As people keep their teeth longer, root caries becomes a serious problem.

We are seeing a very high percentage of our patients getting root caries. Some penetrate so quickly that by the time it is caught it is into root canal territory!

We have been prescribing fluoride trays for home use (nightly), but compliance has been an issue. What is the current protocol for adult root caries prevention? I have heard xylitol, MI Paste, fluoride varnish at recare appointments and over-the-counter fluoride. Please point us in the right direction! Thanks.

My favorite subject. As you know, every patient is different and there is no one-size-fits-all protocol. Your best approach is to carry out a risk assessment and gather as much information about each individual as possible. This, in the ideal world, would involve testing their saliva.

When you have all this information at hand, you can then provide patients with a prevention plan specific to their needs, which relates to the saliva test and risk assessment. The treatment plan focuses on re-balancing their saliva and stopping the caries. Anything else is guessing.

CAMBRA is the first approach to identify what etiology you should be addressing (diet, behavior, meds, etc.). Tim, do you have any links to a CAMBRA form? Root caries is almost always related to chronic high liquid sugar intake and might be exacerbated by xerostomia (I know RDH82 will write a fantastic post of sour acid candy so I’ll leave that to her. She’s the guru on that subject).

Assuming the above, I would place the patient on CloSYS toothpaste and rinse immediately. CariFree has the best “treatment rinse,” but it’s very intense. Xylitol products can be used to reduce that effects of cariogenic bacteria and promote an alkaline or neutral healthy pH. I would advise Fluoridex or MI Paste for remineralization and evaluate the homecare regimen. A conversation on diet is crucial. If you don’t address this behavior, then this process will continue to repeat itself, regardless of how much fluoride, rinses, MI Paste, xylitol, etc. you use.

Yes, if you register on my Web site, www.dentalvillage.co.uk (it’s free) there are different types risk assessment forms to download (free).

The whole point of undertaking a risk assessment and saliva test is to find out where the caries balance lies and to find out exactly which products to recommend in order to redress the oral balance.

I would only recommend MI Paste (for a caries patient) if there was a buffering issue. Don’t forget that saliva is supersaturated with calcium and phosphate if the saliva is healthy and this would be a wasted expense on the patient’s behalf. The buffering test is much...
cheaper than a tube of MI Paste and they would then be on MI Paste for some time. One more point regarding MI Paste – don’t forget to check for casein (milk) allergies and renal problems before prescribing it.

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The Use of Caries-preventive Agents

Caries risk assessment protocols suggest the use of in-office fluorides, sealants, prescription and nonprescription fluorides, chlorhexidine rinses, and sugarless or xylitol gums as techniques to prevent caries. Several things keep clinicians from using and recommending these agents for patients, including lack of knowledge of the value, lack of financial reimbursement, prevention philosophy, patient pools and overall caries risk. A written survey was sent to members of the Dental Practice-Based Research Network (DPBRN) to determine use of caries preventive agents. The DPBRN includes three areas of private and public health practices in Alabama/Mississippi, Florida/Georgia and Denmark/Norway/Sweden; and two large group practices networks in Minnesota – Health Partners and PDA – Kaiser Permanente.

Surveys were sent to 932 network practices with 509 usable surveys returned from 419 male and 90 female practitioners with 98 percent being in general practice. Questions were asked about preventive services and recommendations for patients six to 18 years of age. Use of caries risk assessment by DPBRN practices was reported in 75 percent. In-office fluoride treatments were used most often by 82 percent of practices, followed by sealants in 69 percent. Sugarless or xylitol chewing gum was recommended by 36 percent of practices, with non-prescription fluoride at 32 percent and prescription fluoride at 21 percent. The least recommended preventive agent was at home chlorhexidine.

Clinical Implications: Preventive measures are used, but perhaps not as widely or as often as they could be to reduce the current level of caries in children.


Three points:
1. I’d like to see the definition of a caries risk assessment.
2. Not happy that xylitol and sugarless gum are bracketed together.
3. I’m glad that chlorhexidine is the least-recommended preventive agent.