Caries Management Course
Module: Prescription Writing

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Look for the blue underline reference links to click during the presentation!

Disclaimer
This author represents professional opinion's that are not direct advice for patients. The author presents some professional opinions that are not directly related to strong clinical trial based evidence. Many caries management options have not undergone extensive clinical trials.

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
Prescriptions For Caries

- Fluoride Supplements  Under 6 years of age
- Sodium Fluoride Rinses  6-12 years of age
- 1.1% Sodium Fluoride Toothpastes  over 12 years
- 0.12% Chlorhexidine  over 12 years

Assessing Well Water

- Buy Kits or Send a 100 ml bottle to them
- Ask if their well needs other testing like bacteria or other ions.
- Sometimes for an extra $10-30 you get other things that are important

Supplemental Fluoride Drops

ADA Guide for High Risk Children

- Below is the ADA current recommendation for high risk children when the current drinking water is a certain concentrations.
- 1 ppm = 1 mg/liter.

<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>
Basic Guidelines

- You need to consider both home exposure and exposure at school, daycare, etc. Processed food may have fluoride.

This makes assessment very complex!

Basic Guidelines

- Most children in non-fluoridated communities have some systemic fluoride exposure from processed foods. The risk of fluorosis for children under 6 is high with systemic fluoride exposure.

Basic Guidelines

- In fact, the boundary between caries and fluorosis is quite narrow (really important reference article)!

- Reference Link: Optimal Fluoride in Water

How much Toothpaste?

Under age of 2
‘smear’

Age 2-5
‘pea-size’

For Moderate and High Risk per AAPG Guidelines.
Fluoride Toothpaste under 2 years of Age recommended over Fluoride Drops per Dr. Jones (this is a non-evidence based recommendation based on the topical mechanism of fluoride)
Basic Guidelines

Question: If a child is not brushing twice a day what is the likelihood that parents can implement daily fluoride supplements?

Liability

Author’s opinion: Consider using fluoride supplements as the ‘last’ option. Work on oral hygiene, topical fluoride exposure, and diet first.

Discuss with parents risk of fluorosis when prescribing fluoride supplements.

ACA Consideration

One really important consideration is that the Affordable Care Act does mandate that certain PREVENTIVE prescriptions are covered at 100%.*

*always consider how the Medical coverage was purchased

Fluoride Supplements are currently viewed in this category for plans. This statement may change in the future.

Writing Prescription

You have a choice between drops, tablets, and lozenges.

For all age children consider drops in water glass or bottle for that child. Discuss risk of younger children being exposed to that glass or bottle.
Writing Prescription

- Also consider a concentration that allows multiple drops to achieve the desired amount.
- Example concentration is 0.125 mg F per drop (Fluor-a-day®)

Example Prescription

For a High Caries Risk 5 year old with 0.4 ppm well water:
- 30 ml Bottle
- 0.125 mg F per drop Refill: 6
Sodium Fluoride Rinses
6-12 year olds

Consider these Rinses as a home adjunct to improved Diet, Oral Hygiene, and Professional Fluoride Applications

Child needs to be able to spit appropriately

0.2% Sodium Fluoride Rinse

- If low to moderate risk, consider daily over-the-counter 0.05% NaF rinse in low fluoride communities (<0.3 ppm).
- Remember ADA dose not recommend supplements for low/moderate risk children.
- 6-12 month Fluoride Varnish Application

- If high risk, consider 0.2% NaF daily rinsing with fluoride supplements in lower fluoride communities (<0.3 ppm).

ACA Consideration

- Rx Fluoride Rinses may not be covered 100% like fluoride supplements.
- May continue a low/moderate 6+ old child on Fluoride supplements instead
0.2% Sodium Fluoride Rinse

- If low to moderate risk, may not benefit if in fluoride communities (>0.3 ppm).
- If high risk, consider daily or weekly rinsing in fluoride communities (>0.3 ppm) depending on all protective and risk factors.
- 6-12 month Fluoride Varnish Application
- 3 to 6 month Fluoride Varnish Application

Example Prescription

For a High Caries Risk 8 year old with 0.5 ppm well water:

- 16 oz bottle (473 ml) Refill: 6
- Rx: 2 teaspoons (10 mL). Once a week, after thoroughly brushing teeth and at bedtime, rinse vigorously around and between the teeth for one minute, then expectorate (spit). DO NOT SWALLOW. Do not eat, drink, or rinse mouth for at least 30 minutes afterwards.

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

1.1% Sodium Fluoride Toothpastes

>12 year olds

A Proven Benefit:

1) For Teenagers with irregular brushing frequency

Affects both the number of new lesions
Prevents enamel lesions from progressing into DENTIN

A treatment dose (a thin ribbon) of PreviDent 5000 Plus (Rx) contains 2.5 mg fluoride.
High Risk Children

Contraindicated for Children Under 6.
Could be an option for children 6-11
Author recommends toothpaste 12 and over since this is an age where PreviDent 5000 Plus could be used in substitute for regular toothpaste instead of once a day.

Example Prescription

For a 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.

Example Prescription

For a High Caries Risk 17 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, drink, or rinse mouth for at least 30 minutes afterwards.
KEEP OUT OF REACH OF CHILDREN. HARMFUL IF MORE THAN AMOUNT IS GIVEN.

0.12% Chlorhexidine
High Risk Children

0.12% Chlorhexidine Gluconate Mouth Rinse
Not approved for Children Under 18.
Use for Caries is Limited but reduces Streptococcus mutans.
Two Options:
1) Includes 11.6% Alcohol
2) Without Alcohol
(SUNSTAR BUTLER)

Always Rinsing

q.d. for 1st week of month
0.12 % Chlorhexidine
q.d. for the rest of the month
0.05% NaF Mouthrinse

Example Prescription

Consider For a High Caries Risk > 12 year old
- 0.12 % Chlorhexidine 16 oz bottle (473 ml) Refill: 3

- Rx: q.d., after thorough rinsing with water following brushing. Use 2 teaspoons (10 mL) and rinse for two minutes. Refrain from rinsing, eating, or drinking for 30 minutes afterwards. DO NOT SWALLOW.
- KEEP OUT OF REACH OF CHILDREN.

Conclusion

Caries Management involves a comprehensive approach.

Topical therapeutics may reduce the risk of dental caries, but complainace is important.

Topical therapeutics need to be a part of a caries management plan.