

# Caries

## CONTINUING CARIES PROBLEMS IN SPECIFIC COMMUNITY GROUPS

*The significant achievements in caries prevention over the last two decades have led some people to believe that caries is well controlled. However, epidemiological studies show that this is not the case, and that caries activity in some groups in the population is higher than might be either expected or accepted.*

Groups in which caries activity is of particular concern include:

- a. Pre-school children (0-4 years),
- b. Adolescents and young adults (15-30 years), and
- c. Older adults (65 years and older).

Some sub-groups of the population defined by medical, social and geographic criteria, have also been identified. These include:

- people in some rural communities, especially drinking low-fluoride water;
- those suffering from ill health;
- people with moderate or severe disabilities; and
- recent refugees or migrants.

### Steps in identifying patients at higher risk of caries

- an assessment of fluoride exposure;
- a thorough medical and social history;
- oral examination, including incipient carious lesions ('white spot lesions');
- an investigation of dietary habits;
- an investigation of recent or expected socioeconomic changes in patient's life;
- understanding of patient's attitude and knowledge in the area of oral health.

### *Is it important for a clinician to be aware of continuing caries problems in specific community groups?*

Specific community groups often share similar behavioural or social characteristics. Although not everyone from these groups is at the same caries risk level, general knowledge about a specific community group often improves the accuracy of caries risk assessment for an individual patient. Proper risk assessment will increase the likelihood of successful treatment outcomes and reduce the risk of dental caries in the future.

***Dental professionals need to give emphasis to the continued susceptibility of individuals to caries, to maintain a protective environment for all, and to aim for early detection and intervention for those requiring specific preventive treatment.***

Considering caries severity, causes, patient's age and motivation, the management program may involve:

- Advice to increase the frequency of use or concentration of fluoride toothpaste.
- Advice to 'spit and not rinse' after brushing.
- Caution when recommending fluoride treatment for young children.
- Daily application of topical fluoride gel (eg. 12,300ppm APF or NaF) for some period of time usually followed by use of mouthrinses (eg. 200ppm APF or NaF).
- Temporary caries control of deep carious lesions using GIC type of restorations before any permanent restorations are placed.
- Careful diet counselling for patients, their parents or carers.