Fluoride Varnish:

An Overview for Health Professionals

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Courtesy of Kids Oral Health Partnership, www.kohp.org
Fluoride Varnish

Fluoride varnish is a topical fluoride-containing lacquer that is simply painted on tooth surfaces.

It is a suitable source of topical fluoride for infants and toddlers and may be applied multiple times.

Fluoride varnish has been used in Europe and Canada for more than 30 years.
Fluoride Varnish

- 5% sodium fluoride or 2.26% fluoride in a viscous resinous base in an alcoholic suspension with flavoring agent (e.g., bubble gum)
- Has not been associated with fluorosis
- Treatment does not replace the dental home or comprehensive dental care
Fluoride Varnish Application

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Fluoride Varnish Application

• Using gentle finger pressure, open the child’s mouth.

• Gently remove excess saliva or plaque with a gauze sponge.

• Use your fingers and sponges to isolate the dry teeth and keep them dry.

• Isolate a quadrant of teeth at a time, or a few teeth at a time.

• Apply a thin layer of the varnish to all surfaces of the teeth.

• Once the varnish is applied, you need not worry about moisture (saliva) contamination. The varnish sets quickly.
 Fluoride Guidance

➢ Tooth decay can be reduced by 40 to 49% in teeth with ingestion of proper amounts of fluoride.

➢ Fluoride is a mineral that strengthens the outside layer of the teeth. It is found naturally, occurring in ground water and rock beds.

➢ If the usual drinking water source is not providing adequate levels of fluoride, fluoride supplementation should be discussed.

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Systemic and Topical Fluoride Delivery

SYSTEMIC

- Water/or
- Tablets
- Drops
- In Vitamins

TOPICAL

- Toothpaste
- Anti-Cavity Rinses
- Fluoride Applications
  (Varnish or in office – e.g., gels)
# Fluoride: Recommendations

<table>
<thead>
<tr>
<th>Age</th>
<th>Fluoride Supplement Fluoride ion level in drinking water (ppm)$^1$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 0.3 ppm</td>
</tr>
<tr>
<td>Birth – 6 months</td>
<td>None</td>
</tr>
<tr>
<td>6 months – 3 years</td>
<td>0.25 mg/day$^2$</td>
</tr>
<tr>
<td>3 – 6 years</td>
<td>0.50 mg/day</td>
</tr>
<tr>
<td>6 – 16 years</td>
<td>1.0 mg/day</td>
</tr>
</tbody>
</table>

$^1$ Fluoride ion level in drinking water (ppm)

$^2$ mg/day

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Fluoride is good - but fluorosis can occur

- Fluorosis of teeth may result from high levels of fluoride during infancy during the developmental stages of teeth (up to eight years).

- May occur from swallowing excessive fluoridated toothpaste or consuming multiple sources of fluoride enhanced products.
Fluorosis

- Fluorosis usually appears as small white areas in the enamel.

- It is a cosmetic concern only – at this level it does not affect tooth structure.

Courtesy of Kids Oral Health Partnership, www.kohp.org
Child Oral Health Assessment

**Prepare for the Examination**

Provide rationale.

Describe caregiver role.

Ensure adequate lighting.

Assemble necessary equipment.

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Positioning Child for Oral Examination

• Position the child in the caregiver’s lap facing the caregiver.

• Sit with knees touching the knees of caregiver (or use pillow as barrier to make caregiver more comfortable).

• Lower the child’s head onto your lap.

• Lift the lip to inspect the teeth and soft tissue.
What to Look For

- Lift the lip to inspect soft tissue and teeth.

- Assess for
  - Presence of plaque
  - Presence of white spots or dental decay
  - Presence of tooth defects (enamel)
  - Presence of crowding
  - Provide education on brushing and diet during examination.
Check for Normal Healthy Teeth

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