

Caries Risk Assessment

Before you come to clinic:

1. Read notes from Operative Lecture titled “Caries Risk Assessment”

Go to the H drive and pull up the Caries Risk Assessment form:

This is the left hand part of the form, where you determine the patient’s risk. Use this form as an informational tool for you to discuss, in a non-threatening way, the factors that increase your patient’s risk of caries. Ask the questions in brown and jot down answers before you glove up to do the exam. Then do your exam, keeping the questions in blue in mind, and answer them after the exam is complete.

Questions to ask patient Questions in brown- ask before the exam Questions in blue- answered from the clinical exam		Caries Risk	Low 0	Moderate 1	High 10	Pt Risk
Contributing Conditions						
I.	Do you drink tap water or bottled? How many times a day do you brush your teeth? Do you use a fluoride mouthwash or rinse? When was the last time you had a fluoride treatment at the dentist? 3-4 exposures is YES=low risk, 1-2 is NO=1 point.	Fluoride Exposure (through drinking water, toothpaste, supplements, professional application)	YES	NO		
II.	Let’s talk about sweet things... do you drink juice? How often? (then tease out other sources of possible sugar exposures- not just how many but how often, how long do you sip on a soda or coffee? Any liquid meds with sugar? In order of damage: liquids, solids, slow dissolving like hard candy, leaves sticky residue(worse). >2-3 between meals= HIGH, that’s a 10.	Sugary or Starchy Foods or Sweetened Drinks (juices, carbonated or non-carbonated soft drinks, energy drinks, sweet tea, coffee with sugar or flavored creamers, medicinal syrups)	Primarily at mealtimes		Frequent or prolonged between meal exposures/day	
III.	Skip	Caries Experience of Mother or Caregiver and/or siblings (for patients ages 6-14) Not pertinent to Junior Clinic	No new carious lesions in last 24 months	Carious lesions in last 7 to 23 months	New carious lesions in last 6 months	
IV.	In the past two years, have you had a regular dentist? When was your last dental visit?	Dental Provider (Is an established patient of record and receiving regular care in a dental office)	Yes	No		
General Health Conditions						
I.	Does this patient have any mental or physical impairment that would affect their ability to care for their teeth or comply with your instructions: Arthritis, Parkinson’s, dementia. May cause xerostomia: renal disease, diabetes, AIDS, bone marrow transplant	Special Health Needs	No	Yes (over age 14)	Yes (ages 6-14)	
II.	Has the patient received head and neck radiation? If more than 25 Grays, probably have lost salivary tissue. Chemotherapy for any neoplasm can affect saliva.	Chemo/Radiation Therapy(circle which) Date:	No		Yes	
III.	Have you ever been treated for an eating disorder?	Eating Disorders	No	Yes		
IV.	Do you dip or chew? How often?	Smokeless Tobacco Use	No	Yes		
V.	Look up all their medications and check, but most for allergies, BP and other cardiac meds, antidepressants, neuroleptic drugs can cause xerostomia	Medications that Reduce Saliva Flow	No	Yes		
VI.	Just ask: Have you had any issues with drug or alcohol abuse? They’ll tell you!	Drug/Alcohol Abuse	No	Yes		
Clinical Conditions						
I.	Look at the radiographs and count the carious lesions, including incipient lesions that you don’t plan to restore. If < 3, wait to do the clinical exam. If >3, go ahead and score it a 10.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months	1 or 2 new carious lesions or restorations in last 36 months	3 or more new carious lesions or restorations in last 36 months	

II.	Ask patient if they've had any teeth extracted because of decay or abscess.	Teeth Missing Due to Caries in past 36 months	No	Yes	Yes	
III.	Self evident	Visible Plaque	No	Yes		
IV.	Look for areas the patient has not been able to clean	Unusual Tooth Morphology (that compromises oral hygiene)	No	Yes		
V.	Look at radiographs	Interproximal Restorations- 1 or more	No	Yes		
VI.	Self evident	Exposed Root Surfaces Present	No	Yes		
VII.	Look at radiographs Look for areas with irritated gingival, stuck food, or contacts that don't hold floss but aren't 2 mm open.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	No	Yes		
VIII.	Ask patient about removable appliances- they don't always bring it in. Fixed ortho is obvious.	Removable Partial Denture, or Fixed or Removable Orthodontics	No	Yes		
IX.	A quick screen is to see if the mouth mirror sticks to buccal mucosa.	Severe Dry Mouth (Xerostomia)	No		Yes	
<ul style="list-style-type: none"> A score of 0 (zero) indicates patient is at LOW risk for developing new caries A score of 1 to 9 indicates the patient is at MODERATE risk for new caries A score of 10 or more indicates patient is at HIGH risk for new caries A single "high risk" factor is enough to give the patient an overall HIGH <p>Clinical judgment of dentist may be used to raise or lower score</p>			TOTAL			

Procedure:

Once you have determined risk, plan your treatment:

	Low	Moderate	High
Home care	1. Recommend limiting sugar use <3-5 20 min exposures per day 2. ADA app'd toothpaste 3x /day Advise "Spit, Don't rinse" 3. Effective brush and floss technique training	Same as Low Risk, and add: 1. Fluoride at bedtime: • 0.05% NaF rinse (ACT rinse) -OR- • Rx for Prevident 5000 Plus "Spit, don't rinse" • Xylitol gum or mints 2x 3-5 times per day	Same as Mod Risk, and add: Rx for Chlorhexidine 0.12% x 32 oz- Use ½ oz (15 ml) at bedtime for a week, one week a month for 6 months. Instruct not to eat, drink, or rinse afterwards.
Treatment Planning	No special treatment needed	• Sealants on all uncoalesced grooves • Consider use of GI in restoring	Same as Mod Risk
Remineralization Therapy	Office fluoride tx probably not helpful	Office fluoride treatments every 6 months	Office fluoride treatments every 3 months
Other planning	No special treatment needed	Evaluate for salivary flow if indicated as a risk above. If low, treat as high risk.	• If low salivary flow, consider use of Biotene products. • May want to consider using fluoride in custom tray

Pitfalls:

- 1. Sounding like a nanny.** Avoid using words like "should" or "ought to" like the plague! Make it clear to them that it's you and them against the germs, not you snatching the candy out of their hands. Explain how decay works, explain what is effective at stopping it, and let them take it from there.
- 2. Confusing them with too much info.** You may want to stage your instructions so that you add one change at a time. Give them written instructions whenever possible.

What to tell the patient after you are done:

1. Patients are terrified of being laughed at, shamed, or disappointing you. Remind them that you will be there for them no matter what. Remind them how pleased you are that they have come in seeking *your* help with *their* care.