

FOCUS

for Ontario Dental Hygienists

Research corner:
Substance use and oral
health

Article:
Eating Disorders - The role
dental hygienists can play

Student column

President's message

Dental hygienists at work

ODHA President Elect: Heather Kleinberg

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ODHA PRESIDENT ELECT: HEATHER KLEINBERG



President Elect
Heather Kleinberg, RDH

Heather Kleinberg is a passionate registered dental hygienist with a strong foundation in oral health care. She began her journey in the field of oral health care by graduating from George Brown College with a focus on dental assisting in 1990. Her early career involved invaluable experience in orthodontics, endodontics, and general dentistry. In 2004, Heather pursued further education and graduated as the valedictorian from the Toronto College of Dental Hygiene in 2006, marking the beginning of her dedication to dental hygiene, working in a general office setting.

Heather's commitment to giving back is evident in her volunteer work, which includes participating in programs like Gift from the Heart and Fill the Gap, providing essential dental hygiene services to underserved populations. In 2022, she joined the Ontario Dental Hygienists' Association (ODHA) Board of Directors, demonstrating her drive to shape the future of the dental hygiene profession and contribute to its ongoing development. Committed to continuous learning, Heather is an avid participant in continuing education and is always eager to share her wealth of knowledge with colleagues.

Beyond her professional endeavours, Heather finds joy in travelling with her husband and family, relishing the opportunity to explore new destinations and create lasting memories. With her unwavering dedication to dental hygiene and her proactive approach to professional development, Heather exemplifies a relentless pursuit of excellence in oral health care.



PRESIDENT'S MESSAGE

Rozina Bhimji, RRDH
ODHA President

Hello everyone, and happy spring!

I sincerely thank every member of the Ontario Dental Hygienists' Association (ODHA) for your persistent support and dedication to advancing oral health care in our beloved province of Ontario. Your membership is the backbone of our association, providing us with the resources necessary to advocate tirelessly for our profession across Ontario.

It is my pleasure to introduce Heather Kleinberg, RDH, as the ODHA's President Elect. Heather will serve in this capacity until May 2025, when she will assume the role of President. Her profound commitment to oral health advocacy and wealth of experience make her an invaluable addition to our leadership team. Heather has been a part of the ODHA Board of Directors since May 2022. I eagerly anticipate continuing to work alongside Heather to advance our profession in Ontario further.

I am delighted to announce the winners of our 2023-2024 membership campaign, who received free memberships: E. Morello, S. Priestman, J. Cayea, F. Snyder, and J. Goldstein. Congratulations to everyone! Your continued support is truly appreciated.

Recently, I attended the Rendezvous conference in Thunder Bay, held February 1 - February 3. This gathering provided a key opportunity to connect with oral health community members and engage in learning, networking, and professional development. It also allowed me to communicate with our members in northern Ontario and explore avenues to bolster our profession in this region.

I further enjoyed meeting with the dental hygiene students at Confederation College, which was very uplifting to witness their passion and dedication firsthand. I extend my gratitude to our ODHA past President, Maheen Cassim, and the faculty team at Confederation College for facilitating this enriching interaction. ODHA remains steadfast in supporting dental hygiene education, providing students with the essential resources and mentorship to thrive in their careers.

On January 6th, President Elect Heather Kleinberg, RDH and Board member Suzanne Hoodfar, RDH, dedicated their time to volunteering at the Filling the Gap clinic in Etobicoke, positively impacting the oral health of individuals in the community. Filling the Gap Dental Outreach, a not-for-profit organization, endeavours to provide affordable oral health treatment to adults with low-income across Toronto. We thank Dr. Sanj Mohanta for providing an invaluable chance for ODHA Board members to contribute to this noble cause. Events like these emphasize the significance of access to oral health care and highlight the transformative role of dental hygienists in the lives of those in need.

In closing, on behalf of ODHA, I thank you for your continued engagement and support. Remember, ODHA is your association, and your voice matters. Together, we continue to advocate for oral health excellence across the province of Ontario.

I look forward to our non-stop journey ahead.

Warm regards,

Rozina Bhimji, RRDH
President, ODHA



Research corner

SUBSTANCE USE AND ORAL HEALTH

Kim Ivan, RDH, BIS (Hon) is an award-winning dental hygienist with over 39 years of dental hygiene and leadership experience. She is a long-time member and volunteer of ODHA serving in various capacities including former president. Currently, Kim is ODHA's Policy Advisor and Chair of the Research Advisory Board.

Managing clients with substance use disorder

Over 296 million people aged 15 to 64 years worldwide used substances in 2021, with over 39 million people experiencing substance use disorders. Providing care to clients with substance use disorders is becoming increasingly common in oral health care. Substance use can negatively affect oral health by causing various orofacial complications, such as xerostomia, dental caries, periodontal disease, bruxism, and oral cancer. Managing oral health complications caused by substance use disorder can be challenging.



[Cuberos et al. \(2022\)](#) reviewed potential consequences of substance use on oral and systemic health and offered recommendations for treating clients with substance use disorders.

Do you know someone who needs help with substance use? Resources are available:

- Get help with [substance use](#)
- Find [local mental health and addiction services](#)
- [How to talk to a family member or friend about their substance use](#)

Why I like this research:

Provides summary tables of key information on:

- Effects of substance use on oral and systemic health,
- precautions for treating clients with substance use disorders, and
- oral effects of substance use disorder treatment.

To enrich learning, listen to [Conversations with Dr. Glogauer and Kim Ivan](#):

- Episode 104 for an overview of substance use
- Episode 105 on substance use and oral health
- Episode 101 on tobacco use and cessation
- Episode 58 on cannabis and oral health

Access ODHA fact sheets to support client education on:

- [Cannabis](#)
- [Methamphetamine use](#)
- [Methadone](#)

Substance use and periodontal conditions

Substance use refers to the use of psychoactive substances, including prescription and unregulated drugs, cannabis, tobacco (nicotine), and alcohol. These substances affect mental processes, such as changes in mood, awareness, thoughts, feelings, or behaviour. Substance use also impacts oral and physical health.



[Quaranta et al. \(2020\)](#) reviewed the systemic manifestations, risks, and the overall effect on oral health and the periodontium of several substances, including cannabis, cocaine, and amphetamines.

Why this study is important:

- Provides several images of the effect of substance use on oral health.
- Offers guidance for treating clients who use substances.
- Discusses a comprehensive approach to helping clients with potential substance use disorders, including screening, counselling, and referral.
- Substance use disorders are treatable medical conditions. Early referral and multidisciplinary care can optimize treatment outcomes.

Access [Dental Hygiene Newswire](#) for additional resources on:

- [Cannabis and oral health](#)
- [Alcohol dependency and oral health](#)
- [Effect of smoking on nonsurgical periodontal therapy](#)

Disclaimer: Research corner is not intended to provide clinical advice nor should it be used as a replacement for professional dental or medical advice. Dental hygienists are encouraged to consult with CDHO practice advisors and refer to CDHO guidelines. Dental hygienists are responsible for the decisions they make and for the consequences associated with those decisions.



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Student column



ODHA NEW GRAD ADVISORY PANEL MEMBER PROFILE

– Daniela Lopes

What made you decide to pursue dental hygiene as a career?

I love helping people and have always had a fascination with teeth. The preventative focus of the career allows me to not only help my clients achieve optimal oral health but in turn positively impact their overall systemic health.

What are you enjoying most about working as a dental hygienist so far?

The clients. I love hearing their stories, educating them, and watching them reach their oral health goals!

Why did you decide to join the ODHA New Grad Advisory Panel?

It is a great way to connect with colleagues in a space where we can share our experiences, both positive and negative, and help set up realistic expectations outside of the classroom for future graduates.

If you could give one tip to students who are about to graduate, what would it be?

Don't be too hard on yourself. Expect to make mistakes, and learn from them. Don't be afraid to advocate for yourself as a new grad, ask for as much help as you need, and don't be afraid to say no.

Tell us about your favourite ODHA member benefit.

The discounts on hotels and car rentals. I love to travel and definitely make sure to use my benefits whenever I'm on the go!

About the New Grad Advisory Panel

The transition from student to registered dental hygienist can be intimidating, complex or even overwhelming. To ease the professional journey from academia to practice, we are introducing ODHA's latest initiative - the New Grad Advisory Panel!

The primary goal of this panel is to support students and new graduates through the development of resources and points of connection to ensure a smooth transition from school to practice. ODHA will work with panel members to determine the areas of greatest need.

Eating Disorders

The role dental hygienists can play

David B. Clark, BSc, DDS, MSc, FRCD(C)



Eating disorders (anorexia, bulimia, and binge eating disorder) represent serious, life-threatening mental illnesses affecting a disproportionate number of females (vs. males) and often arising during early adolescence.¹ Adolescence is a time for a search for individuality, purpose, and independence, and also when identification with peer groups becomes increasingly important. Unfortunately, the focus on eating disorders tends to always be on a particular stereotype of overt thinness while excluding a very large number of individuals who are actually impacted by this group of diseases.² Constant media bombardment with images of ultimate thinness has pushed dieting into the realm of socially acceptable behaviour.

The etiology of eating disorders is quite complex, involving biological, psychological, and social issues (biopsychosocial model), genetic predispositions, and in some instances, as a consequence of childhood sexual abuse.^{1,3,4} Over one million Canadians meet the diagnostic criteria for an eating disorder. Eating disorders spiked among female adolescents across Canada as the COVID pandemic continued and restrictions from public health access turned life upside down.⁵

While food appears to be the central issue, eating disorders are also focused on body shape and weight. Physical and psychological health, social development, and maturation can quickly become severely affected with maladaptive coping behaviours trapping oneself in a cycle of low self-esteem and poor self-care. Dieting quickly becomes a measure of self-esteem, giving the individual a sense of

personal control, resulting in an ongoing obsession with weight loss, food, and exercise. This change in focus perpetuates the illness with potentially severe consequences.³

Anorexia is characterized by persistent attempts at food restriction, an intense fear of gaining weight or of being fat, and a failure to recognize the seriousness of a body weight well below that which is considered normal for one's height and age. The mind develops a distorted or even delusional thought process, perceiving oneself as continually being too fat.^{3,6,7}

Bulimia is considered to have a higher prevalence than anorexia but is often harder to identify because an individual can appear to be of a normal or slightly increased weight. Recurrent episodes of binge eating are followed by intense feelings of guilt and inappropriate compensatory behaviours (e.g., self-induced vomiting, laxative misuse).^{3,6}

Binge eating disorder is characterized by compulsive overeating, with excess consumption at any one time accompanied by an overwhelming sense of a loss of control to stop the behaviour.^{1,3}

Dental hygienists will see clients and/or their families dealing with an eating disorder. Clients may appear healthy despite struggling internally with this illness, often becoming very secretive in their contacts with any healthcare professional because of the self-denial, shame, and guilt associated with the illness, serving to exacerbate their dental problems. Oral manifestations of eating disorders impair oral function, cause pain and discomfort, and may lead to a deterioration of esthetics and quality of life.

Extraoral signs and symptoms may include very low weight, calluses on the knuckles from self-induced vomiting (Russell's sign), and bilateral, painless parotid gland enlargement in response to frequent episodes of purging. Vitamin B12, iron, and zinc deficiencies may result in cracked lips. Wearing baggy clothing becomes common to hide an underweight body and/or to maintain body temperature. Irritability, heightened anxiety, apathy, or low energy may also be noted, as well as behaviours such as frequent body checking in a mirror.^{3,4}

Intraorally, erosion of the palatal surfaces of maxillary teeth becomes a common finding as a result of engaging in self-induced purging behaviours, with the severity varying with the duration and frequency of these behaviours. Untoward complaints of cold sensitivity may occur in teeth that are otherwise noncarious and periodontally sound. Decay may become more prevalent secondary to bingeing on sugar-containing foods or due to dry mouth from dehydration due to excessive exercise regimens or medications prescribed to manage other comorbidities, such as anxiety or depression.^{3,4}

Dental hygienists have a unique opportunity to establish a rapport with their clients due to the frequency of recare programs. Dental hygienists must become familiar with recognizing the oral signs and symptoms of eating disorders and, in turn, show empathy, support, and a nonjudgmental attitude toward these clients. Once an individual senses this rapport within the practice, opportunities may then arise to explore further consultation and collaboration

with medical colleagues and/or other eating disorder resources. Preventive strategies such as fluoride supplementation (e.g., rinses, toothpastes, varnishes), xylitol-containing chewing gum, oral hygiene instruction to reduce tooth erosion (e.g., the timing of toothbrushing following a vomiting episode) will be key initiatives that demonstrate a commitment of support for the client. Information pamphlets in the office or website links provide further education about these preventive strategies and encourage clients to seek additional professional advice.⁴

Oral health professionals can play a significant collaborative role in the early diagnosis, support, and long-term management of eating disorders. Dental staff training and education are essential to enable confidence on the part of the team members when providing care for these clients and, in turn, increase the probability of an individual engaging further in medical treatment and recovery.

The dental hygienist is in a key position to promote enhanced self-esteem among those struggling with an eating disorder and indirectly encourage additional support and treatment for this disorder. By simply understanding more clearly the daily struggles with an eating disorder, the dental hygienist may, in some small way, offer help and support that could make a person's day or life go better.

* References available upon request

April Oral Health Month - filled with celebrations dedicated to oral health

Quiz Contest

From April 9th to April 16th, there will be a quiz contest with four simple questions. Participate for a chance to win one of two Sharp Diamond Mini McCall 13S/14S Curettes, courtesy of [Curion](#).

Weekly Draw

Join us in honouring dental hygienists throughout April. Each week, two lucky ODHA members will receive one of the two Waterpik® White Cordless Advanced Water Flossers, donated by [Waterpik](#).

ODHA Booth at ASM

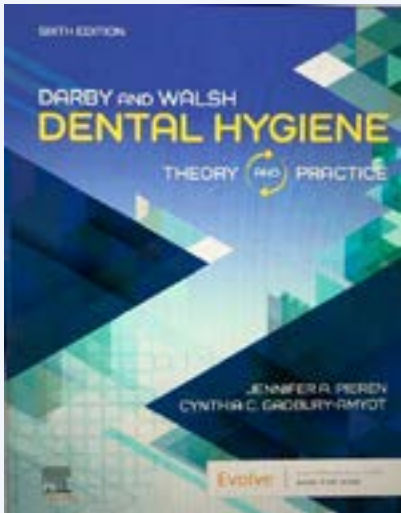
Visit booth 2240 at the Ontario Dental Association's Annual Spring Meeting (ASM) for a chance to win one of two \$100 Visa cards.

Social Media Campaign

Stay tuned for special social media posts advocating oral health and the dental hygiene profession throughout the month.

Celebrating Excellence: 6th Edition of Darby & Walsh: Theory & Practice of Dental Hygiene Released!

Recently editors Cynthia Amyot and Jennifer Pieren were delighted to announce the release of the 6th Edition of Darby & Walsh: Theory & Practice of Dental Hygiene. This edition is now available on Elsevier, Amazon, Indigo, and other leading retailers.



Congratulations to the coauthors whose dedication and expertise contributed to chapter 52 on palliative care: Lynda McKeown (RDH, ODHA Life Member and member of ODHA's Long-Term Care Advisory Committee), Carolyn Weiss (RDH, Chair of ODHA's Long-Term Care Advisory Committee), Sue Raynak (retired RDH, ODHA past president), Ruth Busby (RDH, Professor, Confederation College), and Heather Woodbeck (RN) retired Best Practice LTC NW ON.

Thank you for your invaluable contributions, which have significantly enriched this publication. We are deeply grateful and proud of your outstanding work.

★ In the photo (from left to right): Sue Raynak, Carolyn Weiss, Ruth Bushby, Heather Woodbeck, and Lynda McKeown.

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Providing compassionate care: A dental hygienist's journey



Carolyn Weiss, RDH

Dental hygienists are instrumental in promoting oral health and well-being, and Carolyn Weiss exemplifies this dedication through her 18 years of experience.

In this edition of "Dental Hygienists at Work," we delve into Carolyn's journey, highlighting her evolution in practice and her profound commitment to enhancing oral health care, especially in long-term care (LTC) settings.

A passion for progression

Carolyn's career in dental hygiene began in 2006 after graduating from Confederation College with a solid foundation in oral healthcare. In 2017, she took a bold step forward by establishing Carolyn Weiss Mobile Dental Hygiene Services in Thunder Bay. Her practice model prioritizes accessibility and adaptability, catering to diverse settings, including LTC homes, private residences, hospitals, and community care facilities.

A career enriched by experience

Driven by a desire to make a tangible difference, Carolyn has embraced enriching experiences throughout her career. From contributing to research projects to volunteering with organizations like Great Shape Inc. 1,000 Smiles in Grenada, Carolyn's commitment to broadening her practice underscores her passion for serving others.

Embracing a role in long-term care

One of the most significant aspects of Carolyn's practice is her dedication to providing oral healthcare in LTC settings. Carolyn's journey into LTC settings was driven by a profound desire to make a meaningful difference in the lives of residents facing unique oral health challenges. Recognizing the critical need for comprehensive dental hygiene services in LTC homes, Carolyn forged partnerships with management teams to integrate her expertise into resident care plans. Across Thunder Bay's six LTC homes, Carolyn's collaborative approach with LTC staff and families has enhanced resident care, promoting holistic wellness and improving their quality of life.

Inspiring advice and advocacy

Carolyn's drive is characterized by a commitment to continuous learning and advocacy within her profession. As Chair of the Long-Term Care Advisory Committee for the ODHA, she actively promotes the vital role of dental hygienists in LTC and advocates for expanded opportunities within the field.

Balancing professionalism and passion

Outside her professional endeavours, Carolyn finds solace in volunteering and pursuing her hobbies, particularly sports. Her involvement in marathons reflects her dedication to personal wellness and resilience, qualities that resonate in her entrepreneurial journey.

Carolyn's narrative highlights the multifaceted role of dental hygienists and their profound impact on oral health and overall well-being. Her dedication to compassionate care, advocacy, and community engagement exemplifies dental hygiene's transformative power. As Carolyn continues to champion oral health initiatives and elevate her profession, she embodies the essence of excellence in dental hygiene.



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