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CSPD and WSPD

New Dentist Program

Jeff Huston, DDS, MS

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- I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity.
- I do intend to discuss an unapproved/investigative use of a commercial product/device in my presentation. (Fluoride varnish use in context described is considered off-label.)
- Information presented today reflects the views of Jeff Huston, a full-time solo private practice, FAAPD and board certified pediatric dentist.
- This presentation may not reflect the opinions of CSPD, WSPD or any other organizations or individuals.

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Scientific Truth

- "New scientific truth does not convince its opponents; it only gains strength because its opponents gradually die out."



Fejerskov, O. changing paradigms in concepts on dental caries: consequences for oral health care. Caries Research. 38:182-191, 2004.

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WHAT Approach to Use?

- Surgical model (treat consequences)
- Behavioral model (education)
- Infectious disease model (treat etiology)

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WHEN

Do We Want to First See Patients?

- Before irreversible damage
 - Cavities/holes
 - Drill and/or surgery required
 - Before first birthday



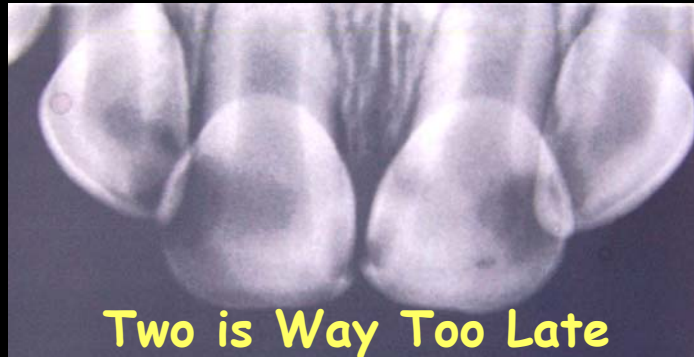
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WHY So Early?

- Due to timing of inoculation
- Best time to educate parents how to set up child for health
 - Motivational interviewing (MI)
- Perform early CRA
 - Identify high risk individual & customize interventions
- Evaluate overall fluoride exposure (halo)
- Apply fluoride varnish (video 10 m old)
- Other reasons?

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Learn from Jeff's Mistake # 1,560,945

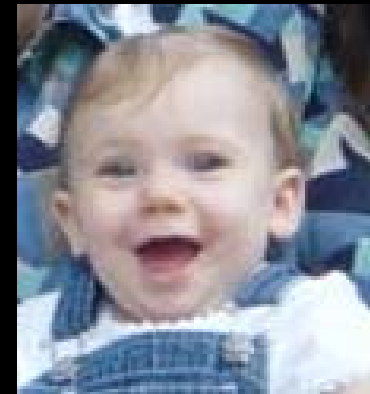


Two is Way Too Late

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It's Easy and Fun!

- Weintraub JA, et al 2006
 - Caregiver counseling and fluoride varnish applied once a year on infants can cut the number of cavities in half



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Evidence Basis Beneficial Effects of Starting Early 6 Months to One Year of Age

- Savage MF, Lee JY et al 2004
 - Decreases the need for invasive surgical procedures
 - Increases access to all
 - Costs less

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Evidence for Integrating Pediatric Clinician Counseling

- Kressin N et al 2009



- **77%** lower incidence of ECC
- 3 primary dimensions
 - Diet
 - Hygiene
 - Tooth monitoring

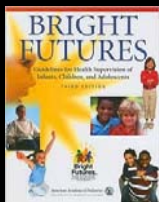
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AAP Recommended Medical Screening Infancy 6M 9M

- Hagan et al 2008
 - Universal Oral health

Action

1. Administer OH risk assessment (OHRA)
2. Refer to dental home



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WHY NOT See Patients Early?

- Not big producer
- Takes time
- Too busy putting out "fires"
- Other barriers?

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CONSEQUENCES of Not Getting 'Em In Early

- Pain, infection, attention deficit, failure to thrive, etc
- "Those who do not find time for exercise, sooner or later will have to find time for illness."
Earl of Darby



Photo courtesy of Dr. Joel Berg

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HOW TO



- Make it a priority
- Make office baby friendly
 - Knee to knee exam pad
 - Baby friendly reception area
 - Changing table in bathroom

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HOW TO (continued)



- Make office baby friendly (continued)
 - Office forms
 - Health history
 - Stationary, business cards
 - Caries risk assessment
 - Questions on medical history update each recall
 - Ask if baby on way or one at home?
 - Other ideas?

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HOW TO (continued)



- Teach Caregivers
 - Parents, guardians, grandparents, etc.
 - General dentists and MDs
 - Office staff
 - Scripts
 - Public
 - Write article for local newspaper
 - » Lodi News Sentinel
 - Dedicate webpage to infant oral health
 - Head Start
 - Kiwanis Club
 - Lamaze Class
 - Dental assistant school



- Other ways we can spread the prevention message?

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WIIFM? (What's In It For Me?)

- Great practice builder

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Thanks
for being
part of the
solution!

Jeff@



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