John Peterson: The same part of the brain that controls sleep, also controls the bladder. So if you're having a sleep issue, then that takes precedence and priority, and so it's going to focus all of its attention on that.

This is Episode 16. Let's get started.

Smarter Parenting welcomes you to our podcast series, The Parenting Coach for ADHD. Here to heal and elevate lives is your parenting coach, Siope Kinikini.

Siope Kinikini: So, I am here with John Peterson, and I was on Facebook this weekend, I read a post of his and it was fascinating and I wanted to learn more about it. And I thought it would be super helpful for you guys who are listening, specifically with ADHD issues, but also just with a range of different issues. Now John's a Doctor, I'm going to have him introduce himself. He's a dentist, he does a lot of work with kids and families, so he knows a lot. So why don't you introduce yourself John, tell us a little bit about yourself?

John Peterson: Well yeah, so my name's John Peterson. I'm originally from St Louis, Missouri, and I went to dental school in Marquette, and I have been a general dentist for the past 10 years. And I started getting into just regular sleep dentistry, about three years ago. And then about two years ago, I had a buddy that introduced me to the <u>Healthy Start System</u>. What you were reading about in that post.

Siope Kinikini: Yeah.

John Peterson: That has changed my career.

Siope Kinikini: That's fascinating. I just want to bring people up to speed on what I did read on the post, because I thought it was really interesting. So this is what the post says. It says, "As parents, we want our children to have every opportunity to be successful. Nine out of ten children suffer from one or more symptoms of sleep related breathing disorders.

These symptoms can take on the appearance of ADD and ADHD, poor performance in school, lack of focus, anxiety, headaches, chronic allergies and more. A simple Healthy Start dental screening could change your child's health for life. With a treatment that is non-invasive, non-pharmaceutical and pain free."

That, actually I was like, "Hey, wait a minute, there's just so much truth to that. Because sleep really does affect everything else that we do." But can you tell me more about the post? Why did you post it? What were you trying to convey? What were you trying to tell people?

John Peterson: Well this Healthy Start System, let me just back it up a little bit, and let me tell you what Healthy Start is, it's an alternative to braces.

Siope Kinikini: Oh, okay.

John Peterson: It's the main thing, it's actually an alternative to braces, and it's a little different than braces in that you start it earlier. The perfect time to start Healthy Start, is at six. When the first permanent teeth are coming in, and you guide the teeth into place as they're coming in. There are a lot of other benefits, and helping with sleep problems is one of them.

One thing that the <u>Healthy Start System</u> says that it does, is that it uncovers health problems, while straightening teeth. So one of those things is, sleep disorders. And so, this has been around... it sounds new, but it's been around for 50 years.

Siope Kinikini: Really?

John Peterson: And I'm just trying to introduce it into the Utah market. I've got a practice in Riverton, and here in Utah we've got five practicing dentists that are utilizing the Healthy Start System. A lot of people in Utah haven't heard about it. And so we just want to get the word out.

Siope Kinikini: I have never even heard about it. So, this is fascinating. Is there a reason why we haven't heard about it? I mean, is there a reason it's not really well known in this area?

John Peterson: I don't know. I don't know if it's just because someone hasn't taken the lead and the charge in order to do that. I'm happy to do that. Just because I love the system so much. I've had a dental school body in Colorado, he was the one that introduced it to me. And so, it's bigger in Colorado, in places like Washington and Oregon, California.

It's just trying to get the word out, now I'm not a conspiracy theorist, but I do think that there may be some type of going on with the Orthodontic community, and I think the reason behind that is that a general dentist like me, I can treat someone with the Healthy Start System, just like an orthodontist can. And so it may negate their continuing education a little bit. I don't have any direct evidence of that, but it does seem interesting that it's not talked about more, and more people don't know about it. Because more people should know about this.

Siope Kinikini: Yeah, I think so, I mean we're looking at a holistic approach at helping children with whatever health issues. Really we should have all the information in front of us to make a good choice. You know what I mean?

John Peterson: Absolutely.

Siope Kinikini: And when we don't have portions of something, we actually make poor choices, because our choices are limited. So this is fascinating. So, in this approach how early would you start working with a child? I mean, at what age do you start and is there an age where they cap out.

John Peterson: Yeah, yeah, great question. So it depends. As far as the straightening teeth part, usually that starts at about six because that's when the permanent teeth are starting to come in. And you need that first permanent tooth, which is usually the lower front tooth, start sticking through the gums. When that happens, then we can make a template for the rest of the teeth and then that guides it into place. But, if a child is having sleep problems, or if they're having behavioral issues earlier on, then you can start the treatment as early as two or three.

Siope Kinikini: Oh, wow. Okay. Okay.

John Peterson: Which is really early, it seems really early but there is two or three year olds that can start wearing these appliances and start benefiting from them. They are young kids that have to be on CPAP machines, because of their severe sleep disorders. And many of those kids, they don't know about any other alternative treatments, some of them, I'm sure, could use the Healthy Start System, instead of going full ball into a CPAP machine.

Siope Kinikini: Right. You know, it's funny because I've seen that, and I've been amazed at it. Little kids with CPAP machines, and I'm thinking. "That's really odd." I'm not a medical Doctor I don't know why they would need a CPAP machine, and I'm sure there are multiple reasons why children would need one, but I mean we're talking about sleep and well being and their overall functioning day to day. We all know if a child doesn't get enough sleep, they're irritable and they act out.

John Peterson: Exactly. So, as to the other part of your question, if it caps out at a certain time? It does. So, there's a growth component to this treatment. So we want growth potential, and that's a part of it. And so, it's designed to function around children when they're in their growth potential. So, it does cap out at about 12 or 13.

Siope Kinikini: Okay.

John Peterson: After that then traditional braces are recommended in order to straighten teeth, and they miss out on some of the other benefits that Healthy Start can provide.

Siope Kinikini: Now, with Healthy Start, let's say you're starting at that young age and what is the regiment afterwards? The treatment is how long, and then what is the up keep? Because my daughter, she did the braces thing, and now we're doing retainer until she's like 20 something, I don't know. Anyways, what is the upkeep afterwards?

John Peterson: And I would say that's rare. Most of the time after you've had braces, retention is a lifelong thing.

Siope Kinikini: Yeah. Yeah. Yeah.

John Peterson: Either you're going to wear your retainer for the rest of your life, or you'll have a permanent retainer, or you'll have both.

Siope Kinikini: Right.

John Peterson: And that's part of the problem, because the brace's idea is to start when all of the permanent teeth have come in. The teeth have already had a chance to kind of establish their home position.

Where they want to be, and then you're trying to move them after the fact, which requires more force. And then the other problem is after you're done, those teeth are always going to want to have a tendency to move back. So, retention is always going to be a push, and a major concern for any time you have braces. Not only can the teeth shift back, but one really frustrating thing is that if you've had any bite adjustments, or if you had a jaw alignment problems, those can relapse as well.

John Peterson: And Healthy Start gets ahead of that problem, because we're guiding things into place while they're developing. And so that means if there's a Healthy Start patient that starts at age six. There is an end time where they don't have to wear anything anymore. Retention's not even an issue. And so that is a major benefit. I think.

Siope Kinikini: Yeah, well for my daughter they told us to come back when she's 24. And I think that's just to check and see, but she has one that's actually... it's in there. She doesn't take it out at night or anything like that.

John Peterson: Yeah.

Siope Kinikini: Anyways, I'm like, "Okay, gosh, you spend all this money on all this stuff, and I wish I would have known this when she was younger."

John Peterson: Well, exactly. And me too, I have three of my own kids that are in it now, I have four kids. And I place braces in my general practice, which is really nice because then I have a background in braces, and I know all the draw backs. Braces still has its place.

Healthy Start System is not for everyone. If you've got impacted canines, or if you have something where you got to reach up and get the teeth, or you've got a lot of teeth that are missing congenitally, you just weren't born with them. Healthy Start might not be the treatment for you. It might be braces. But I put my daughter in braces and now she sees the rest of her siblings gets to do these trays, these Healthy Start trays, and not worry about food restriction. She loves caramel pop corn. She couldn't have caramel pop corn while she had braces. And when the bracket pops off she had to go in real quick and see me. And then I had to put it back on.

Then you have six week appointments, whereas with the Healthy Start System, you can spread those out a little bit. Just because braces require you to see the patient every six weeks. Tighten the wires, or you do whatever you need to do. We don't have to see them. Initially you see them about once a month for the first four months, and for some patients "I don't need to see you for another three months. I don't need to see you until your next recall."

So, that's a benefit. But I'll tell you it's interesting because I have a general practice, but I started a dental sleep clinic about three years ago. And the day I started it, my buddy who's in Colorado, called me up. And he was just talking to me and we were chit chatting. We hadn't caught up since dental school.

And I don't know if this was the best question as a friend, but it's just like, "So, why you calling me?" Because I thought he was calling me because I had just posted about how I started this sleep clinic on my Facebook page for my general practice. I was like, "This must be why he's calling me." He said, "I was just calling you just to say, hi."

And then during that conversation he told me about Healthy Start, which also includes sleep disorders, which falls right in line with that I was trying to do with my new business. I don't feel like that was a coincidence, and I was just like, "This is why you're calling." I'm sure you called me just to be a good friend, but I just thought that, that was an amazing coincidence there.

Siope Kinikini: So tell me more about a dental sleep clinic. Because that is probably really new for a lot of people too. What is that? I mean, what does that entail?

John Peterson: Yeah, so sleep apnea, it's just like an epidemic now, it's just growing so significantly. And so, there's a lot of adults that have sleep apnea. This is what got my foot in the door for sleep dentistry in the first place, was adult sleep apnea. And there's ways that dentistry can treat that. It doesn't have to be a CPAP machine.

If you go and see a sleep doctor, it's either going to be do nothing, or get a CPAP. There's really not intermediate treatment. And so what people don't know about is if they've got mild or moderate sleep apnea, they can use a sleep apnea dental device in order to help with their sleep apnea. In order for them not to have periods at night, where they stop breathing. And what it does is, it's a device that they wear, and it pushes their lower jaw forward, and it opens up the airway.

So that they don't have any of those blockages at night, because the difference between snoring and sleep apnea, snoring's a partial blockage, you're still getting air in and out, but then you have the tongue that's relaxing back and it's doing that partial blockage and hence the noise. But then sleep apnea is where you have complete blockage. There's no air getting in or out. And so that's what's going on.

Siope Kinikini: I'm curious, so going into a physician, and you are diagnosed with sleep apnea, and kids are getting it all the time. Being diagnosed with multiple things, and sleep apnea may be one of those. They don't often recommend going to the dentist to fix it. I'm wondering why that is? Why that's not an option? And you're probably the wrong person to ask for that, but... I don't know.

John Peterson: I think they don't even know about it. To be honest with you. I don't think they know about it. So we need to go in and educate them. That's been a goal of mine, it's something I'm still working on, because I've got to run a practice as well. I've only got so many hours during the day, but I would love to spend more time going in and seeing sleep specialists. Going and seeing EMT's, going and seeing the regular pediatric doctors in order to tell them about this Healthy Start system, because they probably don't even know about it. That's half the battle. They have to know about it first, before we can start having those lines of communication.

Siope Kinikini: Right, okay. You're just blowing my mind at the moment, because I've seen children with CPAP's and adults, and it's amazing how many people are using those devices when maybe they don't really need to. You know what I mean?

John Peterson: And that's just the thing, is that, "Are they using the device?"

Siope Kinikini: Yeah, that's the other question.

John Peterson: They've gotten the device, but after a little bit there's a lot of people that start using the CPAP and get frustrated with it, and stop using the CPAP, and I have a lot of patients that are in that category. People with sever sleep apnea they should be using a CPAP machine, you know my dental device, it's not recommended for people with severe sleep apnea.

But, I will tell you this, it's better than nothing. If they're refusing, if they can't for some reason wear a CPAP machine, then it will help them. And so that's part of the problem, is that I think I've seen some studies where, as low as 30% of people are actually using their CPAP as prescribed, as they should. That's the problem

Siope Kinikini: It is a problem, and the complaint that I get from most people who use a CPAP machine, is it's awkward. It falls off the face. Some people like to sleep on their stomach, and it's just weird. The cord is... you know what I mean?

John Peterson: Yeah.

Siope Kinikini: I think there's a lot of reasons why people don't wear it-

John Peterson: Yeah.

Siope Kinikini: But I mean if we could find an alternative, and I think that, that's where my biggest concern is, is that unless people are informed, they really can't make great choices. And that there are other options out there, specifically for parents with young children who are on a CPAP, I mean if this is a different option for them, that's a great thing for them to start to investigate and explore. Right?

John Peterson: Yeah, and bringing us back to Healthy Start, a lot of these problems, so these full blown sleep apnea sleep problems in adults, the seeds of that are planted when they're kids, from bad habits and other things that are happening during their development. So for instance, one thing that the Healthy Start System, we're really trying to... getting them out of bad habits like for instance, tongue thrust, or mouth breathing.

Both of those things have tremendous developmental effects. And I didn't even know about it, I mean going to dental school, not emphasized, learned a little bit. So for instance, tongue thrust, my basic knowledge was that, well you don't want the tongue to be pushing against the tooth, because it's going to start flaring out the teeth. And so that was the extent of my knowledge.

Now I know that if you don't have proper tongue positioning, if you don't have a tongue, that is resting on the roof of the mouth, that actually makes it so that the upper jaw doesn't develop like it should.

Siope Kinikini: Really?

John Peterson: The tongue is what expands the upper jaw. So if you don't have that in the right place, then you've got a narrow jaw. And if you've got a narrow jaw, then you don't have as much room in order to work with, when you're sleeping. And so you've got more of a possibility of when you're laying on your back, of your tongue to just get in the way.

The other thing, is that if you don't have proper tongue positioning, then you might have a tongue that's not strong. And so it hangs down in the mouth, contributing to mouth breathing.

And mouth breathing can cause a whole host of other problems. If you've got mouth breathing then you've got that humid air going past the tonsils, it can enlarge the tonsils. Mouth breathing can stop your development of... if you see a child that is a mouth breather, side by side with one that's not, the development of their face and their jaw, is stunted. And so that's something I did not know about.

Siope Kinikini: Actually while you were talking, I'm checking my own tongue, and where is, it's really bizarre, I'm like, "Am I pushing out, is it wide, do I have a..." no, but these things, we definitely want to be aware of, but especially during the developmental age of children, right?

John Peterson: Oh, yeah.

Siope Kinikini: What questions should people be asking their dentist? What question should parents be asking their dentist, or even having a discussion about? Because usually it's just, go in, and come out. I mean, should there be a discussion going on?

John Peterson: Absolutely. I actually recommend if a patient has a child between the ages of six and 12, I automatically recommend Healthy Start, and not braces. If they're a candidate for Healthy Start. They should do Healthy Start. So braces is just aesthetics, it's like the guy that is always looking in the mirror, always checking themselves out.

That's what I feel about braces now, less concerned with aesthetics, they're just concerned with jaw alignment, but mainly it's just aesthetics. Whereas there's so much more depth to the Healthy Start system. Braces doesn't care about these bad habits, doesn't care about tongue thrust, it doesn't care about mouth breathing, it doesn't care as much about these developmental problems because they're not starting that early enough.

Siope Kinikini: Right.

John Peterson: And so there's so much more depth to Healthy Start that I just recommend it between the ages of six and twelve. Now, if there's a child that has some of the health issues that we're talking about, and so, these are things like grinding their teeth, behavioral problems, chronic allergies, ADHD, which I'm sure we'll get into more. Some other things, if they have these things then definitely a conversation should... snoring. I have a daughter that snores, or she did until she got the Healthy Start appliances and now she doesn't snore anymore.

Siope Kinikini: Oh, wow.

John Peterson: Wetting the bed, that is another thing, and that one didn't quite make sense to me, and so I had to look into it. Because I always thought that wetting the bed happens because you're in too deep a sleep. But I had to be educated on that, and the reason why, that the Healthy Start System helps with wetting the bed, and it does, and I can tell you that it does because I've had patients tell me that their kid doesn't wet the bed anymore after starting the treatment.

That's because the same part of the brain that controls sleep, also controls the bladder. So if you're having a sleep issue, then that takes precedence and priority, and so it's going to focus all of its attention on that, and then let go of the bladder. Because then at that point, then you can wet the bed.

Siope Kinikini: Yeah.

John Peterson: Well I didn't know that. I thought that was something that I had to be educated on.

Siope Kinikini: Wow. I am now just thinking if I ever wet the bed?

John Peterson: Right now or earlier.

Siope Kinikini: Yeah, I know it's like, "What is going on?" My ADHD is kicking in, hyperactive and attentiveness is somethings a little, anyways so I'm curious though, for behavioral issues then, I guess a dentist doesn't really hear a lot of the behavioral issues that are involved, they probably shouldn't actually hear a lot about that, right? Or should they? I don't know.

John Peterson: Well the conversation usually comes up for a different reason, I'm usually not just all of a sudden asking parents about behavioral issues.

Siope Kinikini: Right.

John Peterson: But when a child is six, and they come in and I see that, that first permanent tooth is coming in, then I start talking about it. Then I start talking about this alternative to braces. Then we start talking about all these other things that it can help.

Then we start talking about behavioral issues. And I see the list of all of these symptoms that are related to sleep disorders, and they're like, "You know what my son has aggressive behavior, my son grinds his teeth, my son wets the bed."

And then they start linking some things up, and then we can talk about behavioral issues. Once we start the Healthy Start Program, we start with a records' appointment, and so we get x-rays, we get scans of their teeth, and then there's a questionnaire that we ask parents.

Siope Kinikini: Okay.

John Peterson: Is involved with that. Behavioral issues are involved with that. One interesting thing is that Healthy Start has had a chance now to treat over 3.5 million children around the world.

Siope Kinikini: That's fantastic.

John Peterson: And they have all this data, because they have the data of all the questions that we ask the parents about these behavioral issues, and they always follow up after the fact. So during treatment they want to know if the Healthy Start system is improving things. And it does. And ADHD is an interesting one. When you're doing clinical studies, people have done the studies. You can't really tell the difference between a child with ADHD symptoms, and a child that's sleep deprived.

Siope Kinikini: Yeah.

John Peterson: They look the same.

Siope Kinikini: They look exactly the same. Yeah.

John Peterson: And so one thing that they know now, is that by using the Healthy Start system, it helps with the symptoms of ADHD.

Siope Kinikini: Oh, wow.

John Peterson: So, it's very interesting. I was looking at a study and it was interesting, so it's complicated, because it's hard to tell. They said that the relationship between sleep and ADHD is bi-directional. So, it means that the sleep cause, like a lack of sleep or poor sleep, cause ADHD or does ADHD cause sleep problems?

Or sometimes it's cyclical, like they're both negatively influencing each other. But the study concluded was that it's saying at least 25% of the time, they feel like a sleep problem is causing the ADHD. And 60% of the time, sleep is involved. So whether it's causing it, or whether the sleep is causing ADHD or ADHD is causing the sleep problems, sleep is involved.

And I guess for me, the 25% of the time where sleep is causing it, that's a no brainer. You need to do the Healthy Start system, that could help alleviate the symptoms altogether, and treating the underlying cause of ADHD.

It's not medication, where that medication I feel is a band aid on ADHD is not addressing the underlying cause. And so we're getting to the underlying cause by treating the sleep symptoms. Let's say it's the other way around, let's say that ADHD is causing sleep symptoms, then at that point you want to have the most optimal sleep that you can.

Siope Kinikini: Exactly.

John Peterson: I still feel like this treatment could help. Either way.

Siope Kinikini: Right. No I completely agree, there's a component of rest in the ability of the mind to take a break that is necessary for kids to actually learn new things, and learn skills. I mean the inability of a child to really focus, I mean I can't focus, but the inability of people to not be able to focus, has a lot to do with their ability to just be calm, and have the resources, the battery power to move forward. You know what I mean?

John Peterson: Oh yeah. So if you think about sleep, I mean us as adults are supposed to be getting 8 hours a day, kids more like 10, that's a big part of your day. And then sometimes it's sleep deprived because they're not getting the quantity. But a lot of times, it's just the quality. It's a quality sleep problem.

And so that's harder to recognize for parents, because they're like, "They go to bed at 8 o'clock, and they get up at a certain time. But they're getting enough sleep." Well sometimes that's not the problem, sometimes they're not getting the quality sleep that they need.

They're having apnea type episodes, they're having situations where they're restless during the night, and so their brain isn't getting the rejuvenation and that rest that it needs.

Siope Kinikini: Okay. I love that. Actually this is so fascinating. I'm thinking of the parent who actually goes into the physician's office, and a lot of times they're the first reporters and they are the first people to actually say what is happening.

They show up and they say, "My kid has ADHD." And the Doctor sometimes like, "Yeah, whatever." And they dismiss it and if they recommend doing a sleep study on their child, who's maybe four or five, is that a weird request? Does that seem normal? You know what I mean?

John Peterson: Not any more, because before if you hear of sleep studies, and you imagine, you see pictures of all these electrodes attached, and all these wires...

Siope Kinikini: Right, stuck all over you.

John Peterson: And all this stuff, attached. And you're going to a hospital setting, or you're going into a controlled environment, and we're just starting to get away from that, because I don't think that's effectively testing your sleep, getting put into that type of environment. So, we've got these home tests now, much less invasive, a lot easier on the kids, and so,

No, I think it's much more appropriate to have a sleep test now and to figure out what's happening. And it's usually only one night, where it's required, and you need to get about five or six hours of data, and that's all we need in order to figure out if sleep is an issue.

Siope Kinikini: Okay. So for a young child what is it, are they just have some wires hooked up to them or... sorry I don't know, I don't know how that works, but-

John Peterson: So usually it's like a chest strap and then a strap kind of around their waist.

Siope Kinikini: Yeah.

John Peterson: And then they have a little watch on and something on their finger and then we test actually for grinding as well.

Siope Kinikini: Oh wow.

John Peterson: It's important to know, and we can get into that in a second, but we have something on their jaw, right here, in order to test that and then a very small canal that kind of

goes up into the nose just a little bit, I've done this myself, and it's not a big deal. Those are the main things that we're looking at. It's a little uncomfortable, but comparing that with what it used to be, I don't think it's that big a deal.

Siope Kinikini: That's good, I'm glad because I'm thinking of how uncomfortable it would be, I'm just familiar with the old style where you went to the hospital, and somebody was actually watching you through the night, and there was kind of like, "I'm supposed to sleep here. This is weird." And they told you to bring a pillow, like, "Bring your own pillow. And anything to be..." it's like, "I'm not even in my house." Anyways.

John Peterson: It's gotten much better. Much better.

Siope Kinikini: I've done a sleep studied, ladies and gentlemen, so that's the way I did it and it was weird. So it was really bizarre. That's great, so for kids its super easy. It's something that parents can do, and now that I'm thinking about it, wow, what a simple thing to do rather than, "Let's try some medication for a couple of weeks, and see what side effects there are and then adjust from there."

John Peterson: Yeah, and it's important because some of these kids are getting misdiagnosed.

Siope Kinikini: Yeah.

John Peterson: I don't know if there's any other word for it. ADHD getting misdiagnosed and saying that they have that, and then getting on medication, where it was actually a sleep problem. That's a big deal. The nice thing about the Healthy Start system, it's just multi-functional.

There's so many things going on. It's going to be helping sleep problems regardless if your child has ADHD or not. Nine out of ten kids suffer from at least one symptom related to sleep disorder breathing. They're going to be helped and they're going to have their teeth straightened at the same time, and they don't have to go through braces. One problem, bringing it back to braces, is that I treat about 50 kids at any one time, in my practice, with traditional brackets and wires.

John Peterson: And kids these days do not have the patience to take care of their teeth like like they should. They're not doing it. It requires about 10 minutes, what normally takes about three minutes, it takes 10 minutes for a child that has brackets and wires on.

And they were of course not doing that, so what's happening is that there's plaque accumulation, food's getting caught everywhere, and it's having a detrimental effect on the teeth and the gums. And so they're at least getting some white spots on their teeth, and the white spots are coming because that plaque has been sitting so long, that it's starting to leach out the calcium in the teeth.

And it can go from there to cavities, that's common for kids now, that I'm seeing to get cavities because they're not taking care of their teeth. Or they get puffy gums. Some of these kids get puffy gums to the point, after the brackets come off they've got to get laser surgery done, in order to reduce the gums.

Siope Kinikini: Holy cow!

John Peterson: And so in some cases, and I've had to do this a couple of times, where the child's teeth are so negatively affected from braces, that I've got to take them off, because their teeth are starting to get so decayed, in such bad shape, and braces are great, but there's a point in time where it's not worth it. It's not worth having all of this extra metal in your mouth, if that's going to be the effect once we're done.

Siope Kinikini: Right.

John Peterson: It's better just to take them off at that point.

Siope Kinikini: Okay, I'm going to ask you a question I know parents are going to ask. What is the cost difference between the two program?s I mean if you do braces, what's the average cost for that?

John Peterson: Yeah, the average cost for braces is usually about 4,500. That's about the average cost. I don't know what the average cost of Healthy Start is, because there's just not a lot of dentists and I haven't asked. It probably depends on the area, but I'm charging 3,750 for Healthy Start. So, there is-

Siope Kinikini: There is a price difference.

John Peterson: There is a savings.

Siope Kinikini: Right.

John Peterson: And part of that is just because there's not as much chair time. So like I said before, braces, it's every six weeks, clock work. When you're starting to get towards the end of the treatment, sometimes I shorten that to every four weeks.

But the Healthy Start system, then we can start spreading that out. Now they have it for a longer period of time, because like I said, they started at six, usually. And then they have it until all their permanent teeth are in. And so that's usually about age 12 or 13.

Siope Kinikini: Right.

John Peterson: But keep in mind, some parents at this point are like, "Dude, six years of treatment? No way." But what you have to remember is that these trays, you're just primarily wearing them at night. There's a day time component to them. But that's usually about one to three hours, so it's when the child's doing homework or watching TV or playing Fortnite, or doing whatever they do.

Siope Kinikini: Whatever they do, yeah.

John Peterson: Not to worry about it when they're at school, they don't have to worry about it when they're out playing with their friends, it's designed to wear. That day time component, you can wear it during those down times. And that day time component usually only lasts between 12 and 18 months.

And then they're just wearing it at night. But you started at age six, then by age seven or eight, all they have to do is wear the trays at night. My kids are to the point now, it feels weird for them not to have the tray in. And it doesn't take long for you to get to that point.

Siope Kinikini: Right.

John Peterson: It feels weird for them not to have it in, so then it's easy. It's so easy for them to just remember to put it in. And it just takes care of itself, you don't have to worry about appointments as much, you don't have to worry about brushing and flossing for 10 minutes, you don't have to worry about food restrictions, you don't have to worry about so much, because it's just taking care of it at night and as the teeth are coming in, it's requiring less force in order to guide those teeth in place.

One thing that's interesting is that with braces it does require more force, and so this varies, but 100% of the time you're going to have something called root resorption, and that's where the roots of the teeth shrink a little bit and sometimes it's just a little bit and sometimes it's a lot.

John Peterson: Sometimes I take an x-ray of someone, after they've had braces, and they've got these short little nubby roots now. That is a stability issue at that point, for the teeth. One thing that is awesome about Healthy Start, since it's less force, you just don't see root resorption.

Siope Kinikini: Oh, wow.

John Peterson: Because all these little... and I say bit, but that's a big thing. It benefits, it's a Healthy Start, it's a no brainer for me. So I could happily recommend that to anyone that has child between the ages of six and twelve, that's a no brainer. I'm recommending that.

Siope Kinikini: No, that's fantastic. Okay. It's weird because I am actually thinking of making recommendations for people to go in and talk to their dentist when they come in for therapy.

Because that actually is the most reported disorder that parents come in with, and symptomatology for ADHD fits, but I didn't know that there was this whole other component that we could use as far as treatment to assess, whether or not, it's really ADHD, or if it's sleep. Sleep deprivation or just something else, you know what I mean? So.

John Peterson: It's like I said before, it's changed my whole outlook. It's changed the way I practice dentistry. It's interesting because the impact of it is so much more. I'm not going to have a parent come and give me a hug, because I just filled their child's tooth.

That doesn't happen. But if I'm helping solve their behavioral issues, or helping them do better in school, then that's just so much more impactful, parents are so appreciative. It's that impact for that child is so much more... that juices me, it motivates me. I would have probably... like five years ago doing an interview like this-

Siope Kinikini: Yeah, like, no way.

John Peterson: It's okay, I'll just do my thing, I'll see my kid, my patients, but doing an interview like this, that probably would have been beyond my comfort zone.

Siope Kinikini: Really? You're pretty passionate about this, then.

John Peterson: Definitely. I feel so passionately about getting the word out, as we've talked about before, this is a market where a lot of parents don't know about it. It pushes me over any type of reservations that I might have to come on and talk about it.

Siope Kinikini: That's great. You know one of the things we do with Smart Parenting, is we try and educate parents that children are a lot like investments. You have to do a lot upfront and you have to establish boundaries, and rules, and all of that.

And the more successful you are at doing all that work upfront, the less maintenance later on. And it sounds that's exactly what you're suggesting and what the program does is, you're investing this while they're young, and that's what we recommend is doing this all when they're young. Because the pay off in the long term is... it's a lifetime change for them.

And so, what you're saying totally resonates with me. Because, we're not doing a cosmetic fix. We're not just going to fix it and slap a band aid on it, and call it good. We're actually looking at what's going to happen down the road, when they're adults. And, even beyond that.

John Peterson: Yeah, and far reaching implications. Because on the dentistry side, you could help from getting relapse for the teeth moving back, or the jaw moving back. From the sleep side, I've heard studies say that a sleep problem, if you've got a sleep problem, that could shave as much as 10 years off of your life.

Siope Kinikini: Exactly.

John Peterson: So we're talking about huge changes. Who wouldn't want to add 10 years to their life span? And that's what we're talking about. Getting up front, in front of these problems and trying to get rid of these bad habits early on. And Healthy Start, it's so forward thinking, I'll just bring this up really quick.

Siope Kinikini: Yeah.

John Peterson: Actually we ask questions about when the child is between the ages of 0 and 2, we're asking questions about development during that time period, because some of these things, it starts right from the beginning. And so, that's really forward thinking and I want to be a part of something like that.

Siope Kinikini: Yeah. Yeah. Absolutely. Where could people go to get more information about Healthy Start?

John Peterson: It's a little different, because healthystart.com I think is something different. You have to put TheHealthyStart, it's TheHealthyStart-

Siope Kinikini: The Healthy Start, okay.

John Peterson: I'm just going to check on that real quick, because I just want to make sure it's not .org, so TheHealthyStart... I'll just put a .com and see. Yep. It's https://doi.org/10.1007/jhealthyStart.com.

Siope Kinikini: Okay. We'll go ahead and-

John Peterson: The other place that I'll tell people to go, it's to my sleep clinic. I've actually created three short videos, two minute long videos that explains everything and so that is at go.wasatchsleepdental.com

Siope Kinikini: Aha. Go.wasatchsleepdental.com.

John Peterson: Go.wasatchsleepdental.com

Siope Kinikini: Go dot

John Peterson: instead of www it's the go dot com

Siope Kinikini: Okay. You know what I'm going to do, we're actually going to include that on the website and on the podcast. So, for whoever's listening or watching, because this actually goes out both podcast and blog, we will go ahead and include the link over so parents have access to

the video that you've created. And that should help guide them a little bit and they can actually contact you through that too, right?

John Peterson: Oh, absolutely.

Siope Kinikini: Okay.

John Peterson: We'll start having a conversation at that point, they can start getting a lot more information, so they-

Siope Kinikini: That's fantastic. I am actually going to do that and recommend that my colleagues do that when they receive a client. We always recommend that they go do a physical with a physician.

But, we may actually request some more information and this as an option, because again I'm a firm believer in providing options and letting parents figure out what's best for their children. Also, because they really are the experts, because they're there all the time.

John Peterson: Yeah. And the other places, because this is where you found out about it, the Facebook group. Healthy Start Utah, is the Facebook group and they can join that, and I post on it two or three times a week. I provide a lot of information.

The video's that I made are on there, there's a couple of other things. I'm going to continue to post stuff about that. About ADHD specific post that you saw, that was one of those. It's so multi faceted, I mean we could probably talk for another two hours about this.

Siope Kinikini: Holy cow.

John Peterson: I'm never going to run out of material to post.

Siope Kinikini: No, that's fantastic, in fact what I want to do is reserve maybe a future discussion about this. If we could. Because I'd like to follow up a little bit and what I want to do is reach out and get some questions. Because I know this is going to bring a ton of questions from people who follow Smarter Parenting. So-

John Peterson: Yeah. If you want me on. I'll be here.

Siope Kinikini: Oh, that's fantastic. So what we'll do is we'll include the links over there, and include information on the Facebook group, because that's probably a good place to communicate with you but also with other people who are thinking about this as an option, or doing this, or interested in what it is you guys are doing.

I'm glad you're bringing this to Utah, seriously, because we have so many kids here, I mean per capita we have overdone it here in Utah, so that's... but it's a resource that's definitely needed and I think it just needs to really be out there. I think people need to know more about it.

John Peterson: Yeah, I think it's awesome what you're doing, helping parents, with children with ADHD. I mean that's really cool. You have this resource for them that they can look at to get help. So I didn't know about your podcast and so I started checking it out myself.

Siope Kinikini: Well we just started the podcast thing, so.

John Peterson: You mean your handsome mug.

Siope Kinikini: Oh man, I was asking for a raise because I want plastic surgery to-

John Peterson: No, way man.

Siope Kinikini: I'd be like-

John Peterson: Loud and proud, Siope, you've got the face of an angel.

Siope Kinikini: Oh, I'll pay you money later for that. That was so nice. That was so nice. So we're going to talk with John Ashley a little bit later, I want to get some comments and questions from you about this because this is really innovative, especially for parents who are looking at alternative treatments other than hitting medication straight off.

There're so many parents that are thinking let's try something else, before the medication. And this is an option that would be super helpful and actually gives you more information about your child, so we're going to talk to John a little bit later. Send in your questions and go to the podcast to the website, and also to our Facebook page, we'll include links over to all the websites that John's mentioned in this episode. So that's it from us, and we will catch you later.

For more information about The Healthy Start system visit:

Wasatch Sleep Dental
The Health Start

The ADHD Smarter Parenting Podcast with Siope Kinikini

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