Low Caries Risk

Based on your responses to the assessment questions, this caries risk tool classifies your patient at **LOW RISK** for future dental caries. Your patient does not show any disease indicators or factors that predict dental caries in the immediate future. We recommend that you consider the following steps to optimize your patient’s ongoing oral health.

### Sealants
- Not indicated, optional for primary prevention with deep pits and fissures

### Saliva Testing
- Assessment of saliva quality/appearance is recommended
- Bacterial testing via culturing or monoclonal antibody or plaque ATP bioluminescence is optional for baseline records and to support patient motivation

### Antibacterials
- Not indicated

### Remineralization

#### Topical Fluoride
- OTC fluoride toothpaste twice per day

### Lifestyle Habits
- Low intake of fermentable carbohydrates
- Twice daily cleaning with a Sonicare power toothbrush or a manual toothbrush
- Daily use of Sonicare AirFloss Pro or other dental floss
- Gumballs or candies with xylitol as a substitute for sucrose candies or gum

### Radiographs
- Every 24-36 months

### Follow-Up Care
- Dental exam every six months
- Caries risk reevaluation every six months

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1 Normal saliva should be watery clear with low viscosity. Sticky, frothy, bubbly saliva with increased viscosity is not considered normal. The quantity of normal saliva at five minutes varies whether it is unstimulated or stimulated.
Moderate Caries Risk

Based on your responses to the assessment questions, this caries risk tool classifies your patient at potentially MODERATE RISK for future dental caries. Your patient does not show disease indicators for dental caries, but may have one or more specific risk factors that may predict moderate caries risk in the future. We recommend that you consider the following steps to help reduce caries risk factors and optimize your patient’s ongoing oral health.

Sealants

• Recommended for deep pits and fissures

Saliva Testing

• Assessment of saliva quality/appearance is recommended
• Measurement of resting and stimulated saliva pH, flow and salivary buffering capacity may be recommended for baseline records and to support patient motivation
• Bacterial testing via culturing or monoclonal antibody or plaque ATP bioluminescence may be recommended for baseline records and to support patient motivation

Antibacterials

• Xylitol therapy (gum, mints, spray) three to five times daily (total daily dose six to ten grams)

Remineralization

Topical Fluoride
• OTC fluoride toothpaste twice per day
• 0.05% NaF rinse twice daily
• NaF varnish applied every four to six months
• Calcium phosphate or high fluoride therapy may be recommended if root sensitivity is present
• Use of Relief ACP Gel or a high fluoride sensitivity toothpaste if recession or root sensitivity is present

Lifestyle Habits

• Low intake of fermentable carbohydrates
• Healthy diet and snacks
• Twice daily cleaning with a Sonicare power toothbrush or a manual toothbrush
• Daily use of Sonicare AirFloss Pro or other dental floss
• Gumballs or candies with xylitol as a substitute for sucrose candies or gum
• Daily use of oral-strain probiotics may reduce cariogenic bacteria levels
Moderate Caries Risk continued

Radiographs

• Every 18–24 months

Follow-Up Care

• Dental exam every four to six months
• Caries risk reevaluation at least every four to six months

1 Normal saliva should be watery clear with low viscosity. Sticky, frothy, bubbly saliva with increased viscosity is not considered normal. The quantity of normal saliva at five minutes varies whether it is unstimulated or stimulated.
**High Caries Risk**

Based on your responses to the assessment questions, this caries risk tool classifies your patient at potentially **HIGH RISK** for future dental caries. Your patient may have **one or more** disease indicators for dental caries, or has no disease indicators but **two or more** risk factors for dental caries disease in the future. We recommend that you consider the following steps to reduce caries risk factors and optimize your patient’s ongoing oral health.

**Sealants**
- Recommended

**Saliva Testing**
- Assessment of saliva quality/appearance is recommended
- Measurement of resting and stimulated saliva pH, flow and salivary buffering capacity is recommended for baseline records and to support patient motivation
- Bacterial testing via culturing or monoclonal antibody or plaque ATP bioluminescence is recommended for baseline records and to monitor current therapy and support patient motivation

**Antibacterials**
- Xylitol therapy (gum, mints, spray) three to five times daily (total daily dose six to ten grams)
- Use of agents to modify biofilm behavior:
  - Use 0.12% Chlorhexidine Gluconate Oral Rinse once per day for the first week of each new month (bacterial re-testing after three months)
  - 0.2% Sodium hypochlorite rinse daily for one month (bacterial re-testing after one month)
  - Chlorhexidine/thymol varnish applied every three months

**Remineralization**

**Topical Fluoride**
- A high fluoride whitening toothpaste twice daily
- 0.05% NaF rinse twice daily
- NaF varnish applied every three to four months
- Use of Relief ACP Gel or a high fluoride sensitivity toothpaste if recession or root sensitivity is present

**Calcium Phosphate & pH Neutralization**
- Calcium phosphate therapy with creams or pastes may be considered if fluoride alone is ineffective
- pH neutralization with sprays, lozenges or rinses may be considered if fluoride alone is ineffective
High Caries Risk continued

Lifestyle Habits

- Low intake of fermentable carbohydrates
- Healthy diet and snacks
- Twice daily cleaning with a Sonicare power toothbrush or a manual toothbrush
- Daily use of Sonicare AirFloss Pro or other dental floss
- Gumballs or candies with xylitol as a substitute for sucrose candies or gum
- Daily use of oral strain probiotics may reduce cariogenic bacteria levels

Radiographs

- Every 6–18 months

Follow-Up Care

- Dental exam every three to four months
- Caries risk reevaluation at least every three to four months

1 Normal saliva should be watery clear with low viscosity. Sticky, frothy, bubbly saliva with increased viscosity is not considered normal. The quantity of normal saliva at five minutes varies whether it is unstimulated or stimulated.

2 Unstimulated (Resting) Saliva Flow: Evert the lower lip, gently blot the labial mucosa with a gauze and observe how long it takes for droplets of saliva to form at the orifices of the minor glands. If droplets form in less than one minute, the resting flow is generally considered normal. If it takes more than one minute for droplets to appear, the resting saliva flow rate could be considered low.

Stimulated Saliva Flow: To measure stimulated saliva, an unflavored wax pellet and a collection cup with mL measurements is required.

1. Instruct the subject to sit motionless.
2. Instruct the subject to swallow to void the mouth of saliva (starting time).
3. Instruct the subject to chew the paraffin wax pellet for five minutes, expectorating saliva periodically into collection cup.
4. At the end of five minutes, measure the saliva produced (do not include froth or bubbles).
5. Normal stimulated saliva should be less than five ml (≤5ml/minute ~ ≤1.6ml/min).

3 Calcium phosphate therapy is growing in popularity to enhance remineralization. Commercially available products containing ACP, CPP-ACP, CSP and TCP are available. For extreme risk patients, custom trays should be used to increase contact time. A minimum of a three-minute contact time is required, however, wearing trays longer is encouraged. Instruct the patient not to brush, rinse, drink or eat for at least 30 minutes following use of calcium phosphate. In addition, a compounding pharmacy can make a dibasic sodium phosphate rinse that can also be used daily.

4 The critical pH below which enamel dissolves is not constant but varies over a wide range, depending on the concentrations of calcium and phosphate. Values anywhere from 5.5–6.2 have been shown to cause demineralization of enamel. Using commercially available sprays, rinses and lozenges may increase low oral pH. In addition, a mixture of a half teaspoon of baking soda with eight ounces of water can be used as a rinse several times daily.
Extreme Caries Risk

Based on your responses to the assessment questions, this caries risk tool classifies your patient at potentially **HIGH RISK** for future dental caries. Your patient may have **one or more** disease indicators for dental caries, or has no disease indicators but **two or more** risk factors for dental caries disease in the future. We recommend that you consider the following steps to reduce caries risk factors and optimize your patient’s ongoing oral health.

### Sealants

- Recommended

### Saliva Testing

- Assessment of saliva quality/appearance is recommended
- Measurement of resting and stimulated saliva pH, flow and salivary buffering capacity is recommended for baseline records and to support patient motivation
- Bacterial testing via culturing or monoclonal antibody or plaque ATP bioluminescence is recommended for baseline records and to monitor current therapy and support patient motivation

### Antibacterials

- Xylitol therapy (gum, mints, spray) three to five times daily (total daily dose six to ten grams)
- Use of agents to modify biofilm behavior:
  - Use 0.12% Chlorhexidine Glucanate Oral Rinse once per day for the first week of each new month (bacterial re-testing after three months)
  - 0.2% Sodium hypochlorite rinse daily for one month (bacterial re-testing after one month)
  - Chlorhexidine/thymol varnish applied every three months

### Remineralization

#### Topical Fluoride

- A high fluoride toothpaste twice daily
- 0.05% NaF rinse twice daily
- NaF varnish applied every three to four months
- Use of Relief ACP Gel or a high fluoride sensitivity toothpaste if recession or root sensitivity is present

#### Calcium Phosphate & pH Neutralization

- Calcium phosphate therapy with creams or pastes is recommended
- pH neutralization with sprays, lozenges or rinses is recommended

### Lifestyle Habits

- Low intake of fermentable carbohydrates
- Healthy diet and snacks
- Twice daily cleaning with a Sonicare power toothbrush or a manual toothbrush
- Daily use of Sonicare AirFloss Pro or other dental floss
- Gumballs or candies with xylitol as a substitute for sucrose candies or gum
- Daily use of oral strain probiotics may reduce cariogenic bacteria levels
Radiographs

- Every 6–18 months

Follow-Up Care

- Dental exam every three months
- Caries risk reevaluation at least every three months

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