

## NHSBSA Dental Services

### In the spotlight

#### Article 10: Preventive Dentistry for Children during recovery phase of the COVID-19 pandemic in Wales September 2020

During this recovery phase, it is important to give all children tailored preventive intervention and advice, some of which can be given as part of a remote consultation utilising the members of the wider dental team. All oral health advice should be documented and be in line with Delivery Better Oral Health guidelines<sup>1</sup>.

Prevention is provided in accordance with the ACORN category to which patients have been assigned:

Green	Standard Prevention
Amber	Enhanced Prevention
Red	Enhanced prevention

When advising parents/carers to improve their children's oral health, dental teams need to consider multiple factors (e.g. food environment, income etc) that affect parental behaviours. It is therefore important to be empathetic, supportive and non-judgemental. Changing oral health behaviours is possible but requires time and patience. While trying to change parental behaviours, dental practices should reflect on dental team members' knowledge and skills on behaviour change.

### Topical Fluoride

Topical fluoride should be applied for all children according to their caries risk:

Standard Prevention	Enhanced prevention
Apply fluoride 2 x year for children over 2 years	Apply fluoride varnish 4 x year for children over 2 years or earlier if signs of decay present

Duraphat varnish contains 22,600ppm. The amount to be applied varies according to age:

- Children 2-5 years = 0.25ml
- Children over 6 years = 0.4ml

NOTE: Many varnishes contain colophony (e.g. Duraphat). A child who has been hospitalised due to a severe asthma or allergy (e.g. plasters) 'may be' at risk of an allergic reaction to colophony. 'Colophony-free' fluoride varnishes are available, or alternatively suggest the use of alternative age-appropriate fluoride preparations (e.g. mouthwashes or higher fluoride containing toothpastes).

## Oral Hygiene Advice

Standard Prevention – Provide the following advice at least once a year	Enhanced prevention – Standard prevention PLUS the following
Brush as soon as the first primary tooth erupts: <ul style="list-style-type: none"> <li>• For at least 2 minutes 2 x daily</li> <li>• Last thing at night before bed and one other occasion during the day</li> <li>• Nothing to eat or drink after brushing at night (except water)</li> </ul>	Choose additional prevention interventions depending on the child's circumstances as follows: <ul style="list-style-type: none"> <li>• Disclosing plaque / recommending disclosing tablets</li> <li>• Use of tooth brushing charts</li> <li>• Providing free toothbrushes and/or toothpastes</li> </ul>
Use the correct amount of toothpaste with age-appropriate fluoride concentration	Give hands on brushing instruction to the child at least once a year, or during a video consultation if necessary
Spit, don't rinse	Consider higher fluoride concentrations: <ul style="list-style-type: none"> <li>• Recommending 1350-1500ppm fluoride toothpaste</li> <li>• Prescribing 2800ppm fluoride toothpaste for children &gt;10 years old</li> <li>• Prescribing daily fluoride rinses for children &gt; 8 years old</li> </ul>
Help children until at least 7 years old	
Continue to supervise children older than 7 years until confident in their brushing habits	

## Diet Advice

Frequent sugar consumption is a major cause of dental caries.

Standard Prevention	Enhanced prevention
Keep sugar to mealtimes where possible	At each recall visit provide standard prevention
Avoid 'hidden' sugars	Use a food and drink diary
Water/Milk only between meals	
Use sugar-free snacks and alternatives	
Avoid sugary snacks and drinks within an hour of bedtime	
Only give water at bedtime and overnight	
Brush last thing before bed	

## Fissure Sealants

Permanent teeth are at most risk of decay during and immediately after eruption. Fissure Sealants are an effective intervention that can be considered for children with active decay in deciduous or permanent teeth, or those who are at increased risk of decay.

Traditionally, 'resin-based' fissure sealants are the preferred choice. However, enamel needs to be dried thoroughly following etching, which is not possible without the use of AGPs. Therefore, Glass Ionomer Sealants can be considered during the de-escalation phase. The 'finger-tip press' technique is particularly useful for children with limited cooperation and is outlined in the SDCEP guidelines. Please see [here](#) (page 36).

## **References:**

- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/605266/Delivering\\_better\\_oral\\_health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf)
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- [http://www.sdcep.org.uk/wp-content/uploads/2013/03/SDCEP\\_PM\\_Dental\\_Caries\\_Full\\_Guidance1.pdf](http://www.sdcep.org.uk/wp-content/uploads/2013/03/SDCEP_PM_Dental_Caries_Full_Guidance1.pdf)