



Summary

Guidelines on Oral Health Care for Adolescents

Initiative:

Dutch Society for the Promotion of Dentistry (NMT)

Scientific responsibility:

Dutch Society of Paediatric Dentistry (NVvK)

Commissioning Organisations / Agencies:

- Academic Centre for Dentistry, Amsterdam (ACTA)
- Dutch Society of Youth Health Care Physicians (AJN)
- Central Consultative Committee on Specialist Dentistry (COBIJT)
- Centre for Dental and Oral Health Care (CTM), Groningen
- Arnhem-Nijmegen University of Applied Sciences (HAN), Oral Care study programme
- Dutch Society for the Promotion of Dentistry (NMT)
- Dutch Association of Dietitians (NVD)
- Dutch Association of Adolescent Dental Care Facilities (NVIJ)
- Dutch Society of Paediatric Dentistry (NVvK)
- Dutch Association of Dental Hygienists (NVM)
- Dutch Society for Paediatrics (NVK)
- Dutch Association for Speech and Language Therapy (NVLFF)
- Dutch Association for Oral Health (Ivory Cross)
- Alliance of Regional Adolescent Dental Care Facilities (SRI)
- Dutch Children's Hospital Foundation (K&Z)
- UMC St Radboud Nijmegen, Department of Dentistry
- Dutch Society for Disability and Oral Health (VBTGG)
- Dutch Association of Orthodontists (NVvO)

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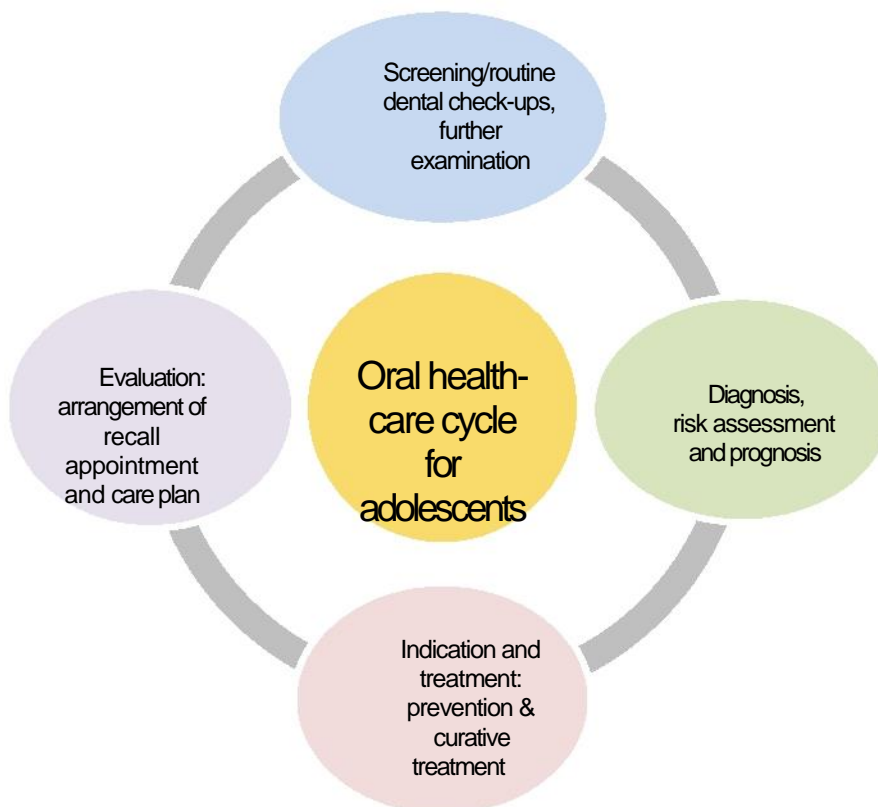
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Introduction

The Guidelines on Oral Health Care for Adolescents are intended for all dental care professionals and medical/paramedical professionals who are involved in a child's oral and general health. The guidelines are based on results of scientific research and subsequent expert opinion-forming aimed at determining appropriate medical and dental care.

This summary outlines the key tenets of present-day oral health care for adolescents with reference to a number of pertinent questions and can be used as a 'preamble' to the full version of the guidelines.

A key premise of these guidelines is the fact that oral health care for adolescents should be process-oriented. Dental care must be tailored to the individual situation of each adolescent. Every procedure and every assessment should form part of a so-called 'care plan'. Thus the dental care professional will actually always go through the same process, which is referred to below as the 'oral health-care cycle'. This consists of careful screening during the routine dental check-up, individual diagnosis and risk assessment, individually tailored treatment, a well-reasoned and documented evaluation and follow-up care.



In consultation with the adolescent patient and the parents/guardians, the dental care professional should set specific care goals for the short and medium-to-long term which are achievable and verifiable. These might, for example, be to maintain good oral health, stop the caries process, restore affected tissues and maintain function.

Screening/routine dental check-ups / further examination

A You screen an adolescent for possible dental health problems.
What information do you collect and what do you look for?

Screening is intended to detect individuals with an increased risk of certain pathological processes in the mouth or an increased risk of developing oral disease in the near future. After screening, targeted preventive intervention is an achievable goal.

The routine dental check-up can be seen as a form of screening for oral disease and is regarded as an effective strategy for early recognition and diagnosis of oral diseases.

The routine dental check-up should always consist of history-taking (information) and clinical examination (visual inspection). If necessary, these will be followed by further examination and professional support, as described in Table 2.1 on page 31.

See Chapter 2.

B After screening you may decide to carry out further examination.
When do you think this is required?

A positive screening result suggests that the caries process may be present (or the patient is at risk of caries), in which case further examination may be necessary in order to make a definitive diagnosis. Bitewing radiography is a useful adjunct where visual inspection alone has provided insufficient information, e.g. on suspicion of (progressive) caries or if the practitioner wishes to monitor the caries process.

The indication for taking bitewing radiographs is based on an individual risk assessment following evaluation of historic risk, identification of current pathogenetic and protective factors and prognosis. The routine use of radiographs is not permitted.

See Chapter 4 / Appendix 3, 4 and 8.

Diagnosis / risk assessment / prognosis

A After screening (and further examination, where necessary) of an adolescent you identify caries activity. What do you do to identify the cause?

Based on the information obtained from history-taking and clinical examination:

- review the principal pathogenetic factors (risk factors/indicators): e.g. dental plaque and oral hygiene
- review the key protective factors, e.g. fluoride use.

Then the aim is to ascertain as reliably as possible the causes of the imbalance in the microfilm (risk profile).

See Chapter 2.4 / Appendix 3 and 4.

B What do you do to determine the severity and progression of caries activity?

Documentation in the patient records is essential in order to determine severity and progression.

This entails reliable assessment of successive observations during the routine dental check-up. It is then possible to improve monitoring of the onset, progression and severity of abnormalities.

Visual examination of caries lesions can be expressed as a score, adding active/inactive as a qualifier. A role is also played by the number of lesions that appear over time (risk profile) and the type and extent of the lesion.

See Chapter 2 / Appendix 2.

Indication and treatment

A You have examined an adolescent's mouth and made a diagnosis. In your care plan you wish to include a treatment for both the short and medium-to-long term.

What is your motivation for choosing one treatment strategy in preference to another?

Scientific research has increased our knowledge of caries and, in particular, underlines the fact that it is a dynamic process. Treatment of caries should no longer be aimed only at combating the symptoms, but also at controlling the causes of the disease. Emphasis is therefore placed on early diagnosis, caries activity, influencing causative factors and individual assessment of caries risk.

It is therefore important that both the dental care professional and the adolescent patient (and his parents/guardians) should have sufficient insight into the caries process and be aware of individual risk factors or risk behaviour (knowledge transfer, motivation).

The ultimate choice of treatment strategy will be determined by a range of factors, such as: the size, location and activity of the lesion, the patient's caries risk profile (based on oral hygiene, dietary habits, fluoride use, etc.), the age, phase of dentition, recent caries history, motivation and attitude of the patient (and of the parents/guardians) and patient cooperation. It is important to gain an insight into these factors in order to determine an appropriate strategy for each individual patient.

These guidelines are predicated on this 'individualisation' of care. We also underline the fact that every treatment strategy should be accompanied by targeted preventive measures (to be taken by both the care provider and the patient) and emphasise the importance of evaluating and reflecting on whatever strategy is chosen/agreed.

See Chapter 5.

B You have decided on the treatment.

How and/or where does prevention fit into your integrated care plan?

Primary prevention will need to be part of the care plan from the very outset. Care is, in the first instance, aimed at preventing disease. The patient (and the parents/guardians) will need to adopt particular oral health behaviour and they must be supported in doing so. If there are obvious signs of caries activity, additional preventive measures can be taken, such as local fluoride application or use of fissure sealants (secondary prevention).

When the caries process has already advanced into the dentine, some form of tertiary prevention will be unavoidable in order to inhibit or halt the caries process. However, this tertiary prevention must always be accompanied by individually tailored primary and secondary preventive measures, as treatment of caries should mainly be aimed at controlling the causes of the disease rather than merely combating the symptoms.

At every routine dental check-up one will also need to evaluate and, where necessary, modify the oral health situation and the oral health behaviour, taking into account the patient's individual context and capabilities as well as his social environment. Related agreements and objectives are recorded in the care plan. 'Individually tailored prevention' remains the watchword of modern oral health care provision for adolescents.

See Chapter 5.

Assessment: arranging the recall appointment and care plan

A You have completed the care process with an adolescent.
What do you put in the patient records about the care you have provided?

The patient records should contain a care plan which provides an overview of supportive, preventive and curative procedures and the background to them and leads to diagnosis and prognosis. The care plan outlines what is necessary in order to achieve or maintain the stated care goal, including suitable time points for assessment, time frames and the care providers involved. This is in contradistinction to a treatment plan, which describes the dental treatment(s) of one or more specific problems (caries lesions), the indication and the solution and has a shorter time frame.

Every oral health-care cycle is concluded by updating the care plan.

- In the absence of disease: Include preventive advice, follow-up appointment radiographs, risk scores (prognosis) and the individual recall appointment in the care plan.
- In the presence of disease: Include preventive and curative treatments with advice, follow-up appointment radiographs, monitoring of the effects of care, risk scores (prognosis) and the individual recall appointment in the care plan.

See Chapter 2 / Appendices 2, 3, 4 and 5 / Summary of recommendations

B You have completed the care process with an adolescent.
What factors do you take into consideration when arranging the recall appointment?

The following factors may be important when assessing how often a patient should be able to come back for routine dental check-ups:

- the presence or absence of symptoms (risk profile)
- the risk of existing lesions progressing
- the number of risk factors/indicators (including psychosocial characteristics).

Consideration should also be given to a number of phases during the growth and development of teeth that may lead to an increased risk of caries and/or erosion and necessitate an earlier recall appointment. Patients' wishes, preferences and limitations should be taken into account when making these decisions.

See Chapter 2 / Summary of recommendations.

