HEALTH BASICS

Basic dental care

Basic dental care is routine cleaning and professional care for teeth and gums.

WHAT IT IS
Daily mouth care supported by professional dental care

WHERE IT COMES UP
Home routines, dental visits, and oral health advice

WHY IT MATTERS
Helps protect teeth, gums, comfort, and eating

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A dentist, dental hygienist, or dental therapist

HOW IT IS CHECKED
Dental examination and, when needed, X-rays

Overview

Basic dental care means looking after your teeth, gums, and mouth at home and having professional dental care when needed. It is not a disease or diagnosis.

Home care mainly involves brushing with fluoride toothpaste and cleaning between the teeth. It also includes caring for dentures, retainers, or other removable dental appliances if you use them.

Professional care may include an examination, advice, cleaning, X-rays, fillings, or treatment for gum problems. Not everyone needs the same services or the same gap between check-ups. A dental professional can suggest an interval based on your oral health, previous treatment, age, and risk of future problems.

Dental care should fit your needs and abilities. Modified toothbrush handles, electric toothbrushes, floss holders, and small interdental brushes may make cleaning easier. A dentist, dental hygienist, or dental therapist can demonstrate techniques without assuming that one method suits everyone.

How it works

A thin, sticky layer called dental plaque constantly forms on teeth. Plaque contains bacteria. When these bacteria use sugars from food and drinks, they produce acids that can remove minerals from tooth enamel, the hard outer surface of a tooth.

Brushing removes plaque from the accessible tooth surfaces and along the gumline. Cleaning between the teeth reaches areas that a toothbrush may miss.

Fluoride is a mineral that strengthens enamel and helps repair early mineral loss. Brushing with fluoride toothpaste leaves fluoride in contact with the teeth. Spitting out excess toothpaste without immediately rinsing with water helps avoid washing it away.

Saliva also protects the mouth. It washes away food, reduces acids, and supplies minerals to teeth. Some medicines and health conditions can reduce saliva, causing dry mouth. A pharmacist, dentist, or prescribing clinician can help review possible causes. Do not stop prescribed medicine without advice.

Professional dental examinations look for changes that may not be obvious at home. X-rays can show areas that cannot be seen directly, but they are not automatically needed at every visit.

Why it matters for your health

Regular cleaning helps lower the chance of tooth decay and gum disease. It also helps teeth remain comfortable and useful for biting, chewing, and speaking.

Healthy gums support the teeth. Early gum inflammation may improve when plaque is removed effectively. More advanced gum disease can damage the tissues and bone that hold teeth in place and usually needs professional assessment.

Oral health can also affect food choices and quality of life. Painful or missing teeth may make eating difficult. Dry mouth can increase the risk of decay and may make speaking or swallowing uncomfortable.

Dental visits can identify broken teeth, damaged fillings, denture problems, and suspicious mouth changes. Finding a problem earlier may allow simpler treatment, although no home routine can guarantee that dental disease will not occur.

What can go wrong

Several named conditions and situations are related to dental care:

Arrange routine dental follow-up for ongoing gum bleeding, persistent bad breath, dry mouth,

recurring sensitivity, a loose filling, or a denture that rubs. These concerns are not usually medical emergencies, but they should not be ignored.

Seek urgent dental care for severe dental pain, increasing facial or gum swelling, a knocked-out or badly broken tooth, uncontrolled bleeding after dental treatment, or signs of infection such as swelling with fever.

Call emergency services for swelling that makes breathing or swallowing difficult, heavy bleeding that will not stop, or a major injury to the face or jaw.

- Tooth decay, or dental caries: repeated acid exposure damages enamel and may eventually create a cavity
- Gingivitis: plaque causes inflamed gums, which may look red or bleed during cleaning
- Periodontitis: more advanced gum disease damages the tissues and bone supporting teeth
- Dental erosion: acids not produced by plaque, such as those in acidic drinks or stomach acid, gradually wear away enamel
- Tooth sensitivity: exposed dentine, enamel wear, decay, cracks, or gum recession can make teeth sensitive
- Dry mouth: reduced saliva can make the mouth uncomfortable and increase decay risk
- Dental infection or abscess: infection can develop inside a tooth or around the gum
- Appliance-related irritation: poorly fitting dentures or damaged retainers can rub the mouth or trap plaque

What you can do

A consistent routine is more useful than occasional forceful cleaning.

Use a soft-bristled brush and gentle pressure. Scrubbing hard does not clean better and may irritate gums or contribute to wear. A manual or powered toothbrush can work well when it reaches each surface effectively.

The space between teeth differs from one part of the mouth to another. Floss may suit tight spaces, while interdental brushes may suit larger gaps. Ask a dental professional to show you an appropriate size and technique if cleaning causes repeated injury or is difficult.

Mouthwash does not replace brushing or cleaning between teeth. Some fluoride mouthwashes may be useful, but using one immediately after brushing can rinse away the more concentrated fluoride left by toothpaste. Ask whether a mouthwash is suitable and when to use it.

If you care for a child, supervise brushing until they can clean reliably and spit out toothpaste. Ask a dental professional which amount and strength of fluoride toothpaste is appropriate for the child's age and local guidance.

Clean dentures every day according to their material and your dentist's instructions. Remove food and plaque from the denture and clean the remaining teeth, gums, and tongue. Have sore areas or changes in fit assessed rather than trying to reshape a denture yourself.

- Brush twice a day for about two minutes with fluoride toothpaste
- Clean every tooth surface and gently brush along the gumline
- Spit out excess toothpaste rather than immediately rinsing with water
- Clean between teeth using floss, interdental brushes, or another recommended aid
- Replace a toothbrush or brush head when its bristles become worn or splayed
- Keep sugary foods and drinks mainly to mealtimes rather than having them frequently
- Attend dental examinations at the interval recommended for your oral health
- Record medicines and health changes that may affect bleeding, saliva, or dental treatment

Common questions

Do I need a dental check-up every six months?

Not necessarily. The appropriate interval is based on oral health, previous problems, age, and risk of new disease. Some people need closer monitoring, while others may safely have longer gaps. Ask what interval is recommended and why.

Is bleeding during brushing or flossing normal?

Bleeding can happen when gums are inflamed, especially when cleaning between teeth has recently started. It should not be treated as proof that cleaning is harmful. Use a gentle technique and arrange a dental assessment if bleeding persists, is heavy, or occurs without brushing.

Are dental X-rays required at every visit?

No. A dentist considers the examination, symptoms, dental history, age, and risk of hidden disease before recommending X-rays. You can ask what the image is intended to check and how it may affect your care.

Can mouthwash replace floss or interdental brushes?

No. Mouthwash cannot reliably remove the sticky plaque between teeth. It may support a cleaning routine when recommended, but mechanical cleaning remains important.

Does whitening count as basic dental care?

No. Whitening changes tooth colour but does not remove decay or treat gum disease. A dental examination before whitening can identify decay, cracks, sensitivity, or restorations that may affect the result.

What if brushing or flossing is physically difficult?

Powered brushes, larger handles, floss holders, and interdental brushes may help. An occupational therapist or dental professional may also suggest adaptations. If another person helps with care, the technique should still be gentle and respect your comfort and preferences.

Sources

- American Dental Association, MouthHealthy: Brushing Your Teeth
- Centers for Disease Control and Prevention: Oral Health Tips for Adults
- NHS: How to Keep Your Teeth Clean
- National Institute for Health and Care Excellence: Dental Checks-Intervals Between Oral Health Reviews, CG19
- National Institute of Dental and Craniofacial Research: Dry Mouth
- NHS: How to Find an Emergency or Urgent Dentist Appointment