

## A featured interview with

# Julie Di Nardo, RDH, independent hygienist & owner of Gleam Smile Centre in Hamilton, ON



## How does the epidemic of multiple chronic conditions affect your practice?

*“My experience is that many of my patients are now diabetic with heart problems, or arthritis or high blood pressure. These conditions play out in poor oral health – bleeding gums or more decay at the gum line.*

*But there is another concern for these patients with complex medical conditions. They need more affordable care because often they are uninsured and on fixed incomes. Inevitably, this means more effective preventive care.”*

## What does it mean to your older patients to have poor oral health?

*“Poor oral health is a real negative for my patients. First, they don’t feel as well as they should. This is because of pain or just as important, inflammation stemming from their sore gums or ongoing cavities.*

*Second, many are anxious about how to get on top of their condition. They fear the cost, they fear the pain, they fear the inconvenience of getting to better oral health.”*

## You have integrated Prevora into your practice – why and how?

*“I have been working with Prevora for more than 6 years. It gives me certainty of results, it leads to patient satisfaction and loyalty, and allows me to prevent both dental decay and gum disease at the same visit with the same procedure.*

*When I started to use Prevora, I gingerly introduced this new service to my high risk patients. I wanted to gage clinical results and patient acceptance. But soon, both results and patient response led me to provide this as a standard of care in my practice.”*

## What is the future for treatment of poor oral health? What role do you believe Prevora will play in this future?

*“It has to be all about evidence-based prevention, and the management of the cause of poor oral health. Any other approach is too expensive or cannot be justified, or leads to unsatisfactory results.*

*Prevora has the evidence from controlled studies and is, in my experience, the only treatment which manages oral dysbiosis.”*