United States is poor and carries figures are at an all-time high. What are the reasons for this? Fernandez: Actually, the oral health of children in the U.S. has improved significantly over the past few decades when you look at a national sample across all age groups. Today, most American children have excellent oral health, but a significant subset suffers from a high level of oral disease.

The reasons for this are considerably more common amongst children living in poverty, some racial/ethnic minority populations, children with special needs and children with HIV/AIDS infection.

You might be referring to the recent study in the National Health and Nutrition Examination Survey. It demonstrated an increase in dental caries from 24 percent to 28 percent in the 2- to 5-year-old group.

The reasons for this are presently unclear, but this increase has reignited efforts in the U.S. to improve access to care for this age group and children in the U.S. who are at risk for dental decay.

In order to combat the current national epidemic of ECC in young children effectively, a more comprehensive, collaborative approach to the education of parents by all new borned and pediatric health-care providers, such as nurses, pediatric and general dentists, dental hygienists, pediatricians, pediatric nurse practitioners, obstetricians and gynecologists, is essential.

The American Academy of Pediatrics [AAP] began a collaborative effort with pediatric dentists to address the issue of ECC. The AAP has made strides in developing educational programs for all pediatricians and family physicians to identify at-risk children and refer them for dental treatment.

However, for many children, access to dental care remains a problem and the number of dental caries seems to be growing. Many parents do not have dental insurance; thus, they postpone dental treatments until the problem is so advanced that it can no longer be ignored.

Many parents do not have dental caries until the problem is severe. As a result, pre-school children with Medicaid may still have untreated decayed teeth.

Frequent bottle feeding at night has been identified as a driving factor for ECC. Other studies have found a microbiological connection between mother and child, labeling ECC a transmissible disease. What is your opinion on this? Fernandez: Why do you ask?

The most advanced disease is always been a major priority. Fernandez: Why do you ask?

Prof. Jill Fernandez

The ideal root-canal filling material for primary teeth should resorb at a similar rate to the primary root in order to permit normal eruption of the successor tooth; not be harmful to the underlying tissue or to the permanent tooth germ; fill the root canals easily; adhere to the walls and not shrink; be easily removed, if necessary; be radiopaque; be anti-septic; and not cause discoloration of the tooth.

There is currently no material that meets all these criteria, but the filling materials most commonly used for primary pulps and canals are non-reinforced zinc-oxide-eugenol paste, iodoform-based paste [Kri], and iodoform and calcium hydroxide [Vitapex].

A study in the Netherlands has found that prevention involving the counseling of parents on caries-promoting feeding behavior is often ineffective in the long term. Is there a lack of quality intervention strategies? Herman: If we, or the World Health Organization, could answer this question, we’d have found the key to unlocking the mystery of improving outcomes for human parents. Not one intervention has been shown conclusively to work often reverse dental decay, as well as prevent it.

Lim: Starting in infancy, children at risk for dental decay should be receiving twice yearly applications of fluoride varnish, whether by a dentist or dental professional, or as part of the well-child care from their pediatricians. More than 40 states in the U.S. have implemented such programs, and the outcomes are impressive — as many as 40 percent fewer children with early signs of ECC.

Fernandez: Collaboration between other health providers and the dental professions is key to combating the incidence of ECC.

You will be presenting at this year’s PDAA Congress in Pasay City. What will the participant be able to take home from your presentation? Lim: At New York University [NYU] through education, outreach, training and collaboration with other health professionals, we have developed a multi-faceted approach to the many aspects of oral-health problems. Our presentation will describe the coordination of the strategies and programs that NYU employs, particularly in combating ECC.

Herman: Our presentation will examine and offer solutions to the management of ECC. We will offer a clinical therapeutic protocol that effectively stabilizes and/or arrests active caries, and that suggests a disease-intervention model of care that replaces restoration of teeth as the primary approach to the treatment of ECC in infants, toddlers and pre-school children.

Fernandez: Participants will learn about setting up an infant oral-health program in their offices using an auxiliary. The auxiliary should be able to conduct a risk assessment, provide anticipatory guidance and prescribe an individualized preventive program. Our presentation will outline the steps in establishing an infant oral-health program in the dental office.