Caries Management Course
Module: Management Plans

Robert S Jones DDS PhD
Assistant Professor
Division of Pediatric Dentistry
University of Minnesota

Copyright and Acknowledgements
This work is protected by copyright.
All images created by author unless indicated.
The author would like to acknowledge residents efforts to obtain clinical images.
Look for the blue underline reference links to click during the presentation!

Module Objectives
• Apply the knowledge from course
• Case base learning examples

Disclaimer
• Our current cases in this module are incomplete cases.
• In some cases we have received some de-identified photos from private practitioners to illustrate concepts in this course.
• We have done our best to get information regarding these cases.
• For this reason, the outcomes of these cases may not accurately represent all of the patient behaviors and professional interventions that lead to the outcome.
• We will continue to update this module.
Caries Management Plan

- Data Collection
  - Interview
  - Clinical Exam
- Risk Assessment
  - Risk Level
- Treatment
  - Restorative
  - Fluoride
  - Self Management
  - Diet
  - Oral Hygiene
  - Prescriptions
- Follow-Up
  - Reminders
  - Recall Appt

Management Plans

- Restorative Plan
  - Any special considerations-bruxing, etc
  - Really poor compliance and plaque control
- Prevention Plan
  - Risk Assessment
  - Compliance
  - Self Management Goals

Case #1

1. 5 year old patient
2. 1st dental visit last week
3. No medical conditions
4. Mother has no current history of decay
5. Poor Plaque Control

Case #1

1. Two Lesions Found
2. Not in school
3. Parents→bottled water
4. Child does not like water
5. Brush 2x/with toothpaste
6. Referring Dentist-fluoride
7. Snacks 3 times/day-chips
**Risk Assessment**

High Risk
But is the parent motivated for change

- Did we really include snacking and sugared beverages as separate snacks?
- Child does not like water

**Management Plan**

Why is this the first dental visit?

Restorative Plan
Consider resin/amalgam restorations
But if patient fails appts and follow-up care becomes irregular consider resin modified or SSC for future

Preventive Plan
Re-fluoride drops in bottle water for child
3 month-oral hygiene check and fluoride varnish
Brush in kitchen or in front of television each night
Consider 0.2% NaF rinse at 6 years of age. Discuss with parent the need to do this on follow-up. Dietary Changes regarding Chips: Add cheese and nuts.
Case #2

1. 12 year old patient
2. No medical conditions
3. No current history of decay (> 3 years old)
4. A Class II filling in primary molars when a child
5. Sealants on 1st molars
6. Starting Orthodontic treatment within month

Case #2

1. Diet seems unremarkable
2. No excess snacking
3. Will eat fruit and vegetables
4. Lives in fluoridated community

Prescription

- Patient lives in optimally fluoridated community at 1 ppm.
- 30 ml Bottle
- 0.125 mg F per drop NDC 24338-656-61 Refill: 6

<table>
<thead>
<tr>
<th>Age</th>
<th>&lt;0.3 ppm F</th>
<th>0.3-0.6 ppm F</th>
<th>&gt;0.6 ppm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth - 6 months</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>6 months - 3 years</td>
<td>0.25 mg/day</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>3 years - 6 years</td>
<td>0.5 mg/day</td>
<td>0.25 mg/day</td>
<td>None</td>
</tr>
<tr>
<td>6-16 years</td>
<td>1.0 mg/day</td>
<td>0.5 mg/day</td>
<td>None</td>
</tr>
</tbody>
</table>

Prescription

For a High Caries Risk 5 year old with partial exposure to optimal water:

- 30 ml Bottle
- 0.125 mg F per drop NDC 24338-656-61 Refill: 6
- Rx: Place two drops (0.25 mg) in a cup or water bottle for day. Drinking with milk reduces effect but is not harmful.
- KEEP OUT OF REACH OF CHILDREN. HARMFUL IF MORE THAN AMOUNT IS GIVEN.
At first glance, the CRA may indicate this patient moderate risk by the pediatric dentist

Subjective decision from the organized form
Risk Assessment

- Sealants may hide the caries potential
- Is this effective twice daily brushing?
- Fluoride varnish placed by referring dentist. No history of professional fluoride

Don’t Hang the Orthodontist

Orthodontist alone are not responsible for the white spot development if patient’s are being seen by a general or pediatric dentist

Coordinated care is ideal

Outcome

- Generalized white spots
- Cavitated smooth surface lesions
- Treatment was terminated after ~12 months to address new lesions.
- Case resumed for 2 months
- But then terminated

Alternatives

1. Improve Oral Hygiene Prior to Ortho
2. Electric Toothbrush or WaterPik
3. Pro-Seal Anterior Teeth Prior to Orthodontics
4. 5000 ppm fluoride toothpaste
5. Dietary Recommendation
   - Three month 5% NaF varnish?
   - 0.2% NaF mouthrinse-daily?
   - Chlorhexidine rinse?
Alternatives

Not so easy to judge
Brushing frequency not ideal
Parents wanted braces

Management Plan (Ortho/Pediatric Dentist)
Motivational Interviewing
Determine barriers and concern
3-4 month recall with dental office

Prescription

High Caries Risk 12 year old

- **1.1 % NaF Toothpaste 1.8 oz. Tube** Refill: 6
- **Rx:** Apply thin ribbon of paste to toothbrush.
  Brush for 2 minutes. Expectorate (spit) and rinse with water. DO NOT SWALLOW. Do not eat or drink for at least 30 minutes afterwards.

KEEP OUT OF REACH OF CHILDREN. HARMFUL IF MORE THAN AMOUNT IS GIVEN.

Alternatives

Management Plan (Ortho/Pediatric Dentist)
1. Improve Oral Hygiene Prior to Ortho
2. **Electric Toothbrush or WaterPik**
3. **Pro-Seal Anterior Teeth Prior to Orthodontics**
4. 5000 ppm fluoride toothpaste
5. Dietary Recommendation
6. 3-4 month recall with dental office

Different Outcome??

Recall

Office Needs to Implement efficient 3M recall
Conclusion

Management Plan are still a science-in-residence

Do not just rely on your risk assessment but allow risk assessment to organize your process