

## Policy Statement on the Use of Fluoride

### Originating Council

Council on Clinical Affairs

### Review Council

Council on Clinical Affairs

### Date Adopted

May 2000

### Date(s) reviewed/revised

May 2001

### Purpose

The American Academy of Pediatric Dentistry affirms that fluoride provides a safe and effective means of reducing dental caries.

### Methodology

#### Background/Literature Review

The adjustment of the fluoride level in community water supplies to optimal concentration is the most beneficial and inexpensive method of reducing the occurrence of dental caries. Alternate means of fluoride administration are less beneficial, but are effective and economical. Epidemiologic data within the last half century indicate reductions in dental caries of 55 to 60%, without significant dental fluorosis, when domestic water supplies are fluoridated at an optimal level. The costs of health care are of critical concern to the profession of dentistry, and evidence accumulated from long-term use of fluorides has demonstrated that the cost of oral health care for children can be reduced by as much as 50%. These savings in health dollars accrue to private individuals, group purchasers, and government care programs, but it should be remembered that an even higher caries reduction can be obtained if the proper use of fluorides is combined with other dietary, oral hygiene, and preventive measures.

A large body of literature supports the incorporation of optimal fluoride levels in drinking water supplies. When drinking water fluoridation is impossible, effective systemic fluoridation can be achieved through the intake of daily fluoride supplements. Also, fluoride content of consumed beverages and food (e.g., processed food and filtered or bottled water) should be considered.

Significant cariostatic benefits can be achieved by the use of fluoride-containing preparations such as toothpastes, gels, and rinses, especially in areas without water fluoridation. Topical fluoride-containing products must be used with caution in young children, in order to prevent ingestion of excessive amounts of fluoride.

A number of clinical trials have confirmed the anti-caries effect of a 5% neutral sodium fluoride varnish. Fluoride varnishes should be considered for use as a preventive adjunct to reduce enamel demineralization in children identified at risk for early childhood caries. The topical application of fluoride varnish should be included in a comprehensive approach to early intervention, including a thorough intra-oral examination by a qualified dentist, diagnosis of existing conditions, treatment of caries beyond the benefit of fluoride varnish, and appropriate referral when indicated.

#### Policy Statement

1. The AAPD endorses and encourages the adjustment of fluoride content of domestic community water supplies where feasible.
2. Whenever water fluoridation is not feasible, the AAPD endorses the supplementation of a child's diet with fluoride according to the dose scheduled approved by the Council on Dental Therapeutics of the American Dental Association (refer to Dietary Fluoride Supplementation Schedule under Guidelines for Fluoride Therapy).

3. Efforts will be made by the AAPD and its members to inform medical peers of the potential hazard of enamel fluorosis when fluoride supplements are given in excess of the recommended amounts.
4. The AAPD will exert efforts to foster with appropriate agencies the need for continued research on effects of dental fluorosis in the dental health of children.
5. The AAPD does not support the use of prenatal fluoride supplements.
6. The AAPD supports and encourages the appropriate use of topical fluoride-containing preparations.
7. The AAPD endorses the appropriate use of topical fluoride varnish.
8. The AAPD also supports the delegation of fluoride varnish application to auxiliary dental personnel, or other trained allied health professionals, by prescription or order of a qualified dentist, after a comprehensive oral examination has been performed.

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