

“Immunizing” Our Children’s Teeth

By G.M. Nana Lopez, DDS, MPH
Closing the Gap, Oral Health • July 1999

The top surfaces of molars (back teeth) have grooves and fissures where tooth decay (caries) usually forms. If a cavity does not get filled early in the disease process, it progresses to become a larger hole and eventually can kill the nerve of the tooth causing a painful abscess.

How do we prevent tooth decay? It is possible to stop dental grooves and fissures from getting caries if teeth are exposed to dental sealants and fluoride at the right time. Sealants are clear plastic coverings that are painted on teeth to protect them from new decay. They can even be placed on early decay, arresting its progression.

Sealants are a powerful preventive tool. Like immunizations, sealants are relatively inexpensive, easy to administer, and save patients the pain, suffering, and health service costs associated with dental disease.

When should children get sealants? The “window of opportunity” when children should get sealants is when they lose their front teeth. At that time, their first permanent molars usually show up (around 6-7 years of age). Another good time is when children’s second permanent molars come in (at 12 or 13 years of age). Teachers and health care providers working with children of these ages should alert parents about this opportune time for placing sealants.

Who needs sealants most? Needy and vulnerable children could benefit the most from sealants, yet they have been the ones least treated with this intervention. One of the Healthy People objectives for oral health is that 50 percent of all children would have sealants on their teeth by the year 2000. However, the most recent National Health and Nutrition Evaluation Survey (NHANES), found huge disparities in the proportions of children who had sealants (see Table).

One of the most effective ways to get sealants on children is to take the sealants to kids through school-based programs. Since sealant placement is relatively simple, it does not require much to put together portable, mobile systems to deliver treatment. Typically, a dentist will evaluate and select the teeth for sealants. This is also an excellent opportunity for the dentist to examine other oral structures and make referrals as needed. Once the teeth are evaluated and selected, a dental hygienist can place the sealants. Many states also allow dental assistants with special training to place sealants.

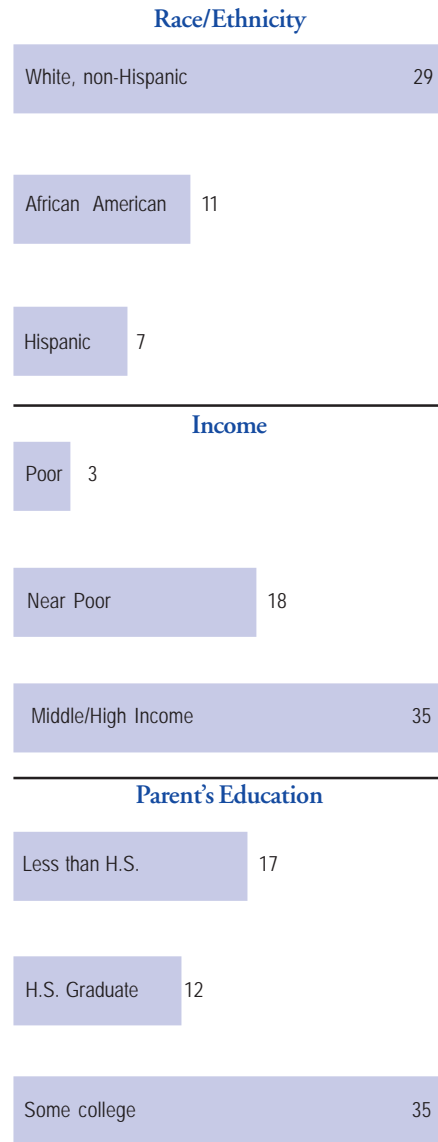
In conclusion, sealants on back teeth are excellent tools for preventing a large proportion of dental disease. They should be an integral part of any primary health care system for children. Application needs to occur before decay sets in, thus it is important to have children’s teeth evaluated and sealed during the appropriate “windows of opportunity.”

For information on starting a school-based sealant program, contact Larry Hill at (513) 357-7380; larry.hill@cinhlthe.rcc.org.

Dr. Lopez is program services director, the National Center for Farmworker Health. ❖



Percent of Children with Dental Sealants



Source: 1988-1993 data from NHANES III

