



# Recent Advances in the Fluoride Legacy: FLUORIDE VARNISHES

---

2005 Herschel S. Horowitz  
Symposium

Reaction by Mark D. Siegal, DDS, MPH  
Ohio Department of Health

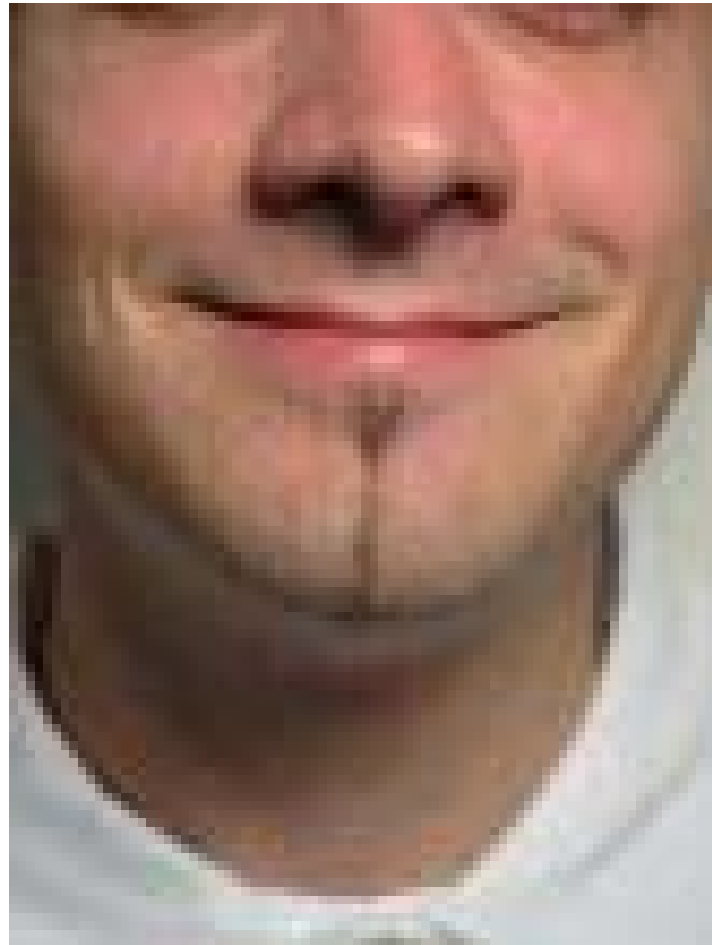
# Pet Peeve

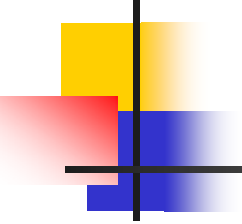


~~GAUTONOMIAS~~

~~Scalams~~

What pleased me?



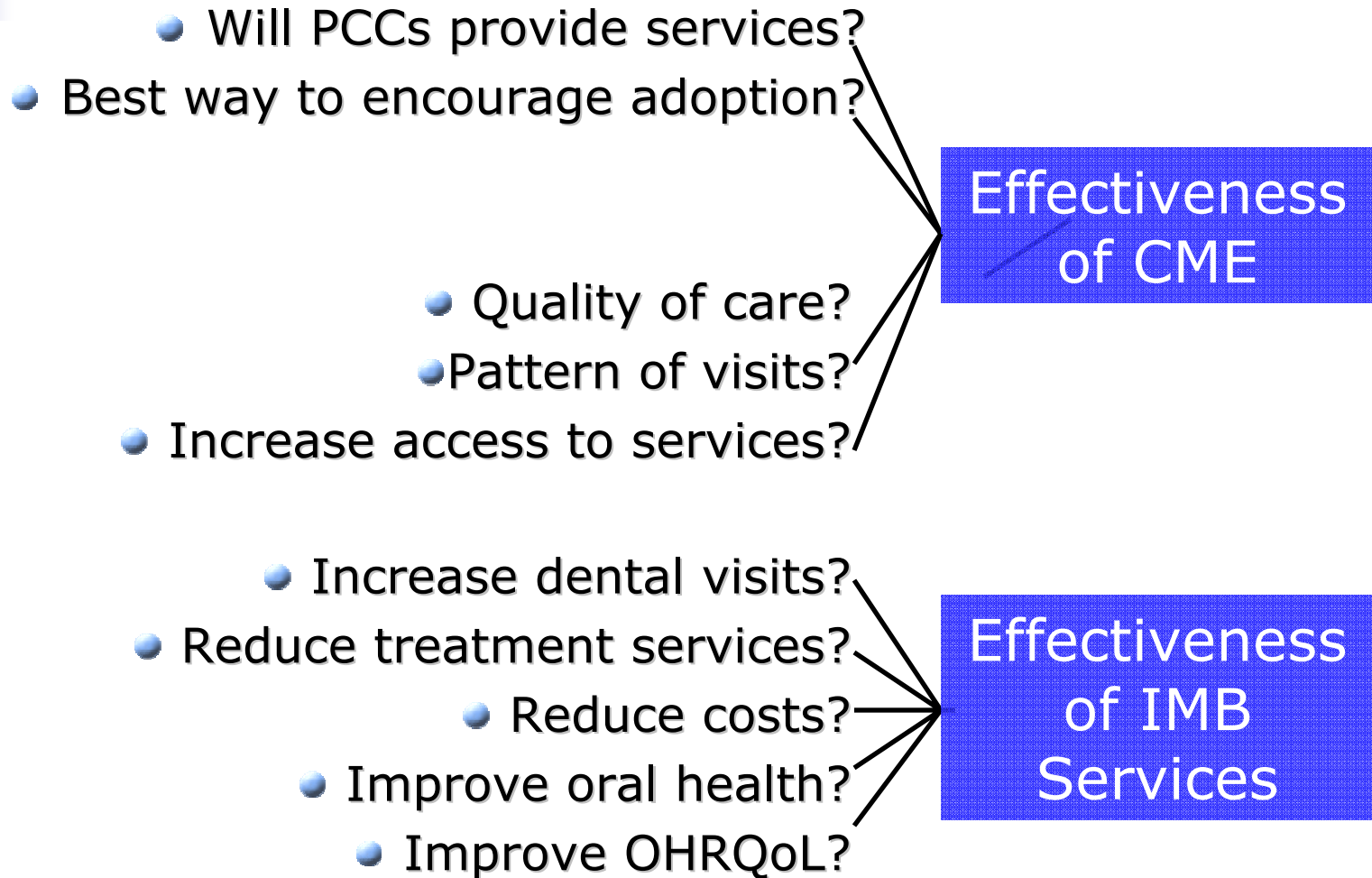


# Researchers who ask useful questions

---

- What is physician's role?
  - Does FV fit in scope of services?
  - Barriers to adoption?
  - Effectiveness of CME?
  - Quality of care?
  - Effectiveness of services?
- When applied by a dentist...
  - Does oral health anticipatory guidance work for caregivers of young children?
  - Does FV work?
  - Does the frequency of application matter?

# Researchers who ask more useful questions





# Clearly articulated goals

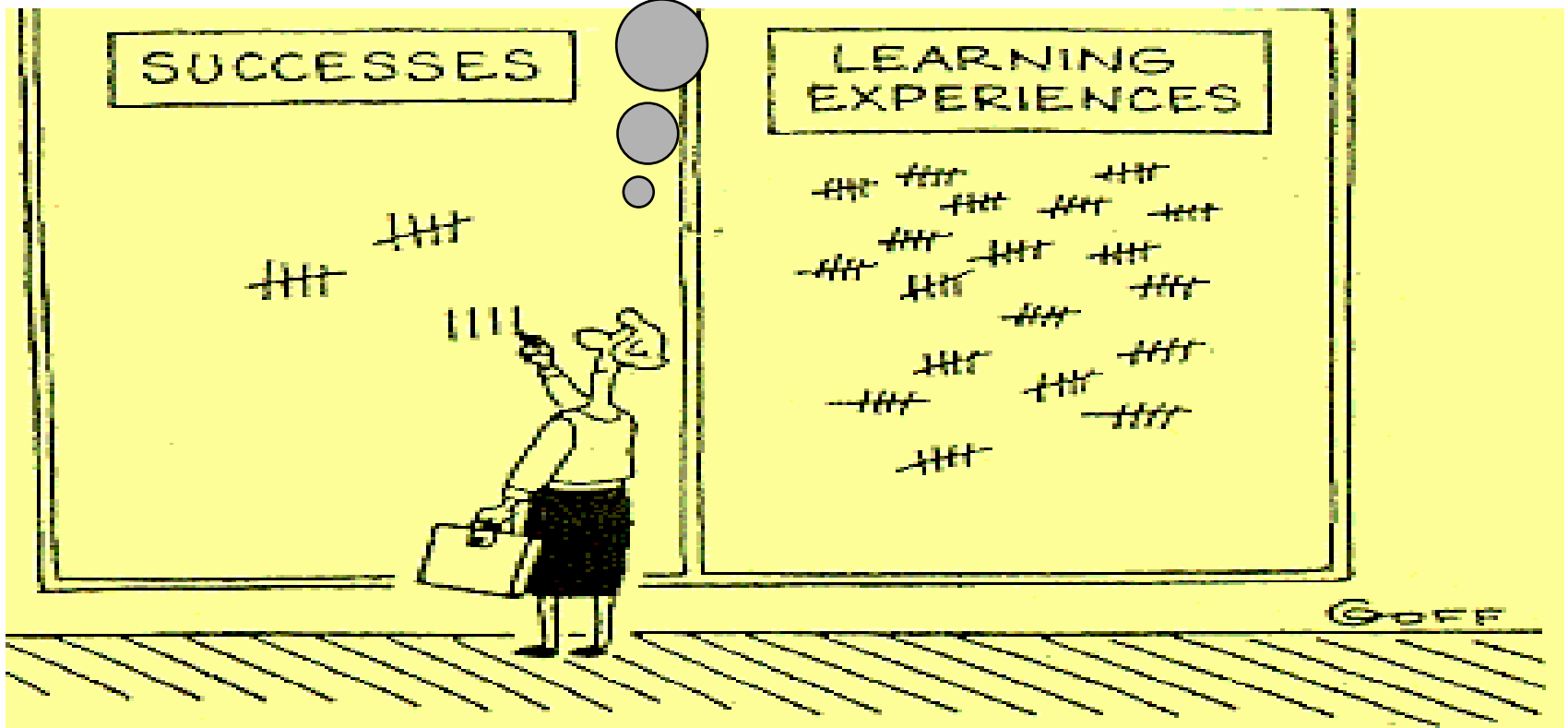
---

- Increase access to preventive dental care for low-income children
- Reduce the prevalence of ECC in low-income children
- Reduce the burden of treatment needs on a dental care system already stretched beyond its capacity to serve young children



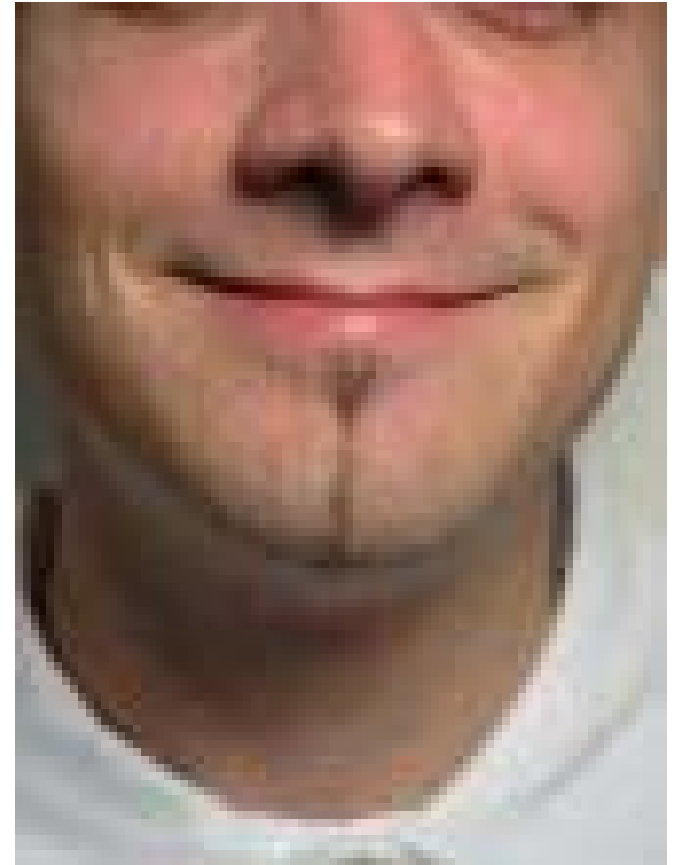
Not having  
my leg pulled

Screening?  
Counseling?  
Risk Assessment?  
Fluoride? CME?  
Referral?  
Diet? Tx?



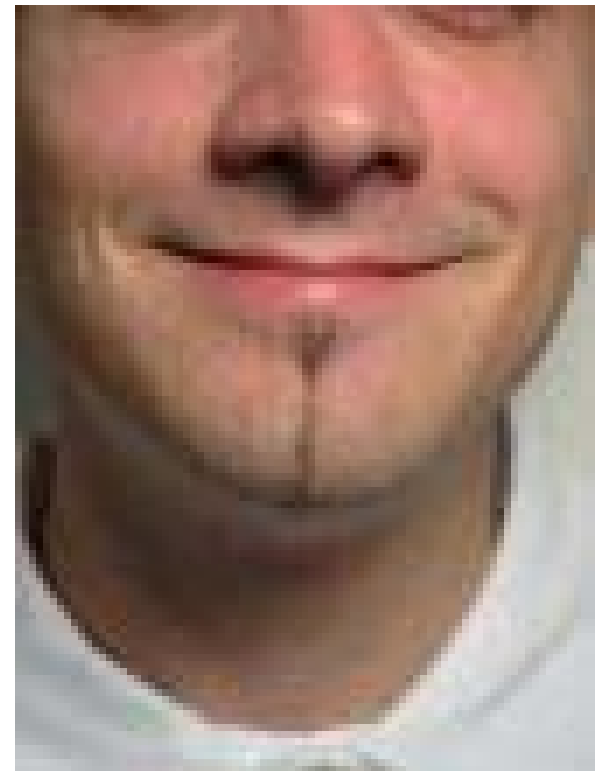
# What else pleased me?: Effectiveness and Safety

- The odds of developing caries was higher for children who received only counseling than children who received FV (UCSF)
  - A dose-response effect was observed
- No adverse health or safety events reported were attributed to FV (UCSF)



# What else pleased me?: IMB

- Number of IMB visits has steadily increased (UNC)
- Preliminary analyses... indicate that IMB visits are associated with a reduction in caries-related treatments
- Cost-effectiveness of program should improve with age (due to increasing caries rate and potential reduction from IMB)



# What made me think?

- Evidence to support effectiveness (*of the IMB approach*) in long-term dental outcomes is limited (UNC)
- Innovations with non-dental PCCs need further outcome evaluations (UNC)
- Is the application of fluoride varnish by a health care provider a public health measure? (AH)

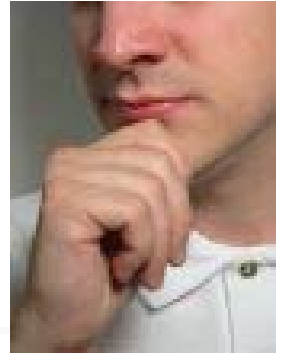




# What concerned me?

- How a program like IMB would fare amid today's government fiscal realities, where cost often trumps effectiveness when decisions are being made
  - *Increase in caries treatment from screening & referral ... may outweigh reductions from FV & preventive counseling during implementation phase of IMB*
  - *Low caries rate among very young children may mean that program costs will not be fully offset (UNC)*

# What concerned me?



- A number of **barriers** to expansion of services exist in medical practices (UNC)
  - IMB Adoption requires:
    - Full documentation of problem
    - Effective CME methods
    - **Adequate resources (e.g., coordinator)**
    - **Adequate reimbursement for time**
      - NC reimbursement is relatively generous



What made me sad?

---

