

# Cigna Dental cavities risk assessment for dentists



Preventive and restorative treatment of cavities remains an important part of dental practice. Tooth decay is the single most common chronic childhood disease. In fact, it's five times more common than asthma and seven times more common than hay fever.<sup>1</sup> Also, many adults have untreated cavities (e.g., 27% of those 20-39 years, 21% of those 40-59 years, and 19% of those 60 years and older).<sup>2</sup>

This risk assessment tool is designed to help you in the comprehensive management of cavities in your patients. The assessment includes a patient interview/questionnaire (Part I), a clinical evaluation (Parts II and III), a risk assessment (Part IV), and patient recommendations (Part V).

**Patient name:**

**Date:**

## Part I: Patient interview / questionnaire (adults & children)

To be answered by the patient, parent, or primary caregiver about the patient. Select the response that best answers each question.

Question	Low risk	Moderate risk	High risk
How often do you visit your dentist?	<input type="checkbox"/> At least 2 times a year	<input type="checkbox"/> Once a year	<input type="checkbox"/> Rarely or never
How often do you brush your teeth each day?	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> 1 time	<input type="checkbox"/> Less than 1 time
How often do you floss between your teeth?	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-4 times a week	<input type="checkbox"/> Rarely or never
Do you use fluoride toothpaste?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you had cavities in the past?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
How long has it been since your last cavity?	<input type="checkbox"/> More than 24 months or never	<input type="checkbox"/> 12-24 months	<input type="checkbox"/> Less than 12 months
How many times daily do you eat sugary foods (such as candy, soda, cookies, cake, or juice) between meals?	<input type="checkbox"/> Only with meals	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3 or more
Do you wear braces, orthodontic appliances, or partial dentures?	<input type="checkbox"/> No		<input type="checkbox"/> Yes

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Question	Low risk	Moderate risk	High risk
Does your mouth often feel dry (not enough saliva)?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Do you have special health care needs, especially any which limit your ability to care for your teeth and gums?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Do you use chewing gum, mints, or other products that contain Xylitol?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you had sealants placed on your teeth?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Children under the age of 12 only – additional questions</b>			
Does the child's parent, primary caregiver, or siblings have cavities?	<input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> Yes
Does the child sleep with a baby bottle that contains milk or juice?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Does the child live in a community that has fluoridated water?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Does the child take fluoride supplements or use fluoride rinses?	<input type="checkbox"/> No		<input type="checkbox"/> Yes

## Part II: Clinical evaluation of patient

Select the response that best answers each question.

Question	Low risk	Moderate risk	High risk
Does the patient have a history of medical or special needs?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Does the patient have visible plaque build up?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Are there areas of enamel demineralization (chalky white spots on teeth)?	<input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> Yes (more than 1)
Are there enamel defects or deep pits/fissures?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Is there radiographic evidence of cavities?	<input type="checkbox"/> No		<input type="checkbox"/> Yes

## Part III: Supplemental professional assessment (optional)

Select the response that best answers the question.

Question	Low risk	Moderate risk	High risk
What is the level of mutans streptococci or lactobacilli?	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

## Part IV: Patient cavity risk assessment

Select the response that best describes the patient's current cavity risk.

Question	Low risk	Moderate risk	High risk
What is the patient's current cavity risk? Please note that many experts feel that when any answer in the "high risk" column is checked off it indicates that the patient is at a high risk for tooth decay.	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

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## Part V: Patient recommendations

Daily oral hygiene	Sugar-free gums/mints
<input type="checkbox"/> Brush twice daily	<input type="checkbox"/> Chew after meals when you can't brush (Xylitol preferred)
<input type="checkbox"/> Floss daily	<input type="checkbox"/> Use Xylitol mints 3-4 times daily
<input type="checkbox"/> Floss threaders	For dry mouth
<input type="checkbox"/> Interproximal brush	<input type="checkbox"/> Use baking soda toothpaste with fluoride
<input type="checkbox"/> Interdental cleaner	<input type="checkbox"/> Drink or rinse frequently with water
<input type="checkbox"/> Other	<input type="checkbox"/> Use dry mouth products
Diet	Antibacterial rinse
<input type="checkbox"/> OK as-is	<input type="checkbox"/> Chlorhexidine gluconate, 0.12% (available by prescription)
<input type="checkbox"/> Limit or change snacking (eliminate sweets)	Other recommendations
<input type="checkbox"/> Limit sodas	
<input type="checkbox"/> Limit bottle/nursing; eliminate at bedtime	
<input type="checkbox"/> Replace juice or sweet liquids in the bottle with water	
<input type="checkbox"/> Other:	
Fluorides	
<input type="checkbox"/> Fluoride-containing toothpaste 2x/day (all patients regardless of cavities risk status)	
<input type="checkbox"/> Fluoride rinse (0.05% NaF) 1x or 2x/day	
<input type="checkbox"/> Prescription strength fluoride gel	
<input type="checkbox"/> Fluoride lozenges 1x/day	
<input type="checkbox"/> Appropriate fluoride supplements (for children receiving less than the optimum levels of fluoride in their drinking water)	
<b>Dentist signature</b>	<b>Date</b>

### Sources:

1. Oral Health in America: A Report of the Surgeon General, Executive Summary, May 25, 2000
2. Centers for Disease Control and Prevention, Division of Oral Health, Fact Sheets, Oral Health, 2011

### References:

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



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