

**CARIES MANAGEMENT
FOR THE
PRIVATE PRACTICE**

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PRIVATE PRACTICE: SALEM DENTAL ARTS, SALEM, MA
EDITORIAL DIRECTOR: PEARLS FOR YOUR PRACTICE, DENTISTRYIQ.COM, PENNWELL
2010 ADA ADULT PREVENTIVE CARE PRACTICE OF THE YEAR

DISCLAIMER





Tufts | School of
UNIVERSITY | Dental Medicine

COURSE OBJECTIVES

- Learn the benefits, both clinical and financial, of a caries management program
- Learn the A to Z's of risk assessment and risk management
- Learn how technology can be used to benefit the practice and your patients

CARIES

Caries is the most prevalent disease in the world

Surgeon General: dental caries is the single most common chronic disease of childhood

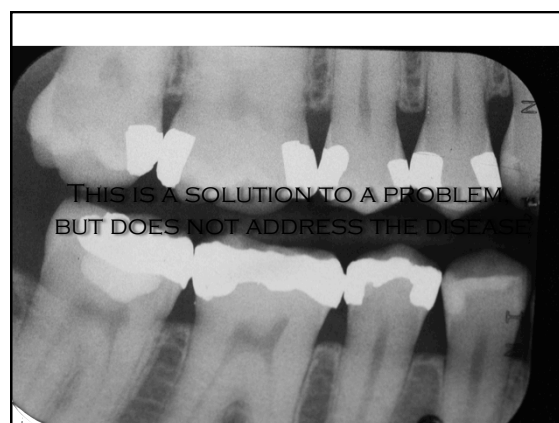
Starting at age 60, tooth decay rates are equal to or greater than adolescent decay rates who grew up with no fluoride in the water

91% of adults are affected by caries in their lifetime

World Health Organization 2010
Healthy People 2010, Surgeon General Report
Eminger P. Oral health and the aging population. J Am Dent Assoc. 2007; 138(9): 55-60
Beltran-Aguilar, ED, Barker LK, Carter MT, et al. Centers for Disease Control and Prevention. Surveillance for dental caries, dental sealants, tooth retention, edentulism and enamel fluorosis - United States, 1988-94 and 1999-2002. MMWR Surveill Summ 2005;4(3): 1-43

COMMON CARIES MISCONCEPTIONS

- Children and adolescents are at the highest risk for developing caries and caries risk reduces with age. *Just the opposite!*
- If you brush and floss your teeth, you will not be as susceptible to caries. *Not necessarily!*
- High amounts of topical fluoride will minimize risk. *Sometimes!*
- If incipient caries are detected, the least invasive thing to do is to watch it. *NEVER!*



**THIS IS A SOLUTION TO A PROBLEM
BUT DOES NOT ADDRESS THE DISEASE**

THE DISEASE: DENTAL CARIES

- Bacteria
- pH
- Inadequate exchange of minerals

So, we can't see the disease, but we need to know how to find it before it destroys teeth?!

Caries Management by Risk Assessment

CAMBRA

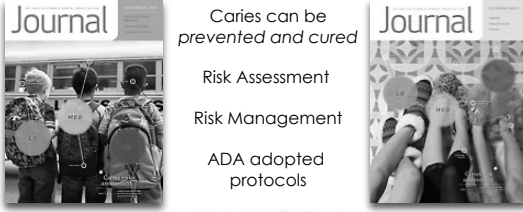
Evidence Based

Caries can be *prevented and cured*

Risk Assessment

Risk Management

ADA adopted protocols



CAMBRA

(CARIES MANAGEMENT BY RISK ASSESSMENT)

Journal of the California Dental Association, Oct & Nov 2007

Why would I consider a
Caries Management
Program for my Practice?

Clinical Benefits
Financial Rewards

"Although we have reached a relatively high degree of excellence in restoring teeth, placing high-quality restorations in teeth that should not have been surgically cut and restored represents the lowest overall standard of care."

Ismail, S. Dental Caries in the Second Millennium. *J Dent Ed.* Oct 2011

RECORD REVIEW

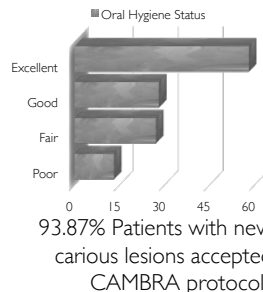


- 132 Patients
- Demographic Information
- # of new carious lesions
- # of reversal of incipient lesions
- Oral Hygiene Status
- Risk Category

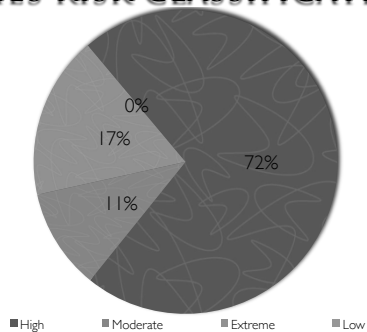
Maragliano-Muniz, PM., Roberts, DR., Chapman, RJ. Trends in Dental Hygiene: Clinical Results and Profitability of a Caries-Management Program in Private Practice. RDH Magazine, Dec. 2012.

RESULTS

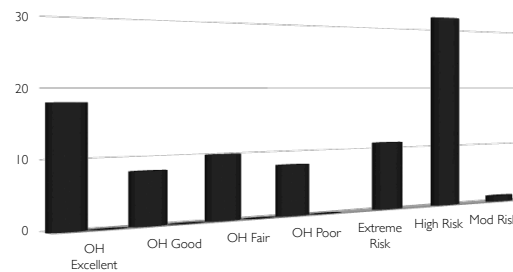
- n=132
- 62 Male, 70 Female
- Mean age: 63 years old
- 254 new carious lesions (49 People)
- 215 lesions reversed
- 102 accepted CAMBRA



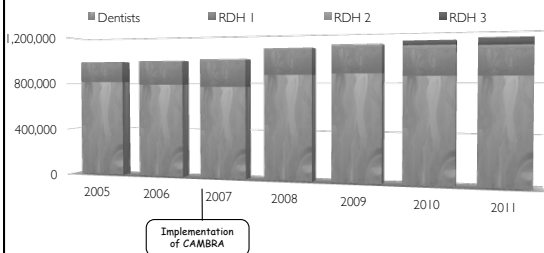
CARIES RISK CLASSIFICATIONS



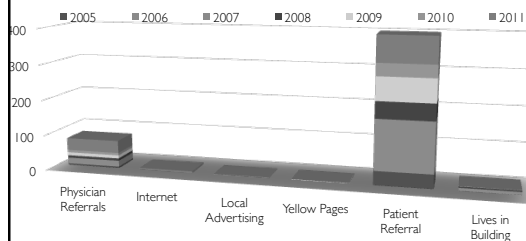
DISTRIBUTION OF PATIENTS WITH 40 INCIPENT CARIES REVERSALS (N=44) ORAL HYGIENE LEVEL & CARIES RISK



OFFICE PRODUCTION



PATIENT REFERRALS



ADDITIONAL FINDINGS

Improved Periodontal Condition



Less Bleeding
Less Inflammation



ADDITIONAL FINDINGS

Decrease in Calculus & Stain

Improved patient satisfaction and comfort



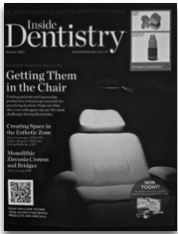
Increased time for communication and clinical e

Decrease in scaling time

Decrease in scaling-related fatigue

ADDITIONAL FINDINGS

Smooth, Shiny, Glass-like Root Surfaces



Maraglano-Muniz, Jan 2012

ADDITIONAL FINDINGS


Tooth & Root Sensitivity Minimized

A better alternative to sensitivity protection dental products?

Future research:


- Comparison of products
- Caries prevention/sensitivity reduction after perio surgery
- Effects of CAMBRA products on biofilm

HOW DO I GET STARTED?



Assessing Caries Risk & Understanding Risk Factors

A BALANCED MOUTH IS A HEALTHY MOUTH

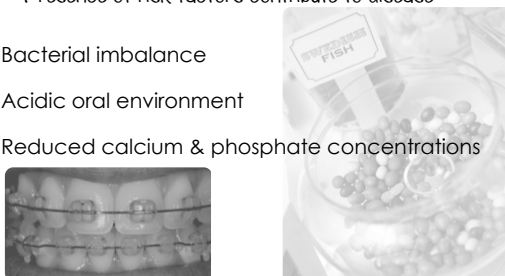
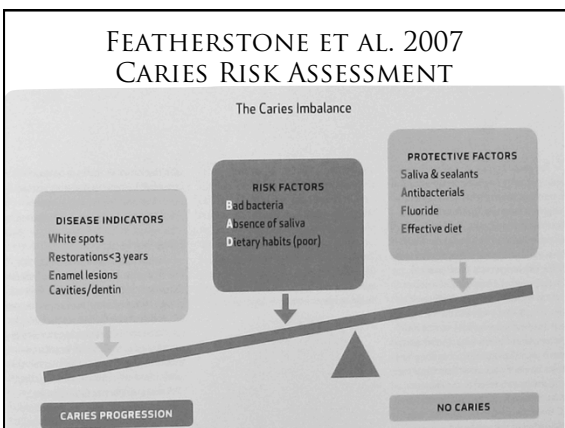


Oral bacteria
Neutral pH
Adequate exchange of minerals

AN UNBALANCED MOUTH = DISEASE

Presence of risk factors contribute to disease

- Bacterial imbalance
- Acidic oral environment
- Reduced calcium & phosphate concentrations





**Table 1
Caries Management by Risk Assessment (CAMBRA)
Clinical Guidelines for Patients 6 years and Older**

Risk Level	Frequency of Radiographs	Frequency of Caries Recall Exams	Saliva Test (Saliva Flow & Bacteria/Culture)	Antibacterials (Xylitol)	Fluoride	pH Control	Calcium Phosphate Topical Supplements	Sealants (Resin-based or Glass Ionomer)
Low Risk	Missing radiographs every 24 months	Every 12 months for moderate caries risk	May be done as a baseline reference for new patients	For saliva test if done	OTC fluoride toothpaste twice daily after brushing and at bedtime. Optional: 5% NaF varnish 1-2 app at 6 month intervals	Not Required	Optional: No assistance due to insurance or availability	Optional: As per COAS (Table 2)
Moderate Risk	Missing radiographs every 18 months	Every 6-8 months for moderate caries risk	May be done as a baseline reference for new patients or if there is a suspicion of high bacterial challenge and a possible affecting patient cooperation	For saliva test if done. Optional: 0.1% Chlorhexidine gel 1-2 app at 4-6 month intervals	OTC fluoride toothpaste twice daily after brushing and at bedtime. Optional: 5% NaF varnish 1-2 app at 6 month intervals	Not Required	Optional: No assistance due to insurance or availability	As per COAS (Table 2)
High Risk	Missing radiographs every 12 months or until no caries lesions are present	Every 3-4 months for moderate caries risk and every 6 months for severe caries risk	Saliva flow test and bacterial/culture test in every 6-12 month visit to assess efficacy and patient cooperation	Chlorhexidine 0.1% gel 1-2 app daily for 30 days. Optional: 0.1% Chlorhexidine gel 1-2 app at 4-6 month intervals	1. 1% NaF varnish required minimum of 2 app daily after brushing. Optional: 5% NaF varnish 1-2 app at 6 month intervals. 2. 10% NaF varnish 1 app at 3-4 month intervals	Not Required	Optional: No assistance due to insurance or availability	As per COAS (Table 2)
Extreme Risk	Missing radiographs every 6 months or until no caries lesions are present (prophylactic fluoride toothpaste, fluoride mouthwash, fluoride trays)	Every 3 months for moderate caries risk and every 2 months for severe caries risk	Saliva flow test and bacterial/culture test in every 3-6 month visit to assess efficacy and patient cooperation	Chlorhexidine 0.1% gel 1-2 app daily for 30 days. Optional: 0.1% Chlorhexidine gel 1-2 app at 4-6 month intervals	1. 1% NaF varnish required minimum of 2 app daily after brushing. Optional: 5% NaF varnish 1-2 app at 6 month intervals. 2. 10% NaF varnish 1 app at 3-4 month intervals	Not Required	Optional: No assistance due to insurance or availability	As per COAS (Table 2)

* Based on 2007 ICD-9-CM diagnosis code 540.0. ** Patients with 10 or more restorations require 2007 ICD-9-CM diagnosis code 86.99. *** All restorative work should be done with the currently restorative procedure in mind. Contact surface restorations that do not penetrate the DEJ and are not cemented should be treated differently. For example, 100% fluoride varnish may be used with glass ionomer restorations with caution. **** Patients with multiple (10+) restorations require weekly 10% fluoride toothpaste and fluoride trays. ***** 10% NaF varnish is used with caution in patients with severe caries. ***** Patients with severe caries should be treated with 10% fluoride toothpaste and fluoride trays. For all levels: Patients must maintain good oral hygiene and a diet low in fermentable carbohydrates. **** Fluoride is not good for teeth (sensitivity). ***** Fluoride is not good for teeth (sensitivity).

CARIES RISK FACTORS




- Gingival Recession
- Diet High in Sugar/Carbs/Acids
- Poor Oral Hygiene
- Deep Pits & Fissures
- Growing without access to fluoride
- 60+ years of age

These risk factors contribute to caries risk, but are not high risk factors

CARIES HIGH RISK FACTORS

BACTERIAL INFLUENCE

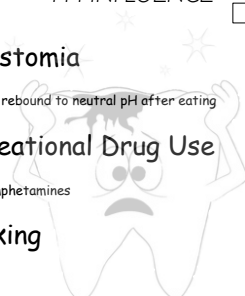


- Xerostomia
 - Changes in consistency of Plaque
- Orthodontics
- Infectious Contact
 - Increased plaque and calculus
- Prosthodontics
 - Extensive Restorations
 - Removable Partial Dentures
 - Fixed Partial Dentures
- Smoking

CARIES HIGH RISK FACTORS

PH INFLUENCE

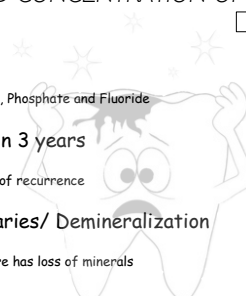
- Xerostomia
 - Longer rebound to neutral pH after eating
- Recreational Drug Use
 - Methamphetamines
- Smoking



CARIES HIGH RISK FACTORS

REDUCED CONCENTRATION OF MINERALS

- Xerostomia
 - Lack of Calcium, Phosphate and Fluoride
- Caries within 3 years
 - High likelihood of recurrence
- Incipient Caries/ Demineralization
 - Tooth structure has loss of minerals



XEROSTOMIA

OVER 400 MEDICATIONS




Antihypertensive Meds

Antidepressants

Anxiety

Antihistamines

Decongestants

Acid Reflux

Sedatives

Pain Meds

ADHD

Chemotherapy

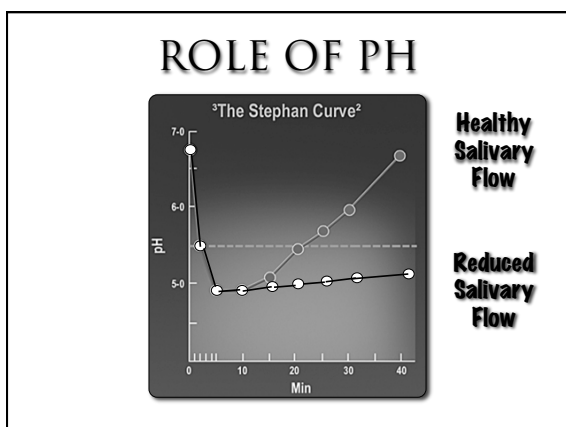




XEROSTOMIA

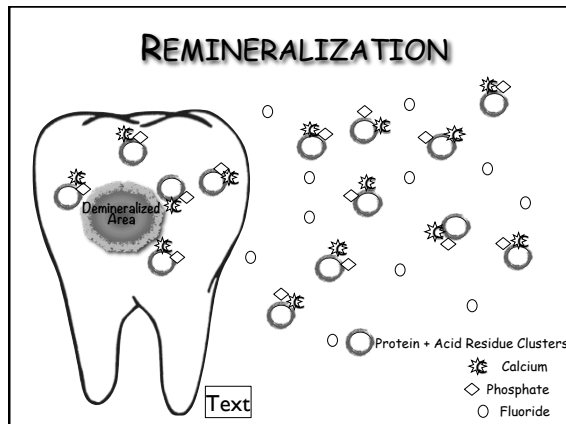
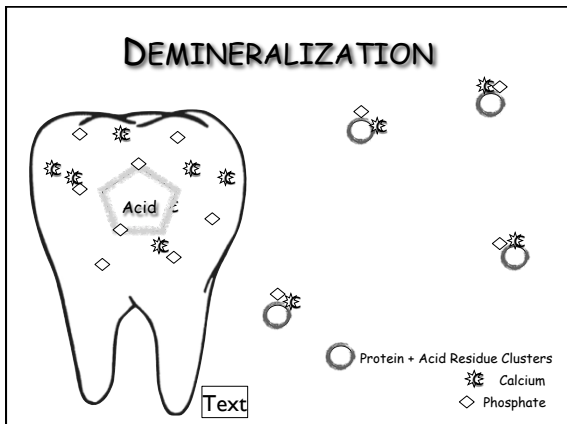
SYSTEMIC CONDITIONS

• SYSTEMIC LUPUS	• DIABETES
• RHEUMATOID ARTHRITIS	• SCLERODERMA
• HYPERTENSION	• HIV
• ENDOCRINE DISORDERS	• SJOGREN'S SYNDROME
• BELLS PALS	• DEHYDRATION
• SARCOIDOSIS	• SMOKING
	• ANXIETY



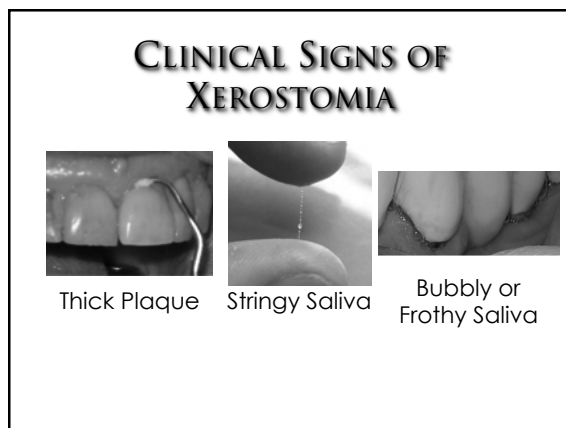
CHEMISTRY OF MINERAL UPTAKE

- Diffusion
- Teeth made of hydroxyapatite, fluorapatite, calcium, phosphate
- Constant cycle of demin-remin
- If minerals out = minerals in: no net change to tooth
- Rate limiting factor is the available calcium & phosphate



EVALUATING XEROSTOMIA

"Do your mouth hurt?"



XEROSTOMIA

REDUCED CONCENTRATION OF MINERALS

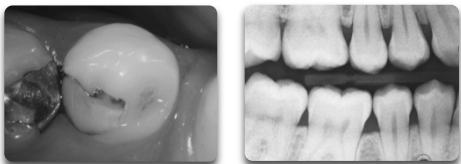
- Calcium
- Phosphate
- Fluoride
- Buffering Agents
- Immunoglobulins
- Digestive Enzymes

CARIES WITHIN 3 YEARS & INCIPIENT CARIES

CONTRIBUTING TO CARIES RISK

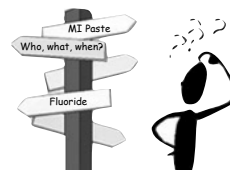
"Are we watching or waiting?"

“WATCH” AREAS



What are we watching?
 WATCH #19-D
 How are we watching?
 What are we waiting for?

HOW DO I IMPLEMENT CAMBRA?



KEYS FOR SUCCESSFUL IMPLEMENTATION

- ✓ Easy
- ✓ Efficient
- ✓ Economical
- ✓ Effective

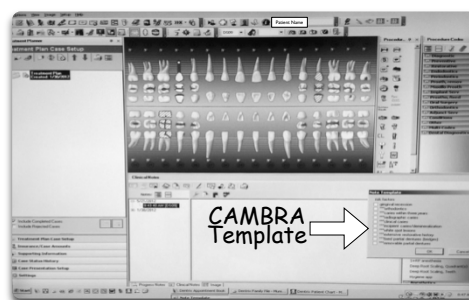
WHY THE HYGIENIST?

- Regularly scheduled appointments
- Direct patient contact
- 45-60 minute appointments
- Establishes rapport & trust
- Provides clinical assessments
- Provides risk management instructions

CARIES RISK ASSESSMENT

- * Health history/ medications
- * Bacterial levels
- * Salivary flow
- * Diet/ habit review
- * Condition of teeth/ restorations

DOCUMENTATION



CARIES RISK CATEGORIES

Low
Moderate
High
Extreme High

CARIES RISK REDUCTION

3 Principles for Caries Risk Reduction

1. Reduce bacterial levels/ disrupt bacterial colonies
2. Neutralize pH
3. Facilitate mineral exchange

LOW RISK PATIENT

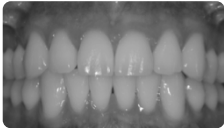
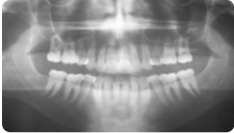
Absence of all high risk factors

No to few restorations

Shallow occlusal anatomy

No gingival recession

Favorable diet

LOW CARIES RISK RISK REDUCTION

Patient handouts

Oral hygiene instructions

Diet assessment

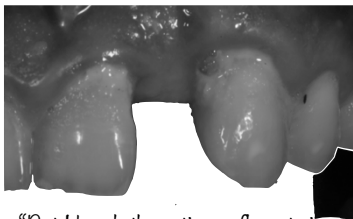
Fluoride varnish

Xylitol

6 month recall



What is your patient doing at home?

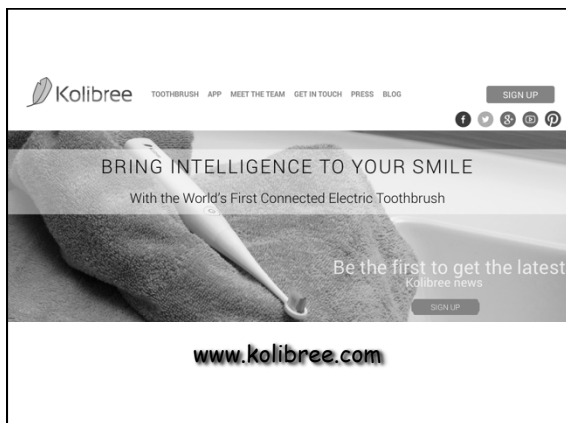


“But I brush three times, floss twice
 AND use those little brushes you gave me...”

SMART TOOTHBRUSHES



www.beamtoothbrush.com



Kolibree TOOTHBRUSH APP MEET THE TEAM GET IN TOUCH PRESS BLOG SIGN UP

BRING INTELLIGENCE TO YOUR SMILE
With the World's First Connected Electric Toothbrush

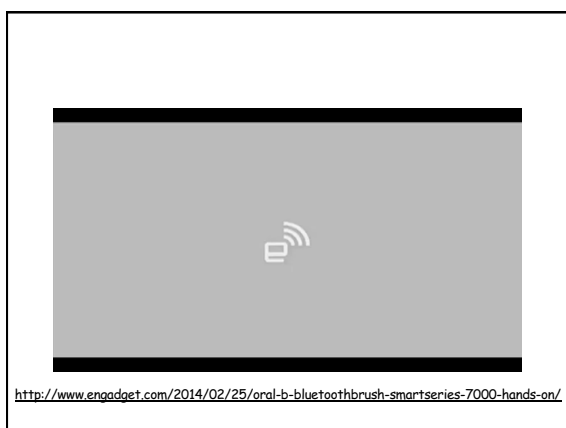
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www.kolibree.com



ORAL-B BLUETOOTH CONNECTED TOOTHBRUSH

<http://www.engadget.com/2014/02/25/oral-b-bluetoothbrush-smartseries-7000-hands-on/>
www.connectedtoothbrush.com

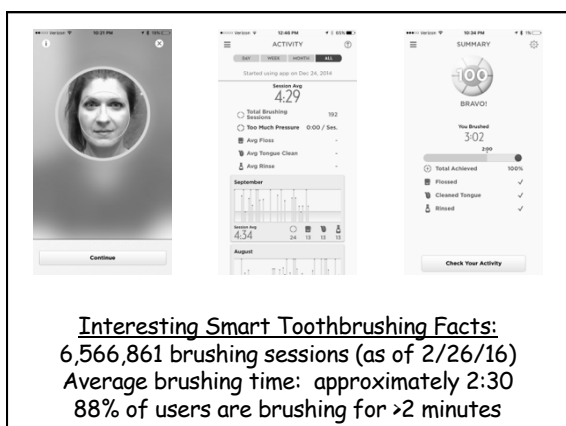


<http://www.engadget.com/2014/02/25/oral-b-bluetoothbrush-smartseries-7000-hands-on/>

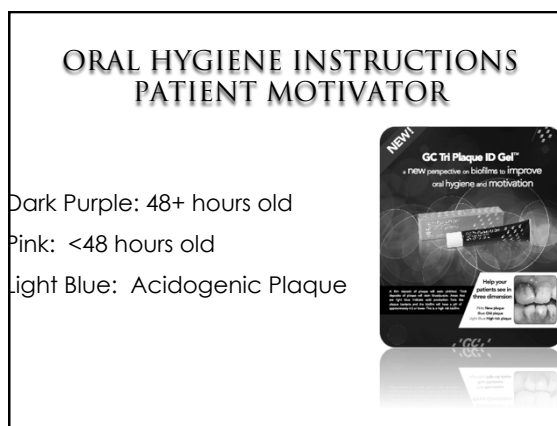


Oral-B Genius

New Genius Technology
Position Detection
Coaching technology



Interesting Smart Toothbrushing Facts:
6,566,861 brushing sessions (as of 2/26/16)
Average brushing time: approximately 2:30
88% of users are brushing for >2 minutes



ORAL HYGIENE INSTRUCTIONS PATIENT MOTIVATOR

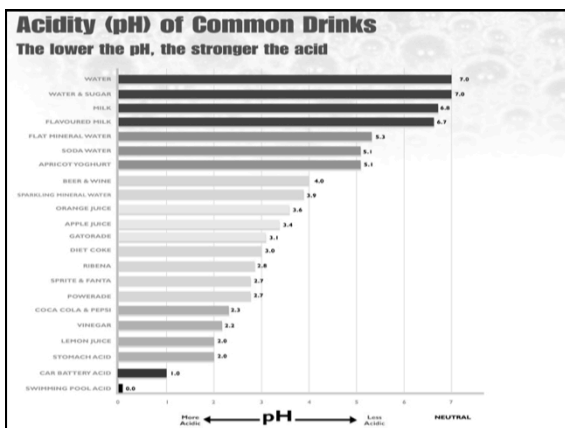
Dark Purple: 48+ hours old
Pink: <48 hours old
Light Blue: Acidogenic Plaque

NEW! GC 3H Plaque ID Gel™
A NEW perspective on biofilm to improve oral hygiene and motivation

GC TRI PLAQUE ID GEL
Directions for Use

DIET REVIEW

Some caries-inducing diets are obvious to recognize, some are not so obvious



100% XYLITOL

Bacteriostatic:
Interferes with
metabolism of s. mutans

6-10g for highest risk
>14g Potential Side Effect GI Upset

Does Spry make Doggie Treats?

Harmful to Pets Especially Dogs

OTC XYLITOL ALTERNATIVES

Therapeutic Use:
Chew for 3-5 Minutes

Morgan, J Dent Res 2006

FLUORIDE VARNISH

WHAT IS FLUORIDE VARNISH?

- Highly concentrated form of fluoride which is applied to the tooth's surface by a dental professional as a form of topical fluoride therapy
- Due to its adherent nature, stays on the surface of the tooth for several hours
- Can be applied to the enamel, dentin or cementum
- Its been used in Western Europe, Canada and the Scandinavian countries since the 1980's for tooth decay prevention
- Many studies report it's efficacy for the prevention of tooth decay or remineralization of early carious lesions
- In the USA, it is widely used as an anti-hypersensitivity agent

...but, I thought fluoride varnish was used for preventing caries?

FOOD AND DRUG ASSOCIATION

Fluoride varnish is considered an FDA-approved device to occlude tubules and therefore aid in anti-hypersensitivity

For a varnish to be considered to be listed as an anti-caries material, it would have to be approved by the FDA as a drug.

FLUORIDE VARNISH VS. TRAYS

- Delivers fluoride, calcium and phosphate
- Varnishes up to 25-75% reduction in caries risk
- Increased patient comfort & compliance
- According to the ADA Council of Scientific Affairs
- Safer to patient than gels/foams
- Acidulated phosphate fluoride treatments potentially damaging to dental restorations/sealants

There are so many varnishes on the market... How do I pick one?


PATIENT COMPLIANCE

KEYS TO IMPROVING PATIENT COMPLIANCE
 QUICK APPLICATION
 EFFECTIVE MATERIALS
 AESTHETIC OUTCOME
 EXCELLENT TASTE



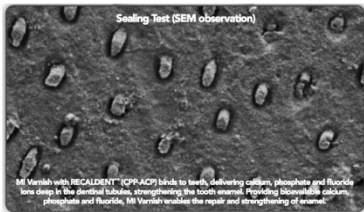
MI VARNISH

FLUORIDE + CALCIUM + PHOSPHATE + CASEIN PROTEIN (ACP-CPP)



There is no other varnish on the market like this one!

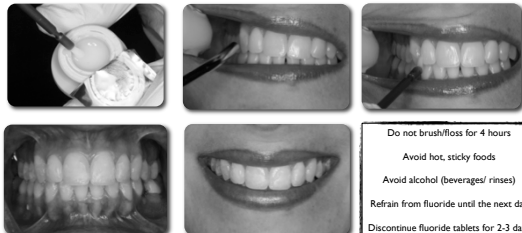
MI VARNISH SEALS DENTINAL TUBULES



Sealing Test (SEM observation)

MI Varnish with RECALDENT™ (CPP-ACP) binds to teeth, delivering calcium, phosphate and fluoride ions deep in the dentinal tubules, strengthening the tooth enamel. Providing bioavailable calcium, phosphate and fluoride, MI Varnish enables the repair and strengthening of enamel.

MI VARNISH APPLICATION



Do not brush/floss for 4 hours
 Avoid hot, sticky foods
 Avoid alcohol (beverages/ rinses)
 Refrain from fluoride until the next day
 Discontinue fluoride tablets for 2-3 days

**Instruct patients to expectorate-
DO NOT SUCTION AFTER VARNISH APPLICATION**

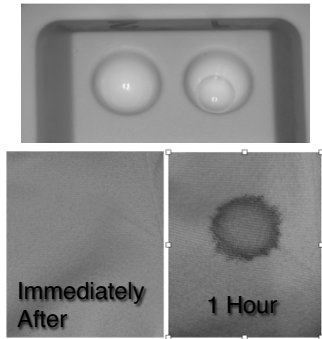
SILVER DIAMINE FLUORIDE



Elevate Oral Care
 38% Silver Diamine Fluoride
 FDA Approved for Dentinal Hypersensitivity
 Strong bactericidal and MMP reduction
 = Anti-Caries!

<http://www.dentistryiq.com/articles/2016/07/the-dos-and-don-ts-of-silver-diamine-fluoride.html>

SILVER DIAMINE FLUORIDE



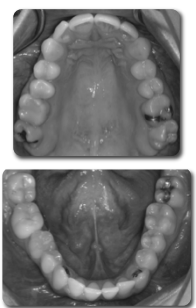
Immediately After **1 Hour**

SILVER DIAMINE FLUORIDE



Caries Management

MODERATE CARIES RISK



- Good oral hygiene
- Favorable diet
- Shallow to deep occlusal anatomy
- Few restorations
- Gingival recession
- No high risk factors

RISK REDUCTION MODERATE RISK

Patient handouts
 Oral hygiene instructions
 Diet assessment
 Fluoride varnish
 Xylitol
 6 month recalls

Considerations
Anti-hypersensitivity
Sealants

IN-OFFICE ANTIHYPERSENSITIVITY

GOAL: OCCLUDE DENTINAL TUBULES

TAKE HOME ANTI-HYPERSENSITIVITY

900 ppm Fluoride No Fluoride

MI PASTE

ACP-CPP (Recaldent)
 Casein: Milk-based Protein
 MI Paste Plus 900ppm NaF

Safe with Lactose Intolerance,
 Pregnant Patients, Children

Contraindicated with Milk Allergy

Caution:
 Kidney Dialysis
 Kidney Stones

MILK ALLERGY

- ✓ Most common food allergy in early childhood
- ✓ 2-3% of infants and young children
- ✓ 85-90% of these children lose clinical reactivity to milk by age 3
- ✓ Prevalence in adults is 0.1-0.5%

1. www.allergynow.com/46/milk_allergy
 2. Hapel A (September 2002) "Prevalence of cow's milk allergy in childhood." Ann Allergy Asthma Immunol 89:16 Sept 1: 33-7
 3. Ormiston, R. G., Barnett, L. E. (2005) "Cow's milk allergy: A complex disorder." Journal of the American College of Nutrition 24:16 Suppl: 582S-596S
 4. The Dairy Council. www.milk.com

MI PASTE APPLICATION

SEALANTS

for the moderate to high risk patient

RESIN VS. GLASS IONOMER SEALANTS

GLASS IONOMER SEALANTS

- ✓ Similar retention rates as resin-based sealants
- ✓ Less caries
- ✓ Better marginal integrity
- ✓ Improved ability to reach the depth of fissure

Srinivasan RJ. Retention and effectiveness of dental sealant after 15 years. *J Child Dent* 1991;12(2):34-42.
 Oung EM, Griffin SO, Kulkarni RB. Fluoride release from glass ionomer and resin-based sealants. *J Dent* 1997;25(1):3-7.
 Bader L, Clarkson L, Fagan M, et al. American Dental Association Council of Scientific Affairs. Evidence-based clinical recommendations for the use of pit and fissure dental sealants. *J Dent* 2000;28(1):1-10.
 Karlsson G, van't Hof-Grootenboer AE. A three-year follow-up of glass ionomer cement and resin fissure sealants. *Acta Odontol Scand* 1995;62(3):188-190.
 Srinivasan RJ, Clark J. A comparison of retention rates of a resin-based glass ionomer and a resin-based sealant. *Community Dent Oral Epidemiol* 2001;29(4):250-253.
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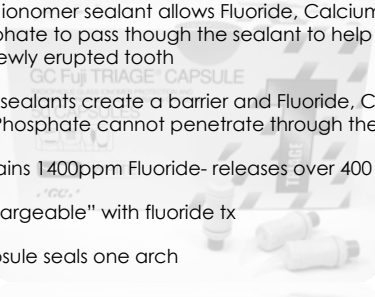
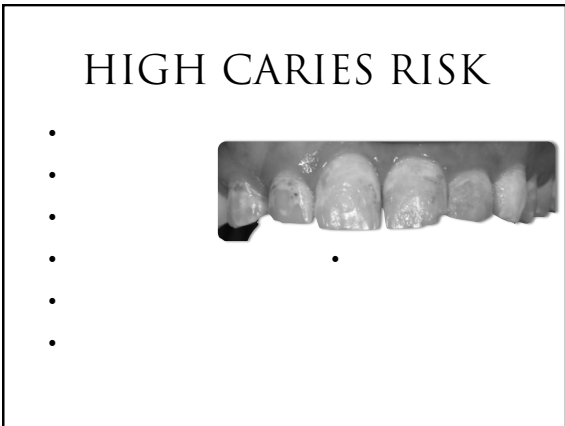
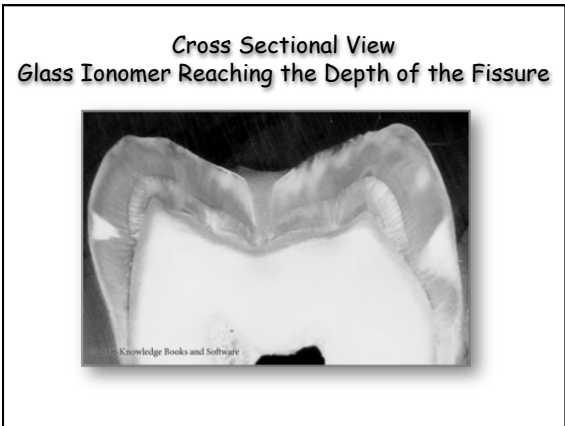
FUJI TRIAGE SEALANTS

- Glass ionomer
- Works in a moist field
- No isolation required
- No bonding agent required
- Self bonding (chemical bond) with its high fluoride release
- Safe to seal over immature enamel or non-cavitated lesions



FUJI TRIAGE SEALANTS

- Glass ionomer sealant allows Fluoride, Calcium and Phosphate to pass through the sealant to help mature the newly erupted tooth
- Resin sealants create a barrier and Fluoride, Calcium and Phosphate cannot penetrate through the sealant
- Contains 1400ppm Fluoride- releases over 400 days
- "rechargeable" with fluoride tx
- 1 capsule seals one arch

WHO ELSE IS AT HIGH RISK?

Active Caries Fixed Partial Dentures

RPD Extensive Restorative History

“WATCH” AREAS

We no longer watch caries get larger, we can now predictably reverse or stop the process!

CLINICAL CARIES RE-EVAL APPOINTMENT

- Provide remineralization therapy (high risk protocols)
- Schedule re-eval with doctor who originally diagnosed in one month
- Continue remineralization therapy or schedule appointment for restorative if needed
- Avoid “the poke”

RADIOGRAPHIC CARIES RE-EVAL APPOINTMENT

- Provide remineralization therapy
- Bitewing x-rays 3-6 months
- Evaluate for reversal, stability or progression
- Evaluated by doctor who originally diagnosed

Caries Detection Technology

The Canary System
Quantum Dental Technologies

Monitoring Repair

43 year old patient:
Initial visit: 45
Follow up: 15

Implementing CAMBRA in the private practice: A clinical report
May 22, 2015
By Pamela Mangano-Muniz, DMD, and Diane Priddy, RDH

Tooth Number (DMS)	Surface	May 11, 2015
18	Reveal	

Recommendations: 18 - M2 Pulp Plus

- 0-20: Healthy/Sound Tooth Structure
- 21-70: Early Decay
- 71-100: Advanced Decay

<http://www.dentistryiq.com/articles/2015/05/implementing-cambra-in-the-private-practice-a-clinical-report.html>

RISK REDUCTION HIGH RISK

Patient handouts
 Oral hygiene instructions
 Diet assessment
 MI Paste Plus
 Xylitol (6-10g/day)
 3-4 month recall
 Fluoride varnish
 Chlorhexidine Varnish



MI Paste Plus


Alternative to Chlorhexidine Rinses



THE ORAL ECOSYSTEM

400-700 microorganisms in the oral cavity
 Many are considered "good bacteria".
 Many have not been named or classified and their role in health or disease has yet to be determined.

Consider probiotics!



PROMOTED FOR ORAL CARE
 100% NATURAL
evora plus™
 The First Probiotic Mints for Complete Oral Care
 ALL-IN-ONE FORMULA
 • SUPPORTS GUM AND TOOTH HEALTH
 • FRESHENS BREATH
 • WHITENS TEETH
 60 MINTS

NEW



Crest PRO-HEALTH [HD]™

DAILY 2-STEP SYSTEM
 STEP 1
 STEP 2
 6X WHITENING & 6X MORE PLACQUE REMOVAL

Crest Pro-Health [HD]



Step 1: Mechanical Plaque Removal
Anti-plaque/ gingivitis

Step 2: Whitening Agent
Hydrogen peroxide



BRUSH WITH
STEP 1
for 1 MINUTE



SPIT
DO NOT RINSE




ADD STEP 2 /
KEEP BRUSHING
for 1 MINUTE



SPIT
RINSE

EXTREME HIGH CARIES RISK

Severe xerostomia



- Multiple medications
- Systemic conditions
- Multiple high risk factors/acidic oral environment
- Planning/undergoing chemotherapy or radiation therapy
- Special needs patients
- Uncontrolled GI disorders
- Acid reflux, H. pylori, rumination
- High caries incidence

Unknown cause
Dietary changes

RISK MANAGEMENT EXTREME RISK

- Patient handouts
- Oral hygiene instructions
- Diet assessment
- Fluoride varnish
- Xylitol (6-10g/day)
- 3 month recalls



MI Paste Plus
+

pH Increasing Strategies

BAKING SODA TOOTHBRUSHING RAISES PH


Baking soda has an abrasion index of 7

The Relative Dentin Abrasion (RDA) Index
adopted by the American Dental Association

RDA: ability to remove stain,
NOT a measure of safety

No additional benefit over 250

<250: Safe for a lifetime of use



<http://www.ada.org/en/member-center/oral-health-topics/toothpastes>

Stannous Fluoride Technology

- Introduced in the mid 1950s
- First toothpaste to get ADA Seal of Approval for the prevention of tooth decay
- Many positive benefits, some negatives
- New technology



Stannous Fluoride Technology

<p><u>Benefits</u></p> <ul style="list-style-type: none"> • Anti-cavity • Plaque reduction • Gingivitis • Sensitivity • Halitosis 	<p><u>Challenges</u></p> <ul style="list-style-type: none"> • Stability • Extrinsic stain • Taste
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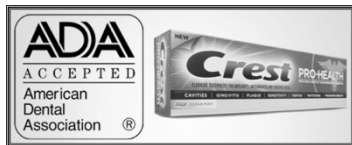
Crest Pro-Health Technology

<div style="background-color: #333; color: white; padding: 2px; font-size: small;">Stabilized Stannous Fluoride</div> <ul style="list-style-type: none"> • Caries prevention • Plaque & gingivitis • Sensitivity protection • Freshens breath 	<div style="background-color: #333; color: white; padding: 2px; font-size: small;">Sodium Hexametaphosphate</div> <ul style="list-style-type: none"> • Calculus protection • Extrinsic stain removal • Extrinsic stain protection
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Crest Pro-Health Technology

- Stabilize stannous fluoride
- Sodium hexametaphosphate
- Non-aqueous, hydrolysis stable toothpaste base
- Balanced delivery system to maximize benefits of both SnF₂ and sodium hexametaphosphate

Crest Pro-Health Advanced



"The ADA Council on Scientific Affairs' Acceptance of Crest Pro-Health Toothpaste is based on its finding that the product is effective in helping to **prevent and reduce tooth decay, gingivitis and plaque** above the gumline and **bad breath**, to **relieve sensitivity** in otherwise normal teeth, and to **whiten teeth** by removing surface stains, when used as directed."

POTENTIAL PROFITS

5 days a week/ 48 weeks a year

Before Implementing CAMBRA After Implementing CAMBRA

RDH: 8 Patients/day **RDH: 8 Patients/day**
Almost a 30% Increase!

\$140 x 8 = \$1,120/ day

= \$5,600/week

= \$268,800*/year

Extremely High Risk

8 Pro+8 Flz + 7 MI Paste/ day
 \$1120 + \$280 + \$175/day

= \$1575/day

= \$7875/week

= \$378,000*/year

* Does not include radiographs, sealants, white spot removal, tooth whitening

MAINTENANCE

What are the next steps?

HERE'S WHAT THEY SAY...

If a patient is caries free for 3 years, the practitioner may consider classifying the patient in a lower caries risk category.

J California Dental Assoc. Oct/Nov 2007

CARIES

Caries is the most prevalent disease in the world

Surgeon General: dental caries is the single most common chronic disease of childhood

Starting at age 60, tooth decay rates are equal to or greater than adolescent decay rates who grew up with no fluoride in the water

91% of adults are affected by caries in their lifetime

World Health Organization 2010
 Healthy People 2010, Surgeon General Report
 Estinger P. *Oral health and the aging population*. J Am Dent Assoc 2007; 138(7): 55-69
 Betran-Agular, ED, Barker LC, Canto MT, et al. Centers for Disease Control and Prevention. Surveillance for dental caries, dental sealants, tooth retention, edentulism and enamel fluorosis - United States, 1988-94 and 1999-2002. MMWR Surveill Summ 2005;54(3): 1-43

"If the disease is controlled with medications and risk management AND the risk factors are still present, the patient will be treated at the existing risk category for life. I will consider reducing the caries risk classification only in cases where the disease is controlled AND the risk factors are eliminated."

- Pamela Marafliano-Muniz

IMMEDIATE REWARDS

- Enhanced production within your Hygiene Department
- Improved communication
 - Patients
 - Office staff
- Practice at the highest standard of care
- Legal protection

LONG-TERM REWARDS

- Improved patient retention & new patient referrals
- Increased production for elective dental procedures
- Improved experience
 - Patients
 - Office

SUMMARY

- Caries management is beneficial to all patient populations/practice types
- Dental hygienists hold the key for successful implementation
- Understanding the role of risk factors facilitate risk management decisions
- Understanding the mechanism of action of some of our preventive products facilitate us to make individualized recommendation for our patients.

THANK YOU
for your kind attention

www.drmaragliano.com/GNY1/



pm@drmaragliano.com
www.gcatraining.com
www.dentalcare.com



Acknowledgements: GC America, Procter & Gamble