MMSO Caries Management Protocol Information- Part 1

The purpose for the Caries Management Program is to identify patients at risk for caries, outline individualized prevention and treatment protocols and, most importantly, minimize the future risk of caries for the patient.

Dental caries can be prevented or controlled with appropriate prevention and/or treatment modalities. Repeated restoration of teeth without adequately addressing the underlying bacterial disease process and patient's need for proper oral hygiene results in increased treatment costs, a decrease in overall military readiness, loss of work availability, and decreased integrity of the dentition and overall patient health over that patient's life time. This protocol outlines specific treatments that are mandatory for active duty patients.

It is the obligation of the clinician to properly diagnose the caries susceptibility of the patient. This protocol gives guidance accepted by the American Dental Association and the military dental services. Follow up treatment recommendations are based upon this initial assessment and diagnosis.

It is now widely accepted that *Mutans* s*treptococcus* is the major bacteriological factor in caries; especially smooth surface caries. Furthermore, current treatment protocols for dental rehabilitation consider treatment of the elevated levels of *Mutans* s*treptococcus* as essential as removing and restoring the actual caries itself. Just as the objective signs of fever, redness, swelling, and fluctuance are indicators of an infection; a high caries rate is an indicator of elevated levels of *Mutans* s*treptococcus*. Likewise, just as culturing and identifying bacteria responsible for an infection is the best way to choose the most appropriate antibiotic for an infection, a biological microbial count would be ideal for establishing proof of an elevated *Mutans* s*treptococcus* "infection". However, the reality is that we rarely perform cultures before prescribing antibiotics and we should feel equally justified to prescribe an antimicrobial mouthrinse in the absence of a biological microbial count for patients with a high caries rate to reduce the levels of *Mutans* s*treptococcus.*

In addition, along with the "growing" obesity rate in the United States, the dietary habits of Americans are also leading to increased risk of tooth decay. Drinking carbonated beverages, eating starchy snack foods, and the ever increasing lifestyle making it hard to find time for proper oral hygiene, we are seeing tooth decay increasing at an alarming rate. It's not what you eat or drink as much as it is how long it stays on your teeth.

The attached Guidelines for Caries Patients will assist the clinician in selecting the appropriate caries rate indicator for the patient. The Guidelines also outline the minimum treatment needs for the program. The clinician can always select a more aggressive approach than the minimum as circumstances may indicate. (For example, a patient who is undergoing radiation treatment to the head and neck should be placed on supplemental fluoride with trays immediately rather than wait for caries to occur.)

The Caries Management Program is to be used as written reinforcement of the oral hygiene instructions reviewed with every patient classified as a high caries risk. Again, this is a minimum standard. Clinicians should feel free to use it with any patient as a patient education tool.

The Caries Prevention Program Worksheet is an in-house form to be placed in the dental record to assist the front desk in scheduling appropriate appointments for the patient.