



ORAL-B STAGES
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PARENTS' TOOTH-
BRUSH, \$3

years later. "Everything they told me was consistent with what I knew and what I was already doing." She'd been brushing her daughter's teeth twice a day and encouraging her to eat apples and carrots. Avery got her share of junk food, too, but still – how did she end up with a mouth full of fillings in preschool?

The reality is that more young children are getting cavities in their baby teeth, and stories like Gritter's are becoming common. Data from the US Centers for Disease Control and Prevention from 2004 reveals Early Childhood Caries (ECC) – the process by which enamel gets broken down, leading to cavities – affects a quarter of all kids in North America between ages two and five. Even worse, the incidence of ECC (also referred to as early childhood tooth decay) in this age group had increased by four percent from the previous assessment period. A July 2008 report by the College of Registered Dental Hygienists of Alberta went so far as to call ECC a "public health epidemic" that afflicts children from every income level.

BABY TEETH MATTER

Early Childhood Caries is a disease that's not on the radar for many parents, who may think cavities in baby

teeth aren't a big deal since they're going to fall out anyway. But primary teeth matter – they aid in speech development, play a role in digestion and are placeholders for permanent teeth. And the earlier a child starts to get tooth decay, the greater the risk of future decay, says Rosamund Harrison, a paediatric dentist in Vancouver. Harrison, who is also chair of the Division of Paediatric Dentistry at the University of British Columbia, says the risk increases for both baby and adult teeth.

Society's focus on permanent teeth has certainly paid off: The percentage of children aged six to 11 with at least one cavity has dropped dramatically, from 74 percent in 1972 to less than 25 percent in 2009, according to the Oral Health Component of the Canadian Health Measures Survey 2007-2009. Factors credited with the reversal among older children include better access to professional oral health care, the widespread use of fluoridated toothpaste, and the availability of fluoridated water (45 percent of Canadians receive fluoridated drinking water, according to Health Canada).

What isn't as clear is why some young kids are experiencing the opposite phenomenon: accelerated decay. The issue is complex and, ultimately, it's about more than just

brushing, flossing and visiting the dentist every six months.

"Dental caries is a process – you don't just wake up one day with a cavity," says Harrison. "The issue with ECC is it's not just about the teeth; it's about the child, the family and the community. It's a multifactorial disease."

FACTORS INFLUENCING ECC

Genetics play a role in ECC – if both parents have a lot of fillings, chances are their kids will inherit cavity-prone teeth. What's more, the enamel on primary teeth is more porous and thus more susceptible to erosion by the acid created when bacteria metabolizes sugar inside the mouth. In addition to genetics, Harrison says a family's diet, oral health behaviours and exposure to fluoride influence whether or not ECC develops.

Jennifer Pinarski believes she passed on her weak teeth to her kids. She also wonders if moving from Winnipeg to Bobcaygeon, Ont. – where she, her husband and their two children drink non-fluoridated well water – had anything to do with their cavities. Shortly after the move, "the cavities started taking off," she says. She was shocked when the local public health unit sent her a letter informing her that a dental screening revealed that Isaac, then five, had cavities. Now Pinarski's two-year-old daughter, Gillian, has one, too.

Whether or not water is fluoridated varies by municipality across Canada. If water is non-fluoridated it's important to brush with toothpaste containing fluoride – a natural compound that remineralizes tooth enamel and helps it resist decay. "It strengthens the tooth from the outside in," says Harrison.

Fluoride toothpastes can be safely used only after a child reaches age three. However, the Canadian Dental Association (CDA) does recommend fluoride toothpaste for those children under three who have been deemed at risk for ECC. Your dentist will determine your child's ECC risk at the first visit, usually around age one. According to Harrison, low-fluoride toothpastes have not been shown to be effective. Fluoride supplements (like lozenges, drops and chewable tablets) are not needed in the majority of Canadian communities, says the CDA, unless ►

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