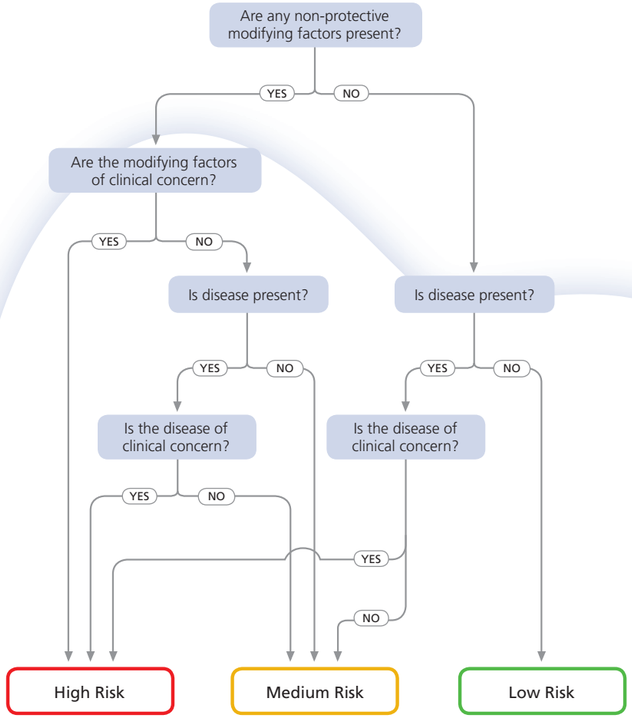
Risk Assessment

Assigning a risk for the development of oral disease

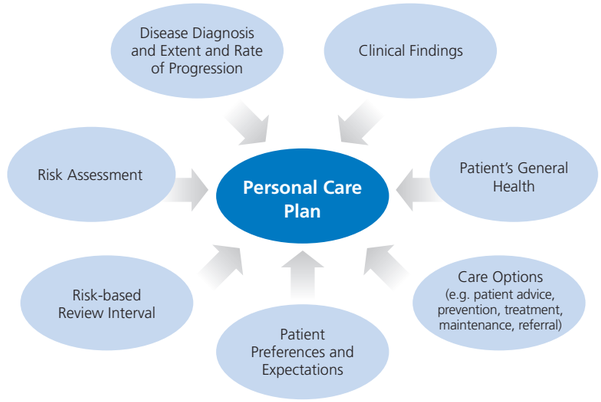


Scottish Dental Clinical Effectiveness Programme
Dundee Dental Education Centre, Frankland Building, Small's Wynd, Dundee DD1 4HN

Email scottishdental.cep@nes.scot.nhs.uk
Tel 01382 425751 / 425771
Website www.scottishdental.org/cep

Personal Care Planning

Points to consider in the development of a personal care plan



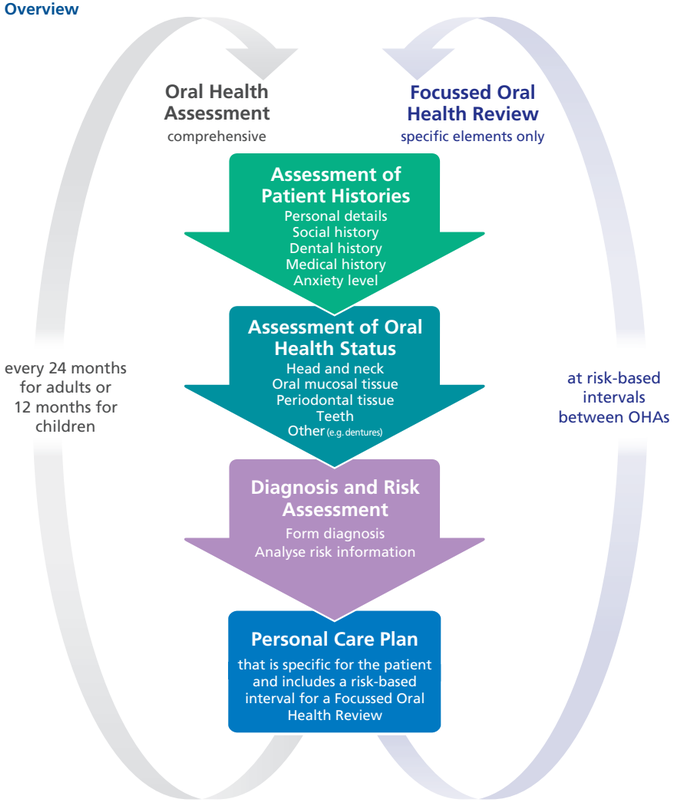
Variation in personal care plans for the three overall risk levels

High Risk	Medium Risk	Low Risk
Enhanced Prevention	Enhanced Prevention	Standard Prevention
Interventive treatment and/or referral, if required	Interventive treatment and/or referral, if required	
Short interval Focussed Oral Health Reviews to check risk areas, compliance and review recall interval Minimum interval of **3 months** between reviews	**Medium interval** Focussed Oral Health Reviews to check risk areas, compliance and review recall interval Minimum interval of **6 months** between reviews	
Oral Health Assessment at 24 months for adult, 12 months for child	Oral Health Assessment at 24 months for adult, 12 months for child	Oral Health Assessment at 24 months for adult, 12 months for child

Note that for a new patient assessed as low risk, a conservative interval for Focussed Oral Health Reviews is advised initially which can be extended incrementally if no new problems are encountered.

Oral Health Assessment and Review
Quick Reference Guide

Overview



For further details, refer to the Guidance in Brief and full guidance available at www.scottishdental.org/cep

Modifying Factors

Modifying factors include risk and protective factors, behaviours and clinical findings that may be identified from patient histories or the assessment of oral health status. These factors are associated with the development of oral disease and conditions and should be considered when determining the risk-based frequency of Focussed Oral Health Reviews.

Patient Histories

- Conditions that increase a patient's risk of developing dental disease (e.g. diabetes, xerostomia as a result of, for example, Sjogrens syndrome, certain drugs or head and neck radiation therapy)
- Conditions that might complicate dental treatment or the patient's ability to maintain their oral health (e.g. special needs or anxious, nervous, phobic conditions)
- Conditions where dental disease could put the patient's general health at increased risk (e.g. patients on warfarin, immunosuppression)
- Excessive alcohol use (>21 units of alcohol per week for men; >14 units of alcohol per week for women)
- Family history of chronic or aggressive (early onset/juvenile) periodontitis
- Ghukta, Paan (betel quid with tobacco), Areca nut use
- High and/or frequent dietary acid intake
- High and/or frequent sugar intake
- High caries rates in mother and siblings (applies to children only)
- Poor level of oral hygiene
- Residence in a deprived (low SIMD) area
- Tobacco use
- Use of ≥1000 ppm fluoride toothpaste (protective factor)
- Use of other sources of fluoride or resident in a water-fluoridated area (protective factor)

Head and Neck

- Craniofacial abnormalities
- Limited mouth opening
- Neck (lymph node) swelling
- Suspicious skin lesions (basal or squamous cell carcinomas, melanomas)
- TMJ problems

Oral Mucosal Tissue

- Betel quid chewing
- Diets low in fruit and vegetables
- Excessive alcohol use (>21 units of alcohol per week for men; >14 units of alcohol per week for women)
- Low saliva flow rate (dry mouth)
- Mucosal lesion present
- Outdoor workers
- Tobacco use

Periodontal Tissue

- Bony loss observed on sequential radiographs
- BPE scores of 3,4,* in patients under 35 years of age
- Concurrent medical factor that is directly affecting the periodontal tissues (e.g. diabetes, stress, certain medication)
- Evidence of gingivitis
- Family history of chronic or aggressive (early onset/juvenile) periodontitis
- Family history of early tooth loss due to periodontal disease
- High % of bleeding on probing in relation to a low plaque index
- Poor level of oral hygiene
- Presence of plaque-retaining factors
- Previous history of treatment for periodontal disease
- Rapid periodontal breakdown >2mm attachment loss per year
- Root morphology that affects prognosis
- Smoking 10+ cigarettes a day

Dental Caries

- Anterior caries or restorations
- Healthcare worker's opinion (esp. children)
- Heavily restored dentition
- High and/or frequent sugar intake
- High caries rates in mother and siblings (applies to children only)
- Low saliva flow rate (dry mouth)
- New lesions since last check-up
- Past root caries or large number of exposed roots
- Poor dietary behaviours
- Poor level of oral hygiene
- Premature extractions because of caries
- Previous carious experience
- Resident in an area of deprivation
- Use of ≥1000 ppm fluoride toothpaste (protective factor)
- Use of other sources of fluoride or resident in a water-fluoridated area (protective factor)

Tooth Surface Loss

- Bruxism
- Clinical evidence of tooth wear
- High and/or frequent dietary acid intake (e.g. high consumption of acidic drinks such as carbonated drinks, citrus fruit and fruit juices)
- Predisposing medical and drug factors: for example, impaired salivary production or buffering ability; gastric reflux (often associated with Hiatus hernia); eating disorders such as anorexia nervosa, bulimia and pica; and the frequent use of some medicines and supplements such as steroid-containing asthma inhalers, vitamin C tablets and effervescent preparations
- Rapid progression of tooth wear
- Stress and/or anxiety

Tooth Abnormalities

- Family history
- Tooth abnormalities (tooth number, size, shape, colour)

Fluorosis

- Eating/licking toothpaste habit
- Exposure to fluoridated water, in conjunction with other factors, up to 3 years of age
- Inappropriate use of fluoride supplements or toothpaste
- Unsupervised toothbrushing (under 6 years)

Orthodontic Status

- Canine in the line of the arch but failing to erupt, 10–13 years of age
- Failure of teeth to erupt at the expected time
- First permanent molars of poor prognosis when hypodontia or skeletal discrepancy present
- Palatally ectopic or buccally impacted canines
- Patients requiring orthodontics as part of a multidisciplinary treatment plan

Dentures

- Poor denture and oral hygiene

Modifying factors are listed in alphabetical order.