

TABLE 1

### Caries Management by Risk Assessment Clinical Guidelines for Patients Age 6 and Older

Risk Level ### ***	Frequency of Radiographs	Frequency of Caries Recall Exams	Saliva Test (Saliva Flow & Bacterial Culture)	Antibacterials Chlorhexidine Xylitol ****	Fluoride	pH Control	Calcium Phosphate Topical Supplements	Sealants (Resin-based or Glass Ionomer)
Low risk	Bitewing radio- graphs every 24- 36 months	Every 6-12 months to re- evaluate caries risk	May be done as a base line refer- ence for new patients	Per saliva test if done	OTC fluoride-containing toothpaste twice daily, after breakfast and at bedtime. Optional: NaF varnish if excessive root exposure or sensitivity	Not required	Not required  Optional: for excessive root exposure or sen- sitivity	Optional or as per ICDAS seal- ant protocol (TABLE 2)
Moderate risk	Bitewing radio- graphs every 18- 24 months	Every 4-6 months to re- evaluate caries risk	May be done as a base line refer- ence for new patients or if there is suspicion of high bacterial challenge and to assess efficacy and patient coop- eration	Per saliva test if done Xylitol (6-10 grams/day) gum or candies. Two tabs of gum or two candies four times daily	OTC fluoride-containing toothpaste twice daily plus: 0.05% NaF rinse daily. Initially, 1-2 app of NaF varnish; 1 app at 4-6 month recall	Not required	Not required  Optional: for excessive root exposure or sen- sitivity	As per ICDAS sealant protocol (TABLE 2)
High risk*	Bitewing radio- graphs every 6-18 months or until no cavitated lesions are evident	Every 3-4 months to re- evaluate caries risk and apply fluoride varnish	Saliva flow test and bacterial culture initially and at every car- ies recall appt. to assess efficacy and patient coop- eration	Chlorhexidine gluconate 0.12% 10 ml rinse for one min- ute daily for one week each month. Xylitol (6-10 grams/day) gum or can- dies. Two tabs of gum or two candies four times daily	1.1% NaF toothpaste twice daily instead of regular fluoride tooth- paste. Optional: 0.2% NaF rinse daily (1 bottle) then OTC 0.05% NaF rinse 2X daily. Initially, 1-3 app of NaF varnish; 1 app at 3-4 month recall	Not required	Optional: Apply calcium/ phosphate paste several times daily	As per ICDAS sealant protocol (TABLE 2)
Extreme risk** (High risk plus dry mouth or special needs)	Bitewing radio- graphs every 6 months or until no cavitated lesions are evident	Every 3 months to re-evaluate caries risk and apply fluoride varnish.	Saliva flow test and bacterial culture initially and at every car- ies recall appt. to assess efficacy and patient coop- eration	Chlorhexidine 0.12% (preferably CHX in water base rinse) 10 ml rinse for one minute daily for one week each month. Xylitol (6-10 grams/day) gum or candies. Two tabs of gum or two candies four times daily	1.1% NaF toothpaste twice daily instead of regular fluoride tooth- paste. OTC 0.05% NaF rinse when mouth feels dry, after snacking, breakfast, and lunch. Initially, 1-3 app. NaF varnish; 1 app at 3 month recall.	Acid-neutralizing rinses as needed if mouth feels dry, after snacking, bedtime and after breakfast. Baking soda gum as needed	Required Apply calcium/ phos- phate paste twice daily	As per ICDAS sealant protocol (TABLE 2)

\* Patients with one (or more) cavitated lesion(s) are high-risk patients. \*\*\* Patients with one (or more) cavitated lesion(s) and severe hyposalivation are extreme-risk patients. \*\*\*\* All restorative work to be done with the minimally invasive philosophy in mind. Existing smooth surface lesions that do not penetrate the DEJ and are not cavitated should be treated chemically, not surgically. For extreme-risk patients, use holding care with glass ionomer materials until caries progression is controlled. Patients with appliances (RPDs, prosthodontics) require excellent oral hygiene together with intensive fluoride therapy e.g., high fluoride toothpaste and fluoride varnish every three months. Where indicated, antibacterial therapy to be done in conjunction with restorative work. ### For all risk levels: Patients must maintain good oral hygiene and a diet low in frequency of fermentable carbohydrates. \*\*\*\* Xylitol is not good for pets (especially dogs).