternate these drinks with water. This helps to alleviate the otherwise constant acid attack during the 4-5hr blocks that they train and compete. People in similar situations should also discuss the possibility of using specific remineralising products with their dentist.

5. **Avoid brushing your teeth immediately after any acidic or sugary foods or drinks** – As previously mentioned, when you have an acidic attack the enamel is demineralised and becomes softer. In this state, a toothbrush can do more damage than good, essentially scrubbing away the enamel. If the structure of enamel is broken, then remineralisation will not occur and that tooth will be lost forever. As a general rule, try to wait at least half an hour before brushing, and rinse with water in the meantime.

6. **Do not swish acidic or sugary drinks around in your mouth** – Again a fairly basic principle in that we are trying to reduce the acid attack. It’s a subconscious habit many of us have and could break if we were more aware of it.
7. **Keep well hydrated** – When you’re dehydrated, your saliva flow is reduced. Drinking lots of water will not only keep you well hydrated and keep your saliva flowing, but will hopefully also reduce the amount of other, more harmful fluids you might otherwise be drinking.

8. **Chew sugarfree gum** – The purpose of chewing gum is not related to the gum itself. Chewing stimulates saliva, which drives up the pH in your mouth. Particularly when you're out and about and rinsing your mouth isn’t possible, chewing on some gum can be a good way to get back on the right side of the 5.5 mark. It goes without saying that sugary gum should be avoided.

9. **Milk is not magical** – I’m not saying milk is not good for you, but it’s commonly assumed that milk is great for your teeth and will stop decay. With a high pH it can certainly help with reducing the acidity in your mouth, however milk still contains food for bacteria. So habits like giving your child a milk bottle to go to bed with can actually have devastating effects.

10. **Sugar free doesn’t mean acid free** – Don’t be fooled into thinking that no sugar means that it's automatically good for you. Be aware that many sugar free drinks can still be very acidic and damaging.

**Smoking**

Most people understand that smoking isn’t good for your general health. And your oral health is no exception. I’d like to discuss a couple of particularly negative effects that smoking can have on your mouth.

When people think about smoking and cancer, they’re generally go straight to lung cancer. But another less commonly acknowledged cancer with links to smoking, is oral cancer. Throughout my studies I have seen first hand the devastating effects of these cancers on some of those who survived. With a high morbidity, rate particularly in later stages, it’s crucial that any lesions are identified and treated early. So regular check-ups are extremely important.

Smoking decreases the levels of oxygen in the mouth. We spoke in the last chapter about various types of bacteria. Well, when there’s less oxygen in
your mouth, we see an increase in anaerobic or non-oxygen using species, which you'll remember are the bacteria who cause the most damage to the teeth. Oxygen is also important in the healing process, so lower oxygen levels in your mouth will lead to a slower rate of healing for any cuts, sores, swelling etc. in your mouth.

Another major effect of smoking is that it causes what we call vasoconstriction. In layman’s terms, this is a constriction of the blood vessels in the gums - which ultimately reduces their blood supply. Our blood supply is our body's courier network, carrying all the cells and particles that we needed to fight invasions or repair damage. So reducing this avenue reduces the body’s ability to fight invaders and repair itself.

We see the biggest impact of these negative changes when we examine the gums. Smoking is a significant risk factor for what we call periodontal disease. This is basically a process whereby the unhealthy gums and bone around the teeth are slowly stripped away. As this bony support around the teeth is lost, the teeth eventually become mobile and can even fall out. Teeth are only ever be as good as the bone that’s holding them there.

While the direct effects of smoking on the teeth themselves may be minimal, smoking does have significant effects on your oral health. And while I would always encourage any smoker to do whatever it takes to quit, my primary purpose in mentioning the effects of smoking here, is so that smokers understand that they are in a high-risk category for oral health programs. Regular check-ups and cleaning appointments, possibly with a specialist periodontist, are critical for smokers. And if you are trying to quit, I give my encouragement. Do not ever give up! I know it can be difficult, but the diminished quality of life in the long term will be much more difficult. Not only for you, but also for those around you. There are many, including friends, family, doctors and dentists, who are here to support your efforts.

**Grinding**

Grinding habits, including clenching, can be very difficult to break, particularly if you’re a night time grinder who grinds in your sleep. Unfortunately, just because it’s a difficult thing to stop, doesn’t mean the effects aren’t be devastating.

Let’s look at some of the many reason why people grind their teeth:
- **Stress** - This is a huge indicator for grinding. Most people will grind their teeth more than normal when they’re stressed, and constant stress can lead to all kinds of abnormal clenching and grinding habits. During the end of year exam period for my second year in dental school (a particularly stressful period), I wore down a good 1-2mm off my canines on my right hand side in the space of 2-3 months! So finding a way to alleviate the stress in your life can greatly reduce the amount of grinding and clenching your doing. Perhaps a full-body massage is just what you need to take better care of your teeth.

- **Uneven bite** – If our bite is not even, or if there are a couple of spots where we’re biting down more heavily than elsewhere, then most of us will automatically begin to move our jaws in slightly unnatural ways to compensate. Moving our jaws unnaturally can put extra pressure or strain on certain muscles, potentially leading to grinding habits. The good news is that in most of these cases, a simple adjustment of a filling or two can make a huge difference. In more severe cases, crowns or orthodontics may be the best course of action.

- **Loss of teeth** – When you have a full set of teeth, their alignment works to keep your teeth in the right position and reduce forces on certain parts of your teeth. Canines, for example, are very important in this protection. But as teeth are lost, these extra forces are shared between the remaining teeth and their cusps will begin to wear down as a result. When they’re worn down, their ability to protect the other teeth is lost and grinding will occur more readily. As the extra force increases and the number of teeth decreases, the effects can also be accelerated. So if you’ve experienced tooth loss, then it’s a good idea to consider replacing missing teeth (ideally with implants, although dentures are also an option) to help keep these forces spread across the whole mouth. Where possible, try to avoid taking the easy option of simply having a tooth out if there is a problem. It may be a quick cheap fix, but can cost you significantly in the long run.

The damage caused by tooth grinding can be worse than tooth decay, and much more expensive to fix. If you suspect you may be grinding, see your dentist to assess the damage and prevent further damage.
The jaw is a very complex joint, and the above list is not comprehensive. However it does highlight some of the major causes of grinding habits. But regardless of cause, we’ll generally see evidence of grinding and clenching habits visible in the teeth in some of the following ways:

- **Worn teeth** – This is perhaps the most obvious sign of grinding. It’s important to remember that the cusps of our teeth are designed that way for a reason: their shape offers protection. As these cusps are worn down, we lose that protection and problems are accentuated.

- **Cracks** – We’ll discuss the best ways to deal with cracks in chapter 4, but even without chapter 4 I think we would all agree that cracks in our teeth are not ideal. As teeth are lost and there is more force generated onto fewer teeth, these issues can become more prevalent, especially when large restorations are involved as well.

- **Jaw pain** – If you’re overworking your jaw muscles with grinding and clenching, your jaw can feel quite sore. In the case of night time grinding, for example, you’ll probably notice that the pain is worse in the morning as you wake up. Often this pain is simply caused by the excessive forces overworking the muscles and causing general pain, but it can also be due to degeneration of the joint. So if you’re experiencing a lot of jaw pain, you will probably need to be assessed.

- **Abfraction lesions** – These lesions are ‘V’ shaped notches on the side of the tooth around the gumline that are caused by flexural forces. As the teeth flex under pressure, the structure at or under the gum level is being chipped away and while this is not decay, it will certainly make the tooth more susceptible to decay. It also reduces the structural integrity of the tooth, making it more likely that the tooth will fracture at a future point.

- **Fracture** – Generally speaking, the risk of an individual tooth breaking can be largely attributed to local factors on that particular tooth. For example, has it experienced a root canal? How large is the filling in the tooth? Etc. However even a healthy tooth can break in half if the wrong type of force is applied on it, in the wrong way. So fracture can be an indicator of severe grinding habits.
There are several things that can be done to minimise the effects of grinding. Most commonly, a night splint is issued, which is like a hard plastic mouthguard that’s applied usually to the upper teeth. There are also other treatments such as orthodontics, crowns, tooth/filling adjustments, or even implants, which can be very helping in resolving the situation. Discussions with your dentist will be useful in preventing harmful long term consequences of grinding.

Knowledge is power.
If you know and understand what is creating problems in your mouth, you will be better equipped to deal with it.

Understanding what is happening in your mouth and how to counter those effects will have a huge impact on your overall oral health. Hygiene is obviously very important, but dietary and lifestyle influences are real, and acting on your knowledge in these areas can also go a long way towards helping you and your family save money at the dentist.

Click the link below or scan the QR code, for a video on: “Summary of Chapter 2”

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CHAPTER 3 – REGULAR MAINTAINENCE

When I got my first car, which was relatively inexpensive, my mentality was simply to keep driving it until there was a problem. I didn’t see the point in getting regular services and thought they were just a way for mechanics to find problems that would have been fine on their own. I genuinely believed that if it was a good car it would keep running, and if it was a poor car, it would break down and I’d have had to get a new one anyway. And luckily for me, my car had very few problems in the 2 years I owned it. When I got married, we sold my car and began to share my wife’s (slightly better) car – continuing with our ‘no maintenance’ philosophy.

But before too long, things began to go wrong with my wife’s car. We took it to a mechanic and the cost to fix it was more than I wanted to pay, so we found a compromise that basically ‘patched it up’ so we could quickly get it going again. It was pretty good for another 6 months, but then it started making horrible noises. Ultimately it was back at the mechanic again where we were quoted $3,000 (a much higher amount given the additional 6 months of damage) to get it all fixed up. And this time there were no cheap patch up options available. So given that the car would only be worth around $3,000 once it was fixed, and that we had another car by this point anyway, we sighed and decided to just sell the car online for $500.

I like to think I’ve learned my lesson about car servicing, and we’ve been pretty good about it with our cars since then.

Growing up I’d often hear the expressions ‘a stitch in time saves nine’ or ‘an ounce of prevention is worth a pound of cure’, and ‘the poor man pays twice’. But as a ‘young fella’ I figured I knew better. I acted as though I

Maintenance of your teeth is like that of a car. By spending small amounts regularly, you can avoid spending a lot semi-regularly

I like to think I’ve learned my lesson about car servicing, and we’ve been pretty good about it with our cars since then.

Growing up I’d often hear the expressions ‘a stitch in time saves nine’ or ‘an ounce of prevention is worth a pound of cure’, and ‘the poor man pays twice’. But as a ‘young fella’ I figured I knew better. I acted as though I
could cheat the system and paid the bare minimum at every turn, trusting
the future to take care of itself. But this approach has rarely worked in my
favour.

So I suppose it’s not surprising that I’ve come across so many people who
have a similar approach to their teeth. And there are a lot of similarities in
the reasons for servicing both our cars and our teeth, on a regularly basis.
During your car service for example, your mechanic will expect to change
the oil and get rid of build-ups that would otherwise stop the car from
running cleanly. They’ll also do a check for any small issues that have the
potential to become bigger and costlier issues down the road.

When you come in for a regular dental check-up, the process is essentially
the same. Your dentist will probably start by giving your teeth a thorough
clean, getting rid of anything that might be building up so that your mouth
has a fresh start. A fluoride application is like putting some new oil in your
car to help protect the engine until the next service; fluoride strengthens
the enamel helping to prevent problems until your next check-up. We also
do a full check of your teeth, looking to identify any potential problem
areas. As with a car, there may be some things that require urgent
attention, some things that we should think about fixing now to prevent
major problems, and some things that don’t need any action right now, but
that could become an issue and should be monitored.

When I decided not to get my initial car problems fixed properly, my
mechanic was able to offer a cheaper patch-up solution. And as a dentist, I
often find myself in the position of offering cheaper patch-up solutions to
patients who’d also rather not tackle a problem head-on. And while a
patch-up will generally be cheaper than fixing it properly, it can never be
expected to last as long. What would have been $1,500 for me on my first
visit to the mechanic, became $3,000 only 6 months later. With the benefit
of hindsight, the $1,500 option would obviously have been my preferred
choice.

The thing is, in most industries, maintenance and prevention are better and
cheaper than needing a repair or a cure.

Let’s quickly discuss the life of a tooth. A tooth starts with no decay. If it
gets a little decay it requires a little filling. If that filling is not accomplished
quickly, then the tooth will develop a larger section of decay requiring a
larger filling, and then potentially a larger one after that. Then we would think about porcelain fillings or a crown. As it progresses further, it would need a root canal and crown, which could potentially be redone once or twice, before the tooth would need to come out. At every stage along the line, the more involved the work is, the more expensive it becomes.

Click the link below or scan the QR code, for a video on:
“The Life Cycle of a Tooth”

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But if you catch the problem when there is only a small amount of decay, you’ll only need to deal with a small problem and its small solution. If you leave things until they hurt, then you’ve usually got a large problem that will now need a large solution. Many of my patients are people who came in for their first visit when their tooth was beyond repair and extraction was the only option.

Regular maintenance costs money, and there’s unfortunately no way around that. But a single crown will generally cost you up to 10 times as much as a single check-up and clean. So you can have 5 years of 6 monthly check-ups and cleans before you’re any worse off than the cost of a single crown. And if you can budget for regular dental checks (in the same way you budget for car maintenance, termite inspections, pool servicing and holidays), then you’ll always be better off being told you need a $200 filling now, than having to spend $3,500 on a root canal and crown in a year or two.
Ultimately though, the big difference between a car and your teeth is that you can't sell your teeth before they cause major problems, and buy a brand new set. The one's you've got are the only ones you'll ever get. So the goal is to help them outlast you, and keep them healthy in the process.

You can't sell your teeth or buy a new set. Once your adult teeth come through, you don't get another chance.

What about children?

I’ve often been asked when children should start going to the dentist. My personal feeling is that going 6 months after their teeth have all come through is a good time to start. This first visit probably won’t find areas of decay that need filling, but giving your children a check-up-only experience at this young age will go a long way towards preventing long term dental anxiety. I know many adults who are still scared of the dentist because they had a bad experience as a child. And this fear is often transferred from parent to child invoking a natural avoidance of the dentist that can be very damaging in the long run. A lot has changed over the last decade, and dental experiences are more comfortable now than they have ever been. But if your child’s first experience at the dentist is an extraction, it’s going to be very difficult to alleviate long term dental anxiety. By starting them early, with non-invasive check-ups, children are much more likely to continue regular check-ups as they age.

Another purpose of early visits is parent education. Despite the good intentions us parent have for our children’s health, without the right information it’s very difficult to know exactly how to do the right things. Early visits provide an opportunity for parents to learn how to care for their child’s teeth and what potential issues they should be looking out for. As I’ve said before, information is power, and with the right oral care information, parents can give their children a great start and prevent larger problems from occurring.
As children grow and develop, one of the more common treatments we see is orthodontics. As their permanent teeth begin to come through, the position of their teeth may dictate some early intervention orthodontics. Now these treatments can be indicated as early as 7-8 years of age and may minimise local problems and reduce the need for orthodontic treatment in the future. But there’s nothing worse than spending a lot of time and money on early intervention orthodontics, and then having to do the same orthodontic treatment as an early teen. By this stage not only are you spending more money, but your child is going to be ‘well and truly over it’ before the braces even start. So while there are some situations where early intervention will definitely help in the long term, but I would recommend seeing a specialist orthodontist for an opinion before starting anything of this nature.

Ultimately, when I think of dental care for children, it comes down to this: a lot of the patients that I treat or retreat are people in their middle years, who didn’t look after their teeth when they were younger. If children can learn early what they need to do, and then get into good and lasting habits, the long term savings will be significant.

What maintenance plan should we follow?

When talking to people about how often they should come in for regular check-ups, I will generally recommend they take a look at what the major health funds are doing. Health funds are run by giant businesses intent on maximising their profits. And they’re doing their very best to walk that fine line between paying out enough that they’ll appear valuable, and not paying out a cent more than they have to. They’re very clever in how they do this, so it’s interesting that most health funds will pay reasonably well for check-ups, cleans, x-rays and fluoride treatments, twice a year.

If you are looking at ways to reduce your overall spend, look at what the health funds are willing to pay for. They want you to spend less at the dentist almost as much as you do!
You see, if everyone was visiting the dentist every 6 months, there would be little more to do than a clean, and some x-rays every couple of years, maybe the odd filling here or there. This might cost your health fund up to $500 a year, depending on the fund and your level of cover.

On the flip side, if you never come in for a check-up, and only make appointments when things hurt, then there is the likelihood of root canals, crowns, extractions, dental implants and dentures. Your health fund will not generally pay for the entire treatment, but even if they pay up to $800-$1500 of this major dental treatment, as well as for your x-rays and smaller fillings, then they're still spending more (reasonably assuming you have a problem or two every couple of years) than if you're taking them up on their 6 monthly check-ups.

So by focusing on prevention and encouraging people to be regular with their check-ups, they've worked out that they actually end up paying less. These health funds are usually huge conglomerates that spend a lot of time and effort on figuring out how to \textit{minimise your spend with the dentist} - which will ultimately \textit{minimise their spend on you}. So it would be wise to follow their lead.

Whether you are in a health fund or not, 6 monthly check-ups and necessary minor treatment will generally keep expensive treatment to a minimum. There are a few situations, due to poor gum conditions in particular, where your dentist may recommend visits every 3 months, but generally speaking 6 monthly check-ups are optimum.

Click the link below or scan the QR code, for a video on:

\textit{“Summary of Chapter 3”}

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CHAPTER 4 –
MAKING YOUR DECISIONS BASED ON INFORMATION
YOU UNDERSTAND, AND A LONG TERM OUTLOOK

In almost every dental situation, there are multiple options. And during your time at the dentist, you’ll likely be called on to make decisions based on at least some of these options. For example:

- x-ray vs no x-ray
- Fluoride treatment vs. no fluoride treatment.
- Large filling vs. Crown
- Root canal vs. Extraction
- Leave a gap vs. Denture vs. Dental Implant
- Crooked teeth vs. braces vs. Invisalign

I could go on and on. Often these choices are easy, for example if the health fund will pay 100% of the cost of x-rays and fluoride treatment, there will be few people that would choose not to have it done. Often however, the choice is not that simple. I’ve seen many people for whom the cost of certain treatments will prove an impenetrable wall, with the cheaper option always selected, regardless of outcome. Others won’t seem to view money as a problem at all and will blindly do whatever is recommended. Still others seem to base all of their decisions on fear and they won’t consider recommended treatments based on horror stories others have told them or their own negative experiences from the past. And there are others who want to make every decision based on the long-term survival of their teeth.

I’d like to address each of these approaches in turn, as I’ve seen them each numerous times and have be interested to observe the outcomes.

Making decisions based on cost
Making decisions based on cost is simply responsible. We all have bills to pay, families to look after, and other luxuries we’d rather be spending our money on. But the problem as I often observe it, is that people base their decisions on the costs right in front of them, rather than the inevitable costs they’ll incur over the next year, 5 years, or 20 years.
When we hear ‘cost’, I think most of us immediately assume that we’re talking about financial cost. That’s reasonable, and it seems to be the cost we’re most readily programmed to consider in this day and age, but there are other costs that should probably also be considered:

- **Financial cost** – As we’ve discussed, any work done will need to be paid for.

- **Time cost** – Certain treatments will take more or less time than other treatments, and it may be worth it to you to save time where possible, or alternatively to spend time in order to reduce other costs.

- **Biological cost** – Every treatment that we do or don’t choose, will affect our teeth in some way. And once part or all of a tooth has been decayed or cut away, it won’t ever come back. So while some treatments may seem financially cheaper for a decent result in the short term, if the biological cost is high then the lifespan of the tooth will be shortened and your time costs and financial costs will likely increase with future re-treatment or replacement treatments.

- **Lifestyle cost** – The option of having all of your teeth out at 20 and replacing them with a set of dentures that cost $2,000 every 7-10 years is without question one of the most financially cheap decisions available. However the negative influence this can have on your lifestyle - for the rest of your life - is significant. Difficulty chewing, laughing, speaking, smiling, or constantly being in pain can genuinely affect peoples self esteem and confidence, and this cost should not be underestimated.

There are times when decisions have to be made financially. If there is literally no money to spend, then regardless of how much we may want an alternative, we simply can’t have it. In some cases there are payment plans and government benefits that can assist (we’ll talk about them in the final chapter), which are helpful, but I do understand that there are times when our decisions are driven by finances.

In most cases, however, objections about money are not objections about money as much as they’re objections about value.
If I was to try and sell you a vacuum cleaner that was so amazing it could clean your carpets better than a professional cleaner, for a cost of $10,000, how would you react? I haven’t done a survey here, but I assume most people wouldn’t be particularly interested. I’d expect I’d hear comments like “I can’t afford it” and “I don’t have $10,000 to spend on a vacuum cleaner”.

But if I told you I had a brand new Aston Martin DB9 worth over $350,000, and that because my wife hates it and wants me to get rid of it today, I was willing to sell it to you for $10,000, how would you react? Would your answer still be “I can’t afford it? Or “I don’t have $10,000 to spend on a car?”

Again, I haven’t done a survey here, but I genuinely believe that more of us would be able to find $10,000 for a car worth over $350,000, than would be able to find $10,000 for a fancy vacuum cleaner. Because it’s not so much about whether the money is or isn’t achievable, as it is about whether the things we’re spending our money on (however large or small the amount) are worth the money we’re looking to spend.

Objections about money are not objections about money, as much as they are objections about value

The old saying ‘you get what you pay for’ is especially true in dentistry. Not everyone can or will go for the gold standard, but before you make a decision on which treatment you want to pursue, it’s important to make sure that you have all the information, and have considered all of the various costs.

Many dentists have payment plan options available through their clinics, through an external finance company, or with a payment solution agency organised through the clinic. If available, these options can turn significant amounts of money into low weekly payment, often with little or no interest. For the sake of getting the right treatment at the right time, it might be something worth considering.
Making decisions based on fear

When I was a 9 or 10 years old, I read Michael Crichton’s dinosaur adventure ‘The Lost World’ (sequel to ‘Jurassic Park’). I remember this clearly because I wasn’t a big reader as a kid, but I somehow made it through that 400 page novel in only 4 days. I could not put that book down. My family had recently moved into a new house that backed immediately onto the state forest. We hadn’t had time to put curtains or blinds up in my bedroom yet, so all that stood between me and the now terrifying forest was a large glass window and 20 metres of long grass. One night was extremely stormy and as lightning lit up the sky it revealed tall trees swinging crazily in the wind. I fully expected a Tyrannosaurus Rex to jump out of the forest and eat me. That thought was pretty terrifying, but I knew from the book that if I froze, and didn’t move, then the Tyrannosaurus wouldn’t be able to see me. So at least I had a plan of action ready for when he arrived. What was more terrifying though, was the thought of a pack of Velociraptors emerging from the forest. Those guys were fast, clever and hunted in packs – they would definitely see me sitting there in my bed. And so for the next few weeks, I literally slept under my desk in a corner by the window where they wouldn’t be able to see me.

As I’ve reflected on that in adulthood, I’ve realised that there were a few elements that made the whole situation so scary:

- **Lack of understanding** – I forgot that dinosaurs weren’t real. They’d seemed alive as I’d read the book and watch the movie – I even knew what they looked like and what they could do to me!

- **Environment** – If I’d been reading the book on a bright sunny day at the beach, I wouldn’t have been so scared. The storm, the forest, and the unobstructed window made the dinosaurs’ world seem so real.

- **Previous bad experiences** – I had seen Jurassic Park the movie, and had literally jumped over the chair I was sitting in at the cinema (to my father’s amusement), so I was already a little terrified before I began reading the first page.

There are several interesting parallels between my experiences here and the experiences a lot of people have with dental anxiety and fear.
We tend to be afraid of what they don’t understand. I have had countless patients tell me that they’re not interested in dental implants because it’s too much for them. But when I sit down with them and explain the process, their shoulders relax and their attitudes will change within the space of a few short minutes. Many of them had wanted an implant result, but had imagined terrible pain or difficulty. With understanding and clarity, their fear is greatly reduced.

Environment can also have an effect on your experience. If a dental practice is full of people who are happy and smiling, patients tend to feel more comfortable than a surgery where nobody talks or smiles. These kinds of environmental judgements usually reflect very little of the dentist’s ability to actually carry out your treatment, but perception becomes reality, and how you feel about the surgery will determine how you let yourself respond to it - particularly if you already have some built up anxiety. It’s important that you feel comfortable with your dentist, or your decisions will likely be based on fear and how quickly you can get your pain sorted so you can leave again.

Another thing I’ve noticed since become a dentist is just how many people love to share their dental horror stories! The conversation usually goes something like this:

“What do you do?”
“I’m a dentist”
“Oh really, I went to the dentist this one time and… (insert story about how horrible their experience was, including details such as knees in the chest, no anaesthetic etc.)”

It’s often amazes me just how much people love to tell these stories, and how much negative emotion is tied to their experiences – even as they laugh and joke about them. And these stories get bigger with every telling: what starts as a bit of pulling pressure becomes a dentist leaning on the chair, becomes a knee in the chest, becomes them standing on the chair trying to get a tooth out! I’ve never seen or heard of a real dentist actually putting a knee into a patient’s chest to get a tooth out, but I’ve noticed that as people tell these stories, they’re actually convincing themselves that there really is something to fear. When the fact of the matter is that it’s extremely rare for a patient to tell me that their treatment was worse than
they thought it would be. It’s almost always the opposite, with patients leaving with a satisfied “well, that wasn’t as bad as I thought it would be.”

I recently met with a patient who hadn’t been to the dentist for over 8 years because she was afraid. I spent some time with her discussing treatment options, and what would be involved, and she was so excited by the time she left that she said she’d be telling all of her friends to come and see us. We hadn’t even treated her yet, but a bit of information and a friendly environment were enough to turn around years of negativity. There will likely be significant financial costs involved in her treatment, but at least fear is no longer a consideration in her decision making, and taking some action is certainly better than waiting another 8 years.

If you have genuine fears, then find a dentist you’re comfortable with. Ask your friends about their dentists - they’ll be able to tell you what marketing and advertising won’t. Once you’ve found the right dentist, I can almost guarantee you’ll be wondering why you didn’t do it sooner.

Not going to the dentist because of fear does not make the problem go away, it makes it worse. Ask your friends and find a dentist that you can be comfortable with and work through it.

Question your dentist’s recommendations before making decisions

Dentists are professionals who have spent significant amounts of time and money on their education, both throughout their university education, and through ongoing professional development. Their diagnosis and treatment should always be of a high quality and I certainly have the upmost respect for my colleagues.

But I also believe it’s important for patients to question their dentists in order to ensure they understand exactly what is going on inside their mouths. Questions like “is ABC the best solution?”, “how long will XYZ last?”, “how will 123 benefit me in the long run?”, and “how can I prevent 789 from happening again?”. These questions are not intended to test your dentist, but rather to help you gain some level of basic understanding that
will allow you to make the right decisions about your treatment, and to help prevent recurrence in the future.

The more you understand what is going on in your mouth, the better you will be equipped to make the right decisions to solve problems, and also prevent further problems.

My basic message here is to listen to what your dentist says about what’s going on in your mouth, but then make sure you understand it. It will not only help you make good decisions, but also help to prevent miscommunication and allow you to take better care of your teeth in the long run.

Making decisions based on a long term outlook.

As much as we dentist like to think of ourselves as miracle workers, there is a limited life span for everything we do in the mouth. It’s a hostile environment. Some treatments will last longer than others, and some will help prevent future problems more than others.

A prime example would be fissure sealants. In instances where grooves on the biting surface of the teeth are very steep and difficult to clean, a fissure seal is basically a small filling in those grooves, which stops food and bacteria getting stuck in those areas and therefore reduces decay. This treatment is often cheaper than a filling, and doesn’t usually require an anaesthetic.

But every situation needs to be addressed on its merits. Cracked, worn and missing teeth are all situations that, if dealt with early and appropriately, can actually prevent much larger problems from occurring. By the time someone has lost several of their back teeth and worn away half of their front teeth, for example, they’re looking at an expensive repair. But if their problems had been intercepted years earlier, the outcomes would have been far less expensive, and could likely have been prevented altogether.
There are a lot of ways to spend money at the dentist, and a lot of ways to decide how you’re going to spend it. But it’s a genuine principle that if you do the right things at the right times - including regular check-ups and selecting the best treatments for the long term survival of your teeth – then you will spend less money in the long term.

Remember:
“The poor man pays twice”
“A stitch in time saves nine”, and
“An ounce of prevention is with worth a pound of cure”

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“Summary of Chapter 4”

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CHAPTER 5 –
UNDERSTAND YOUR PRIVATE HEALTH INSURANCE
AND GOVERNMENT SCHEMES

This final chapter discusses some of the available benefits that could also help to minimise the amount of money you and your family need to spend at the dentist.

It’s worth mentioning as a precursor, that most schemes and benefits will change from family to family, from policy to policy, and from year to year. So while these few pages offer a guide to the general situation as it currently stands in Australia, future changes will obviously impact the relevance of this document. Regardless of legislative changes that may or may not occur however, it’s important to understand that benefits and schemes do exist. So do some research and educate yourself on what options are available to you and your family at this time.

Private Health Insurance

The most obvious place to start is private health insurance. Now, because every insurance company is so different and because the various levels of cover available within those companies is so different, it’s impossible for me as a dentist to keep up with the hundreds of options available. It would also be difficult to explain all of those options in just a couple of pages. But there are some basic things that you should know about your health fund, or should remember to ask when selecting your health fund:

1. **What waiting period do you have?**
   If you’re planning to sign up for a health fund as a way to supplement the costs of dental work you need done, then you’ll need to be aware of the minimum period of time you’re required to be a member of the fund, before you’re able to make claims. Many funds will insist on a significant period of time, so waiting until you need dental work before signing up for a health fund is usually not practical.

2. **Does your health fund work on a calendar year, or a financial year?**
The majority of health funds I’ve dealt with reset their rebates each calendar year, but it’s important to know which way your fund
works. Because if, for example, you need 2 crowns, and getting them both done in the same ‘year’ would max out your rebate, then you may be able to consider scheduling major work around health fund timelines – saving you money and maximising your rebates. Obviously you can’t always wait 6-12 months between urgent treatments, but where possible, this approach can lead to savings.

3. **What does your health fund offer for preventive treatment such as check-ups, cleans and x-rays?**
Many funds will have a limit on certain treatments such as check-ups and cleans. For example some might offer ‘2 within a calendar year’ and others might stipulate ‘6 months between services’. Whatever the case, it’s important to be aware of your fund’s specific offerings. Because if, for example, you must have 6 months between services and you go 1 day early, you could find yourself with no rebate, rather than a full refund.

4. **What are your limits for major and minor dental?**
Minor dental usually refers to check-ups, cleans, x-rays, and simple fillings. Major dental typically include services such as crowns, root canals and dental implants etc. Health Funds will generally treat these two categories with a different set of rules, i.e. Major dental will usually have a yearly maximum benefit. So knowing that every fund is very different, it’s important to make sure you understand exactly what the terms for your policy are.

5. **Is orthodontic treatment covered?**
If included, orthodontic treatments will often come with their own set of rules. For example, some funds stipulate that these treatments can only be claimed once during a person’s lifetime, so again, it’s important to be educated before selecting a health fund.

6. **What happens if I want to see a specialist?**
Some health funds will pay different benefits depending on whether the operator is a general dentist or a registered specialist. If you need to see a specialist for a particular treatment, for example, you may be entitled to a higher rebate. So before deciding between a general dentist or a specialist for certain treatments, it’s worth understanding how your fund discriminates between them.
The take home message on health funds is simple: know your policy well. It continues to surprise me just how few people actually understand what they’re entitled to and how their policy works. I’ve spoken with many people who haven’t been for a check-up in several years – even though their health funds completely covered a check-up and clean twice a year (which could also have saved their teeth and significant costs down the road). That’s well over $1,000 a year worth of prevention that could have been claimed, that wasn’t. And of course once the year ticks over, you lose what you haven’t used. So by knowing your policy and working within its parameters to maximise your rebates, there are potentially thousands of dollars to be saved.

If you have private health and don’t use it, you are wasting your money! If you know your policy and how it works, you can maximise what they spend, and in turn minimise what you spend.

**Government schemes, rebates and clinics**

Generally speaking there is limited assistance for the average person at the dentist, than for the average person at the doctors. But from year to year, different government initiatives for dental health do appear.

For example in previous years, there was a scheme called the Chronic Disease Dental Scheme (CDDS). It was available to those whose oral health had been affected by a chronic disease, and it entitled them to up to $4,000 worth of treatment over a 2 year period. Many of those eligible benefited greatly from the scheme. However there were also others who would have been eligible, but who didn’t know or understand, and therefore weren’t able to take advantage of the opportunity.
Recently, the government has introduced another program called the Child Dental Benefit Scheme (CDBS). It offers Medicare rebates of up to $1,000 for children in families on tax benefit A, over a 2 year period. The purpose of the initiative is to get children into good habits of dental visits and treatment early, in order to prevent many of the future oral health problems that are currently common among our older generations. The adage ‘an ounce of prevention is worth a pound of cure’ is in play again here, and the government is investing in the scheme. If eligible, I would encourage you to make use of the scheme to get your children into habits of regular dental visits and oral hygiene maintenance. It may last 2 years, 10 years or more, but there are no guarantees, so don’t delay.

And finally, there are government clinics available for people with health care cards. This is not an ideal system (demand is simply too large), however it is certainly helpful for those who simply aren’t able to afford private health care. These clinics are available in most major areas, but waiting lengths for general check-ups can several years in some areas.

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&
“The Final word”

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