RISK ASSESSMENT FOR DENTAL CARIES AMONG INFANTS AND CHILDREN BY PEDIATRICIANS

by

Oral Health Program

Indiana State Department of Health

v.2018.January
INTRODUCTION

• A substantial portion of children are at high risk for developing dental caries in Indiana

• Dental caries can cause a lot of pain and destruction of children’s teeth

• We need your help in identifying these children so we can lessen the burden of dental caries in this population

• We are very pleased that you are taking this course and look forward to your help
COURSE PREPARED BY:

- Charles Fuhrer, DDS, MSD – Dr. Fuhrer is a pediatric dentist located in Noblesville, IN
- Nicole Weddell, DDS, MSD – Dr. Weddell is a pediatric dentist located in Indianapolis, IN
- James R. Miller, DDS, MSD, PhD – Dr. Miller is the State Oral Health Director at the Indiana State Department of Health
RISK ASSESSMENT INSTRUMENTS

• There are many risk assessments for dental caries

• The one we are suggesting is straightforward and mirrors the American Academy of Pediatric Dentistry’s own Caries Risk Assessment

• The assessment we will be discussing today applies to infants and young children under 4 years of age
RISK ASSESSMENT

A RISK ASSESSMENT FORM will be presented that uses questions and clinical observations to categorize the risk of dental caries for a child.
RISK ASSESSMENT FORM

- We suggest you print a copy of the form *Risk Assessment for Dental Caries* and follow along during this presentation.

- If you are not able to print a copy and would like one before proceeding, please see directions on the last slide for obtaining one.
Patient Information

- At the top right of the form is a grey box in which you can record the date of the assessment.
- In the light blue boxes there are places for the child’s name, DOB, and age.
- Note: The date of the screening and the date of birth of the child are arranged so you can conveniently calculate the age of the child in years and months.
## Patient Information

Date of assessment, patient name, DOB, and age

<table>
<thead>
<tr>
<th>PATIENT:</th>
<th>LAST:</th>
<th>First:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Yr: ___ Mo: ___ Da: ___</td>
<td></td>
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### Factors that influence the risk for future caries

Please place a "check" in the ONE most appropriate box for EACH question and observation.

- Protective/Less Risky
- More Risky

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QUESTIONS

• We will now introduce the questions included in the risk assessment.

• These questions are designed to obtain information about risk factors for dental caries.
Factors that influence the risk for future caries

Please place a "check" in the ONE most appropriate box for EACH question and observation.

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QUESTION #1

(For mother/caregiver) How would you rate your oral health?

• Poor oral health in a mother or caregiver is a risk factor for dental caries in a child

• This is because evidence suggests that cariogenic bacteria can pass from the primary caregiver to the child
QUESTION #2

• (For mother/caregiver) How would you rate the child’s family income level?

• This question is asked to gain some information about a child’s socioeconomic status, since it is known that poverty can be a risk factor for poor oral health

• Children and infants under five years old, who are from poorer families, tend to have much higher rates of dental caries
QUESTION #3

How many *between meal* sugary drinks/snacks does your child have per day?

- Sugar is a risk factor for dental caries
- Children and infants who consume between meal snacks or drinks that contain sugar are at risk of developing dental caries
QUESTION #4

Is your child put to bed with juice, milk, or any other fluids containing sugar?

• Putting a child to bed with a cup, or a bottle, that contains any liquid other than water puts that child at risk of dental caries
QUESTION #5

Does your child drink tap water that is fluoridated or take fluoride supplements?

- Exposing a child to an *optimum* amount of fluoride is known to help prevent dental caries
- One way to expose a child to fluoride is by having the child drink water that contains fluoride
- Many communities fluoridate their water with an optimum amount of fluoride
QUESTION #6

How often are your infant’s gums cleaned or child’s teeth brushed?

- Good oral hygiene is known to help prevent dental caries
- An infant should have his/her gums cleaned. This gets the infant acclimated to oral hygiene early
- A child’s teeth need to be brushed at least 2X per day
- Children under the age of 5 should always have assistance in brushing their teeth from an adult
QUESTION #7

Are you using fluoridated toothpaste to brush your child’s teeth?

• Once a child’s teeth erupt into the oral cavity, they almost immediately become susceptible to dental caries

• Brushing the teeth properly will help disrupt dental plaque and reduce the risk of dental caries

• Brushing teeth with fluoridated toothpaste will further reduce the risk of dental caries
QUESTION #7 (cont.)
• For *infants without teeth* yet, the green box is checked
• For *infants with teeth or children with teeth* who are having their teeth brushed with fluoridated toothpaste, the green box is checked
• For *infants with teeth or children with teeth* who are NOT having their teeth brushed with fluoridated toothpaste, the yellow box is checked
QUESTION #8

Does your child get topical fluoride placed on his/her teeth by a dentist?

- The amount of fluoride a child receives over time is important
- An optimum amount can help prevent tooth decay
- Too little may not be preventive and too much may cause issues
QUESTION #8 (cont.)

- For *infants without teeth* yet, the green box is checked
- For *infants with teeth or children with teeth* who are having topical fluoride placed by a dentist, the green box is checked
- For *infants with teeth or children with teeth* who are NOT having topical fluoride placed by a dentist, the yellow box is checked
QUESTION #9

When was your child’s last visit to a dentist?

Check the most appropriate box, green, yellow, or red, corresponding to the following, respectively:

• Child has seen a dentist in the last 6 months

• Child has not seen a dentist in the last 6 months (but has seen a dentist some time longer than 6 months ago)

• Child has not seen a dentist
QUESTION #9 (cont.)

When was your child’s last visit to a dentist?

• Visiting a dentist regularly is known to help prevent dental caries

• Knowing how often a child visits a dentist can help determine the risk of a child for developing dental caries

• A DENTAL HOME should be established for all children by AGE 1 YEAR
OBSERVATIONS

• We will now introduce the observations included in the risk assessment

• These observations are designed to obtain additional information about risk factors for dental caries
## Observations

Observations 1 through 3

<table>
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<tr>
<th>OBSERVATIONS</th>
<th>Initials of Screener:</th>
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<tbody>
<tr>
<td><strong>Obs.1</strong> Does the child’s teeth have <strong>white spot lesions</strong> and/or <strong>enamel defects</strong>?</td>
<td>None</td>
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<tr>
<td><strong>Obs.2</strong> Does the child’s teeth have <strong>fillings</strong>, <strong>cavities</strong>, or <strong>missing teeth</strong> (due to decay)?</td>
<td>No F, C, or M</td>
</tr>
<tr>
<td><strong>Obs.3</strong> Does the child’s teeth have <strong>plaque</strong> on them?</td>
<td>No plaque</td>
</tr>
</tbody>
</table>
OBSERVATION #1

Does the child’s teeth have WHITE SPOT LESIONS and/or ENAMEL DEFECTS?
• **White spot lesions** are an early form of dental caries and their presence elevates the risk for the development of more advanced dental caries and dental cavities.

*Note: Often, white spot lesions occur at the junction of the teeth and gums. Dental plaque is also often located at this region and can cover white spot lesions. However, we suggest you do not disturb the plaque at this point in the screening, as it could cause bleeding which could interfere with this and subsequent observations. During observation #3, you can wipe off the plaque with gauze to determine if white spot lesions are present in this region. If so, you may need to change the box you initially check for observation #1.*
OBSERVATION #1 (cont.)

- Enamel defects are caused by abnormal development of the enamel and can mimic dental caries or cavities
  - These defects may or may not be associated with dental caries at the time of the screening
  - However, these defects do put a child at elevated risk for dental caries
OBSERVATION #2

Does the child’s teeth have FILLINGS, CAVITIES, or MISSING TEETH?

• The number one predictor of future caries activity is past caries activity as indicated by one or more of these conditions
OBSERVATION #2 (cont.)

• **Dental fillings** are a form of treatment for dental caries and decay

• Caries and decay, which has been treated with fillings, puts a child at increased risk for future dental caries
  
  o Some fillings are difficult to see

  o You should ask the parent if a child has ever had a filling
OBSERVATION #2 (cont.)

- Dental cavities generally indicate *active* dental caries which has progressed to produce a cavity
  - If no intervention occurs, the cavity will likely get worse, possibly causing pain or infection, and may eventually result in the tooth needing to be extracted
  - For purposes of this screening, if you see a cavity you should assume it is associated with active dental caries
OBSERVATION #2 (cont.)

• Missing teeth (or a missing tooth), due to decay indicate a child is at high risk of developing future dental caries
  
  o You should ask if a missing baby tooth was extracted due to dental decay

  o Only teeth lost to decay are relevant for this screening

  \textit{Note: Baby teeth can be lost for reasons other than those related to dental caries, such as trauma}
OBSERVATION #3

Does the child’s teeth have plaque on them?

- **Plaque** is a biofilm that occurs on the teeth and can put a child at elevated risk for dental caries

- Plaque is often found at the margin of the gums where the gums touch the teeth

Note: To detect plaque you may need to wipe the teeth with gauze or a cotton roll. This may cause the gums to bleed. At this time you may see white spot lesions that you didn’t see initially. This could result in you needing to change observation #1
OBSERVATION #3 (cont.)

- Plaque can be removed by brushing and good oral hygiene, which reduces the risk of dental caries.
- Brushing with fluoridated toothpaste further reduces the risk.
- If dental plaque is not removed it continues to produce acid, which can cause white spots, more advanced dental caries, and eventually dental cavities.
CATEGORIZATION OF RISK

- The answers to the screening questions and the observations can be used to categorize the risk for future caries for a child.

- In this assessment the risk will be assigned a category of either LOW, MODERATE, or HIGH.
RISK CATEGORY

The risk category will be determined by examining the checked boxes associated with the questions and observations.

If a **GREEN** box is the most risky box checked, then **LOW RISK**

If a **YELLOW** box is the most risky box checked, then **MODERATE RISK**

If an **ORANGE** box is the most risky box checked, then **HIGH RISK**
Risk Category assigned to a Child will be either:

LOW RISK or MODERATE RISK or HIGH RISK

<table>
<thead>
<tr>
<th>CATEGORIZATION OF RISK (based on QUESTIONS and OBSERVATIONS)</th>
<th>Categorization of Risk (check one)</th>
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<tbody>
<tr>
<td>A GREEN box is the most risky box checked</td>
<td>likely LOW RISK 1.1</td>
</tr>
<tr>
<td>A YELLOW box is the most risky box checked</td>
<td>likely MODERATE RISK 1.2</td>
</tr>
<tr>
<td>An ORANGE box is the most risky box checked</td>
<td>likely HIGH RISK 1.3</td>
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GUIDELINES

This risk categories can then be used to develop GUIDELINES

- When to apply FLOURIDE VARNISH

- When to REFER TO DENTIST
Application of Fluoride Varnish

Suggested Guidelines

<table>
<thead>
<tr>
<th>FLUORIDE VARNISH (based on CATEGORIZATION OF RISK)</th>
<th>Fluoride Varnish (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If LOW RISK</td>
<td>fluoride varnish ** NOT ADVISED**</td>
</tr>
<tr>
<td>If MODERATE RISK</td>
<td>fluoride varnish ** ADVISED, but **</td>
</tr>
<tr>
<td>If HIGH RISK</td>
<td>fluoride varnish ** ADVISED, but **</td>
</tr>
</tbody>
</table>

** Apply ONE application today and coordinate other applications with dentist**
FLUORIDE VARNISH

☐ LOW RISK  No fluoride varnish advised
☐ MODERATE RISK  Fluoride varnish
☐ HIGH RISK  Fluoride varnish

Note: We suggest you not apply fluoride varnish to children categorized at low risk in order to help avoid a child being exposed to too much fluoride. A consultation with the child’s dentist is appropriate to ensure the child receives the optimal amount of fluoride.
Refer to Dentist

Suggested Guidelines

<table>
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<tr>
<th>REFERRAL TO DENTIST (based on CATEGORIZATION OF RISK and, for MODERATE RISK, Q.9)</th>
<th>Referral to Dentist (check one)</th>
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<tbody>
<tr>
<td>If LOW RISK</td>
<td></td>
</tr>
<tr>
<td>If MODERATE RISK and has visited dentist in last 6 months (green box checked for Q.9)</td>
<td>advise keep REGULARLY SCHEDULED APPOINTMENT 4.1</td>
</tr>
<tr>
<td>If MODERATE RISK and has NOT visited dentist in last 6 months (yellow box checked for Q.9)</td>
<td>advise see dentist AS SOON AS POSSIBLE (ASAP) 4.3</td>
</tr>
<tr>
<td>If HIGH RISK</td>
<td></td>
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Refer to Dentist

For children at **LOW RISK** or **HIGH RISK** the choice is straightforward

- □ **LOW RISK**  
  Regular Appointment

- □ MODERATE RISK  AND has visited dentist in last 6 mos.  
  Regular Appointment

- □ MODERATE RISK  AND has **NOT** visited dentist in last 6 mos.  
  ASAP

- □ **HIGH RISK**  
  ASAP
# Refer to Dentist

## Suggested Guidelines

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<td>advise see dentist AS SOON AS POSSIBLE (ASAP)</td>
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Refer to Dentist

For **MODERATE RISK** use answer to Q.9 to help choose option

- □ LOW RISK
- □ **MODERATE RISK**  **AND** has visited dentist in last 6 mos.  Regular Appointment
- □ **MODERATE RISK**  **AND** has **NOT** visited dentist in last 6 mos.  ASAP
- □ HIGH RISK
Refer to Dentist

For a child at MODERATE RISK that has seen a dentist in the last 6 months (see Q.9), you can generally advise the child to see the dentist at the next regularly scheduled appointment.
Child at **MODERATE RISK** and has **visited a dentist within the last 6 months**

**CATEGORIZATION OF RISK (based on QUESTIONS and OBSERVATIONS)**

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<td>Likely LOW RISK (1.1)</td>
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<td>Likely HIGH RISK (1.3)</td>
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**QUESTIONS**

1. **(For mother/caregiver) How would you rate your oral health?**
   - No fillings and No active caries
   - Fillings but No active caries
   - Active caries

2. **(For mother/caregiver) How would you rate the child’s family income level?**
   - High
   - Medium
   - Low

3. **How many between meal **sugary drinks/snacks** does child have per day?**
   - None
   - 1 to 3
   - 4 or more

4. **Is your child put to bed with **juice, milk, or any other fluids containing sugar?**
   - Never
   - Sometimes
   - Frequently

5. **Does your child drink **tap water** that is fluoridated?**
   - Yes
   - No

6. **(or takes fluoride supplements)**

7. **How often are your infant’s gums cleaned or child’s teeth brushed?**
   - 2x or more per day
   - About 1x per day
   - Not every day

8. **Are you using **fluoridated toothpaste** to brush your child’s teeth?**
   - Yes (or infant w/o teeth)
   - No

9. **Does your child get **topical fluoride** placed on his/her teeth by a dentist?**
   - Yes (or infant w/o teeth)
   - No (or other health care professional)

10. **When was your child’s last visit to a dentist?**
    - Within last 6 months
    - Over 6 months
    - Not visited a dentist yet
Refer to Dentist

Child should see a dentist at next regularly scheduled appointment

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Refer to Dentist

For a child at MODERATE RISK that has NOT seen a dentist in the last 6 months (see Q.9), you should generally advise the child to see the dentist as soon as possible (ASAP)
Child at **MODERATE RISK** and has not visited a dentist in last 6 months (yellow column)

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Factors that influence the risk for future caries

Please place a “check” in the ONE most appropriate box for EACH question and observation.

**QUESTIONS**

**Initials of Screener:**

- **Q.1** (For mother/caregiver) How would you rate your oral health?
  - No fillings and No active caries
  - Fillings but No active caries
  - Active caries

- **Q.2** (For mother/caregiver) How would you rate the child’s family income level?
  - High
  - Medium
  - Low

- **Q.3** How many between meal sugary drinks/snacks does child have per day?
  - None
  - 1 to 3
  - 4 or more

- **Q.4** Is your child put to bed with juice, milk, or any other fluids containing sugar?
  - Never
  - Sometimes
  - Frequently

- **Q.5** Does your child drink tap water that is fluoridated?
  - Yes
  - No

- **Q.6** How often are your infant’s gums cleaned or child’s teeth brushed?
  - 2x or more per day
  - About 1x per day
  - Not every day

- **Q.7** Are you using fluoridated toothpaste to brush your child’s teeth?
  - Yes (or infant w/o teeth)
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- **Q.8** Does your child get topical fluoride placed on his/her teeth by a dentist?
  - Yes (or infant w/o teeth)
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- **Q.9** When was your child’s last visit to a dentist?
  - Within last 6 months
  - Over 6 months
  - Not visited a dentist yet
## Refer to Dentist

Child should see a dentist ASAP

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**NOTE:** A child that has not visited a dentist yet is considered at **HIGH RISK** and should be advised to see a dentist ASAP

### Factors that influence the risk for future caries

Please place a "check" in the ONE most appropriate box for EACH question and observation.

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<tr>
<td><strong>Q.6</strong> How often are your infant's gums cleaned or child's teeth brushed?</td>
<td>2x or more per day</td>
</tr>
<tr>
<td>2x or more per day</td>
<td>About 1x per day</td>
</tr>
<tr>
<td>About 1x per day</td>
<td>Not every day</td>
</tr>
<tr>
<td><strong>Q.7</strong> Are you using fluoridated toothpaste to brush your child's teeth?</td>
<td>Yes (or infant w/o teeth)</td>
</tr>
<tr>
<td>Yes (or infant w/o teeth)</td>
<td>No</td>
</tr>
<tr>
<td><strong>Q.8</strong> Does your child get topical fluoride placed on his/her teeth by a dentist?</td>
<td>Yes (or infant w/o teeth)</td>
</tr>
<tr>
<td>Yes (or infant w/o teeth)</td>
<td>No</td>
</tr>
<tr>
<td><strong>Q.9</strong> When was your child's last visit to a dentist?</td>
<td>Within last 6 months</td>
</tr>
<tr>
<td>Within last 6 months</td>
<td>Over 6 months</td>
</tr>
<tr>
<td>Over 6 months</td>
<td>Not visited a dentist yet</td>
</tr>
</tbody>
</table>

### CATEGORIZATION OF RISK (based on QUESTIONS and OBSERVATIONS)

- **A GREEN box is the most risky box checked**
- **likely LOW RISK**
- **1.1**
- **A YELLOW box is the most risky box checked**
- **likely MODERATE RISK**
- **1.2**
- **An ORANGE box is the most risky box checked**
- **likely HIGH RISK**
- **1.3**

v.2018.January
PROMOTE GOOD ORAL HEALTH

• SCREEN: Identify children at high risk for dental caries

• PREVENT: Apply fluoride varnish where indicated

• REFER: Make appropriate referrals to dentists
KEEP IN MIND !!

EVERY CHILD should have a DENTAL HOME by AGE 1 YEAR
DEMONSTRATION VIDEOS

- **INSTRUMENTS/SUPPLIES** for assessment and application of fluoride varnish
- **QUESTIONS** for mother about mother/child
- **OBSERVATIONS** of child’s oral health status
- **FLUORIDE VARNISH** application
THANK YOU for taking this course

• You may request a copy of the Risk Assessment for Dental Caries by contacting one of the health educators at the Oral Health Program

• The health educators’ contact information can be found at http://www.in.gov/isdh/18695.htm under contact us

• If you have questions or comments about the material presented in this course, please send them to the health educators

• Note: We plan to add clinical pictures of oral health conditions that were mentioned in this course, as they become available