PATIENT CARE

Are you PROactive REactive with your caries risk patients?

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Do you take a *pro*active approach to your patients' oral health, or do you just perform the basics—scale, polish, and floss? The incidence of bleeding gums and decay has been normalized, and we must adopt a different approach to change this mindset. Dental hygienists are more than just teeth cleaners ... we're oral health specialists.

Identifying a patient's level of risk has never been more important. The patient's medical history, a nutritional analysis, a periodontal exam, radiographs, and a biofilm assessment should all be closely evaluated during the assessment phase. By reviewing the data, dental hygienists can develop an effective treatment plan.

The assessment

Each appointment should include a review of the medical history, current medications, and a blood pressure screening. More than 48% of Americans take at least one prescription drug, and 24% have taken three or more in the past 30 days. Medications can impact the salivary glands' function. As a result, patients may suffer from decreased saliva flow, xerostomia, gingival enlargement, or fungal infections.

Periodontal charting helps us identify areas at risk for periodontal and caries disease. It's unfortunate that this step is often skipped or not fully completed. The adoption of the 2018 American Association of Periodontology (AAP) Periodontal Classifications reinforces the importance of recording recession, clinical attachment level (CAL), and bleeding, among others.

The standard of care should be to evaluate patients' oral biofilm using disclosing solution and salivary diagnostics to determine their periodontal and caries risk. Researchers have found an increased prevalence of root decay in patients with "higher counts of Streptococcus mutans or Lactobacillus sp."2 There is, however, recent research suggesting that Candida albicans may contribute to the progression of early childhood decay.³

In the US, dental caries is a serious public health concern. Caries risk assessment forms can be easily added to appointments to determine patients' risk level (low, moderate, or high).⁴ By using this tool, patients will be able to identify and understand their risk score. The discussion will naturally lead to a review of nutritional habits, meal frequency, and the establishment of simple and attainable goals aimed at reducing caries risk.

Your patient's risk determines treatment options

Identifying risk areas enables a treatment plan to be developed based on assessment data. When making recommendations, we should consider the patient's bacterial load, medical history, periodontal status, and caries risk. We need to control biofilm risk both mechanically and chemically. A comprehensive treatment plan should include optimal daily biofilm removal, hygiene therapy appointments every three to four months, and fluoride use to prevent caries and remineralize and strengthen enamel.

A 5% fluoride varnish, such as Voco's Profluorid Varnish, should be included in the treatment plan for patients who suffer from recession, high-sugar diets, reduced salivary flow, or caries. The American Dental Association (ADA) recommends that children under 18 receive 5% sodium fluoride

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varnish twice yearly to prevent caries.⁵ A systematic review in 2019 "provides support that improvement of oral hygiene, prevention of gingival recession, and use of fluoride would be a useful strategy for prevention of new root caries." It's critical to choose a product that uses a single-dose delivery system, sets within seconds upon contact with saliva, releases fluoride quickly, and contains xylitol. I recommend Voco's Profluorid Varnish because it also offers seven flavor options and has no unpleasant aftertaste.

As dental hygienists, we have the power to motivate, enhance, and elevate our patient care, and it all starts with a complete assessment and optimal treatment options. Make your patients' dental health a priority by offering proactive options. RDH

EDITOR'S NOTE: Voco is a recent financial supporter of RDH magazine.

- 1. Table 39. Prescription drug use in the past 30 days, by sex, race and Hispanic origin, and age: United States, selected years 1988-1994 through 2015-2018. Centers for Disease Control and Prevention. Reviewed February 23, 2023. https://www.cdc.gov/nchs/data/ hus/2019/039-508.pdf
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Kerry Lepicek, RDH, has more than 20 years of experience working in various practice settings. She's an international speaker knowledgeable in oral biofilm, halitosis, the oral-systemic connection, and the dental hygiene process of care. Kerry is a KOL for Crest + Oral B, OraVital, rdhu, and Voco. She's a section editor for The Hygiene Corner with Women in

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