

Five Things Dentists and Patients Should Question

1

Don't recommend non-fluoride toothpaste for infants and children.

The benefit of fluoride-containing toothpaste arises from its topical effect on dental enamel by interrupting enamel demineralization caused by bacterial acids and enhancing remineralization of the enamel surface. Anti-caries (anti-cavities) benefit begins with eruption of the first primary tooth. Brushing with non-fluoridated toothpaste provides no anti-caries benefit. Use of recommended amounts of fluoride toothpaste minimize risks of fluorosis, a whitish discoloration of enamel.

2

Avoid restorative treatment as a first line of treatment in incipient (non-cavitated) occlusal caries without first considering sealant use.

High quality evidence shows sealants are safe and effective in arresting caries progression in initial stage (incipient) non-cavitated, occlusal caries. Sealants offer a tooth-preserving treatment when compared to restorations, which may require removal of some healthy tooth structure, thereby weakening the tooth and increasing the risk that the tooth will eventually require more extensive treatment. Applying sealants as soon as initial stage caries is detected can improve outcomes by minimizing the later need for more extensive restorative care.

3

Avoid protective stabilization, sedation or general anesthesia in pediatric patients without consideration of all options with the legal guardian.

Some children do not respond to communicative behavior guidance techniques and require treatment of dental disease. Advanced behavior guidance techniques of sedation, protective stabilization, and general anesthesia offer risks and benefits often beyond the health knowledge of parents and other caretakers. Informed consent best practice requires a thorough, understandable explanation of these techniques and alternatives including deferral of treatment with its inherent risks.

4

Avoid routinely using irreversible surgical procedures such as braces, occlusal equilibration and restorations as the first treatment of choice in the management of temporomandibular joint disorders.

There is a lack of evidence that temporomandibular joint disorders (TMD) (defined as musculo-skeletal disorders, not the lesion of traumatic occlusion) are always progressive, and evidence exists that in many instances, patients with TMD have spontaneous remissions without treatment. Therefore, management is generally conservative and includes reversible strategies such as patient education, medications, physical therapy and/or the use of occlusal appliances that do not alter the shape or position of the teeth or the alignment of the jaws.

5

Don't replace restorations just because they are old.

Dental restorations (fillings) fail due to excessive wear, fracture of material or tooth, loss of retention, or recurrent decay. The larger the size of the restoration and/or the greater the number of surfaces filled increases the likelihood of failure. Restorative materials have different survival rates and fail for different reasons, but age should not be used as a failure criteria.

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How This List Was Created

The American Dental Association (ADA) is a professional organization that supports the practice of evidence-based dentistry and routinely develops clinical guidelines for various clinical topics, including the use of dental sealants to prevent tooth decay and fluoride toothpaste for young children.

To create this list, the ADA's Council on Access, Prevention and Interprofessional Relations established a Steering Committee consisting of ADA members representing evidence based experts in general dentistry and various disciplines within dentistry, including research, cariology, oral surgery, periodontology, public health, geriatrics and pediatric dentistry. Steering Committee liaisons included representatives from the ADA Council on Dental Practice, Council on Dental Benefit Programs, Council on Communications and Council on Scientific Affairs and representatives from dental specialty organizations.

The Steering Committee reviewed critical issues in dentistry to identify potential recommendation topics and developed, through an evidence-based process, a list of recommendation statements with supporting scientific evidence. Via an intense consensus process, the Steering Committee prepared a list of recommendation statements which were sent to the Council on Access, Prevention and Interprofessional Relations for review. The Council voted to recommend the final five recommendation statements on this list to the ADA Board of Trustees for its approval. The five recommendation statements were approved for distribution by member vote by the ADA Board.

ADA's disclosure and conflict of interest policy can be found at www.ADA.org.

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The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

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About the American Dental Association

The not-for-profit ADA is the nation's largest dental association, representing more than 158,000 dentist members. The premier source of oral health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859. The ADA's state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly *The Journal of the American Dental Association (JADA)* is the ADA's flagship publication and the best-read scientific journal in dentistry.

For more information about the ADA, visit ADA.org. For more information on oral health, including prevention, care and treatment of dental disease, visit the ADA's consumer website MouthHealthy.org.

