

Preventing Oral Disease

Alternative Providers and Places to Address This Commonplace Condition



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KEYWORDS

- Children's oral health • Primary care • Integrated medical home
- Preventive services • Interdisciplinary care

KEY POINTS

- Pediatric primary care providers can and should use their prevention-focused approach to help better prevent the most common chronic condition of childhood.
- Multiple other providers can be used to help decrease oral disease.
- Other settings, keeping in mind patients' family and community contexts, can help expand opportunities to prevent disease.

INTRODUCTION

Since the early middle ages, dentistry has been a field separated from medicine¹; however, there is no other part of the body for which medicine cedes responsibility of care. As stated multiple times in this edition, dental caries is the most common chronic disease of childhood, and more needs to be done to address it. In the United States, children at greatest risk for oral health problems, based on socioeconomic status, are least likely to receive care. Despite dental professionals' unified goal of children's first visit by age 1,²⁻⁵ almost 10% of children at this age already have dental caries (data from National Survey on Children's Health), but fewer than 2% have seen a dentist.⁶ Caries is a progressive disease, especially if left untreated; by age 11, 42% of children have had dental caries in their primary teeth (untreated in roughly half of the children),⁷ and by adulthood, 92% of adults age 20 to 64 have had dental caries in their permanent teeth.⁸

Disclosure Statement: The authors have nothing to disclose.

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Pediatr Clin N Am 65 (2018) 1063–1072

<https://doi.org/10.1016/j.pcl.2018.05.011>

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Prevention efforts are critical to stemming this “silent epidemic.”⁹ Research shows that children who are started on preventive care before they develop oral health problems actually cost the health system less money than those who initiate care at an older age.¹⁰ Additional research is emerging about improved outcomes and lower cost of care overall for adult diseases when oral health is improved, including for diabetes,^{11–13} stroke,¹⁴ Alzheimer^{15–20} and other cognitive loss/dementia,^{21,22} and chronic kidney disease and end-stage renal disease.^{23,24} Given this great need and the opportunity to have a significant positive impact on oral health, and as a consequence the health care system as a whole, there is a clarion call to engage the broad health care workforce in activities to prevent oral disease. This article describes prevention-focused activities that can be performed by nondentists, the workforce available to deploy in these efforts, and the settings in which they can be done to help prevent this disease and its effects.

CLASSIC PREVENTION IN PRIMARY CARE OFFICES

In the United States, more than 90% of children see a pediatric primary care provider (PCP)^a in the first year of life. Pediatric PCPs are prevention-oriented: they assess risk (eg, with sleep position and sudden infant death syndrome), counsel with targeted anticipatory guidance (eg, with obesity and food introduction or family history of disease), and provide appropriate preventive interventions (eg, vaccinations). Increasingly, pediatric PCPs are embracing the use of these techniques to prevent dental caries, the most common chronic disease of childhood.

Risk Assessment

Assessing risk for caries can be done by almost any type of professional, and in any care setting. For example, pediatric PCPs already screen for risk factors for obesity, diabetes, and other conditions that also share risk factors for caries. These include consumption of sugar-sweetened beverages (for obesity, but which also increases risk of caries) or medications (which can dry the mouth and thus lessen the effectiveness of saliva to prevent caries). Others are closely related, such as the oral health of a parent and/or sibling when taking the family history. These questions are already part of, or can easily be integrated into, a pediatric PCP’s routine.

There are formal Caries Risk Assessment (CRA) tools available to PCPs, including CRAs from the American Academy of Pediatric Dentistry (see http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf), the American Academy of Pediatrics (AAP) (see https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf), and a smart form app format from Smiles for Life (<http://www.smilesforlifeoralhealth.org/>). All CRAs evaluate the risk factors and preventive habits most likely to influence oral health, and, again, include questions that are normally already being asked in the clinical visit, such as family history and food and beverage habits. Risk assessments easily can be integrated into pediatric medical care^{25,26} and help identify, for example, those at high risk who would benefit most from the topical application of fluoride varnish. The effectiveness of CRA use was recently confirmed in a randomized controlled trial performed in a community dental setting,²⁷ re-creating the positive results from a similar study in a university setting.²⁸ Both studies demonstrated that proper use of CRA tools resulted in better preventive care, with targeted treatment, decreasing the percentage of children classified as

^a Of note, PCPs may be physicians trained as pediatricians, family practitioners, or others, and may also be nurse practitioners or physician assistants.

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