Protecting All Children's Teeth

Oral Health Screening

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

www.aap.org/oralhealth/pact

Introduction

Dental caries is a multi-factorial chronic disease process. A variety of risk factors are known to contribute to the development and progression of dental caries.

This presentation will review the American Academy of Pediatrics (AAP) policy on risk assessment and screening, explain how pediatricians can assess dental caries risk in their patients, present a tool that can be used to assist in risk assessment, and propose referral options for patients deemed at risk.

Learner Objectives

Upon completion of this presentation, participants will be able to:

- Recall the AAP policies regarding oral health assessment and caries prevention in the primary care office.
- Perform a complete pediatric oral examination.
- Utilize the AAP Caries Risk Assessment Tool in clinical practice.
- State the ideal age for establishment of a dental home.

AAP Policies on Oral Health

The American Academy of Pediatrics (AAP) has published 4 policy statements about oral health and risk assessment:

1. Fluoride use in caries prevention in the primary care setting Pediatrics (September 2014)
2. Maintaining and Improving the Oral Health of Young Children (December 2014)

The AAP also endorses the 2 child-focused modules of the Society for Teachers of Family Medicine Smiles for Life National Oral Health Curriculum, available online at www.smilesforlifeoralhealth.org

AAP Policies on Risk Assessment

- According to the Maintaining and Improving the Oral Health of Young Children statement risk assessment should be done periodically.

- Oral health is included in the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care

www.aap.org/oralhealth/pact

Clinical Evaluation

A complete oral examination should be part of every routine visit, beginning at 6 months of age.

Paper Permission on file from Tabitha Cull

Clinical Evaluation, continued

For a thorough examination, you need:

- A good light source
- A good look at the patient's mouth

A tongue depressor can improve visualization of mouth surfaces.

Paper Permission on file from Rita Mao

Examination Technique

A knee-to-knee examination is often best for an infant or small child.

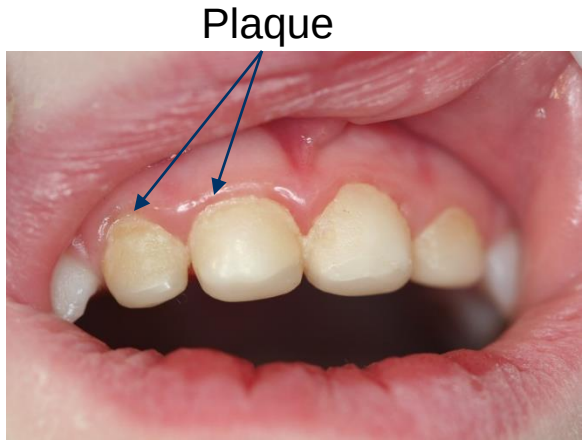
To perform this exam, sit down facing the parent, knee to knee, with the child sitting on the parent's lap facing the parent. Then have the child lie back onto your lap.

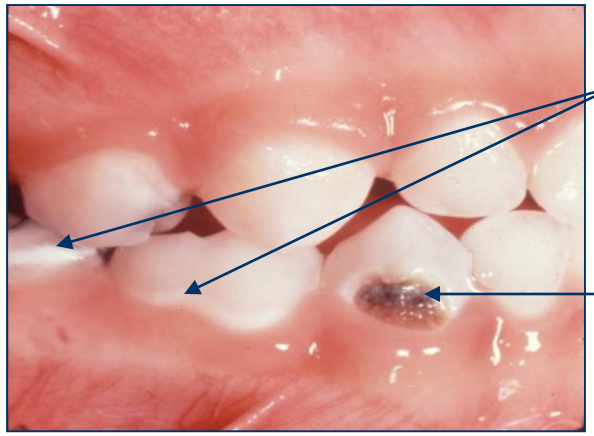
Paper Permission on file from Ian Van Dinther

The Examination

Examine both the hard and soft tissues. This includes the lips, gums, teeth, tongue, cheeks, and palate.

Examine closely along the gum line for plaque and dental caries at any stage of progression, such as white spot lesions or cavitation.





Used with permission from Rocio B. Quinonez, DMD, MS, MPH; Associate Professor Department of Pediatric Dentistry, School of Dentistry University of North Carolina

www.aap.org/oralhealth/pact

What to Look For

A thorough examination requires lifting the upper lip and lowering the bottom lip to check along the gum line. Look for the following:

- Inflammation of the gums (gingivitis)
- Ulcers or abscesses
- Caries
- Masses
- Enamel defects
- Pattern of tooth eruption
- Malocclusion or misalignment
- Evidence of trauma; chipped, broken, or missing teeth

Gingivitis

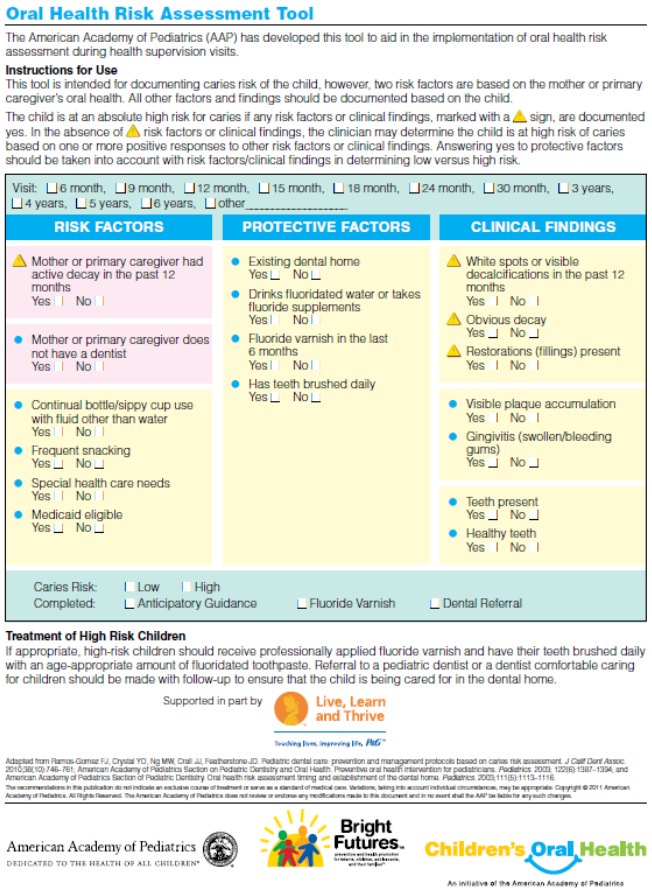
Used with permission from Noel Childers, DDS, MS, PhD; Department of Pediatric Dentistry, University of Alabama at Birmingham

Documentation

Document all findings and refer children with abnormalities to a dental provider.

Paper Permission on file from Mayra Patino

AAP Risk Assessment Tool



Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a ⚠ sign, are documented yes. In the absence of ⚠ risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Visit: ☐6 month, ☐9 month, ☐12 month, ☐15 month, ☐18 month, ☐24 month, ☐30 month, ☐3 years, ☐4 years, ☐5 years, ☐6 years, ☐other_____

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
⚠ Mother or primary caregiver had active decay in the past 12 months Yes | No |	• Existing dental home Yes☐ No☐	⚠ White spots or visible decalcifications in the past 12 months Yes | No |
• Mother or primary caregiver does not have a dentist Yes | No |	• Drinks fluoridated water or takes fluoride supplements Yes | No |	⚠ Obvious decay Yes☐ No☐
• Continual bottle/sippy cup use with fluid other than water Yes | No |	• Fluoride varnish in the last 6 months Yes | No |	⚠ Restorations (fillings) present Yes | No |
• Frequent snacking Yes☐ No☐	• Has teeth brushed daily Yes☐ No☐	• Visible plaque accumulation Yes | No |
• Special health care needs Yes | No |		• Gingivitis (swollen/bleeding gums) Yes☐ No☐
• Medicaid eligible Yes☐ No☐		• Teeth present Yes☐ No☐
		• Healthy teeth Yes | No |

Caries Risk: ☐ Low ☐ High

Completed: ☐ Anticipatory Guidance ☐ Fluoride Varnish ☐ Dental Referral

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Supported in part by Live, Learn and Thrive

Adapted from Ramos-Gomez FJ, Crystal YO, Ng MW, Crall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. *J Calif Dent Assoc* 2010;38(10):745–761. American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. *Pediatrics* 2003; 122(6):1387–1394; and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. *Pediatrics* 2003;111(5):1113–1116.

American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN™ | Bright Futures | Children's Oral Health

An initiative of the American Academy of Pediatrics

Used with permission from the AAP

The American Academy of Pediatrics (AAP) has developed an Oral Health Risk Assessment Tool for clinicians who care for children. This tool includes risk factors obtained via history and clinical evaluation. The risk indicators help to stratify children into low or high-risk for dental caries.

www.aap.org/oralhealth/pact

Risk Factors

The following factors increase the risk for development of early childhood caries:

- Children with special health care needs
- Children of mothers with a high caries rate or if mother does not have a dentist
- Children in families of low socioeconomic status
- Demonstrable caries, plaque, gingivitis, demineralization, and/or staining
- Children who continue continually sip or drink at night (especially bottle-feeding) after tooth eruption
- Frequent snacking

Paper Permission on file from Jamie Zaleski

www.aap.org/oralhealth/pact

AAP Policy on Referral to a Dentist

Used with permission from Gregory Whelan, DDS

Children should be referred to a dentist who is willing and capable of providing a dental home.

This could include a pediatric dentist or a general dentist who is comfortable with children.

Pediatric dentists are specially trained and capable of treating children of all ages.

www.aap.org/oralhealth/pact

Referrals

Used with permission from ANZ Photography

Referrals to a dentist should begin with documentation of the problem in the medical record.

Referrals to a dentist should be treated like a referral to any other health professional.

Referrals, continued

Ideally, referrals would involve the following:

- A pre-existing pediatrician-dentist relationship
- A call to the dentist's office to set up the appointment
- Ongoing communication between the pediatrician and dentist
- Follow-up on the oral health issue

Question #1

Which of the following is not a risk factor for the development of dental caries?

A. Malnutrition
B. Infrequent professional dental care
C. Frequent exposure to fermentable carbohydrates
D. Inadequate exposure to fluoride
E. Presence of caries in immediate family members

Answer

Which of the following is not a risk factor for the development of dental caries?

A. Malnutrition
B. Infrequent professional dental care
C. Frequent exposure to fermentable carbohydrates
D. Inadequate exposure to fluoride
E. Presence of caries in immediate family members

Question #2

By what age should every child begin receiving oral health assessments by a pediatric health professional?

A. When the first teeth erupt
B. 1 month
C. 3 months
D. 6 months
E. 1 year

Answer

By what age should every child begin receiving oral health assessments by a pediatric health professional?

A. When the first teeth erupt
B. 1 month
C. 3 months
D. 6 months
E. 1 year

Question #3

Which of the following children should be prioritized for referral to a dentist?

A. Later-order offspring
B. Children with special health care needs
C. Children who breastfeed throughout the night
D. Children of mothers with a history of multiple caries
E. All of the above

Answer

Which of the following children should be prioritized for referral to a dentist?

A. Later-order offspring
B. Children with special health care needs
C. Children who breastfeed throughout the night
D. Children of mothers with a history of multiple caries
E. All of the above

Question #4

Which of the following tools are necessary when performing an oral health examination?

A. Tongue depressor
B. Good source of light
C. Disposable mirror
D. Toothbrush
E. All of the above

Answer

Which of the following tools are necessary when performing an oral health examination?

A. Tongue depressor.
B. Good source of light.
C. Disposable mirror.
D. Toothbrush.
E. All of the above.

Question #5

At what age does the American Academy of Pediatrics Recommend referring a child at increased risk for dental caries to the dentist?

A. By 1 year of age
B. When the child is developmentally ready
C. By 3 years of age
D. When abnormalities are noted on a physician's examination
E. When the child or parent complains of dental problems

Answer

At what age does the American Academy of Pediatrics Recommend referring a child at increased risk for dental caries to the dentist?

A. By 1 year of age
B. When the child is developmentally ready
C. By 3 years of age
D. When abnormalities are noted on a physician's examination
E. When the child or parent complains of dental problems

www.aap.org/oralhealth/pact

References

1. American Academy of Pediatric Dentistry Council on Clinical Affairs. Policy on the Dental Home. Reference Manual 2005-2006: 18-19. Available at: http://www.aapd.org/ media/Policies_Guidelines/P_DentalHome.pdf.

2. American Academy of Pediatrics and Bright Futures. Oral Health Risk Assessment Tool. Available at: http://www2.aap.org/commpeds/dochs/oralhealth/RiskAssessmentTool.html.

3. Casamassimo P, Holt K, eds. 2004. Bright Futures in Practice: Oral Health Pocket Guide. Washington, DC: National Maternal and Child Oral Health Resource Center

4. Clark MB, Slayton RL; AAP Section on Oral Health. Fluoride use in caries prevention in the primary care setting. Pediatrics. 2014 Sep;134(3):626-33. http://pediatrics.aappublications.org/content/134/3/626

References, continued

5. Hale KJ. Early risk assessment can lead to better oral health. *AAP News*. 2003; 22(5): 202.

6. Hale KJ. Ensuring healthy smiles: Pediatric practices should assess caries risk in young patients. *AAP News*. 2003; 22(6): 253.

7. Hale KJ. Something to sink your teeth into: Pediatricians advised on how to assess patients for caries, educate families on oral health issues. *AAP News.* 2003; 23(1): 21.

8. Krol D. Maintaining and Improving the Oral Health of Young Children. AAP Policy Statement. Pediatrics. 2014.; 134: 1224-1229