



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 3790TH MEDICAL SERVICE TRAINING WING (ATC)  
SHEPPARD AIR FORCE BASE TX 76311-5465

REPLY TO  
ATTN OF: 3791 DTS/CC

8 Sep 92

SUBJECT: Dental Health Update #12

TO: Base Dental Surgeons and Dental Health Officers

1. **National Children's Dental Health Month: 1993 Planning Kits.** This year the American Dental Association (ADA) plans to ship planning kits and posters for next year's National Children's Dental Health Month earlier than ever before. I have provided my point of contact (Nina Koziol, Manager, Consumer Affairs) with mailing labels for all Air Force dental services. Separate shipments of one planning kit and 100 posters were scheduled for August and September, so you may already have some of your materials. This will be a tremendous benefit for everyone, especially overseas location who have traditionally had difficulties getting their orders filled in time. If you don't receive your materials by the middle of October, let me know or call Ms. Koziol at 1-800-621-8099. The 1993 campaign again uses Dudley the Dragon but features a new theme: "Get on the Path to a Healthy Smile."

2. **Accepted Dental Products - Update.** In Dental Health Update #11, I referred to an ADA publication, Clinical Products in Dentistry - A Desktop Reference, which lists all ADA Acceptable, Certified, Professionally Recognized and Accepted products. A new version of that publication (January 1992) is now available free of charge from the Council on Dental Therapeutics.

3. **Sodium Fluoride Topical.** The only accepted methods of topical fluorides are 2% neutral sodium fluoride, 8% stannous fluoride, or 1.23% Acidulated Phosphate Fluoride. (See USAF Dental Service Fluoride Usage Guidelines, September 1990). Clinical Products in Dentistry - A Desktop Reference lists only one accepted commercially available sodium fluoride product, Sodium Fluoride Solution 2% made by Young Dental Manufacturing. After several bases had trouble ordering this product, I was able to determine that Young no longer offers this product, a fact of which the ADA was unaware. At the present time there is no neutral sodium fluoride topical rinse or gel on the market that is accepted by the ADA. Colgate is the only manufacturer that even offers a neutral sodium fluoride rinse, but they have no plans to seek ADA acceptance. The Council on Dental Therapeutics had no good alternative for those clinical situations that are best treated with a neutral sodium fluoride, but I've heard rumors that Young Dental Manufacturing is considering bringing their product back. In the meantime, the Colgate product is our only option and is probably suitable.

4. **Mouthguards.** Dental Items of Significance #31 included an item regarding mouthguards has been misinterpreted by some bases. The item stated that "Effective 1 January 1990, athletes at all colleges and high schools which follow NCAA rules must wear mouthguards of a material which is readily visible. Consequently, the commonly-used, clear mouthguard material will be unsuitable." The only Air Force dental service this affects is the USAF Academy, which falls under NCAA rules and regulations. At the present time, there is no such Air Force requirement, and dental services are not obligated to provide this service. If you wish to voluntarily offer colored mouthguards as an alternative to your present system, a possible source of material is Dental Resources, Inc., 2105 Daniels St., P.O. Box 190, Long Lake MN 55356, 1-800-328-1276.

5. **Enlisted Dental Training - Base Level.** If you are looking for an example of a training package for your prophylaxis training program, the Dental Directorate at Wilford Hall Medical Center has a good one. The Preventive Dentistry Training Program is a 22-page manual that lists subject matter for five lectures (Prophylaxis Guidelines, Periodontal Instruments & Sharpening, Dental Health and Pathology, Subgingival and Root Planning, and Miscellaneous Topics) and

three practical exam checklists (Tissue Indices & Instrument Sharpening, Curette Positioning & Patient Treatment, and Prophylaxis Evaluation). If you would like more information, contact Lt Col Michael F. Neubauer at Wilford Hall Medical Center.

**6. Fluoride Regimens and Caries Control.** I've had a few questions regarding the definitions of minimal or inactive, active and rampant caries and how each relates to the use of supplemental, topical, and home fluorides. You should view "caries in the past three years, but less than three smooth surface lesions per year" and "three or more smooth surface lesions per year" as loose guidelines and not hard and fast rules. These kinds of clinical presentations should be clues as to the nature of the patient's caries activity and indications that fluoride therapies, among other things, may be in order. The kind and aggressiveness of the regimen depends solely on the patient's condition and will differ from patient to patient. There is no cookbook recipe that will fit every patient, nor should there be whether one is treating minimal, active or rampant caries. There are many modalities available for consideration, and only the treating provider can determine what is appropriate.

**7. Water Fluoridation - Base.** Several dental health officers have questioned the actions of their respective base environmental engineers in regards to providing monthly fluoride level measurements to the dental service. If fluoride is added by base personnel to the water supply, the BEE should be making monthly measurements at selected areas around the base and providing the dental service with those figures. If, however, the base's water supply is purchased from the city or county and is fluoridated naturally or artificially at a distant point off the installation, the BEE is not obligated to provide monthly reports. If you are still interested in obtaining this information, you can probably get it from whatever agency is responsible for monitoring the city's or county's water supply. If you are contemplating fluoride supplementation for patients who subsist on well water, the BEE can determine its fluoride content. See AFR 161-44 for further clarification.

**8. Pit and Fissure Sealants in Adults.** At the recent USAF Dental Health Course, Lt Col Frank Foreman, pediatric dentist at Eielson AFB, presented the results of a very interesting study he and others did for his Air War College paper, "Pit and Fissure Sealant Usage in the Military." He attempted to answer the question about whether sealants are indicated in young adults, specifically newly recruited Air Force personnel. An abstract of his study follows.

The dramatic decline in the dental caries rate over the past twenty years has profoundly and positively affected the nation's dental health. Compared to previous generations, today's youth have a much lower incidence of dental caries as well as a later onset of the disease. As a result, preventive techniques, such as sealants, that in the past twenty years were limited only to children are finding increasing applicability to young adults who have active caries in the pits and fissures of their molars. In order to ascertain the potential impact of a program to encourage increased utilization of sealants on young military members, surveys were sent to the designated consultants in preventive dentistry and dental health in the three sister services. Their expressed opinions were generally positive, indicating that such a program could potentially decrease caries experience and increase readiness. However, all expressed the opinion that more research into the changing caries rates of this population would be required to justify instituting such a program. Therefore, two studies were initiated to examine the extent of the problem and the applicability of sealants as a solution.

The first study examined young airmen to determine both the presence of and indications for sealants. Sealants were found on 13.1 percent and indicated in 47.5 percent of personnel 18-25 years of age. In addition, by age 24 approximately 35 percent of the same population had received fillings in their molars which could have been prevented by placing sealants before the age of 21.

The second study reviewed the dental records of 652 airmen in order to ascertain the changes in caries experience in young airmen over the past two decades. Upon

enlistment, smooth surface caries experience has declined approximately 80 percent, while occlusal caries has declined only 35 percent. In the first six years of active duty, the smooth surface caries attack rate declined by 40 percent, while the occlusal caries attack rate was unchanged. The percentage of personnel experiencing occlusal caries, but not smooth surface caries, doubled to 30 percent. These are ideal indications for sealant placement.

The results of Colonel Foreman's studies are clinically important. Previously, the empirical opinion held by many was that sealants could be effective in adults as well as children. After all, the caries process is identical. Why shouldn't the preventive process be the same? Considering the change in lifestyle, diet and stress levels this segment of the population experiences as they transition from civilian to military life, the potential certainly exists for an increased risk of caries of all types, especially to unprotected pits and fissures. But there was very little data in the literature to guide clinical decisions. These studies show that adults are far from immune to pit and fissure caries simply because they are over the age of 18. Furthermore, it appears that the caries attack may simply be delayed, offering us a window of opportunity to prevent its onset by the judicious placement of sealants.

As Special Consultant for Dental Health, I ask you to consider incorporating sealants into your adult practice. Think "prevention" and capitalize on opportunities for easy placement when they present themselves, e.g. when the rubber dam is placed for other restorations, while you're waiting for anesthesia, etc. Or schedule a separate visit for those adult patients that would benefit from sealants. Sealants can be placed either by dentists or dental assistants trained to do so. A statement concerning sealants, much like the once regarding anticariogenic agents, is proposed for inclusion in AFR 162-1.

**8. USAF Dental Health Course.** The dates for the next USAF Dental Health Course are 3-7 May 1993. A spring course allows new dental health officers ample time to prepare for the following February's Children's Dental Health Month. As always, command dental surgeons will determine course allocations. There will be 25 command sponsored slots next year, but remember that unfunded quotas for dentists and dental hygienists are available through Colonel John McDonald at HQ AFMPC/DPMMUD. My thanks to Lt Col Shannon Mills and all the staff of the Dental Investigation Service for helping me conduct this year's course.

**9. Ideas.** Looking for some ideas for your dental health related activities? Atch 1 contains some suggestions shared by attendees to the most recent USAF Dental Health Course during rotating workshops. Whenever possible, the name and base of the individual who presented the idea is listed as a source for further information.

**10. Index to Updates.** Atch 2 is an index to this and the previous eleven editions of the Preventive Dentistry/Dental Health Updates. If you are missing copies of any of the previous updates and wish to complete your collection, please contact me for replacement copies.

**11. Slide Series - Proposed.** Several new/updated slide series are in the works and will be available hopefully in the near future. Lt Col Jeffrey Camm, Special Consultant in Pediatric Dentistry, is working on a new pediatric dental emergencies series. Lt Col Frank Foreman, pediatric dentist at Eielson AFB, is working on revising the child abuse series and plans a new one on training dental assistants in placing sealants using the Vac-U-Jector. I am working on a series based on a presentation I give at the USAF Dental Health Course on educating new dental officers about enlisted training in the Air Force. When these become available, I will get the word out to everyone.



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for Dental Services

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## IDEAS FOR DENTAL HEALTH ACTIVITIES

Eggs-periment: Take two hard boiled eggs. Soak one in a fluoride solution for 24 hours. Then soak both eggs in vinegar for another 24 hours. The shell of the fluoride "protected" egg remains "mineralized" while the unprotected eggshell becomes rubbery (demineralized). (Mrs. Erla Naumann, Brooks AFB)

Work with local businesses (McDonalds, Burger King) for giveaways to children during NCDHM. (Capt Lyons, McGuire AFB)

Sponsor a Halloween "Spook Away Tooth Decay." (Capt Hinrichs, Elmendorf AFB)

Sponsor a children's movie. Admission: a used toothbrush to be exchanged for a new one. (Capt Grimm, Wurtsmith AFB)

Similar event: A Molar Rollerskating party and toothbrush exchange.

Encourage school nurses to contact Procter & Gamble, Oral-B, Colgate, etc for free samples and the American Dental Association for videotapes. Takes some of the workload off the Dental Health Committee. (Capt Jenkins, Shaw AFB)

Use a mixture of corn syrup and paprika on teeth to illustrate plaque and its removal with a toothbrush. (Capt Langsten, Patrick AFB)

Wear clinical attire during all contacts with school children. Gets them used to seeing us with masks, smocks, gloves, etc. in their environment and reduces the "white lab coat anxiety". (Mrs. Naumann, Brooks AFB)

Set up table clinics at elementary schools. Conduct to groups of five (demonstrate nutrition, sealants, fluoride, or whatever). Take credit for group counseling. (Lt Col Foreman, Eielson AFB)

When doing mass screenings at school: Whenever gross caries is found, use Alpha Roster and make personal contact with parents. (Capt Stapp, RAF Chicksands)

Have base carpentry shop build a Muppet playhouse. Place at base exchange. Give out balloons, party favors, etc. (Maj Edinger, Vance AFB)

Make sure you include tobacco counseling in school presentations, even in elementary classes. (Capt Wells, Cannon AFB)

Visit teacher and nurse inservice training and take credit for group or individual counselings. (Col Ewing, Robins AFB)

Place NCDHM or other messages on milk cartons (locally owned dairies) or commissary bags (see commissary manager). (Mrs. Ramos, Lackland AFB)

Capitalize on popularity of movie and cartoon characters (Teenage Mutant Ninja Turtles, Bart Simpson, The Terminator for example) and devise costume. (Mrs. Clemmons, Randolph AFB)

Show dental health films at base theater on Saturday (Capt John Conti, Loring AFB)

Visit teacher and nursing inservices for group and individual counseling. (Col Ewing, Robins AFB)

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