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# Hot off the press!

Professor Andrew Eder considers factors that are newly emerging as potential contributors to the increasing prevalence of tooth wear – so that you can stay one step ahead!

**At this time of year, many people look to their health and set goals for improvement in the year ahead. With this in mind, this month's comment focuses on diet and exercise.**

A diet rich in foods and drinks that have an alkaline effect on the body are becoming increasingly popular, due to the anecdotally reported health benefits.

The alkaline diet may reduce inflammation, a feature of many diseases such as heart disease, arthritis, diabetes and cancer. However, in contrast to its alkalisising effect on the body, some of the recommended foodstuffs can have erosive effects in the mouth and include lemon, lime, kiwi fruits and vegetables such as beetroot, broccoli and spinach. This is either because they have an acidic pH or, when masticated, can become acidic (spinach, for example, releases oxalic acid). Conversely, foods that have an acidic effect on the body may not be harmful in the mouth, such as meat, milk, bread, fats, sugar and beverages other than water.

Evidently, a balanced diet is to be encouraged for oral and systemic health. However, adhering to an alkaline diet may contribute to experience of tooth wear.

As always, it is important to consider this information in the wider context. For example, the problem could be further exacerbated in the presence of tooth brushing after eating foods with a low pH, or in addition to bruxism.

Anorexia athletica, also called sports anorexia or hypergymnasia, is an eating disorder distinct from the more widely known disorders such as anorexia nervosa and bulimia nervosa. It is characterised by obsessive, excessive exercise and is therefore most commonly found in athletes where a small, lean body is desired, but it can also be found in the general population.

Achieving this physique is the motivating factor, and so, fat and weight gain are considered the enemy. Sufferers may restrict their calorie intake, which can lead to malnutrition and, in younger athletes, metabolic and endocrine disorders such as decreased bone density.

Denial, guilt and anxiety feature strongly, manifesting in excessive exercise. In advanced cases, this coping strategy can cause physical pain. This disorder impacts on the sufferer's physical and psychological condition, which may have implications for their oral health. **PD**

Professor Andrew Eder is a specialist in restorative dentistry and prosthodontics. He is clinical director of the London Tooth Wear Centre, a specialist referral practice in London. He is also professor/honorary consultant at the UCL Eastman Dental Institute and associate vice-provost (enterprise) and director of CPD and short course development at UCL. For further information visit [www.toothwear.co.uk](http://www.toothwear.co.uk).

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