Sealants and caries control

1. Sealants are most useful as an adjunct to other preventive measures for patients with a moderate or high risk of developing caries.

2. While only a low percentage of children in Australia are at high risk of developing caries, many 15-30 year-olds, older adults, medically compromised or disabled people experience high risk of decay, therefore expanded use of sealants can become a preventive option for these groups.

3. Sealants are particularly useful in adolescents and young adults and in older patients where compliance with other behavioural management programs is difficult to achieve or is inadequate.

Sealants should not be provided to low caries risk patients, as these individuals do not require any additional preventive measures. Patients that are at higher risk of decay should be considered for additional preventive measures that may include use of sealants.

Pit and fissure sealants require:
- good moisture control when being placed;
- clean surfaces;
- appropriate etching and drying time;
- appropriate coverage of the surface;
- checking occlusion for interferences; and
- regular monitoring and maintenance after placement.

The sealant restoration should be:
- provided to patients with continuing caries risk who have fissure caries just into dentine;
- preferred to amalgam placement as it requires less loss of tooth structure and provides full occlusal protection against caries;
- placed over glass ionomer cement within cut fissures if space allows; and
- monitored and maintained for retention.

Sealants will be long-lasting if:
- the case is selected correctly
- the tooth is selected correctly
- an appropriate placement technique is followed
- adequate maintenance is provided

Changes in oral disease patterns in Australia, recognition of various ‘at risk groups’ and better understanding of the causes and process of oral disease call for wiser and wider use of existing preventive methods.