



DEPARTMENT OF THE AIR FORCE  
AIR EDUCATION AND TRAINING COMMAND

16 Sep 93

FROM: 381 MTS/CC

SUBJ: Dental Health Update #13

TO: Base Dental Surgeons and Dental Health Officers

**1. USAF Dental Health Course.** The USAF Dental Health Course is no longer held annually. It will rotate with the newly developed USAF Dental Infection Control and Occupational Safety Course and be conducted in the odd years. The next course is scheduled for the Spring of 1995.

**2. Fluoride Guidelines.** I've received many phone calls from the field wanting to know if there is an updated version of the the USAF Dental Service Fluoride Usage Guidelines document originally distributed in Dental Health Update #10, 17 Sep 90. Although there are currently no plans to completely revise these guidelines, Updates #11 and #12 contain additional information, clarification and /or updated material (Update #11, Paragraphs 1 and 3, Atch 1; Update #12, Paragraphs 3, 6 and 7). Please consult these references or contact me if you have further questions.

**3. Family Member Children's Phase.** With the advent of the Dependent Dental Plan (DDP), the future of the Family Member Children's Phase (FMCP) of the Dental Health Program is in question. Indications are that it will probably be rescinded, but the program remains in effect until further notice. Of course those beneficiaries enrolled in DDP are not eligible for the services provided under the FMCP (prophylaxis, fluoride treatment, sealants, etc.). It is possible, however, that a small number of active duty members at your base are not enrolled in DDP, either voluntarily or by lack of reattainability. Their family member children would still be eligible for FMCP care. The decision on access to care, i.e., space available, is a local decision based on your dental service manning. As an aside, if and when the FMCP is rescinded at DoD level, participation in National Children's Dental Health Month and other community outreach programs is still encouraged but, once again, a matter of local policy.

**4. New Slide Series - Pit and Fissure Sealants in Adults.** In Update #12 (Paragraph 8) I referenced a study on pit and fissure sealant usage in the military. In a nutshell, the study found that occlusal caries has not been eradicated and is basically a delayed event in many young adults, to include newly accessed airmen. I encouraged you to incorporate sealants into your adult practice. As an off-shoot of this study, Lt Col Frank Foreman and I developed a 40-slide presentation, summarizing his study and providing the basics of a sealant training program that you can implement in your clinic. Each part contains 20 slides and can stand alone if you wish. The accompanying manuscript provides background information on declining caries rates, a historical perspective on sealants, the results and implications of the study, sealants in the Air Force, diagnostic criteria, technique and a training protocol. Also included are a suggested checklist for sealant application, a sample training record form and instructions on using the Vac-ejector in "two-handed" sealant placement. If you would like to check out this or any other slide series for 60 days, please contact me.

**5. Civilian Dental Hygienists.** At this year's USAF Dental Health Course, a number of our civilian dental hygienists attended. Their input was very valuable and representative of a hard-working, dedicated and enthusiastic group of professionals whose primary interest is that of preventive dentistry. If you are lucky enough to have one or more hygienists on your staff, I encourage you to take advantage of their expertise and involve them in your dental health programs. From training prophy technicians to giving presentations to school groups, I think you'll find them willing and able.

6. **Base Newspaper Articles.** If you are looking for ideas for your base newspaper articles, keep your eyes out for the Dental Investigation Service's Dental Items of Significance newsletter. Lt Col Tom Plamondon has arranged with the Academy of General Dentistry to distribute its DentalNotes to all Air Force dental services. These newsletters contain ready-to-print articles on a wide variety of dental topics. They can be used as is or be tailored to suit your needs. We've chosen this distribution method because the DIS newsletter is published more frequently than Dental Health Updates. The first three newsletters will arrive with the next DIS mailing, and periodically after that. Look for them.

7. **Oral Health 2000.** Last year, the American Fund for Dental Health convened a national consortium meeting to present ideas and discuss the direction a number of oral health initiatives targeted for the year 2000. The objectives of Oral Health 2000 are to: reduce the occurrence and severity of oral diseases in the U.S. population; prevent the unnecessary loss of teeth whether resulting from oral diseases, neglect or trauma; and alleviate physical, cultural, racial, ethnic, social, educational, health care delivery system, and environmental barriers that prevent individuals from achieving healthy oral functioning. While it's impossible to summarize the findings of the 100-page report in this space, here some highlights.

- **The Good News:** 50 percent of America's school children have never had a cavity or a filling; the other 50 percent have fewer and smaller cavities. Today, about 60 percent of the U.S. population reside in communities which provide access to fluoridated water.
- **The Bad News:** Almost half of the adults 65 and over are toothless. Those who still have teeth suffer from coronal and root caries and have the most severe and extensive periodontal disease. Forty percent of the American people receive no dental care and a large part of these are children -- mainly, poor children. A major segment of the elderly receive absolutely no dental services and have received practically none of the benefits of the dental prevention programs. Approximately 30,000 cases of oral cancer are diagnosed annually and 8,600 individuals die from oral cancer each year. There are 6.4 million days of bed disability and 14.1 days of restricted activities annually due to dental related illness. Over 100 million Americans do not have the benefits of fluoridated water. More than 50 percent of the homebound elderly have not seen a dentist in more than 10 years.
- Prevention in the adult is not well understood. We don't know who is at risk or why. We don't know what happens during the aging process, the oral health problems that are most prevalent in old age and how these oral health problems interact with general health and systemic disease.

The meeting concluded with the following thoughts. There is a new confidence in health promotion and disease prevention as evidenced by smoking reduction, diet consciousness, early detection and management of hypertension, the focus on exercise and stress reduction. In oral health, we are dealing with multiple factors that can be controlled. We have shifted from curing to caring. In oral health, caring is: for cosmetic issues associated with self-image and self-esteem; for nutrition, which is not sustained with poor oral health; for speech and communications; and for longevity and productive years of life.

The meeting raised many issues and offered many strategies for achieving its goals. For further information or to request copies of the report, contact: American Fund for Dental Health, 211 E. Chicago Avenue, Suite 820, Chicago IL 60611. You may already be receiving the Oral Health 2000 News, which you may find useful information for you dental health programs.

8. **New Oral Health Index.** PSR (Periodontal Screening and Recording) is a new system designed to rapidly assess and record a patient's periodontal status and endorsed by the American Dental Association and the American Academy of Periodontology. PSR uses a specially

designed probe with a ball tip that measures one-half millimeter in diameter and a colored band that extends from 3-1/2 to 5-1/2 millimeters from the tip. It is the band that provides a point-of-reference for measurement and the basis for coding. An abbreviated version of the procedure is as follows:

Divide the mouth into sextants. Insert the tip of the probe in the gingival crevice around each tooth until resistance is felt. Walk the probe around the entire crevice and examine six points (MF, mid-F, DF, DL, mid-lingual and ML). Determine one score (0 - 4, not millimeters) for each sextant from the deepest probing depth in that sextant and record. Asterisk special conditions such as furcation involvement, mobility, mucogingival problems or recession. Interpret the codes as follows:

Code Zero: The probe's colored band remains completely visible in the deepest crevice of the sextant. Gingival tissue is healthy and does not bleed when probed. No calculus or defective margins noted. TREATMENT: Encourage appropriate preventive care.

Code One: Colored band still completely visible. Some bleeding occurs. No calculus or defective margins. TREATMENT: Oral hygiene instructions, appropriate therapy (oral prophylaxis).

Code Two: Colored band still completely visible. Supragingival or subgingival calculus and/or defective margins are seen. TREATMENT: Oral hygiene instruction and subgingival plaque/calculus removal; correct defective margins.

Code Three: Colored band only partially visible. TREATMENT: Comprehensive periodontal examination and charting of affected sextant(s) to determine treatment plan.

Code Four: Colored band completely disappears in any crevice in a sextant. TREATMENT: Comprehensive full mouth periodontal examination and charting to determine treatment plan.

The Air Force Periodontal and Oral Hygiene Indices remain our standard. The use of other clinical indices and tests are authorized. Take a Code 1360 and record the name of the index or test and its numerical or descriptive value in the patient's record.

If you would like more information about PSR, contact the American Dental Association at 1-800-621-8099 or the American Academy of Periodontology at 1-800-282-4867. A Training Kit is available for \$25.00 and contains general PSR information, educational tools, presentation slides and script, and a demonstration videotape. To order this and other PSR materials, call 1-800-543-2762.

**9. New Address.** We've changed our name here at Sheppard for what we hope is the last time. Please direct all correspondence to: 381 MTS/CC, 917 MISSILE ROAD, SHEPPARD AFB TX 76311-2246. Our DSN remains the same: 736-2287. Our FAX is DSN 736-6928 or Commerical (817) 676-6928. Feel free to contact me at any time.



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