

Programmes of Oral Health

Oral health programmes

Aim of each oral health programme is prevention of dental caries and that of periodontium - fig. 3,4.

Collective programmes – training of tooth brushing and fluoridation (rinses) in schools

There is no programme of that character in Czech republic –only educative
Educative programmes-information, demonstration

Individual programme – is offered to the child in the dental surgery

Ways of child examination: fig. 5, 17

Possibilities of tooth brushing. fig. 6,7

Early childhood caries (ECC) fig. 8-12 – Result of improper attitude of mother:
no oral hygiene, – teeth covered by the dental plaque, frequent sugar intake,
no fluoridation

Tooth brushing training in the dental surgery: fig. 18-20











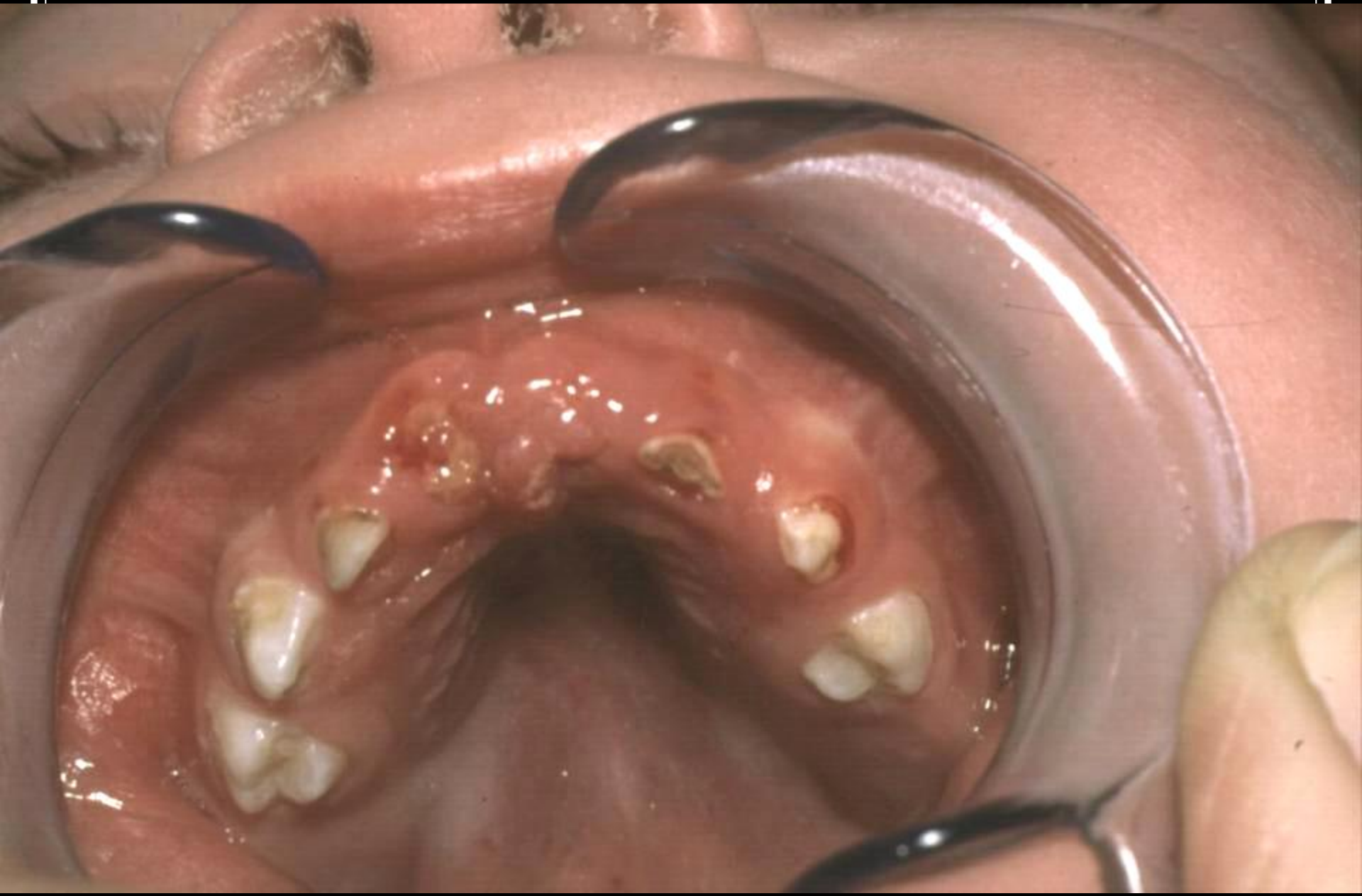










Table 9-VIII. Information on dental diseases including dietary counselling.

Age group	Method
Pregnancy	Maternity welfare center information on rearing of the new-born child
6-10 months	Child health center information on dietary habits (sweetened beverages) fluoride tablets and pacifiers
15-18 months	Child health center information on dietary habits, fluoride tablets and oral hygiene
3-6 years	Information to parents and child in connection with yearly dental treatment, informative and motivating lecture at pre-school
7-16 years	Motivating lecture at school every year and individual information in connection with early dental treatment

Table 9-IX. Plaque control

Age group	Method
6-10 months	Child health center information on the start of regular toothbrushing at the age of 12 months. Instruction in toothbrushing
18 months	Demonstration of toothbrushing
3-6 years	Demonstration of plaque to parents by use of disclosing solution yearly at regular treatment. Instruction in toothbrushing
7-16 years	Use of disclosing solution and training in toothbrushing twice a year at the dental clinic or in groups at school. Occasional instruction in flossing for proximal cleaning

Table 9-X. Fluoride program

Age group	Method
0-6 years	Recommendation to use supplementary fluoride tablets. Fluoride dentifrice from the age of 4 years. Topical application at regular, yearly visits to the dental care clinic from the age of 3 years.
7-16 years	Collective mouthrinses every week or every second week with 0.2 per cent sodium fluoride solution. Fluoride dentifrice. Topical application (sodium fluoride solution or fluoride varnish) yearly at regular visits at the dental care clinic.









Tooth brushing training
in the dental surgery



Tooth brushing twice a day



Fluor containing tooth paste, rinses, gels

- home care
- care in the dental surgery



Fluoridation in the surgery, gel in the tray



Fluoridation in surgery

Table 9-XV. Preventive dental care program

Intended for	Activities	Dental care personnel and time required
Mothers of newborn babies in maternal health care center	In the maternity welfare center the mother is informed on diet, use of pacifiers etc. If this information cannot be given in the maternity ward it may be given in the antenatal clinic etc.	Information is given by dentist, dental hygienist or preventive dentistry assistant. Time: about 45-60 min per session and group
Mothers of 6- and 18-months-old babies at the child health center	Child and parents are invited to the dentist in connection with the medical examinations at the child health center. The dentist informs on diet, oral hygiene and fluorides. The child receives a toothbrush free of charge at the 18-month examination	If required these tasks can be delegated to a dental hygienist or a preventive dentistry assistant, then in close co-operation with the dentist connected to the child health centre. Time:15 min per child

Table 9-XV. Preventive dental care program

Intended for	Activities	Dental care personnel and time required
<p>Children at part-time preschools (2-6 years of age)</p>	<p>The preventive dentistry assistant gets in touch with the preschool and the parents are informed by means of a pamphlet about the extent of the preventive dental care activities in the preschool personnel are informed that the preventive dental care personnel are pleased to take part in parent-teacher meetings. The assistant tries to activate children and personnel in accordance with Birn's model which means group activities in visualization teeth, dental decay, prevention etc. To motivate the personnel at the preschool they are offered oral hygiene procedures by the dental assistants. The assistant visits the preschool 4times/year. At each visit a „lecture“(play) on preventive dental care is given modified to the age of the children. Individual toothbrushing instructions are given monitored by disclosing solutions. At most preschools the personnel daily helps the children to practice toothbrushing</p>	<p>Preventive dentistry assistant Time:45 min.2 hours per session</p>

Table 9-XV. Preventive dental care program

Intended for	Activities	Dental care personnel and time required
Parents and children 3 years of age (first appointment with the Public Dental Service)	The parents and child are invited to a preventive dentistry assistant 3-4 weeks before the first regular visit to the dentist. The assistant motivates and informs the parents by means of slides, models and pamphlets. In the meantime the child is given informative material to play with. Then the child's teeth are painted with a disclosing solution and the assistant shows the plaque and gives instructions on how to brush the teeth properly. If the child refuses disclosing and toothbrushing he/she is called again 3 months later. All children are treated with fluoride varnish either at the informative session or in connection with the visit to the dentist	Preventive dentistry-assistant. Time: 30-45 min per child
Parents and children 4-5 years of age (2nd and 3rd appointment with the Public Dental Service)	These children receive information about dental health care at the yearly appointments with the dentist. Children at risk are to be referred to a preventive dentistry assistant for further information and instructions	Dentist, preventive dentistry assistant

Table 9-XV. Preventive dental care program

Intended for	Activities	Dental care personnel and time required
Schoolchildren and adolescents aged 7-16 years: Basic program	Mouthrinsing once per week with 0,2% NaF solution is performed as a basic fluoride program throughout the whole school period. In addition, all children should be treated with fluoride varnish at the yearly check-ups at the dentist. Parents of children who are about to start their first year at school are informed by personnel in preventive dental care at the parent-teacher meeting before school starts. The parents are encouraged to continue to give the children fluoride tablets until they are 12 years old. If further information on oral disease prevention is required the preventive care personnel are pleased to help. Such information should preferably be given at parent-teacher meetings in the third class.	Preventive dentistry assistant

Table 9-XV. Preventive dental care program

Intended for	Activities	Dental care personnel and time required
<p>Children 7 years of age (first class)</p>	<p>At the beginning of the autumn term the preventive dentistry assistant and her helper visit school to inform about fluoride mounthrinsing. Children and parents are invited to the clinic and preventive dentistry assistant for information and instruction in toothbrushing(preferably in connection with dental examination). The preventive dentistry assistant visits school once during the spring term to inform about the toothbrushing session which are to start. Then there is at least one session of practice with disclosing solution and toothbrushing in front of a mirror. This session is also intended to be a check-up of the effect of previous preventive activities. If necessary, child and parent are invited to see the assistant for further information and instruction.</p>	<p>Preventive dentistry assistant with helper Time:20 min Preventive dentistry assistant Time:40-60 min per group(3-5 children) In each class a preventive dentistry assistant and a prophylaxis helper work together Time:5 min per child per session and about 20 min during the joint information.</p>

Table 9-XV. Preventive dental care program

Intended for	Activities	Dental care personnel and time required
Children 8-13 years (2nd-6th classes)	During the second year at school 6 individual toothbrushing sessions are held including use of disclosing, instruction and brushing in front of a mirror. When necessary, the prophylaxis assistant may visit the class another 1-2 times. On the other hand, she may decide to decrease the frequency of sessions in a well motivated and competent class. One preventive dentistry assistant and one helper or two prophylaxis helpers work together. At one session per year the assistant gives a lecture on preventive dental care to the whole class (20-40 min)	Preventive dentistry assistant with helper Time: 5 min per child and session
Adolescents aged 14-16 years (7th-9th classes)	The preventive dentistry assistant visits the classes once per year and gives a lecture on preventive dental care. The dentist uses disclosing solution and fluoride varnish in connection with yearly examinations. The school pupil is then called after ½ year to the prophylaxis assistant of the clinic for information, toothbrushing instruction and fluoride varnish treatment	Preventive dentistry assistant Time: 20 min per class Dentist, preventive dentistry assistant Time: 20-30 min per pupil

Table 9-XV. Preventive dental care program

Intended for	Activities	Dental care personnel and time required
Children and adolescents 0-16 years of age. Individualized additional program	To children and adolescents in need of special prophylactic measures an individually modified program is applied in addition to the basic program. The additional program includes activities that are considered appropriate for the individual situation	Dentist, dental hygienist and assistant in preventive dentistry

■ Dental caries

- Differences between children
 - 10 – 20% - high caries prevalence
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■ Basic programme

- to 80 – 90% of children

■ Additional programme

- to 10 – 20% of children
- Not suitable for all children – too expensive

In addition to collective programmes – individual programme for every child

Basic programme intended for 80-90% of children

■ Cooperation

■ gynecology

- pediatrics
- nurses
- pedagogists
- parents

■ Coordination

- dentists
- (specialists in pedodontics)

Table 9-XII. Clinical criteria which might indicate application of an additional preventive program (gingivitis=according to Gingival Bleeding Index system)

Age group	Clinical finding
0-2 years	Carious lesions, gingivitis
3 years	Several manifest carious teeth, extensive initial carious lesions, gingivitis around several teeth
4-5 years	More than 2 new proximal manifest carious lesions in molars, new manifest carious lesions on buccal and lingual surfaces, extensive new initial carious lesions, gingivitis around several teeth
6-16 years	More than 2 new proximal manifest carious lesions, extensive new initial carious lesions, several new proximal carious lesions, gingivitis around several teeth, pocket formation, more than 4mm, marginal bone loss

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Fig. 35

Neglected care for oral hygiene – extremely high caries prevalence,
pronounced gingivitis



Table 9-XIII. Additional preventive program for children with high caries activity. Each appointment requires 30-45 minutes

Appointment	Procedure	Comments
I	<p>Information</p> <p>Salivary tests: secretion rate and buffering capacity</p> <p>Bacteriological tests: Lactobacilli and Streptococcus mutans counts</p> <p>Dietary and medication history</p> <p>Oral hygiene control</p> <p>Oral hygiene instructions and recommendations</p> <p>Professional toothcleaning including topical fluoride application</p>	<p>Aims at presenting the reasons for performing and additional preventive program and gives condensed information about etiology and prevention of caries.</p> <p>These tests are mostly used in teen-agers. Simple methods have been developed for clinical use(Dentobuff, Orion, Diagnostica). A secretion rate below 1ml/min and a buffering capacity measured as titration (Ericson 1959) below pH 4,5 should be looked upon as low and indicate high caries risk.</p> <p>A simple clinical method of determining the number of Lactobacilli in saliva has been developed(Dentocult, Orion, Diagnostica). A high number of Lactobacilli indicates frequent consumption of carbohydrates and the test could be used as a basis for the dietary recommendations.</p> <p>Streptococcus mutans count may be indicated in severe cases in order to monitor the use of antibacterial agents.</p> <p>24-hour recall in order to find a basis for dietary counselling(See appointment II)</p> <p>Bacterial plaque visualized with disclosing solution.</p> <p>Toothbrushing training. In cases with several proximal carious lesions in permanent teeth flossing is demonstrated.</p>

Table 9-XIII. Additional preventive program for children with high caries activity. Each appointment requires 30-45 minutes

Appointment	Procedure	Comments
II One week later	Oral hygiene control Dietary counselling Audiovisual program Professional toothcleaning including topical fluoride application	See appointment I Based on the dietary habit history taken at appointment I recommendations are given in an attempt to reduce the number of consumptions to 5-6 per day. Special habits such as frequent intake of sweetened beverages, extensive snack and candy consumption, cough syrup etc. are noted and recommendations made in an effort to change the habits. AV-program about etiology and prevention of caries, adapted to the age of the child is presented
III One week later	Gingival index Dietary habit control Institution of intensified fluoride program	To control the oral hygiene measures recommended. An improvement of at least 60% is required. From the age of about 8 years a fluoride gel program can be carried out at home. A 0.2 per cent NaF gel applied in trays is used for 5 minutes every day for one month. As an alternative daily mouthrinsing and in younger children toothbrushing with an 0.2 per cent NaF solution for one month can be performed. Flossing is performed in the permanent dentition immediately before fluoride application.

Table 9-XIII. Additional preventive program for children with high caries activity. Each appointment requires 30-45 minutes

Appointment	Procedure	Comments
IV one month later	Evaluation Gingival index Dietary habit control Oral hygiene control Bacteriological tests Professional toothcleaning including topical fluoride application	See appointment III See appointment I Exceptionally. Lactobacilli test may be used to control the change of dietary habits. Fluoride varnish application
V Six months later	Follow-up	See measures, appointment IV

Table 9-XIV Additional preventive program for children with extensive gingival inflammation. Each appointment requires about 30 minutes

Appointment	Procedure	Comments
I	Information Gingival index: according to gingival bleeding index system Oral hygiene control Oral hygiene instructions and recommendations Professional toothcleaning	Aims at presenting the reasons for performing an additional preventive program and gives condensed information about the etiology and prevention of gingivitis. Bacterial plaque visualized with disclosing solution Toothbrushing training including interproximal cleaning
II One week later	Oral hygiene control and reinstruction Audiovisual program Professional toothcleaning	See appointment I AV-program about etiology and prevention of gingivitis

Table 9-XIV Additional preventive program for children with extensive gingival inflammation. Each appointment requires about 30 minutes

Appointment	Procedure	Comments
III One week later	Gingival index Oral hygiene control Professional toothcleaning	An improvement of at least 60 per cent should have been achieved. If not, a daily gel, toothbrushing or mouthrinsing program with a 0.1 per cent chlorhexidine preparation could be instituted during the following month. See appointment I
IV one month later	Evaluation Gingival index Oral hygiene control Professional toothcleaning	Now an improvement of more than 75 per cent should have been achieved compared with appointment I. See appointment I
V Two months later	Follow-up	See measures, appointment IV