

Can sealants be a helpful option for your child?

ASK THE DENTIST
Question: My family dentist has recommended that my 6-year-old get sealants. What are sealants and how do they work?

Answer: Sealants are significant developments in tooth decay reduction since the introduction of fluoride into our drinking water and toothpaste. Sealants are generally transparent or white-colored materials that are bonded onto the chewing surfaces of adult back teeth (most frequently molars) to help prevent the formation of decay, especially in children.

Children receive their first permanent adult molars at age six. It's very easy for parents to think that these teeth are baby teeth because they are coming in when a child still has his or her baby teeth. Children, in fact, will have 20 baby teeth in their mouth when their first permanent teeth start to come in.

How do sealants work?
At a child's regular cleaning and check-up appointment, the dentist may recommend the placement of sealants on certain teeth. The teeth most frequently treated with sealants are generally permanent molars, especially those with deep grooves or fissures (nooks and crannies) on the chewing surfaces.

The more hiding places on the surface of a tooth for bacteria or food to collect, the more likely it is that decay will occur in these areas. Smoother-surfaced teeth are still quite prone to decay but are less likely to trap plaque and food than teeth with deep grooves. Sealants work by preventing food and bacteria from gaining access to the chewing surface of teeth — the area most commonly decayed in children.

How are sealants applied?
A dental team member, a dentist, or a hygienist will perform this quick and painless procedure. There is no need for anesthesia since there is no need for drilling. The surface of the tooth to be sealed is cleaned of any debris and then it's treated with a gel to make the surface receptive to bonding with the sealant.

Next, the sealant material is placed in the grooves on the chewing surfaces of the tooth. A special light is often shined on the sealant material to harden it. The entire procedure only takes 20-30 minutes for all four molars. That's all there is to it.

Are there any risks?
None. Sealants are extremely non-invasive and safe.

When are sealants placed?
The best time to apply sealants is as soon as adult molars enter the mouth. This occurs for the first time at approximately age six when four molars appear and then again at approximately age 12 when the next set of four molars appear.

Sealants may also be recommended for bicuspids, the permanent teeth situated directly in front of the molars. These generally enter the mouth at approximately 10 to 12 years of age. It is important to note that sealants cannot be placed in a tooth that already needs or has a regular filling in it. Sealants are a preventative measure that is utilized before the need for a filling occurs.

How long do sealants last?
Sealants will wear down as the child chews food and may require replacement after several years of wear, but they are well worth the investment for protection in hard-to-reach, cavity-prone, nook-and-cranny areas of certain teeth.

Will insurance cover this?
In our office, we receive insurance coverage for sealants in approximately 90 percent of the cases. But regardless of insurance coverage, sealants are an excellent and inexpensive investment. Sealants cost far less than a filling, are quicker to do, and are easily tolerated by the patient. It is wise to have sealants placed on your children's teeth even if insurance does not cover this procedure.

Can sealants prevent all decay?
No. Sealants are specifically designed for the grooves on the chewing surfaces of teeth, and they can prevent decay in areas that are hard to clean. They are a great idea if children are not brushing their teeth properly, however, they are definitely not a replacement for brushing.

Sealants should not give the patient the false confidence to feel that they can eat sugar without any consequences. They have no effect on the smooth outer surfaces of front teeth or in between the teeth. In-between-the-teeth cavities are best prevented by decreasing your sugar intake, flossing properly each day and brushing after each meal. It's now wise to visit your dentist every six months for teeth cleaning, fluoride and check-up x-rays.

Dr. David Banda is a general dentist in Bloomfield Hills. He graduated from the University of Michigan and is a member of the American Dental Association, the Michigan Dental Association and the Oklahoma Dental Society. His columns will appear every other week in the Health & Fitness section. Send questions or comments for Dr. Banda in care of staff writer Chris Mavor at: The Observer Newspapers, 805 E. Maple, Birmingham, MI 48009.

Sunglasses play role in eye health



■ Golf, cycling and various water sports can provide hours of entertainment during the summer. But according to David Bogorad, M.D., wearing sunglasses while participating is essential to preserving eye health.

Wearing sunglasses while playing summer sports is more than just a fashion statement. It is essential to preserving your eye health, according to David Bogorad, M.D., a senior staff ophthalmologist with Henry Ford Health System.

"The sun's ultraviolet (UV) rays can damage the surface layer of cells on the cornea, causing temporary blindness," Dr. Bogorad says. "UV rays also promote cataracts. UV is a major cause of macular degeneration. Depending on the sport you play, your eyes may require special protection."

Dr. Bogorad offers this advice to protect your eyes during the following activities:

Water Sports.
The sun's rays are intensified when

they reflect off the water's surface. If you are participating in activities on the water such as sailing, jet skiing or fishing, you need to wear UV protection. Polarized lenses with UV protection reduce glare and actually enhance clarity of vision.

Golf.
Spending hours on a sunny golf course can lead to eye strain and fatigue. It also exposes your eyes to UV rays that can lead to serious eye problems. Sunglasses are now available specifically for golf. The glasses have a wraparound design to reduce wind and glare, and are rimless so that the field of vision is not obstructed.

The lenses should offer UV protection and typically are neutral gray to maintain a player's depth and color

perception.

Cycling.
Special sportshields have been developed to protect the eyes of serious cyclists. Because cyclists can sustain injuries from gravel and other projectile objects, the sportshield is larger than traditional sunglasses and has a polycarbonate lens, which is more impact-resistant. As with all sunglasses, you should purchase sportshields with UV protection.

Whether you are lying on the beach or taking an early evening walk, sunglasses should be worn to protect your eyes from the sun's damaging rays. For maximum benefit, the following guidelines can be used when selecting sunglasses:

■ Sunglasses should be labeled as blocking ultraviolet protection.

■ Lenses should not be too dark because you'll be limited to wearing them in only very bright settings.

■ The larger, the better. Wraparound styles provide added pro-

tection. When selecting a tint of lens, color doesn't affect the degree of UV protection. The three most popular tints are green, brown or gray, but your decision should be based on personal preference.

"Many people prefer green because it makes the outdoor foliage appear more vivid and lush. Brown tends to increase apparent clarity. Gray distorts color visibility the least, providing the most accurate color," Dr. Bogorad says.

For people who depend on prescription glasses, photochromic lenses that darken in direct sunlight — such as Transitions — can be a good way to protect eyes from UV rays, especially for people who don't like switching between regular glasses and sunglasses. Dr. Bogorad warns that sometimes the lenses don't darken well in a car because they aren't exposed to direct sunlight. Some patients also find that the glasses tend not to change quickly enough in warm summer weather.

Weight loss involves leading an active life

Question: I'm a naturally overweight person. I've been watching my food intake closely. I eat foods very low in fat, drink lots of water and exercise about four times per week. I run the treadmill for about 30 minutes each time. My question is this: What do I do when I seem to be at a point where I can't lose more weight?

Answer: This is really a common problem, especially if you say you are a "naturally overweight person." Do you like to eat? You may be eating low-fat food — but too much of it.

Portion-control can be a factor here. Your exercise regimen is not demanding enough. Aerobic activity four times a week, 30 minutes per session is more of a maintenance program if you've been at it awhile. The key to permanent weight loss is to make your muscles more active so you can burn calories more easily. It works like this: The "fat/sedentary metabolism" shunts a large percentage of calories into its cells after eating, and inactivity will keep the fat cells full of fat. The "thin metabolism" uses calories quite differently, however, burning hundreds of them each day during physical activity.

Part of the fuel used for that activity is stored in the muscle cells and liver. The active muscles and liver grab and store a larger part of your calories after eating, and these calories never see the inside of your fat cells.

Using your lower body muscles properly and often — a treadmill is fine but try to vary your activity — translates into your body becoming a fat-burning machine. After about 30 to 45 minutes, six days a week (some days harder than others), your body keeps right on working internally for several hours afterward, repairing and refueling the muscle tissue you've just used.

Generally, you can burn 20 percent more calories just sitting around after exercise. In fact, you burn the greatest number of calories in any given activity when your metabolic rate is already at a high point. I might also try exercising at a different time. What about a light dinner and healthy run in the evening? Changing times that you workout can also help.

If you burn an extra 50 calories a day, this can mean five pounds a year. My advice is check your food portions, increase exercise to six days a week, change your activity and the time of the day you workout to give yourself more variety.

(Myrna Partrich is co-owner of The Workout Co. in Bloomfield Hills. She is an appointee to the Governor's Council on Physical Fitness and the Michigan Fitness Foundation. Send questions or comments for Myrna to: Myrna Partrich, 805 E. Maple, Birmingham, MI 48009.)

EXERCISING OPTIONS

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Moderation is the key when it comes to eating ice cream

What is the maximum amount of saturated fat you should eat in a whole day? The answer might be in your ice cream dish! In fact, you may be eating even more than the maximum recommended saturated fat in just one cup of your favorite ice cream.

One of America's favorite desserts in the summer is ice cream, or for some, frozen yogurt. It's a staple in many people's seasonal diets. Families go out for ice cream after a Little League game or after dinner on weekends. And, of course, there's always that handy Good Humor truck coming around your street corner.

It's hard to pass up these tasty treats on a hot day, but you should be aware of what's in the ice cream before you decide to eat it or to serve it to the kids.

You know it's hard to beat the rich, creamy flavors of Ben & Jerry's or Hangen-Dazs, but you may not realize that just one cup of some of these premium ice creams can have about 40 grams of fat, 20 of which are saturated and that's your maximum allotment for the day!

A word of caution: Read labels carefully! The amounts of calories and fat listed in ice cream and frozen yogurts are based on a half-cup serving. When is the last time you measured exactly how much ice cream you ate?

If your usual serving is the size of a tennis ball or smaller, then you're eating no more than a half a cup. Most people indulge more than that and are certainly served more than that at the majority of ice cream parlors. So if you do enjoy an ice cream cone, keep a close eye on how much you eat.

By no means does a frozen dessert with a "fat-free," "low-fat" or "light" label mean you can polish off a pint and hide it from your waistline. Fat or no fat, ice cream, frozen yogurt, sorbet and sherbets are still sugary, caloric desserts, so it's important to make informed decisions.

If you want to enjoy a cool, refreshing, frozen treat try to stick with those that have no more than one gram of saturated fat and no more than two grams of total fat per half cup. Better yet, choose those with no artificial sweeteners and those that are high in calcium and/or vitamin C.

These "healthier" desserts are fairly easy to find if you enjoy fat-free ice cream and frozen yogurt, but you won't find them in regular premium ice cream. A standard full-fat ice cream averages 300-350 calories per cup whereas a premium full-fat

averages 500-700 calories per cup.

Here's the scoop on ice cream and frozen yogurt:

Most fat-free brands have a calories count in the 200-250 range per cup, but the premium fat-free ice creams and yogurts can be upwards toward 300 calories due to their lower air content.

It makes sense that if you switch to a "no sugar added" variety, you'll save on the calories. It's true that frozen calories come down a bit, but again read labels carefully because sometimes there's not much of a difference.

If fat-free is too extreme a change, you might enjoy low-fat ice cream and frozen yogurt instead — just eat less of it. A half-cup of the low-fat varieties is a reasonable amount to splurge on while still keeping a lid on your saturated fat intake.

Most "low-fats" have around three grams of fat per half-cup serving — one and a-half to two are saturated — which is roughly 20 percent of a day's worth of fat. That's a manageable amount if you watch what you eat the rest of the day, but it's definitely not something you should eat out of the half-gallon tub in front of the television!

When you see "light" on the container of ice cream or frozen yogurt, don't be fooled. Light usually means it has half of the fat of the regular version, which is probably still high for a healthy diet. There can be still four or five grams of fat per half cup in these light varieties. Choosing light over regular ice cream or frozen yogurt is definitely the better choice, but the best option is a low-fat or fat-free variety.

You may want to try sorbet or sherbet the next time you have a craving for a frozen dessert. They will still give you that cool, sweet flavor with very little or no fat in most kinds. It's a refreshing alternative to rich ice cream.

If you're at the park and an irresistible ice cream truck happens to cruise your way, your best bet is to probably order a push-up or regular pop.

Making a habit of daily ice cream desserts is not a good idea. Armed with the facts and clear nutrition labels, we can all enjoy an occasional frozen treat, but moderation is the key.

I read every one of your letters and I love your comments! Please keep writing me with any questions, inspirational stories or suggestions for upcoming articles to: "Talk to the Mirror," Weight Watchers Corporate Communications, P.O. Box 9072, Farmington Hills, MI 48334-2974. For more information on Weight Watchers, call 1-888-361-FLORINE.

(Florine Mark is an appointee to the Governor's Council on Physical Fitness and the Michigan Fitness Foundation.)

1998 MS Bike Tour

The Michigan Chapter of the National Multiple Sclerosis Society invites all Michigan bicyclists to register for the 1998 MS 150

(Healthy Living spotlights Metro Detroit-related health and medical news and information. To submit items for consideration, contact staff writer Chris Mavor at: Healthy Living, Observer & Eccentric Newspapers, 805 E. Maple, Birmingham, MI 48009. Or fax information: (248) 644-1314.)

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