

Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations¹

Assess

Caries Risk
(see back for risk factors)

- Low
- Moderate
- High

&

Patient Age

Advise

Risk group /Age	<6 years	6-18 years	18+ years
Low	Patient may not receive any additional benefit*	Patient may not receive any additional benefit*	Patient may not receive any additional benefit*
Moderate	Varnish every 6 months	Varnish or Fluoride gel every 6 months	Varnish or Fluoride gel every 6 months
High	Varnish every 6 or 3 months	Varnish every 6 or 3 months or Fluoride gel every 6 or 3 months	Varnish or Fluoride gel every 6 or 3 months

*Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category.

- ✓ Application time for fluoride gel and foam should be 4-minutes.
- ✓ Due to limited evidence these recommendations have not been extrapolated to foams.
- ✓ There is limited evidence differentiating NaF and APF gels.

Decide

- **whether** to apply fluoride
- **type** of fluoride
- **frequency** of application
- **how often** to re-evaluate



Based substantially on clinical evidence

Based substantially on extrapolations or subjective opinions

Levels of evidence and strength of recommendations:

Each recommendation is based on the best *available* evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence *do not* mean the recommendation should not be applied for patient treatment.

¹ADA Council on Scientific Affairs. Professionally applied topical fluoride: Evidence-based clinical recommendations. JADA 2006;137(8):1151-59. Copyright © 2006 American Dental Association. All rights reserved. Adapted 2008 with permission. To see the full text of this article, please go to <http://jada.ada.org/cgi/reprint/137/8/1151>.

This page may be used, copied, and distributed for non-commercial purposes without obtaining prior approval from the ADA. Any other use, copying, or distribution, whether in printed or electronic format, is strictly prohibited without the prior written consent of the ADA.

Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations¹

Determination of Caries Risk

There are many systems to determine caries risk. One such system is offered below that can be used for caries risk assessment.

Individuals' risk factors increasing risk for developing caries may also include, but are not limited to:

- | | |
|---|---|
| <ul style="list-style-type: none"> • High titers of cariogenic bacteria • Poor oral hygiene • Prolonged nursing (bottle or breast) • Poor family dental health • Developmental or acquired enamel defects • Genetic abnormality of teeth • Many multisurface restorations • Chemo/radiation therapy | <ul style="list-style-type: none"> • Eating disorders • Drug/alcohol abuse • Irregular dental care • Cariogenic diet • Active orthodontic treatment • Presence of exposed root surfaces • Restoration overhangs and open margins • Physical or mental disability with inability or unavailability of performing proper oral health care |
|---|---|

Risk group	Age	Primary or Secondary Carious lesions in the past three years		Risk factors listed above
Low	All age groups	None	and	None
Moderate	< 6 years	None	and	At least one risk factor
	> 6 years	One or two	or	At least one risk factor
High	< 6 years	Any	or	Multiple risk factors or Low Socioeconomic status or Xerostomia* or suboptimal fluoride exposure
	> 6 years	Three or more	or	Multiple risk factors or Xerostomia* or suboptimal fluoride exposure

*Medication, radiation or disease induced xerostomia.

¹ADA Council on Scientific Affairs. Professionally applied topical fluoride: Evidence-based clinical recommendations. JADA 2006;137(8):1151-59. Copyright © 2006 American Dental Association. All rights reserved. Adapted 2008 with permission. To see the full text of this article, please go to <http://jada.ada.org/cgi/reprint/137/8/1151>.

This page may be used, copied, and distributed for non-commercial purposes without obtaining prior approval from the ADA. Any other use, copying, or distribution, whether in printed or electronic format, is strictly prohibited without the prior written consent of the ADA.