

***4th Annual Herschel S. Horowitz
Symposium: ADA Caries Prevention
Guidelines:
Challenges to Their Implementation***

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No crystal ball



Conclusions

- The ADA should petition the FDA & industry to make child strength fluoride toothpaste(s) available in the US
- AAPHD should partner in this effort and develop a resolution to support necessary activities
- Dramatically improve fluoride literacy among health care providers, decision makers and the public

Conclusions Cont'd

- The ADA should lobby NCHS, CDC & NIDCR to collect fluorosis data
- All ADA evidence-based review panels should include a grass roots dental public health worker

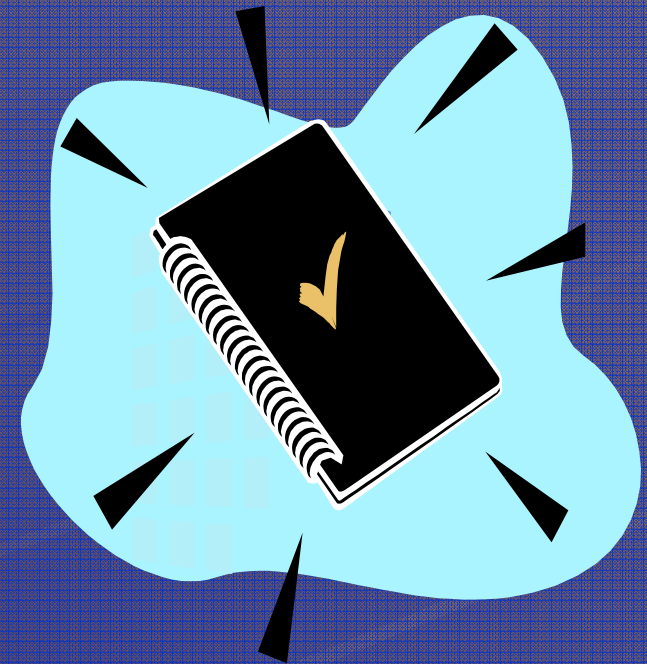
The ADA 2006 Clinical Guidelines Include:

Types of fluorides

What type to use when

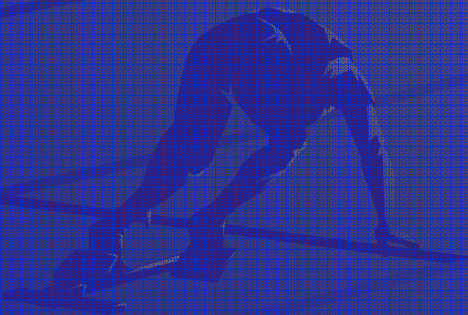
Length of treatment

When not to use fluoride



***The ADA is to be commended
for indicating when not to apply
fluoride***

However.....



Factors Affecting Adoption of Guidelines

- Money
- Patients
- Providers
- Insurance companies
- Policies
- Private practice or public clinics

***3 primary reasons the guidelines
are not likely to be implemented
in private practice:***

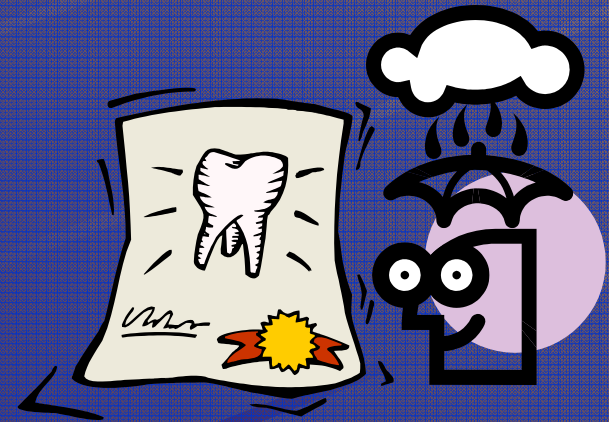


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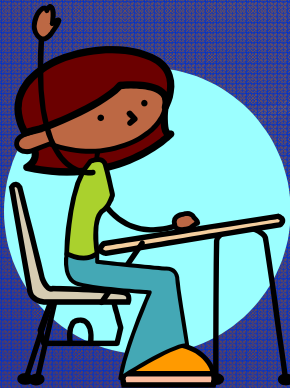
Patients

- Patients/parents have been socialized to believe that they should have a fluoride treatment every six months
- Insurance usually covers fluoride treatments
- Public doesn't understand that dental insurance is not insurance; it is prepayment for 'X' services
- If it is covered, the public wants it whether or not it is needed



Dental Schools and Boards

- Relatively little time in dental curricula is spent on teaching preventive measures including appropriate use of fluorides
- Little if any time is spent on fluorides on state and national dental boards



Providers

- Most dentists and dental hygienists do not hold current and correct information about fluorides or, if they do, they do not apply it
- The most popular clinically applied fluoride is foam and it is used for 1 minute.
- Fluoride treatments generate income



Provider Knowledge/Practices: Fluorides

- There are relatively few recent studies on what practicing dentists/dental hygienists know about fluorides
- Generally, provider knowledge is not consistent with the scientific literature

Oral Health In America: A Report of the Surgeon General

Insurers

- Changing dental benefits occurs slowly, and requires a push from the profession
- Changing dental benefits occurs when it is financially and politically feasible for the insurance companies and dentistry



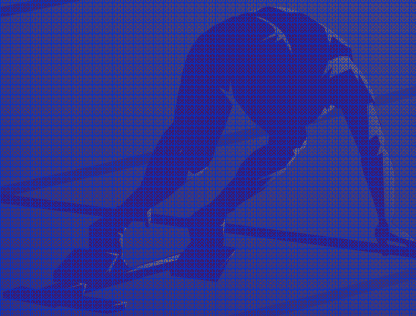
Policies

- At the state and local level ...could help use of the guidelines
- At the Federal level... HRSA could help increase appropriate use of fluorides
- For insurance companies ...also could help increase appropriate use of clinically applied fluorides

Caveat...policies need to be enforced or they are useless.

Guidelines are Guidelines

- They are optional
- No enforcement
- Can be ignored
- Modified



Interim Guidance: Infant Formula

We need to remember that a systematic review on fluoride intake for children 0-2 years of age is targeted for completion by the ADA by the end of 2007.

An expert panel will be convened in 2008 to develop evidence-based clinical recommendations.

Infant Formula

Powdered infant formula accounts for about 50% of the U.S. market; concentrated liquid accounts for about 30% and ready-to-feed accounts for about 20%.

About 80% of all infant formula needs to be reconstituted with water.

Are We focusing on the Major Problem?



Opportunities for Change

- AAPHD should develop a resolution regarding child-strength fluoride toothpaste(s); and
- Partner with the ADA and ADEA to urge the FDA and industry to accept non-US data so that these products are available in the US
- The ADA has the power to do this; we will work with them



Opportunities Cont'd

- We need to dramatically improve fluoride literacy among health care providers, decision makers and the public
- We should work with the ADA to lobby NCHS, CDC & NIDCR to collect fluorosis data
- All ADA evidence-based review panels should include a grass roots dental public health worker



Thank you!

