



# Texas RoundUp

*Program Updates for Our Texas Dentists*

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Dear Doctor,

In this week's Texas RoundUp:

- The importance of dental sealants
- Proper use of behavior management tools

## Importance of Dental Sealants

There is strong scientific evidence linking sealants to a significant reduction in dental caries in pits and fissures of permanent molar teeth. According to evidence presented in the ADA sealant recommendation, "sealants are effective in reducing occlusal caries incidence in permanent first molars of children, with caries reductions of 76.3 percent at four years, when sealants were reapplied as needed."

Evidence from Medicaid claims data for children who were continuously enrolled for four years indicates that:

- Sealed permanent molars are less likely to receive restorative treatment
- The time between receiving sealants and receiving restorative treatment is greater
- Restorations were less extensive than those in permanent molars that were unsealed

Reduction of caries incidence in children and adolescents after placement of sealants ranges from 86% at one year to 78.6% at two years, and 58.6% at four years.

Based on this compelling information, the U.S. Department of Health and Human Services set two goals related to the placement of sealants: seal 28.1% of children's first molars and 21.9% of their second molars.

We encourage you to talk to your patients about the importance of dental sealants and treating them at the right time for the most effective results.

## Proper Use of Behavior Management Techniques

Sometimes behavior management is necessary to treat child during their dental visit. Examples of behavior management techniques include:

- Communicative management
- Non-verbal communications
- Positive reinforcement
- Parental presence/absence
- Voice control
- Tell-Show-Do
- Distraction
- Nitrous oxide/oxygen inhalation sedation

Protective stabilization including sedation and general anesthesia are considered advanced behavioral management techniques by the AAPD\*.

### ***When is it appropriate to use a behavior management technique?***

In accordance the American Academy of Pediatric Dentistry\*\* guidelines on behavior management, it is appropriate to use behavior management for the following scenarios:

- Patient who requires immediate diagnosis and/or limited treatment and cannot cooperate due to lack of maturity
- Patient who requires immediate diagnosis and/or limited treatment and cannot cooperate due to a mental or physical disability
- When the safety of the patient and/or practitioner would be at risk without the protective use of immobilization

### ***When is it inappropriate to use behavior management tools\*\*?***

It is not appropriate to use behavior management tools for the following:

- Cooperative patients
- On patients who, due to their medical or systemic condition cannot be immobilized safely
- As punishment
- For the convenience of the dentist and dental staff

Routine use of restraining devices to immobilize young children to complete their dental care is not acceptable and will result in termination from the network.

### ***Important reminders***

Please keep in mind the following information if you plan to use a behavior management technique:

- You must inform the legal guardian and obtain written consent before using a behavior management tool. This documentation should be kept in the patient's record, along with the type of immobilization used and the duration of the application.
- Dentists must have formal training in protective stabilization.
- General dentists may want to consider referring the patient to a dental specialist who is better equipped to provide protective stabilization.
- Dental auxiliaries are not permitted to use restraining devices to immobilize children.

To learn more about behavior management, click [here](#) to read the ADA's ***Guideline on Behavior Guidance for the Pediatric Patient***.

\*Journal of Pediatric Dental Education: Behavior Management Techniques: A Survey of Predoctoral Dental Students, 2007

\*\*American Academy of Pediatric Dentistry, *Guideline on Behavior Management*. Reference Manual 2002-2003.

\*\*\*Tennessee Board of Dentistry Newsletter. Spring 2004