

# Preventing Dental Disease

**I**nsanity has been defined as doing the same thing over and over and expecting a different result. Fifty-five percent of California children have untreated dental decay — twice the national average. It is time to change existing caries management methods. Scientific advancements in dentistry support a shift from the current “drill and fill” approach to a medical management model which is based on bacterial etiology. We can PREVENT dental disease.

**P**roactive practitioners and parents can develop fresh mindsets to control the carious disease process *before* it manifests into cavities. We can learn and apply new methods in prevention and oral health behavior modification.

**R**isk assessments help us target who has the highest probability of carrying and transmitting virulent cariogenic bacteria. It is efficient and practical to focus our limited energy and resources on these individuals. Recent studies confirm that babies and toddlers are inoculated with acidogenic bacteria vertically from their primary caretakers, most likely their mother, and/or horizontally from peers, usually siblings or classmates. We can educate them about the deleterious processes going on in their mouths and how to control spreading the disease. The majority of child caretakers will be motivated to action upon realizing they are likely to transmit nasty cavity causing germs to their little loved ones if they

don't alter their oral health habits. We must break the chain of infection.

**E**arly visits, after the first tooth erupts or age 1 at the latest, are being recommended by the American Dental Association, American Academy of Pediatric Dentistry and American Academy of Pediatrics. Let's start seeing more babies and young children in our practices. Ninety percent of the first appointment is spent discussing risk assessment, prevention counseling, anticipatory guidance, and recommending specific interventions. We can share things they can be doing at home. In addition, we can make stronger efforts in reaching pregnant women and young mothers with this information. These are exciting ways for new and seasoned dentists to help the public and build or rejuvenate their practices at the same time.

**V**arnish with fluoride can be applied judiciously to the enamel of highly susceptible patients. Strengthening teeth by enhancing remineralization and repairing decalcified areas with fluoride is a highly desirable management modality because it is less invasive than traditional surgical dentistry and ultimately more effective. Incipient lesions can be arrested before they become cavities requiring treatment.

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**E**ncouraging the use of xylitol as a sugar substitute gives patients an easy option to comply with. Finnish studies showing minimal dental problems in offspring of high-risk mothers who chewed five pieces for five minutes a day is astonishing. Xylitol products are taking over the gum market in Japan. Recently, Icebreakers Ice Cubes chewing gum has become available in the mainstream U.S. market. Xylitol can thwart the transmission of harmful microorganisms by decreasing their number in acquisition reservoirs. In some situations, it may be necessary to first prescribe an antibacterial mouthwash to decrease the bacterial load and get the buffering benefits of saliva in operation.

**N**ice and supportive professional attitudes are paramount when attempting to influence people. It can't be repeated enough that patients, parents, and guardians "need to know we care before they care what we know." Most importantly, young patients are not likely to remember the details of any procedures we perform. However, it is highly probable that they will remember our disposition. Don't forget the sticker and toy rewards.

**T**hank the parents or guardians for coming in and for bringing in their children. Express appreciation for allowing us to perform preventive

dentistry. We can say, "Yes, the baby cried the entire exam, but thanks for letting me apply the new fluoride varnish to those chalky white spots. Along with your daily application of the other things we have discussed, it will minimize the need for invasive and costly treatment in the future."

In summary, reducing transmission of cariogenic bacteria, incipient lesion detection and early interventions with various regimens in high- and moderate-risk adults and children promise to decrease dental problems and the need for surgical procedures. First Smiles — Dental Health Begins at Birth courses have been promoting the prudent utilization of these and other new scientific findings in preventive oral health for the past two years. Thousands of California dental and medical healthcare providers have attended training sessions sponsored by the California Dental Association Foundation and Dental Health Foundation. Have you attended one of these continuing education classes yet?

Material for this report can be found in the February and March 2003 issues of the *Journal of the California Dental Association*. These journals, examples of caries risk assessment forms and information on continuing education opportunities, are online at [www.first5oralhealth.org](http://www.first5oralhealth.org). 