A Clinical Look at CAMBRA CAMBRA and CariFree: A Thorough Understanding CariFree Clinical Perspective

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A Clinical Look at CAMBRA

Management and treatment of the biofilm aspect of caries disease.

By Drs. V Kim Kutsch, Carson L. Kutsch, and BC Nelson

The following are excerpts from the August 2007 Dental Products Report article.

"Although much has been written about dental caries as an infectious and transmissible bacterial disease, coupled with growing scientific evidence that supports treating dental caries with a medical model, the majority of dentists still treat this disease primarily by using surgical methods. Drilling and filling does restore the teeth to function and reduce pain, but it does nothing to eliminate the disease cause. There seems to be a missing link between the scientific information and the application of this information to normal clinical practice. Even dentists performing routine caries risk-assessment-based diagnosis struggle with how to successfully

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treat the biofilm component of the disease. Furthermore, dentists and patients alike seem confused on reasonable treatment outcomes and expectations for success. Treating the biofilm aspect of caries disease presents a serious clinical challenge, and there simply are no easy answers or magic bullets."

"Dental caries diagnosis and risk assessment is made from a combination of data; no single piece of data is used as a stand alone for caries diagnosis. Instead, the more information, the better the decision process. The assessment should include results from the clinical exam, radiographic exam, caries risk assessment form, a patient's decay history and experience over time, and direct bacterial or biofilm culturing or metrics including saliva testing. Examining all of the pertinent information results in a clearer picture of the disease status and future risk assessment."

"After a caries diagnosis is made, steps should be taken to provide effective treatment-not just for the existing end stages of the disease,

such as cavitations and pulp death, but also in identifying therapies and strategies aimed at reversing the biofilm to favor healthy bacterial species and reducing future caries risk.

The American Dental Association (ADA) offers the parameters of caries risk categories, grouped by ages, for children through adults (see "ADA caries risk guidelines,"). After completing risk assessment and determining a diagnosis, the next practical step is to identify appropriate treatment and therapeutic strategies tailored to each patient's individual risk factor(s). This treatment process can be broken down logically into several steps. Because patient compliance is crucial in successful caries treatment, simplified treatment strategies combined with fewer patient compliance issues increase chances for successful treatment outcomes."

To learn more about treatment strategies and to view this complete article refer to the August 2007 issue of Dental **Products Report.**

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*Information on file and available on www.carifree.com.

CAMBRA and CariFree

A thorough understanding of CAMBRA and the CariFree System.

By Carri Cady, RDH

Dear fellow dental hygienists! I would like to take this opportunity to first commend your commitment to oral health for your patients and improving the standard of care. Keep in mind, you all are on the cutting edge of a paradigm shift in dentistry. We are all learning together as the science on biofilms and risk assessment evolves.

I would like to touch on a couple of the key ideas with regard to CAMBRA and the CariFree System.

Patient Screening

First and foremost, the Caries Risk Assessment Form and the CariScreen test are diagnostic methods of patient screening meant to be used on each and every patient. Similar to an oral cancer screening, periodontal charting, radiographs, etc. For example, a Velscope is not designed just to screen patients with obvious oral cancer lesions. The purpose of cancer screening is early diagnosis and prevention for those patients not yet showing obvious signs. Similarly, the CariFree System is not designed for use with just "pre-selected," extreme-risk patients with rampant decay. Decay is an indicator that the caries infection exists, while lack of decay is not an indicator of lack of the caries infection. Therefore a Caries Risk Assessment and screening for every patient is essential for prevention and success.

Corrective Actions and Treatment

Contact Oral BioTech for the most current protocols on the use of the Treatment and Maintenance products. I would highly recommend printing these simplified protocols to send home with the patients to minimize questions as to the regimen. Let's discuss the flavor of the Treatment Rinse. Be upfront with patients that this rinse has a strong taste and sensation. This is a medication to treat an infection. As a comparison, if their MD prescribed antibiotics for a sinus infection, while the patients know of the undesirable side effects, they will still use the antibiotics. Patients understand that treating an infection is the only way to restore health. It is a necessary evil if treatment of their infection is the intended goal.

Keep in mind that high and extreme risk patients will be the toughest patients to treat. Make sure to set your expectations, as well as those of your patients, for multiple treatment cycles. Extreme risk patients may require as many as six therapeutic cycles, dietary counseling, re-mineralization, behavioral modifications, increased use of maintenance products, etc. to restore and maintain a healthy oral biofilm.

Long term use of the maintenance products is suggested to maintain oral health.

It is all about the pH

All of our therapeutic treatment and maintenance products focus on a pH positive (alkaline) regimen combined with known anti-caries ingredients. This is based on current research that establishes low (acidic) pH as the selection pressure which converts a biofilm from healthy to cariogenic. Our mission is to use alkaline pH in combination with anti-caries ingredients to pressure the biofilm from cariogenic back to health. (See BMC Oral Health, July 2006 article by Philip D. Marsh entitled "Dental plague as a biofilm and a microbial community — implications for health and disease." Copy available at www.carifree.com)

I look forward to continuing to work with you to make CariFree the standard of caring for patients. Please feel free to use me as a reference. I am here to support you in any way you need.

CariFree Clinical Perspective

Presented by Dr. Graeme Milicich- Hamilton, New Zealand

The patient is 12 yrs old and presented with rampant caries and associated cavities. There were 16 cavities identified as needing restoration, several of which were significant smooth surface lesions on anterior teeth. At the initial consultation she was prescribed CariFree Treatment Rinse to be used for 1 minute, twice daily. At this point there was no attempt made to provide any further advice or to do a comprehensive risk assessment. She was scheduled 1 week later for initial cavity restoration and a caries risk assessment.

Fig 2.1 is a photo at the initial consultation and Fig 2.2 is as she appeared after 1 week on the CariFree Treatment Rinse. There has been a marked reduction visible plaque accumulation and an improvement in visible gingival inflammation.



FIG 2.1



FIG 2.2

FREE Advanced Caries Management Training Now Available

Oral BioTech has created an updated training module and simple Caries Risk Assessment and Corrective Action Forms to streamline caries risk assessment and treatment into the dental office. Call for your FREE Advanced Caries Management Training and become a Certified CariFree Clinician. Receive a FREE sample of our new products, CariFree Fluoride Varnish & CariFree Mint Maintenance Rinse. This new training module will ensure your success with the CariFree System and help doctors and team members communicate and treat patients easier and faster than before.

For more information and to set up your Advanced Training, please call 866-928-4445.