

## **CARIES RISK ASSESSMENT/ TREATMENT OPTIONS**

\*Definition: The following charts list criteria for classifying recare patients. The risk in any category becomes higher if any of these factors are combined with dietary practices conducive to dental caries (i.e. frequent consumption of refined carbohydrates). The risk becomes lower if there is adequate exposure to fluoride.

### **Low Risk**

- No carious lesion in the last three years
- Adequately restored surfaces, good margins on fillings
- Good oral hygiene/use of topical fluoride
- Regular dental visits
- Optimal fluoride content in primary drinking water source

### **Moderate Risk**

- One carious lesion in the last three years
- Exposed root surfaces
- Aging, deteriorating fillings
- Fair oral hygiene habits
- White spot lesions or x-rays showing areas between the teeth
- Irregular dental visits
- Orthodontic patient
- Impaired ability to maintain oral hygiene
- Sub-optimal fluoride content in primary drinking water source

### **High Risk**

- Two or more carious lesions in the last three years
- Past root caries or large numbers of exposed root surfaces
- Old fillings, open or cracked margins
- Elevated mutans streptococci (bacteria) count
- Unsealed deep pits and fissures
- Poor oral hygiene habits
- Frequent sugar intake and daily eating "events"
- Inadequate use of topical fluorides
- Irregular dental visits
- Inadequate saliva flow (i.e. prescription medications, Sjogrens Syndrome, Cancer Therapies, etc.)
- Impaired ability to maintain oral hygiene
- Sub-optimal fluoride content in primary drinking water

### **Treatment Options for Moderate and High Risk Patients**

(Treatment options and frequency based on risk)

- Oral hygiene instructions
- In-office therapeutics (fluoride treatments)
- Self-care medicaments (high fluoride toothpaste, antimicrobial rinse, fluoride rinse, chewing gum or mints containing xylitol sweetener)
- Rotadent or Oral B powered toothbrush

**Follow manufacturer's recommendations on proper age for use on all medications**

I accept treatment and understand my part in its success X \_\_\_\_\_ Date X \_\_\_\_\_

I decline treatment and understand the possible consequences X \_\_\_\_\_ Date X \_\_\_\_\_

\*Adapted from the Journal of the American Dental Association, June 1995 and Centers for Disease Control Report entitled "Recommendations for the Use of Fluoride to Prevent and Control Dental Caries in the United States".