

Q&A: Something to chew on before you sink your teeth into those gummy vitamins

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Whether in the grocery aisle, at the pharmacy, or at a dispensary, little gummy treats containing vitamins, supplements, or THC have become ubiquitous. But do the benefits of gummies (and closely-related chewies)

outweigh the risks they can pose to oral health?

Here's some advice from Aikaterini Papathanasiou, professor and chair at Tufts University School of Dental Medicine's Comprehensive Care Department, and Cheen Loo, professor and chair of Pediatric Dentistry at TUSDM.

We hear all the time that sticky substances, especially those containing sugar, are bad for our oral health. Is that true?

Aikaterini Papathanasiou: Sticky substances that contain sugar can create oral health issues—especially issues related to the teeth, such as decay.

Cheen Loo: The bacteria in our mouth break down sugars and produce acid, which causes cavities, and that stickiness is also important.

Do chewables and gummies affect other parts of the mouth, or just the teeth?

Papathanasiou: Chewables and gummies can mainly affect teeth, but they can also affect the gums around the teeth because sticky residuals stay between or around the teeth and near the gums. Gummies can also loosen fillings and crowns. If a patient has a new filling or a temporary crown and starts chewing on a gummy, it could pull out the filling or crown.

Are gummies and chewables as much of a risk to oral health as candy?

Loo: Because of the [sugar content](#), I think gummies probably have the

same risk as candy. Chewables are a little less risky because they're less sticky. And there's another alternative: dissolvable vitamins that do not contain sugar. They typically use plant-based sweeteners that don't cause cavities, instead of sugar. They're tablets that dissolve in water, or there's a kind that kids can let dissolve in their mouth.

Do the benefits of gummy or chewable vitamins and supplements mediate their oral health drawbacks?

Loo: For children, it is important to provide [good nutrition](#), and if that's not possible with their regular diet, then it is important to have the supplements. Ideally, they should be taken with or after the meal, not as a snack.

Papathanasiou: It would be better to avoid any gummies or chewables when possible, but the benefits of vitamins and supplements often outweigh the oral health drawbacks. It is important to consider other available options, including tablets and unsweetened alternatives.

People should consult their primary care physician and their dentist. More specifically, they should ask their dentist about any concerns based on their oral health status, and if there are any concerns, find out how to maintain optimal oral health. For example, the dentist might prescribe a high-concentration fluoride toothpaste, in addition to providing oral hygiene instructions for flossing and brushing.

It sounds like it depends on each patient's individual health situation.

Papathanasiou: Yes, and as dentists, we want to make sure that people who consume gummies brush and floss regularly, and again, take the gummy as part of a meal, rather than as a snack. Rinsing with water and

chewing sugar-free gum after meals also helps: chewing gum stimulates salivary production, which helps to neutralize acids and removes food particles. And always consider using sugar-free chewables or gummies.

What about the benefits and drawbacks of gummies and chewables for children who struggle to swallow pills but need to take medication or supplements orally?

Loo: Medication compliance is very important. Parents can ask the pharmacy about sugar-free or liquid versions of their children's medications. A lot of liquid medications are sweetened, but some use alternative sweeteners. Liquids flow through the mouth, leaving more quickly than chewies—and most kids drink water after taking medication, which washes it away from their teeth.

And for adults?

Papathanasiou: We need to know what's available based on the vitamin, the supplement, or the medication that a patient takes. If they cannot swallow pills, is the medication or vitamin available in dissolvable drops or tablets? Then the patient needs to discuss with their [health care provider](#) and their dentist the best option for them.

Is these substances' risk to oral health roughly the same for children as it is for adults?

Loo: I think children might be more at risk because they typically will not brush or floss as well as adults.

Is the damage worse if kids have their adult teeth,

rather than their baby teeth?

Loo: Permanent teeth, including six-year molars, start coming in when kids are about five or six. That's when we recommend sealants on these teeth, because we want to protect the permanent teeth really well. At the same time, we want to prevent cavities in toddlers and younger kids, who still have their baby teeth. If we don't treat cavities in baby teeth, they can cause infection.

When we fill cavities in 3-, 4-, or 5-year-olds, many of them are not able to sit in the chair for that. So we end up using nitrous (laughing gas), sedation, or [general anesthesia](#) in the hospital; it's a lot for a child to go through. And if we end up extracting a baby tooth, we might need to put in a spacer to make sure the adult teeth come in where they should. Getting cavities is problematic at any age, even for baby [teeth](#).

What about the varieties of edibles with THC, the active ingredient in marijuana, whether for recreational or medical use? Would you advocate a different method of ingestion?

Papathanasiou: The use of cannabis, particularly through smoking, is associated with periodontitis and xerostomia (dry mouth). THC, aside from being a psychotropic agent, also acts as an appetite stimulant, often causing users to consume foods that promote tooth decay. Edibles with THC often contain sugar, which is a major contributor to tooth decay. Further research is required to fully comprehend the long-term impact of edibles on [oral health](#).

Provided by Tufts University

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