

British Society of Paediatric Dentistry: a policy document on management of caries in the primary dentition

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Introduction

Dental caries is still very prevalent in the primary dentition of UK children. The society believes that UK dental services are failing to adequately meet the oral health needs of many young children.

Consequences of disease

Dental caries carries with it significant morbidity, and has a considerable impact on the well-being of children. These effects include pain from toothache, infection, impairment of eating or sleeping, and disruption of school attendance. Young children with caries are also more likely to have impaired weight gain and exhibit signs of nutritional deficiency. Children with medical co-morbidity may have a significant associated risk of mortality from dental caries. These problems can be successfully managed by appropriate oral rehabilitation, and all children with dental caries should be able to access appropriate dental care.

Management strategies

Preventive strategies (both population-based and patient-targeted) are crucial, including the fluoridation of public water supplies, use of fluoride toothpaste and professional topical fluoride application, appropriate diet counseling, and provision of fissure sealants. Both the Department of Health and the Scottish Intercollegiate Guidelines Network have developed excellent guidance, which the society fully supports. Before operative treatment commences, a comprehensive diagnosis with appropriate radiographs is important. Effective restorative interventions include the use of stainless steel crowns (SSCs), either by the conventional approach or the 'Hall' technique,

and plastic restorations on small one and two surface cavities. Effective approaches to pulpal involvement are available, and the use of local anaesthesia and rubber dam is strongly advocated. Extractions are the most basic way of managing dental caries, especially for unrestorable teeth. Access to adequate behavioural management services should be available for anxious children. Inhalation sedation (IS) is effective for some children, but is probably currently under-provided. General anaesthesia (GA) can be used for those with extensive disease but, where possible, treatment should be planned and provided by Paediatric Dentists to ensure optimal outcome and minimise the risk of repeats. The remuneration framework for the treatment of children in the General Dental Services needs review and revision.

Adequate training at both undergraduate and postgraduate level is imperative to meet the needs of children. The United Kingdom currently has relatively few specialised Paediatric Dentists and consequently, specialist level training in Paediatric Dentistry needs to be further developed.

Recommendations

There is a need to re-evaluate the delivery of oral health care for children in the UK. Prevention needs to be better resourced and promoted. Management of active dental caries requires a combination of prevention, restoration and sometimes extraction. Stainless steel crowns and appropriate pulp management are to be encouraged.

Better access to appropriate anxiety management (such as IS) should be secured and GA services should be clinically led by a specialist or consultant in Paediatric Dentistry.

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