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THE BONDED TOOTH

Is it really a "make-over miracle"? By Gini Hartzmark



ROSANNE OLSON

INSTEAD OF CAPPING YOUR teeth for cosmetic reasons, a dentist can cover bad stains, repair chips, and fill in big gaps between your teeth using a relatively simple technique known as bonding. What's more, bonding is painless and can often give you beautiful teeth in only one appointment. Sounds too good to be true? According to some experts, bonding can work cosmetic wonders on your smile, but like a lot of "make-over miracles," it has its share of drawbacks.

Bonding is a versatile process by which tooth-colored material, most often a composite resin, is attached—bonded—to the surface of a tooth. After the tooth is cleaned, a mildly acidic liquid or gel etching material is applied to imperceptibly "roughen up" its surface. Then the tooth is dried and a liquid plastic is applied and hardened with a high intensity light. Finally, the composite is layered on and hardened the same way.

Bonding can be used to attach orthodontic brackets for braces to teeth, fill cavities on highly visible tooth surfaces, and seal deep grooves and fissures on the biting surfaces of the back teeth to prevent decay. However, it is most widely used, cosmetically, to improve the appearance of the front teeth. "The artistic results that are possible using bonding are astounding," says Ronald E. Goldstein, D.D.S., who lectures on aesthetic dentistry and is the author of *Change Your Smile* (Quintessence). "Crooked teeth can be made to look

straight, chips can be repaired, and stains can be hidden. If you have a big gap between your two front teeth, composite usually can be added to each tooth to close the gap. Best of all, bonding can many times avoid the need for more extensive restorations."

But while bonding may be the hottest trend in dentistry, it is not without its share of critics. Dr. Catherine Beeson, a New York City dentist, is a vehement opponent of bonding and refuses to use the technique except in a few special circumstances. "When you have a composite bonded at the gum line you are just asking for gum disease," she warns. "Composite material and gums are not compatible. There is inevitably a tremendous amount of bacteria and plaque buildup." Many dentists feel that gum problems can be avoided by carefully "feathering in" the composite at the gum line, but Dr. Beeson disagrees. "I've never seen a bonded tooth where there wasn't gingivitis [inflammation of the gums]."

The relatively low cost of bonding may also be deceptive. While bonding usually costs one third to one half as much as a crown for the same tooth, it may not be as inexpensive as it sounds, warns John Farah, D.D.S., Ph.D., a dental materials specialist at the University of Michigan. "It may only cost a third as much, but it will probably only last a third as long. Composites discolor, chip, and break. While a crown should last ten

to twenty years, bonding is usually only good for three to eight years and requires continuous monitoring." Many substances stain composite and accelerate its eventual discoloration. "If you have bonded teeth, you may have to alter your eating habits," warns Dr. Goldstein. For many people the long list of restrictions may not seem worth the sacrifice for prettier teeth. Dr. Goldstein routinely recommends that his patients quit smoking, not chew ice, and avoid large amounts of coffee, tea, soy sauce, colas, grape juice, blueberries, and fresh cherries. They should also avoid biting bonded teeth directly into hard foods like ribs, bagels, apples, carrots, and nuts.

Because of the limited life of bonding, patients should be aware that they are not just having one procedure but are entering a process. Bonded teeth need to be cleaned professionally about two or three times a year to stave off discoloration. They also require more frequent checkups to repair minor damage, all of which can add to the total price tag.

"Composite bonding is an instant glory for some people," says Dr. Beeson. "You walk into the dentist's office and walk out a few hours later with a 'Hollywood smile.' But if you really look closely at that smile, you may be disappointed. Composite is opaque and does not have the translucency and variation in color of tooth enamel. Because it is

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painted on top of the existing tooth, it can look thick and bulky. I've seen a lot of bonded teeth that look like Chiclets."

Instead of bonding composite material, many dentists are now bonding veneers to front teeth for extensive cosmetic work. Veneers are thin, pre-made tooth-shaped shells—like fake fingernails for your teeth. Veneers can be made of a variety of materials, but Ronald Maitland, D.M.D., an expert in aesthetic dentistry who practices in New York City, is most excited about porcelain veneers that closely resemble tooth enamel and do not stain and wear out as easily as composites. Unlike other types of bonding, the veneer technique may not be reversible because some tooth structure is usually removed to avoid thick-looking teeth and possible periodontal problems.

Even Dr. Beeson is enthusiastic about porcelain veneers. "We don't know how long they last because it's a new technique, but it is a beautiful and durable restoration." However, counsels Dr. Maitland, "if you have your teeth veneered and then wish you hadn't, you can't go back to your old teeth because they have been altered." Porcelain laminates, which are almost like crowns for the front half of your teeth, are more expensive than other types of bonding because the veneers have to be prepared by a dental laboratory.

Experts warn that any of these procedures could prove unsatisfactory in the wrong hands. Though cosmetic dentistry isn't a separate specialty, bonding is a very "technique-sensitive" procedure and the end result depends primarily on the expertise and artistic ability of the practitioner. If, after evaluating the pros and cons, you decide bonding you, it is important to choose a dentist who is skilled in the techniques you're interested in and wise in judging if a given method is best in your case. It is also a good idea to look for someone who has a good sense of aesthetics, and is committed to taking the time to do a job that you will ultimately be happy showing off every time you smile.

The department of aesthetic or restorative dentistry at a nearby dental school may be able to help you locate a qualified practitioner in your area. It may also help to see before-and-after photos of the dentist's previous work. If you don't like the way they look, seek out another dentist.

For more information about cosmetic dentistry or for the names of den-

tists who practice bonding in your area, write to the American Academy of Esthetic Dentistry, Suite 948, 211 East Chicago Avenue, Chicago, Illinois 60611, or to the American Society for Dental Aesthetics, 635 Madison Avenue, New York, New York 10022, or call your local dental society. Ms.

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Soft Aerobics

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ing power but also can be a new kind of kinetic abdominal exercise.

Throughout a NIA workout, "Hai!" karate grunts can be heard over the melodious strains of classical, salsa, or jazz music. According to the Rosases, these grunts combined with karate kicks are as effective for tightening abdominal muscles as all the huffing and puffing on the floor from conventional sit-ups, which are themselves sources for injury.

The characteristic that most dramatically sets Bod Squad apart from other low-impact classes is bare feet. Tomes have been written about the best aerobics shoe to cushion the three-times-body-weight crunch on lower extremities during jumping movements, and a booming \$53.8 million aerobics shoe business has been generated. But the Rosases have given up shoes altogether, claiming that the danger is removed by sinking into the floor instead of leaping off it; a natural, heel-ball-toe movement eliminates possible damage to the thin metatarsal bones in the ball of the foot. (The no-shoe approach remains controversial, however. "You need that support, particularly in the heel and arch," says Donna Gillien, director of research at the Center of Sports Medicine, St. Francis Hospital, in San Francisco. "Anytime you move your feet, even if you're just walking, the tibia and fibula are going to take in some kind of shock.")

Some aerobics experts caution that the low-impact approach isn't a panacea. While the probability of impact-induced injuries is lessened, says Dr. Richie, neck and lower-back injuries can still be sustained during floor exercises. "Twisting and derangements during posturing and lifting while lying on the floor can be just as debilitating as impact maneuvers," he says. "And knee problems can occur during side-to-side movements, which are exaggerated in low-impact aerobics, because a lot of torque [twisting] goes into the feet and legs." ▶



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