

Topical Flouride

Written by dentpro

Sunday, 16 December 2012 02:45 - Last Updated Friday, 27 December 2013 04:53

The following are clinical recommendations on TOPICAL FLOURIDE APPLICATION by the AMERICAN DENTAL ASSOCIATION: Clinical recommendations for the use of professionally applied topical fluoride.

The clinical recommendations are a resource for dentists to use. These clinical recommendations must be balanced with the practitioner's professional judgment and the individual patient's preferences.

Younger than 6 years

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– Patients whose caries risk is lower, as defined in this document, may not receive additional benefit from professional topical fluoride application [8](#), [14](#), [17](#), [22](#) – [25](#) (Ia, B). (Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category. Whether or not to apply topical fluoride in such cases is a decision that should balance this consideration with the practitioner's professional judgment and the individual patient's preferences.)

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– Moderate-risk patients should receive fluoride varnish applications at six-month intervals [9](#), [12](#), [14](#)

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[22](#)

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[26](#)

(Ia, A). Fluoride varnish contains a smaller quantity of fluoride compared to fluoride gels; and, therefore, its use reduces the risk of inadvertent ingestion in children younger than 6 years.

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– Higher-risk patients should receive fluoride varnish applications at 3 (Ia, D) to six-month (Ia, A) intervals. [9](#), [26](#)

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6 to 18 years of age

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– Patients whose caries risk is lower, as defined in this document, may not receive additional benefit from professional topical fluoride application [8](#), [14](#), [17](#), [22](#) – [25](#) (Ia, B). (Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category. Whether or not to apply topical fluoride in such cases is a decision that should balance this consideration with the practitioner's professional judgment and the individual patient's preferences.)

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– Moderate-risk patients should receive fluoride varnish or gel applications at six-month intervals [8](#), [9](#), [12](#), [14](#), [17](#) (Ia, A).

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– Higher-risk patients should receive fluoride varnish or gel application at six-month intervals [8](#), [9](#),

[12](#)

[14](#)

[17](#)

[22](#)

(Ia, A). Fluoride varnish applications at three-month intervals (Ia, A), or fluoride gels at three-month intervals (IV, D) may provide additional caries prevention benefit.

[9](#)

[22](#)

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Older than 18 years

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– Patients whose caries risk is lower, as defined in this document, may not receive additional benefit from professional topical fluoride application [8](#), [14](#), [17](#), [2](#) – [25](#) (IV, D). (Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category. Whether or not to apply topical fluoride in such cases is a decision that should balance this consideration with the practitioner's professional judgment and the individual patient's preferences.)

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– **Moderate-risk patients should receive fluoride varnish or gel applications at six-month intervals** [8](#), [9](#), [12](#), [14](#), [17](#) (IV, D).

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– **Higher-risk patients should receive fluoride varnish or gel applications at three- to six-month intervals** [8](#), [9](#), [12](#), [14](#), [17](#), [22](#), [26](#) (IV, D).

All ages

Application time for fluoride gel and foam should be four minutes. [8](#) A one-minute fluoride application is not endorsed (IV, D).

CARIES RISK GUIDELINES

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Low caries risk

All age groups

No incipient or cavitated primary or secondary carious lesions during the last three years and no factors

Moderate caries risk

Younger than 6 years

No incipient or cavitated primary or secondary carious lesions during the last three years but presence of

Older than 6 years (any of the following)

One or two incipient or cavitated primary or secondary carious lesions in the last three years

No incipient or cavitated primary or secondary carious lesions in the last three years but presence of at l

High caries risk

Younger than 6 years (any of the following)

Any incipient or cavitated primary or secondary carious lesion during the last three years Presence of m

Low socioeconomic status†

Suboptimal fluoride exposure

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Xerostomia†

Older than 6 years (any of the following)

Three or more incipient or cavitated primary or secondary carious lesions in the last three years
Presence of suboptimal fluoride exposure
Xerostomia†

*Factors increasing risk of developing caries also may include, but are not limited to

- high titers of cariogenic bacteria;
- poor oral hygiene;
- prolonged nursing (bottle or breast);

- poor family dental health;
- developmental or acquired enamel defects;
- genetic abnormality of teeth;
- many multisurface restorations;
- chemotherapy or radiation therapy;
- eating disorders;
- drug or alcohol abuse;
- irregular dental care;
- cariogenic diet;
- active orthodontic treatment;
- presence of exposed root surfaces;
- restoration overhangs and open margins;
- physical or mental disability with inability or unavailability of performing proper oral health care.

† On the basis of findings from population studies, groups with low socioeconomic status have been found to have a higher risk of developing caries.

In children too young for their risk to be based on caries history, low socioeconomic status should be considered a risk factor for developing caries.

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When reviewing the systematic reviews and clinical trials, the panel considered the caries risk status of t

SOURCE: <http://jada.ada.org/content/137/8/1151.full>