

Paediatric Guidelines

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Preschool Dental Care – “Before the Rot Sets in!”

Dental caries is the commonest disease affecting children in this region with 50% of children having caries by age 5 years and about 200 children hospitalised annually for caries. Dental caries is an almost completely preventable disease.

The basic principles for preventing caries are well known in the community but poorly implemented. Good habits that contribute to life long healthy dentition are established in the preschool years.



General practitioners have a key role in helping parents learn to :-

1. value teeth more
2. care for them better
3. make full use of available services



Baby Teeth Matter! – Many people in our community value teeth less than other parts of our body. To help children and parents care for teeth they must have clear reasons for valuing baby teeth.

Badly decayed first teeth can cause a lot of problems:-

- ◆ pain and infection
- ◆ sleep and behaviour disturbance
- ◆ damage to permanent teeth
- ◆ distortion of speech
- ◆ prevention of normal mouth growth for correct spacing of permanent teeth
- ◆ inability to bite and chew certain foods
- ◆ need for an anaesthetic to treat severe decay
- ◆ difficulty unlearning bad habits acquired in infancy
- ◆ decay looks terrible



Dental problems should be considered **whenever** children are assessed, as dental caries is a painless disease in its initial stages. Once caries progresses into dentine it becomes more difficult to treat and complications like pulpal infections and abscess formation occur.

Good preventive care includes viewing and commenting on the teeth **every** time a throat is viewed.

- The upper anterior teeth are usually the first to be involved and are easily seen by **lifting the lip** during the examination.
- The tongue depressor can be **used on edge to view teeth** and buccal mucosa en-route to the throat.

Early caries, appears as white areas of demineralisation of the enamel. These areas are usually covered with plaque and easily seen. Teeth with dentine caries often appear broken or disfigured and have a yellow to brown discoloration. (see photo chart)

NB. After dental treatment where local anaesthesia is used, some children will chew the anaesthetised tissues of the cheek or lips, even if warned of the problem. The damage to the tissues or lips is termed a lip bite. It is important not to confuse this with damage done during treatment!



Fluoride

combines with teeth to harden enamel, forming fluorapatite. Evidence based studies indicate that fluoride usage is the single most important intervention in preventing caries. The low water fluoride levels in Nelson/Marlborough mean fluoride toothpaste should be used as soon as the first tooth has appeared, 4 – 6 months.

- No more than a pea-sized amount of fluoride toothpaste should be used
- There is no need to spit the toothpaste out or rinse the mouth after brushing, this reduces absorption systemically and into the tooth surface
- Fluoride tablets provide a source of systemic fluoride. They are only recommended for children at high risk of decay.

Regular Brushing

- Cleaning with a small soft toothbrush should be done after breakfast and last thing at night.
- A finger or a soft cloth can be used in the first few months.
- Brushing is a means of topically applying fluoride

Eat Well

Demineralization occurs in teeth exposed to an acid environment and the remineralization occurs in neutral and alkaline environments. Oral pH is influenced by the acidity of foods and drinks entering the mouth and the frequency with which sugar-containing food enters the mouth. Foods that cling to teeth or substances ingested at bedtime when saliva flow reduces should be avoided. (A pH chart to explain these principles to families is available)

Enrol

- Children are entitled to free dental care and should be seen by a dental therapist at age 2½ or earlier if necessary. Children most in need are often those who do not enrol with the school dental service until they reach school by which time the disease process is well advanced. Checking enrolment status is therefore an important part of routine well child care. (Phone numbers of all dental clinics are on the "Baby Teeth Matter" leaflet)

- The school dental service (FREE SERVICE) will see children routinely from age 2½ but children with dental health problems, such as plaque build up, signs of caries (see photo chart), dental injury or darkened teeth can be seen earlier.
- Private dentists will also see pre-school children. (NOT FREE)
- Children who are medically compromised can be initially referred to the school dental services and if management of the child is outside the therapist's scope of practice they will refer on to the hospital dental service or private dental practitioners.

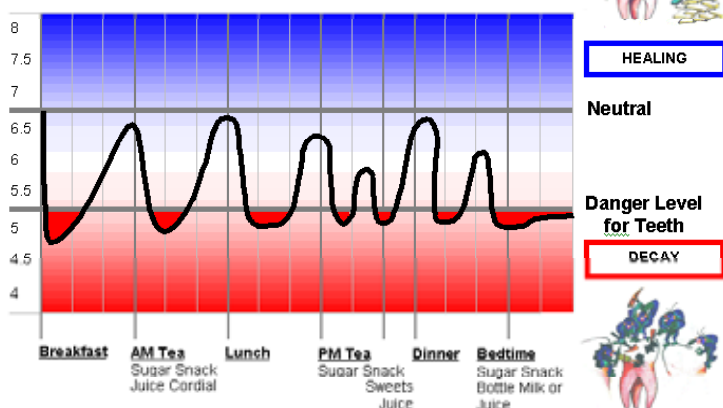
High Risk Children – The information listed above should be available for all children as primary prevention of dental caries. About 80% of the caries in our community occur in about 20% of the children. Where possible these children should be identified and given special attention. Early referral to professional dental care can be very beneficial.

Markers of high risk include:-

- visible plaque by 17 months
- poor dental status of parents and siblings
- deficient fluoride exposure
- lower socio economic group
- deep fissures in molars
- not enrolled with school dental service
- poor diet, frequent intake of sweet drinks

Unsafe Snacking

Frequent snacking means lots of acid attacks and no time to heal



Feeding practices to discourage: -

- drinking sweet or acidic drinks like coke or fruit juice slowly e.g. via teat or sports bottle
- prolonged feeding/night bottles, unless they contain only water
- eating sweets, especially those which cause prolonged sugar exposure, e.g. Chupa Chups
- concentrated sugars that cling to teeth eg. dried fruits
- going to bed with sugar on the teeth
- putting sugar or honey on a dummy
- sugary medicines #

(# Sugar containing medicines can be particularly harmful as they may be given to children who are a debilitated with low saliva flows last thing at night or for long periods. Generic substitution can result in a sugar-free branded medication being substituted to a sugar-containing product. Only by specifying **sugar-free** medications on a prescription can freedom from sugar be ensured.)

