PRACTICE BASED MANAGEMENT

D	Primary teeth with caries progressing into dentine should be actively managed with a preventive, or a preventive and restorative approach as appropriate with the child's ability to cooperate.
B	If complete caries removal from a vital primary molar is not possible an indirect pulp capping technique should be considered.
B	When preparing a Class II cavity, care must be taken to avoid iatrogenic damage to adjacent proximal tooth surfaces.
B	Use of the ART approach for cavity preparation in carious primary teeth should be considered as an alternative, where appropriate, to conventional cavity preparation techniques.
A	Amalgam, composite, resin-modified glass-ionomers, compomer or pre-formed metal crowns should be used as restorative materials for Class II cavities in primary molars. Conventional glass-ionomer should be avoided, where possible, for Class II cavity restoration.

PRACTICE BASED PREVENTION

B	The dental health team should deliver caries prevention strategies in conjunction with physical prevention techniques such as the use of fluoride.
B	Parents and their pre-school children should receive oral health education from their dental team. This should include oral hygiene instruction, the appropriate use of fluoride toothpaste and the provision of fluoride agents such as toothpaste.
B	Topical fluoride varnish should be applied to the dentition at least twice yearly for pre-school children assessed as being at increased risk of dental caries.

COMMUNITY BASED PREVENTION

A	Community or home based oral health promotion interventions should use fluoride containing agents such as fluoride toothpaste.
A	Community based toothbrushing programmes should include fluoride toothpaste with a concentration of 1,000 ppmF.
B	Toothbrushing programmes should be undertaken ▪ in community based settings such as nurseries ▪ with parents to create a supportive environment for oral health behaviour.
D	Oral health promotion programmes to reduce the risk of early childhood caries should be available for parents during pregnancy and continued postnatally. Programmes for young children should be initiated before the age of three years.
C	The oral health of young children should be promoted through multiple interventions and multisessional health promotion programmes for parents.
C	Teachers, community workers and lay or peer educators can be effective in delivering health promotion interventions and their role should be considered in the development of oral health promotion programmes.
C	Professionals should ensure oral health messages are relevant and applicable to communities and lifestyles.
B	Caries prevention measures should target 'at-risk' populations and individuals to reduce oral health inequalities.
D	Fluoride supplements should only be prescribed by dental practitioners on an individual patient basis.

SIGN
Scottish Intercollegiate Guidelines Network

NHS Quality Improvement Scotland

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Quick Reference Guide

November 2005

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Quick Reference Guide

Prevention and management of dental caries in the pre-school child

DIAGNOSIS

☑ As thorough a caries diagnostic examination as the child's level of cooperation permits should be performed.

D **The use of bitewing radiography for caries diagnosis should be considered for pre-school children attending for dental care, particularly if they are assessed as being at increased risk of dental caries.**

The timing of subsequent radiographic examinations should be based on the patient's caries risk status.

B **Caries should be diagnosed as early as possible to allow management before cavitation and pulpal involvement, and to identify caries-active patients and those at increased risk of caries in the future.**

C **Practitioners should receive training in clinical and radiographic caries diagnosis.**

PREDICTING CARIES RISK

C **A dental practice based caries risk assessment should be carried out on individual pre-school children and should include the following risk indicators:**

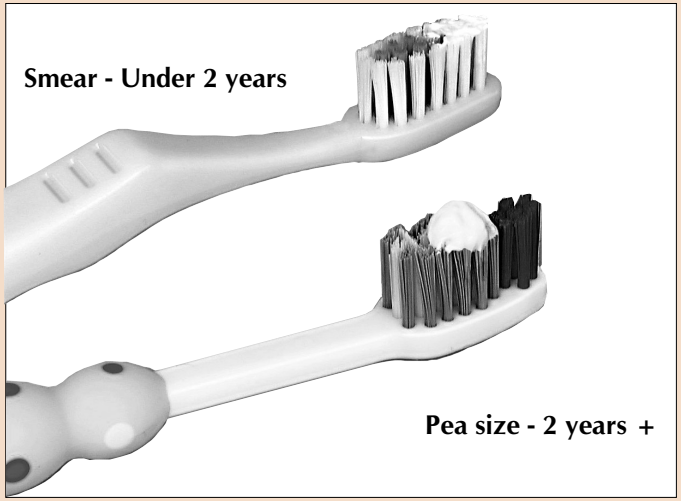
- **evidence of previous caries experience**
- **resident in a deprived area**
- **healthcare worker's opinion**
- **oral mutans streptococci counts (if accessible).**

B **Children whose families live in a deprived area should be considered as at increased risk of early childhood caries when developing preventive programmes.**

TOOTHBRUSHING WITH FLUORIDE TOOTHPASTE

A **Children should have their teeth brushed with fluoride toothpaste containing 1,000 ppmF +/- 10%.**

C **Children should have their teeth brushed, or be assisted with toothbrushing by an adult, at least twice a day, with a smear or pea-sized amount of fluoride toothpaste.**



C **Toothbrushing should commence as soon as the primary teeth erupt.**

A **Children should be encouraged to spit out excess toothpaste and not rinse with water post-brushing.**

A **Children's teeth can be brushed with either manual or powered toothbrushes.**

DIET AND NUTRITION

B **Pregnant women should be advised that there is no benefit to the child of taking fluoride supplements during pregnancy.**

C **Members of the dental team should support and promote breastfeeding according to current recommendations.**

☑ Parents and carers should be advised that soya infant formulae are potentially cariogenic and should be used only when medically indicated.

☑ Parents and carers should be advised not to put children to bed with a bottle or feeder cup.

B **Parents and carers should be advised that foods and confectionery containing free sugars should be minimised, and if possible restricted to meal times.**

C **Parents and carers should be advised that drinks containing free sugars, including natural fruit juices, should be avoided between meals, and should never be put in a feeding bottle. Water or milk may be given instead.**

C **Parents and carers should be advised that cheese is a good high energy food for toddlers as it is non-cariogenic and may be actively protective against caries.**

B **Parents and carers should be advised that confectionery and beverages containing sugar substitutes are preferable to those containing sugars.**

☑ Parents and carers should be assured that sugar free snacks are unlikely to be cariogenic.

This Quick Reference Guide provides a summary of the main recommendations in the SIGN guideline on **Prevention and management of dental decay in the pre-school child.**

Recommendations are graded A B C D to indicate the strength of the supporting evidence.

Good practice points ☑ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: **www.sign.ac.uk**