

CIGNA Dental Caries Risk Assessment For Providers



The prevention and restoration treatment of caries remains an important part of dental practice. Tooth decay is the single most common chronic childhood disease. In fact, it's 5 times more common than asthma and 7 times more common than hay fever¹. Also, many adults have untreated caries (e.g., 27% of those 20-39 years, 21% of those 40-59 years, and 19% of those 60 years and older)².

This caries risk assessment tool is designed to help you in the comprehensive management of caries in your patients. The assessment includes the following sections to involve the patient, parent, and/or caregiver: a patient interview or questionnaire (Part I), clinical evaluation (Parts II and III), and risk assessment and patient recommendations (Part IV).

primary caregiver about the patient. (Select the responses under the risk columns that best	Patient Name:		Date:				
answers each question.) Question		Lov	w Risk	Mo	derate Risk	Hic	gh Risk
For Adults and Children:			At least 2 times		Once a	-	Rarely or
How often do you visit your dentist?		_	per year		year		never
How often do you brush your teeth each day?			2-3 times		1 time		< 1 time
How often do you floss between your teeth?			Every day		3-4 times per week		Rarely or never
Do you use fluoride toothpaste?			Yes				No
Have you had cavities in the past?			No				Yes
How long has it been since your last cavity?			>24 months		12-24 months		<12 months
How many times daily do you eat sugary foods (such as candy soda, cookies, cake, or juice) between meals?	y,		Only with meals		1-2		3 or more
Do you wear braces, orthodontic appliances, or partial denture	es?		No				Yes
Does your mouth often feel dry (not enough saliva)?			No				Yes
Do you have special health care needs, especially, any which limit your ability to care for your teeth and gums?			No				Yes
Do you use chewing gum, mints, or other products that contain Xylitol?	n		Yes				No
Have you had sealants placed on your teeth?			Yes				No
Additional Questions for Children Under the age of 12.			No				Yes
Does the child's parent, primary caregiver, or siblings have cavities?							
Does the child sleep with a baby bottle that contains milk or jui	ice?		No				Yes
Does the child live in a community that has fluoridated water?			Yes				No
Does the child take fluoride supplements or use fluoride rinses	s?		Yes				No
Part II - Clinical evaluation of the patient - Select the responses under the risk columns that best answers each							

question

Question	Low Risk	Moderate Risk	High Risk
Does the patient have a history of medical or special needs?	□ No		☐ Yes
Does the patient have visible plaque build up?	□ No		☐ Yes
Are there areas of enamel demineralization (chalky white-spots on teeth)?	□ No	1	☐ Yes (more than 1)
Are there enamel defects, deep pits/fissures?	□ No		☐ Yes
Is there radiographic evidence of caries?	□ No		☐ Yes

Part III - Supplemental professional assessment (Optional)

Tartin Cappieniental professional assessment (Optional)			
Question	Low Risk	Moderate Risk	High Risk
Levels of mutans streptococci or lactobacilli	□ Low	□ Moderate	☐ High

Patient Name:		Date:
Part IV - Patient Recommendations Patient's Current Cavity Risk: Many experts feel that the patie caries risk is considered to be the highest risk level (low, moderate, or high) in which any one response was checked. example, any one answer in the "high risk" column indicates the patient is considered "high risk" for tooth decay.	ent's Low For	oderate Risk High Risk I Moderate □ High
Daily Oral Hygiene: □ Brush twice daily (with fluoride toothpaste, all patients) □ Floss daily □ Floss threaders □ Interproximal brush □ Interdental cleaner □ Other: □ OK as is □ Limit or change snacking (eliminate sweets) □ Limit sodas □ Limit bottle/nursing; eliminate at bedtime □ Replace juice or sweet liquids in the bottle with water □ Other: □ Fluorides: □ Fluoride-containing toothpaste 2X/day (all patients regardless of caries risk status) □ Fluoride rinse (0.05 % NaF) 1X or 2X/day □ Prescription strength fluoride gel □ Fluoride lozenges 1X/day □ Appropriate fluoride supplements (for children receiving less than the optimum levels of fluoride in their drinking water) Antibacterial rinse: □ Chlorhexidine gluconate, 0.12% (available by prescription)	Sugar-free gums/mints Chew after meals whereferred) Use Xylitol mints 3 – For dry mouth: Use baking soda too Drink or rinse frequed Use dry mouth products Other recommendation	hen you can't brush (Xylitol - 4 times daily othpaste with fluoride ently with water ucts ns:
Dentist signature:		Date:

References:

CIGNA is a registered mark, licensed for use by subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates.

¹Source: Surgeon General's Report on Oral Health in America; ² www.cdc.gov/oralhealth/factsheets/dental_caries

[&]quot;Policy on Use of a Caries-risk Assessment Tool (CAT) for Infants, Children, and Adolescents" American Academy of Pediatric Dentistry Council on Clinical Affairs.

[&]quot;Assessing patients' caries risk." Journal of the American Dental Association. Margherita Fontana, DDS, Phd; Domenick T. Zero, DDS, MS. September 2006, Vol. 137, pgs. 1231-1239.

[&]quot;Caries Management by Risk Assessment: Consensus Statement, April 2002" Journal of the California Dental Association. John D.B. Featherstone, MSc, PhD, et. al. March 2003, Vol. 31, No. 3, pgs. 257-269.