

Clinical Significance

Ceramic veneers provide excellent esthetic results when used to address severe dental fluorosis. Improving the smile in this way often offers the effect of improving the patient's self-esteem and sense of confidence, as well as his or her smile.

choice to mask severe tooth discoloration. They allow complete coverage of the discolored tooth and require minimal reduction in sound tooth substance. Advances in ceramic materials now provide both predictable and long-lasting esthetic restorations.

El Mourad AM: Aesthetic rehabilitation of a severe dental fluorosis case with ceramic veneers: A step-by-step guide. *Case Reports Dent*, Vol 2018 Article ID 4063165

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DISCUSSION

The goal of treatment for these teeth discolored by dental fluorosis was to improve the patient's smile and rehabilitate the teeth esthetically. The ceramic veneers are the treatment of

FLUORIDE

Refusal of fluoride use



BACKGROUND

The use of fluoride to prevent or reduce caries is supported by professional medical and dental associations. Evidence shows that water fluoridation represents a safe, cost-effective way to expose populations to the benefits of fluoride. In addition, fluoride in toothpastes and rinses, as well as professionally applied varnishes, gels, and foams, provides benefits in terms of fewer carious lesions. Despite these clear health benefits, some concerns of caregivers result in their refusal to provide topical fluoride for their children or themselves. The extent to which this is a problem, trends in the refusal of fluoride, and perceived reasons for refusal were evaluated through a survey of dental professionals in 2015 and 2016.

METHODS

The 8-item survey was completed by a convenience sample of 582 dentists and other dental health professionals. In addition to gathering information about the extent of fluoride refusal, trends in refusals, reasons for refusal, and practitioners' comfort level in addressing fluoride refusal behaviors, various views based on geographic location were also explored.

RESULTS

Most participants came from the western United States, and about half were pediatric dentists. About 80% of the practitioners were in private practice.

Fluoride Refusal

Fluoride refusal was seen as a problem by 79.5% of the 582 participants, with 19.9% judging it to be a medium-sized or big

problem and 59.6% a small problem. Forty-two percent saw it as a problem that was increasing, about 37% saw it as static, and about 7% saw it as getting better. Of the dentists who saw it as a problem, a significantly larger proportion believed it was a growing problem compared to those who believed refusal was not a problem. When asked about talking to those who refused fluoride with the goal of changing their minds, 37% were extremely or somewhat uncomfortable with this task, 38%

Clinical Significance

Among dental practitioners in the United States, fluoride refusal presents a significant problem. Three possible reasons for this are (1) the reliance of caregivers on information gathered from the internet rather than from reputable sources, (2) changes in parenting styles that have parents taking a more active role in making health care decisions, and (3) possibly a growing mistrust of dental professionals, likely based on concerns that are not addressed by open communication between caregivers and dental professionals. Dentists and other health care professionals must be the ones who implement any interventions to change the course of fluoride refusal patterns. Therefore they need to be given adequate training on how to implement chairside behavior change strategies and sufficient information to be able to understand the reasons for fluoride refusal and discuss those reasons using evidence-based information and stressing the positive aspects of this intervention.

were somewhat comfortable, and 19.1% were extremely comfortable.

Factors Influencing Refusal

Caregiver characteristics dentists perceived to be associated with fluoride refusal were immunization refusal (41.3%), White race (37.6%), and high household income (33.7%). Parenting style, insurance restrictions and finances, health concerns, and miscellaneous reasons were also mentioned.

Geographic Influences

When the western US professionals were compared to others regarding fluoride refusal as a big problem, 20.1% of the westerners and 22.5% of the others saw it as big or medium-sized situation. Significantly larger proportions of participants from non-West regions believed fluoride refusal

has escalated, but more of those from the West expressed a degree of discomfort when talking to caregivers who refused fluoride.

DISCUSSION

Fluoride refusal by caregivers is a significant and growing problem for dental professionals in the United States. In addition, most dentists are uncomfortable addressing caregivers who refuse the use of fluoride.

Chi DL, Basson AA: Surveying dentists' perceptions of caregiver refusal of topical fluoride. *JDF Clin Translational Res* 3:314-320, 2018

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GERIATRIC DENTAL TREATMENT PLANNING

Delivering oral care to older adults



BACKGROUND

As adults today age, more of them today are retaining their natural dentition or parts thereof, with edentulousness becoming less common than in the past. When those with a sufficient number of natural teeth are combined with those who have a functional dentition, consisting of endodontically treated teeth, crowns, bridges, and osseointegrated implants, dental professionals will increasingly be facing complex demands for the dental care of this population. In addition to dental conditions, these patients often have medical or cognitive deficits that can adversely affect their ability to undergo or consent to dental care. Oral diseases remain a concern in these patients, so dentists must be prepared to provide care that fits the patient's specific situation.

PROBLEMS TO BE CONSIDERED

Frailty

Frail individuals experience loss in one or more areas of function caused by a range of variables and resulting in a higher risk for adverse outcomes. Aging is often a time when frailty is seen as difficulty with mobility and accomplishing daily activities. Often diseases common in later life are also present, including osteoporosis, osteoarthritis, and stroke. Thus frailty is often accompanied by actual physical disabilities. In both types of situations, the individual is increasingly dependent on caregivers and has problems accessing surgeries and transferring to dental chairs. As a result, dental facilities need to be equipped with ramps and equipment to facilitate these activities.

Multiple Morbidity and Polypharmacy

Multiple morbidity is more common in older adults and can include mental health conditions as well as physical conditions. Most older adults remain independent, but some require significant support and care, making routine dental treatment in a general dental facility problematic.

With multiple morbid conditions, patients often are given multiple medications. This situation becomes more prevalent as patient age increases. These medications not only increase the likelihood of drug interactions but also can compromise oral health, with xerostomia being a common problem. Dental practices must carefully gather information from the health care teams involved and cautiously approach treatment planning for these patients.

Dementia, Mental Capacity, and Consent

When cognitive ability is compromised through dementia or other problems related to mental capacity, this can affect oral health care delivery (Figure 2). Dementia progression can occur at unpredictable rates. As a result, there may be benefits to discussing and providing proactive dental disease management, which may prevent the need for later interventions that might need to address more advanced disease. Patients can present difficulties when practitioners attempt to obtain comprehensive clinical and radiographic evaluations; in addition, the quantification of pain can be especially challenging. When the patient has advanced dementia, cooperation may be minimal, which can require