CLINICAL PREVENTIVE DENTISTRY
REFERENCE GUIDE
2016-2017
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PREVENTIVE CONSULTATIONS

Preventive consultations are required on ALL patients PRIOR to initiating any treatment.

Preventive Consultation for Full/Full patients: Complete ODRA (without Caries Risk Assessment). Does not require the patient’s presence unless the patient has used tobacco or e-cigarettes in the last 90 days.

1. Set up the operatory with an exam kit, air/water syringe and 2x2 gauze.
2. Review the patient history. If the patient has used tobacco or e-cigarette in the last 90 days, complete the Tobacco History Form. If patient is interested in further counseling, complete the tobacco clinic referral form.
3. Complete and discuss the Oral Disease Risk Assessment (ODRA) with the patient.
4. Use the information in the ODRA and this guide to develop a preventive treatment plan.
5. Enter code 1300 and D0601 or D0602 or D0603 (ODRA) plus codes for completed and planned preventive procedures.
6. Enter a Progress Note to include caries risk assessment, risk factors, predictors, other oral findings (i.e. treatment delivered, planned treatment (i.e. sealant # 31, fluoride varnish etc.), mucosal findings (i.e. erythematous palatal lesion rule out candidiasis).
7. Sign up for a consultation with the preventive faculty on duty.
8. Introduce faculty member and patient.
10. At the end of treatment or in 3 months for high risk, 4-6 months for moderate risk, 12 months for low risk patients whichever comes first, the patient’s disease risk needs to be reassessed. At the minimum, the codes 0601R or 0602R or 0603R need to be entered and approved as completed by a PHS faculty.
**PREVENTIVE CODES**

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*Enter Completed and Planned treatment codes prior to preventive consultation*
PROGRESS NOTE (example)

S: ODRA completed (Tobacco History Completed or Not applicable)

Patient chief complaint:

O: Disease indicators: (i.e. High DMFT white spot lesions, interproximal caries, etc.) Perio: (i.e. gingival inflammation, BOP, generalized bone loss)

Risk factors: (i.e. Poor oral hygiene, no flossing, subgingival calculus) inadequate Fluoride exposure; inadequate salivary flow; cariogenic diet (frequency, substance), Caries Susceptibility Test (####)

Protective factors: (i.e. brushes adequately 2 times per day, consumes dairy products on a daily basis, chews sugarfree gum)

A: Caries risk level, Perio risk level, Oral/skin cancer level), Xerostomia risk level

P: Planned Procedures: (i.e. Prophy, Fluoride varnish every number of months, Reassess caries risk, sealant teeth #

Soft tissue findings: WNL or Description location, size, appearance, follow-up plan, consultation or referral)

Procedures Completed: ODRA, Cariscreen ###, OHI, Nutritional counseling, Oral cancer self-examination training, recommend xylitol gum or mints

Rx: Chlorhexidine and Prevident 5000 or None
DEMINERALIZATION/REMINERALIZATION/CARIES

Remineralization
Saliva
• Flow Rate
• Antimicrobial proteins
• Minerals
• Fluoride
• Calcium & Phosphorous

Dietary Components
• Cariostatic Foods

Demineralization
• Reduced salivary flow
• Bacteria
• Dietary components
  ▪ Fermentable carbohydrate
  ▪ Frequency of consumption
  ▪ Protective elements in diet
  ▪ Frequency of meals
Critical pH

The critical pH for the shift from demineralization to remineralization of enamel is 5.5. When the pH remains below 5.5 for a significant length of time the remineralization/demineralization balance shifts to demineralization.

The critical pH for root surface caries is 6.6.

- Bacteria + fermentable carbohydrate = Acid
- Acid + Enamel = Demineralization
- Demineralization + Time = Caries

Oral pH is affected by:

- Food choice
- Sucrose concentration in food
- Frequency of intake
- Salivary cleaning/buffering system
The graph below shows the major contribution of the frequency of food intake to caries activity.
Cariogenic/acidogenic foods – contain fermentable carbohydrates that can be metabolized by bacteria within 30 minutes and cause a drop in pH below 5.5

Nutritional Counseling

- Eliminate substrate – fermentable carbohydrates (i.e. sucrose)
- Buffer pH by combining foods
- Decrease the time that the oral pH is <5.5 by eating cariogenic foods less frequently
- Promote remineralization with fluoride and/or anti-cariogenic foods
- Chewing sugarless (xylitol sweetened) gum after meals:
  - Increases pH
  - Promotes remineralization
  - Inhibits acid production
  - Suppresses cariogenic bacteria in saliva
  - Prevents biofilm adhesion
  - May promote remineralization

Protective Foods

- Cheese: Neutralizes plaque acid via calcium, phosphate, casein; texture stimulates salivary flow
- Milk: Contains calcium and lactose, which is less cariogenic than other sugars
- Fat: Accelerates oral clearance of food particles
- Protein: Interferes with microbial colonization

Combining protective foods (dairy products, etc.) with fermentable carbohydrates lowers the cariogenic potential.
Examples of cariogenic/acidogenic foods (High in sucrose, carbohydrates, low pH)

- Fruit drinks/ juices
- Carbonated beverages
- Processed foods
- Protein bars
- Baked beans & peas
- Dried Fruits or fruit rolls
- Pasta and Rice
- Bread (wheat and white)
- Potato chips
- Candies (most acidogenic)
- Honey, Molasses
- Pudding
- Ice cream or sherbet
- Cereals
- Cookies/cakes/pastries
- Non-dairy creamers
- Crackers
- Oatmeal (instant)
- Peanut butter
- Vinegar

Foods that produce little or no acid

- Cheeses
- Yogurt
- Nuts
- Licorice
- Chocolate (tannins)/cocoa (70-80% cocoa)
**ICCMS Caries Management Categories**

**Sound tooth surface (ICDAS code 0)**
No evidence of visible caries or questionable change in enamel translucency when viewed clean and after 5 seconds of air-drying
No radiolucency

**Initial stage of caries (ICDAS Code 1 and 2)**
First or distinct changes in enamel seen as opacity or visible discoloration (white spot lesion and/or brown discoloration with no evidence of surface breakdown or underlying dentin shadowing
Radiolucency in the outer or inner 1/2 of enamel

**Moderate Stage Caries (ICDAS codes 3 and 4)**
White or brown spot lesion localized enamel breakdown without visible dentin exposure or underlying dentin shadow, which obviously originated at the surface being evaluated
Limited discontinuity with ball tipped explorer
Radiolucency limited to the outer 1/3 of dentin

**Extensive Stage Caries (ICDAS codes 5 and 6)**
A distinct cavity in opaque or discolored enamel with visible dentin
Radiolucency reaching inner 1/3 of dentin or into pulp
Clinically cavitated
FLUORIDE THERAPY

Professionally applied products (in bold products available in the clinic):
  • 5% Fluoride varnish - 22,600 ppm (Duraflor, Duraphat, Cavity Shield)
  • 1.23% APF solution or gel - 12,300 ppm for 4-5 minutes (Oral B Minute Foam, Minute Gel
  • 2% Neutral NaF - 9050 ppm (Fluorocare Neutral, Neutra- Foam, Nupro: Neutral NaF)

Varnish is strongly recommended for high caries risk patients, particularly those who may not be compliant, the physically or mentally impaired or those with exposed root surfaces, xerostomia and/or dentinal sensitivity issues.

Self-applied (prescription) fluoride products for home use:
  • Prevident 5000 Plus (5000 ppm, prescription only) – Toothpaste substitute q.d. or b.i.d.
  • Prevident Gel (5000 ppm, prescription only) - Use in addition to toothpaste q.d. h.s.
  • ClinPro 5000, NeutraGard Gel, (5000 ppm) - Use in addition to toothpaste q.d. h.s.

PRESCRIPTION FLUORIDE TOOTHPASTE (PREVIDENT 5000)
1) Brush teeth with OTC fluoride toothpaste in the morning
2) Apply Prevident 5000 before bedtime
3) Do not rinse or eat

*Prefabricated fluoride trays with 1% neutral NaF gel (5000 ppm) required for patients in head/neck radiation therapy. Use in addition to toothpaste q.d. h.s.
OTC Fluoride Rinses:
Fluorigard, Act, and other non-prescription fluoride have only 200 ppm of fluoride (0.05% NaF). Unless patients will not accept professionally applied fluorides or prescription self-applied fluoride gels, these rinses will not prevent decay without meticulous oral hygiene.

Fluoride Varnish Application:
• Clean the teeth: patient may brush immediately prior to procedure or varnish may be applied after a dental prophylaxis
• Isolate and dry the quadrant to be treated. Drying should be thorough, but not excessive
• Apply the varnish with a disposable brush or cotton-tipped applicator to all exposed surfaces of the teeth
• Repeat for all remaining quadrants.
• Patient not to brush for 4-6 hours (Instructions will vary according to the product).

Fluoride Gel Trays:
• Begin with clean teeth (see fluoride varnish).
• Isolate all teeth with cotton rolls or use trays.
• When using trays, cotton rolls may be placed in premolar areas to facilitate patient comfort.
• Apply for 4 minutes to clean teeth
• Remove cotton and/or trays and allow patient to expectorate excess.
• Instruct patient not to brush, rinse, eat or drink for 30 minutes
Caries Susceptibility Test (Cariscreen)

0 - 1500  Low
1500 - 4000  Medium
4000 - 9999  High

Chlorhexidine Rinse Instructions:
1. Rinse with one capful once a day for one week
2. Brush in the morning
3. Rinse with Chlorhexidine after lunch
4. Brush at night
5. Do not use Chlorhexidine rinse within 1 hour of using toothpaste or mouthwash
6. Use over the counter mouthwash with fluoride without alcohol for 3 weeks
   - ACT
   - FluoriGard
   - Crest Pro-Health
7. Repeat every 4 weeks
XEROSTOMIA

Determine probable etiology (i.e. medication, systemic disease, mouth breathing, Oxygen, C-PAP).

Evaluate for Candidiasis

Recommendations:

• Paroex™ Chlorhexidine Gluconate Oral Rinse 0.12% (does not contain alcohol)
• Fluoride varnish or fluoride trays
• Mouth rinse with fluoride without alcohol (Examples: Crest ProHealth, Biotene Mouthwash, Oxyfresh Natural Mouthrinse, ACT)
• SLS free toothpaste with fluoride (Examples: Biotene, Sensodyne Pronamel, Toms of Maine Clean and Gentle with fluoride, ACT)
• Drink water
• Clean tongue (spoon, washrag or tongue scraper)
• Moisten lips (Example: Aquaphor Lip Therapy)
• Xylitol gum or mints
Moisturizing agents

- Biotene® Moisturizing Mouth Spray - pH 7.0, bio-active enzymes, amino acids, milk proteins
- Biotine Gel® Moisturizing Gel
- BioXtra® Moisturizing Gel - Milk proteins, salivary enzymes
- BioXtra® Gel Mouthspray - Milk proteins, salivary enzymes
- Moi-Stir® Oral Spray - pH 7.0 (carboxymethylcellulose), sorbitol, glycerin
- Oasis® Mouthwash & Spray - 35% glycerin oral demulcent
- Oral Balance® Moisturizing Gel - pH 6.0, xylitol sweetener, bio-active enzymes in a hydroxymethylcellulose base
- Oral Balance® Liquid - pH 7.0, xylitol, bio-active enzymes, 8 amino acids, milk proteins
- Saliva Substitute® - pH 6.5 (carboxymethylcellulose), sorbitol, mild mint flavor
- Salivart® Synthetic Saliva - pH 6.0-7.0 (carboxymethylcellulose)
- Thayers® Dry Mouth Spray (Citrus) - pH 6.0, Glycerin, tris amino, lemon/lime flavor
- TheraSpray® - pH 7.0, 1.2% poloxamer 407/dimeticone, xylitol

By prescription only

- Caphosol® High concentration calcium and phosphate ions
- Numoisyn® Liquid Contains linseed extract, methylparaben and proplyparaben

Cholinergic agonist salivary stimulants (by prescription only)

- Evozac (Cevimeline Hydrochloride).
- Salagen (Pilocarpine)

Cholinergic agonists bind to muscarinic receptors. Muscarinic agonists in sufficient dosage can increase secretion of exocrine glands, such as salivary and sweat glands and increase tone of the smooth muscle in the gastrointestinal and urinary tracts.
Xylitol Gums and Mints

- B-Fresh® Xylitol Mints
- Epic Xylitol Gum
- Epic Xylitol Mints
- Pur Gum
- Smint® Gum
- Smint® Mints
- Spry™ Gum
- Spry™ Mints
- TheraGum®
- TheraMints®
- Trident® Gum (but not Trident White or Splash)
- Trident Xtra Care™ Gum (Also contains Recaldent® - casein phosphopetide-amorphous calcium phosphate for remineralization)
- Xponent® Xylitol Gum
- Xponent® Xylitol Mint
- Xyloburst
- ACT XyloMelts
TOBACCO CESSATION

5 A’s of Tobacco Counseling

- **ASK** - Identify all tobacco users at every visit.
- **ADVISE** - Personalize your concern, discuss adverse health effects and urge all tobacco users to quit.
- **ASSESS** - Determine patient’s readiness, motivation and confidence to quit.
- **ASSIST** - For patients ready to quit: Explain options and refer to Tobacco Treatment Services by completion of the referral form. *(For patients NOT ready to quit: Enhance motivation through the 5 Rs (below). Ask if the patient wishes to speak with a tobacco treatment specialist.)*
- **ARRANGE** - Schedule follow-up contact, either in person or via telephone.

Enhancing Motivation
The 5 R’S to enhance motivation

- **RELEVANCE** - What is the most important reason to quit and/or not to quit?
- **RISKS** - What is the greatest risk of continuing to smoke? (Short and long term, environmental)
- **REWARDS** - What are the personal benefits of quitting?
- **ROADBLOCKS** - What prevents a quit attempt at present?
- **REPETITION** - What would have to happen to consider quitting?
Pharmacologic Aids for Tobacco Cessation

Rx Systemic Medications
- Zyban® (Bupropion) - should never be used in patients with seizure disorders. If quit attempt is successful continue bupropion for 6 months
- Chantix® (varenicline) - should not be used in presence of reduced kidney function or in patients with diagnosed psychiatric disorders without medical consultation.

Rx Nicotine Replacement Therapy (NRT)
- Nicotrol Inhaler®
- Nicotine Nasal Spray

OTC Nicotine Replacement Therapy (NRT)
- Nicotine Transdermal Patch: 7, 14 or 21 mg
- Nicotine Gum: 2 or 4 mg
- Nicotine Lozenge: 2 or 4 mg.

Dosage for both gum and lozenge is based on nicotine dependence level, as determined in the Tobacco History Form. If use of first cigarette of the day is less than 30 minutes after waking up, the 4mg dose is appropriate.

Combined Therapy:
Bupropion + nicotine patch + nicotine gum, or nicotine lozenge or Nicotrol inhaler or nicotine nasal spray
TOBACCO TREATMENT SERVICES

Patients not ready to quit but willing to discuss tobacco use should be referred. Encourage patients to take advantage of this FREE service ($120/hour outside)

• Student interviews patient/reviews ODRA.
• Student identifies a past (within 3 months) or present tobacco user in Med Hx.
• Positive response is also entered in the ODRA.
• Student completes the required Tobacco History Form.
• Student continues with consultation, enters a preliminary treatment plan, including the codes for procedures completed and a progress note.
• Student requests a Preventive Dentistry consultation with a PHS faculty member.
• Faculty and student review the Medical HX and the ODRA and reconfirm that the patient is/was a tobacco user.
• Student and faculty determine if patient is interested in counseling, emphasize oral self-examination and encourage cessation as related to dental care and prognosis.
• If patient requests tobacco treatment service, student completes the Tobacco Clinic Referral Form. The Tobacco Clinic faculty will contact the patient to schedule an appointment at the patient’s convenience, usually on the day patient is scheduled to return for dental treatment.
• Counselor will enter note from counseling session in Axium following patient visit.
ORAL CANCER SELF EXAMINATION
• Demonstrate oral self-examination for oral cancer with the patient
• Provide oral cancer information pamphlet to patient

PROSTHETIC CARE FOR NEW DENTURE PATIENT (OHI and Nutritional counseling)

Eating
• Eat with molars; progress to biting and incising
• Chew slowly using both sides of mouth
• Chew in straight up and down motion
• Dentures will increase sensitivity to hot foods and liquids
• It will be more difficult to detect harmful objects such as bones

Diet
• Begin with a soft diet immediately following delivery
• Assess food quality - select nutrient-dense foods
• Avoid sticky foods
• Include fruits and vegetables (cooked)
• Maintain fiber intake

Home Care
• 30 min soak in dilute sodium hypochlorite (2 teaspoons 5% bleach to 1 cup water) followed by brushing and rinsing of prosthesis