Nutrition and Oral Health for Today’s Dental Practice
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I. Nutrition screening—why should we do it?

“The mouth is the gateway to the rest of the body, a mirror of our overall well-being.”

Harold C. Slavkin, D.D.S.
Former Director of the National Institute of Dental and Craniofacial Research, and
Dean of the University of Southern California School of Dentistry

II. Oral Manifestations of Nutritional Deficiencies

Diet ↔ Nutrition

↓
Oral Health

↓
Systemic Health
<table>
<thead>
<tr>
<th>Oral Symptom</th>
<th>Possible Nutrient Deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glossitis</td>
<td>Niacin, folate, riboflavin, B6, B12</td>
</tr>
<tr>
<td>Glossodynia</td>
<td>Niacin, B12, B6</td>
</tr>
<tr>
<td>Angular cheilosis</td>
<td>Riboflavin, B6, B12, folate, niacin, iron</td>
</tr>
<tr>
<td>Inflamed, bleeding gingiva</td>
<td>Vitamin C, K, B12, niacin, folate</td>
</tr>
<tr>
<td>Stomatitis, mucositis</td>
<td>Niacin, folate, thiamin, B12</td>
</tr>
<tr>
<td>Xerostomia</td>
<td>Zinc, vitamin A, B12</td>
</tr>
<tr>
<td>Sore or burning tongue</td>
<td>Riboflavin, thiamin, niacin, B6, B12, iron</td>
</tr>
<tr>
<td>Altered taste</td>
<td>Thiamin, riboflavin, vitamin A, B12, zinc</td>
</tr>
<tr>
<td>Increased risk of candidiasis</td>
<td>Folate, vitamin A, K, iron, zinc</td>
</tr>
<tr>
<td>Decreased mineralization of teeth; alveolar integrity</td>
<td>Calcium, phosphorus, magnesium, vitamin D</td>
</tr>
<tr>
<td>Delayed wound healing</td>
<td>Vitamin A, C, riboflavin, zinc</td>
</tr>
<tr>
<td>Altered enamel development</td>
<td>Vitamin A, calcium, phosphorus</td>
</tr>
</tbody>
</table>


### III. Diet and Dental Caries:

- **For caries to develop, four factors must occur at the same time:**

  ✓ A susceptible tooth  
  ✓ Diet rich in fermentable carbohydrates  
  ✓ Specific bacteria—lactobacillus; streptococcus mutans  
  ✓ Saliva—quantity and composition
A. Back to the Basics with Patient Education:

Caries Process:

CHO is ingested
Metabolism begins within 2-3 minutes
Acids are formed
pH decreases
“Critical pH” is reached
Demineralization occurs
Caries Process begins

**Physical Form of CHO:** Liquid, solid/retentive OR slow dissolving  
**Timing and sequence in meal:** During, between or at the end of a meal  
**Frequency of intake:** How often; minutes of exposure (40 min solid, 20 min liquid)

B. Sucrose isn’t the only ‘bad guy’.

**Sugar by any other name...is STILL sugar...**

<table>
<thead>
<tr>
<th>Brown sugar</th>
<th>High-fructose corn syrup</th>
<th>Glucose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lactose</td>
<td>Corn sweetener</td>
<td>Honey</td>
</tr>
<tr>
<td>Maltose</td>
<td>Corn syrup</td>
<td>“cane juice”</td>
</tr>
<tr>
<td>Malt syrup</td>
<td>Dextrose</td>
<td>Agave nectar</td>
</tr>
<tr>
<td>Sucrose</td>
<td>Fructose</td>
<td></td>
</tr>
<tr>
<td>Syrup</td>
<td>Fruit juice concentrate</td>
<td></td>
</tr>
</tbody>
</table>

**What’s in your CUP?**

12 oz can of non-diet beverage (10 tsp. of sugar) ~140 calories; one a day=15 lbs
20 oz can of non-diet beverage (17 tsp. of sugar) ~250 calories; one a day= 24 lbs
64 oz “Big Gulp” of non-diet beverage (52 tsp of sugar) ~800 calories; one a day= 83 lbs

➢ Great link to use as a resource in your practice: [http://www.sipallday.org/](http://www.sipallday.org/)
III. Diet, Nutrition and Oral Systemic Disease

Inflammation and Oral Health

<table>
<thead>
<tr>
<th>Periodontal Issues</th>
<th>Nutrient Needs and Kcals increase due to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Tissue catabolism</td>
</tr>
<tr>
<td></td>
<td>• Infection</td>
</tr>
<tr>
<td></td>
<td>• Blood loss</td>
</tr>
<tr>
<td></td>
<td>• Tissue repair and healing</td>
</tr>
<tr>
<td></td>
<td>• Immune response</td>
</tr>
<tr>
<td></td>
<td>**Nutritional insults do NOT cause periodontal disease; however, they may increase the severity.</td>
</tr>
</tbody>
</table>

Recommendations for oral post-surgical clients/patients:

• Full liquid→Mechanical Soft→Regular diet
• Bland diet
• Adequate kcal and nutrient intake
• Cooler temperatures and soothing foods
• Frequent and smaller meals and snacks
• Supplementation beyond the DRIs does not prevent periodontal disease
• Encourage nutrient-dense, fortified, or enriched foods
• Monitor CHO intake
• Liquid supplements and/or a multivitamin, as needed, through recovery
Other Dental Issues that have an Impact on Dietary Intake

*Enamel erosion*
- Excessive regurgitation
- Excessive consumption of acidic foods and beverages
- GERD

*Xerostomia*

<table>
<thead>
<tr>
<th>Xerostomia</th>
<th>Influence on Nutrient Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inability to keep mouth moist</td>
</tr>
<tr>
<td></td>
<td>Difficulty in chewing and swallowing</td>
</tr>
<tr>
<td></td>
<td>Burning or sensitive oral mucosa</td>
</tr>
<tr>
<td></td>
<td>Dry, crusty, smooth, or shiny mucosa</td>
</tr>
<tr>
<td></td>
<td>Low tolerance to spicy and acidic foods</td>
</tr>
<tr>
<td></td>
<td>↑ in ulcerations</td>
</tr>
<tr>
<td></td>
<td>Food sticks to hard palate, tongue, or removable prosthesis</td>
</tr>
<tr>
<td></td>
<td>Altered or lack of taste</td>
</tr>
<tr>
<td></td>
<td>Difficulty with use of removable prosthesis</td>
</tr>
<tr>
<td></td>
<td>Dry nose—impairing sense of smell</td>
</tr>
</tbody>
</table>

**Recommendations for patients with xerostomia:**

- Use of products designed to relieve xerostomia
- Lip balm
- Fluids with meals
- Moist foods
- Use of gravies and sauces
- Suck on ice chips between meals
- Tart, sour, and citrus foods and beverages
- Avoid
  - dry, crumbly, sticky, and spicy foods
  - alcohol and commercial rinses containing alcohol
  - tobacco products
  - caffeine
- Frequent sips of fluids with meals
- Use of a humidifier
- Monitor CHO intake
- Products containing sugar alcohol have the potential to be cariogenic
Recommendations for patients with a removable prosthesis and/or missing teeth:

- Nutrient-dense, fortified, or enriched foods
- Cut food into small pieces
- Cooked fruits and vegetables
- Evenly distribute food on both sides of the mouth
- Avoid biting with anterior teeth
- Avoid sticky foods, berries with seeds, and nuts
- Ask about the fit and comfort of the prosthesis
- As the missing teeth ↑ and/or tooth mobility ↑, the ability to chew ↓

IV. Dietary Supplementation and the dental patient

A. Common Herbals and supplements
   1. Ginkgo biloba
   2. St. Johns Wort
   3. Echinacea
   4. Ginseng
   5. Saw palmetto
   6. Kava
   7. Vitamin C

B. Who takes supplements?

C. Recommendations Before Having Dental Surgery, if you use any of these herbal medications stop taking them:
   - **Ephedra** at least 24 hours before surgery
   - **Garlic** 7 days before surgery
   - **Ginkgo** 36 hours before
   - **Ginseng** 7 days before surgery
   - **Kava** 24 hours before
   - **St. John's Wort** 5 days before surgery

V. Treat or Refer---- What’s the role of the dental professional?

VI. Partnering with Registered Dietitians in Practice

   A. Locate a dietitian on the Academy of Nutrition and Dietetics website:
      [http://eatright.org](http://eatright.org)


   C. Include nutrition and oral health in your study club topics; find an RD to jointly present with dentist or dental hygienist
Practical Nutrition Tips for the Dental Professional

- Limit between meal snacks
- Eat cariogenic foods *during* meals
- Include whole grains, veggies, fruits & lowfat dairy as snacks.
- Encourage nutrient-dense, fortified, or enriched foods
- Monitor timing and frequency of simple & retentive CHO's, such as:
  - Crackers, breads, cereals
  - Pretzels and chips
  - Peanut butter (processed not natural)
  - Diet and regular sodas; sports drinks, energy drinks, flavored water
  - Dried fruit
  - 100% fruit juice, juice bars and frequent juicing with fruits/vegetables
  - Fruit smoothies
- Limit sodas to one 8 or 12-oz can per day
- Select cans over re-sealable bottles.
- Recommend the use of a straw positioned toward the back of the mouth.
- Recommendations following snacks w/CHO's
  - Chew gum with xylitol
  - Rinse with water
  - Brush teeth
- Firm, fibrous foods stimulate salivary flow
- Suggest appropriate use of fluorides & meticulous daily plaque removal
- Encourage regular dental check-up appointments.

NOTES:
### Circle the number in the “Yes” column for all positive answers

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have any illness or condition (i.e. food allergy) that has made you change the kind and/or amount of food you eat? (Referral to MD or RD)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2. Are you on a special diet?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Do you avoid eating one or more food groups (meat, dairy, fruit, veggies, bread/ cereal)?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4. Do you have 2 or more drinks of beer, liquor or wine daily?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>5. Do you use tobacco products daily?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6. Do you have tooth pain or mouth sores that make it hard to eat or make you avoid certain foods?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>7. Do you drink sugar sweetened beverages (coffee, tea, soda, flavored juice) OR diet sodas 2 or more times a day between meals?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>8. Do you snack in between meals (on foods other than fresh fruits and vegetables)?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>9. Did you have 3 or more new cavities at your last dental checkup OR at your present checkup?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10. Do you have a dry mouth which causes you to drink something other than water OR use gum, hard candy, cough drops, or mints to moisten your mouth 2 or more times per day?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>11. Do you take 3 or more different prescription, over the counter meds OR vitamins, minerals, herbs, dietary supplements daily?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>12. Without wanting to, have you lost or gained 10 pounds in the last 6 months? (Referral to MD or RD)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th>Total Points</th>
<th>Nutritional Risk Level</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>Low</td>
<td>Recheck nutritional score in 6 months</td>
</tr>
<tr>
<td>3-5</td>
<td>Moderate</td>
<td>Continue with nutrition assessment (24 hr recall/5 day food record)</td>
</tr>
<tr>
<td>6 or more</td>
<td>High</td>
<td>Continue with nutrition assessment; consider need for referral to physician and/or a registered dietitian.</td>
</tr>
</tbody>
</table>

### Circle appropriate answer

1. Does patient have moderate to severe periodontitis?  
   - YES*  
   - NO

2. Would this patient benefit from a 24 hour recall and/or 5 day food record to determine an inadequate and/or cariogenic diet?  
   - YES*  
   - NO

3. Does the patient have complicated medical and nutrition needs?  
   - YES**  
   - NO

* If the answer is YES to question #1 or #2, general nutrition education for a healthy, low cariogenic diet is recommended.
** If the answer is YES to question #3, patient should be referred to a physician or registered dietitian for further assessment.

The RDH and/or DDS have informed me of my risk factors for oral diseases and the preventive services that are available to reduce the risk.

Patient signature: ____________________________ Date: __________________

Adapted from The Nutrition Screening Initiative, a project of the AAFP, ADA & NCOA, Washington, D.C. 1992.

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Diet and Your Teeth

Frequent eating or drinking of sugar containing food is a major risk factor for developing dental caries (tooth decay).

Do you have a dry mouth? Yes No
Do you chew gum? If yes what type? Yes No
Do you suck on hard candy, cough drops, etc.? Yes No

Points to keep in mind to lower your risk for caries:
Cut down on the frequency of between meal sweets
Don’t sip constantly on sweetened beverages.
Avoid using slowly dissolving items like hard candy, cough drops, or breath mints.
Eat more non-decay promoting foods such as low-fat cheese, raw vegetables, crunchy fruits, popcorn, nuts, artificially sweetened beverages and natural spring waters.
Promote good oral health and overall health; eat adequate amounts from each of the food groups.

A
Circle foods eaten regularly? (> 1 time/week)

B
How many of the circled foods do you eat each day?

C
Multiply the column “B” by column “C”. Record the total at the bottom.

LIQUID
Soft drinks, fruit drinks, cocoa, sugar or honey in beverages, non-dairy creamers, ice cream, sherbert, jello, flavored yogurt, pudding, custards, popsicles

SOLID/STICKY
Cake, cupcakes, donuts, sweet rolls, pastry, canned fruit in syrup, bananas, cookies, chocolate candy, caramel, toffee, jelly beans, other chewy candy, gum, dried fruit, jelly, jam, marshmallows.

DISSOLVING
Hard candies, breath mints, antacid tablets, cough drops

TOTAL

Caries Risk Score

0-1 2-4 5-7 8-9 >9
Low Moderate High

3
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What do you eat in a typical day?
List all the foods including snacks and beverages that you eat in a typical day. Give your best estimate of amounts and times consumed.

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Foods eaten</th>
<th>Amount</th>
</tr>
</thead>
</table>

How does your plate rate?

Grains: 1  2  3  4  5  6  7  8  9  10  11
Vegetables: 1  2  3  4  5
Fruits: 1  2  3  4  5
Dairy: 1  2  3
Meat & Beans: 1  2  3  4  5  6

Refer to Food Guide Pyramid [ChooseMyPlate.gov](http://choosemyplate.gov) to determine individual requirements. Consumption below the lowest recommended servings in any of the food groups may indicate essential nutrients are missing in the diet. Plot risk below:

Low Risk

Low in 0 Groups

Low in 1-2 Groups

Low in 3 Groups

Moderate Risk

High Risk

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Obesity and the Role of Dentistry

I. Background on the Globesity epidemic

Calculate Your BMI

Online calculator:  http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm

Waist Circumference A Better Judge Of “Fatness”

- Waist Circumference ≥ 40 (Men)
- Waist Circumference ≥ 35 (Women)

II. Incorporating Obesity Prevention in Practice

Guidelines for Providing Oral Health Care: What’s Your Role?

- Review medical history to determine if client has other systemic diseases that coexist with increased weight that may present risk factors for treatment.

- Note information about meds, supplements or herbal products used for weight management in the dental chart.

- Overweight patients may still be malnourished and present with signs of vitamin and mineral deficiencies; be cognizant of abnormalities present during oral exam that suggest deficiency, including glossitis, stomatitis, ulceration, and angular cheilitis. IF any of these signs are present, offer palliative oral health care tips.

- Caries risk management: assess diet to determine intake of carbohydrates—diets high in carbohydrates are associated with overweight and obesity.

- Provide information about the relationship between diet and caries formation, educate about caries control.

- Meticulous oral hygiene and daily fluoride depending on caries status.

- Practically speaking, obese patients may have difficulty breathing when required to lay supine for extended periods of time. Upright position may be more comfortable.

- Stress the need for regular physical activity—but always remind them to visit with a physician prior to beginning a new exercise program.

- Collaborate with a registered dietitian to offer support through nutrition counseling and weight management and to reinforce the effects of healthy eating on oral health.

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III. Food Guidance Systems—utilizing in patient care

2015 Dietary Guidelines

NEW ADDITIONS:

✓ Less than 10% of total daily calories should be consumed from added sugars.
✓ Eating more whole fruits, vegetables, and whole grains can help reduce the amount of added sugars in your diet.
✓ Other major change involves protein in males. The guidelines say males are consuming too much protein and should “reduce their overall intake of protein foods”.
✓ Other key recommendations include consuming less than 2,300 milligrams of sodium per day
✓ If alcohol is consumed, it should be done so in moderation (one drink per day for women and up to two drinks per day for men).
✓ It is recommended that adults need 150 minutes of moderate intensity physical activity along with muscle strengthening activities 2 or more days per week.


Choose My Plate  [http://www.choosemyplate.gov](http://www.choosemyplate.gov)

American Heart Association Diet and Lifestyle Recommendations:

- Use up at least as many calories as you take in.
- Eat a variety of nutritious foods from all food groups
- Eat less of nutrient poor foods
- Choose lean meats and poultry without skin
- Eat fish, especially oily fish, at least twice a week.
- Select fat-free, 1 percent fat and low-fat dairy products.
- Cut back on foods containing partially hydrogenated vegetable oils; avoid trans fats
- Limit intake of saturated fat (\(<=5\text{-}6\%\)), trans fat (\(<1\%) and cholesterol (\(<300\text{ mg day})\).
- Cut back on beverages and foods high in calories, low in nutrition with added sugar.
- Choose and prepare foods with little or no salt.
- If you consume alcohol, do so in moderation.
- Monitor portion sizes
- Don’t smoke—avoid secondhand smoke

For more information:  [http://www.americanheart.org](http://www.americanheart.org)

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What’s YOUR Nutrition IQ?

How do we get fat??
1. Drink anything but water
2. Don’t walk
3. Genetics
4. Grow older
5. Eat junk food
6. Eat more calories
7. Eat out regularly
8. Excessive alcohol
9. Never read food labels
10. No exercise
11. Get pregnant
12. Stress

Obesity Blame Game:
1. Food and Drink Industry
2. Advertisement
3. Family
4. Schools

Foods and Beverages: Sugarfree or Sugarful—better or worse?

✓ Foods with low- or reduced-calorie sweeteners can have fewer calories than foods made with sugar and other caloric sweeteners.

✓ Some sugar-free foods/products have more calories than, and may have more fat than, the sugar sweetened versions.

✓ When you’re considering foods with low- or reduced-calorie sweeteners, READ THE NUTRITION FACTS LABEL.

✓ Compare calories in sugar-free vs. regular version, to see if calories are actually less.

✓ Pay attention to fat content on food labels of sugar free products.

NOTES:
**Know Your Labels**

**Nutrition Facts**

<table>
<thead>
<tr>
<th>Serving Size: 1 cup (228g)</th>
<th>Check for:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td></td>
</tr>
<tr>
<td>Calories: 350</td>
<td>Serving size</td>
</tr>
<tr>
<td>Calories from Fat: 110%</td>
<td>Number of servings</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td></td>
</tr>
<tr>
<td>Total Fat: 12g</td>
<td>Calories</td>
</tr>
<tr>
<td>Saturated Fat: 3g</td>
<td>Total fat in grams</td>
</tr>
<tr>
<td>Cholesterol: 30mg</td>
<td>Saturated fat in grams</td>
</tr>
<tr>
<td>Sodium: 470mg</td>
<td>Cholesterol in milligrams</td>
</tr>
<tr>
<td>Total Carbohydrate: 31g</td>
<td>Sodium in milligrams</td>
</tr>
<tr>
<td>Dietary Fiber: 0g</td>
<td></td>
</tr>
<tr>
<td>Sugars: 5g</td>
<td>Here, the label gives the amounts for the different nutrients in one serving. Use it to help you keep track of how many calories, fat, saturated fat, cholesterol, and sodium you are getting from different foods.</td>
</tr>
<tr>
<td>Protein: 5g</td>
<td></td>
</tr>
</tbody>
</table>

* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.

**OLD LABEL**

**Nutrition Facts**

<table>
<thead>
<tr>
<th>Serving Size: 2/3 cup (55g)</th>
<th>Serving size: About 8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td></td>
</tr>
<tr>
<td>Calories: 230</td>
<td>Calories from Fat 72%</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td></td>
</tr>
<tr>
<td>Total Fat: 8g</td>
<td>Total Fat: 8g</td>
</tr>
<tr>
<td>Saturated Fat: 1g</td>
<td>Saturated Fat: 1g</td>
</tr>
<tr>
<td>Trans Fat: 0g</td>
<td>Trans Fat: 0g</td>
</tr>
<tr>
<td>Cholesterol: 0mg</td>
<td>Cholesterol: 0mg</td>
</tr>
<tr>
<td>Sodium: 160mg</td>
<td>Sodium: 160mg</td>
</tr>
<tr>
<td>Total Carbohydrate: 37g</td>
<td>Total Carbohydrate: 37g</td>
</tr>
<tr>
<td>Dietary Fiber: 4g</td>
<td>Dietary Fiber: 4g</td>
</tr>
<tr>
<td>Sugars: 1g</td>
<td>Sugars: 1g</td>
</tr>
<tr>
<td>Protein: 3g</td>
<td>Protein: 3g</td>
</tr>
</tbody>
</table>

* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.

**NEW LABEL**

**Nutrition Facts**

<table>
<thead>
<tr>
<th>Serving size: 2/3 cup (55g)</th>
<th>8 servings per container</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount per serving</strong></td>
<td></td>
</tr>
<tr>
<td>Calories: 230</td>
<td>Calories from Fat 72%</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td></td>
</tr>
<tr>
<td>Total Fat: 8g</td>
<td>Total Fat: 8g</td>
</tr>
<tr>
<td>Saturated Fat: 1g</td>
<td>Saturated Fat: 1g</td>
</tr>
<tr>
<td>Trans Fat: 0g</td>
<td>Trans Fat: 0g</td>
</tr>
<tr>
<td>Cholesterol: 0mg</td>
<td>Cholesterol: 0mg</td>
</tr>
<tr>
<td>Sodium: 160mg</td>
<td>Sodium: 160mg</td>
</tr>
<tr>
<td>Total Carbohydrate: 37g</td>
<td>Total Carbohydrate: 37g</td>
</tr>
<tr>
<td>Dietary Fiber: 4g</td>
<td>Dietary Fiber: 4g</td>
</tr>
<tr>
<td>Sugars: 1g</td>
<td>Sugars: 1g</td>
</tr>
<tr>
<td>Protein: 3g</td>
<td>Protein: 3g</td>
</tr>
</tbody>
</table>

* The % Daily Value (%DV) shows you how much of the recommended amount the food provides in one serving. If you eat 2,000 calories a day, for example, one serving of this food gives you 10 percent of your total fat recommendation.

* Here you can see the recommended daily amount for each nutrient for two calorie levels. If you eat a 2,000 calorie diet, you should be eating less than 65 grams of fat and less than 20 grams of saturated fat. If you eat a 2,500 calorie diet, you should eat less than 80 grams of fat and 25 grams of saturated fat. Your daily amounts may vary higher or lower depending on the calories you eat.

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Fad Diets and Oral Health

- High Protein Diets
- 1-2 Meals Day
- High CH0, low fiber
- Caffeine rich beverage diets
- Avoiding Food Groups


Bariatric Surgery Patients: What's OUR Role?

- Re-mineralization protocols
- Dental sealants
- Monitor salivary pH
- Educate patients on effective plaque removal and use topical fluorides
- In office application of sensitivity gel or fluoride gel
- Salivary substitutes
- Xylitol for caries prevention—may be contraindicated for GERD pts.


Resources for Practice:


