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The American Academy of Pediatric Dentistry Issues the First-Ever Evidence-Based Guideline for Using Silver Diamine Fluoride to Treat Cavities

Silver Diamine Fluoride Recommended to Treat Cavities in Pediatric and Special Needs Patients

CHICAGO, October 11, 2017 – The American Academy of Pediatric Dentistry (AAPD) issued the first-ever evidence-based guideline on the use of silver diamine fluoride to treat cavities in pediatric patients, based on a systematic review of research from 1969-2016. The AAPD guideline recommends silver diamine fluoride, or SDF, to treat active cavities in pediatric and special needs patients, likely leading to broader adoption of the treatment.

Cavities are one of the most widespread chronic infectious diseases among children in the U.S. In fact, six in 10 children experience a cavity by age 8. Untreated cavities in baby teeth can spread and cause decay in other teeth – including permanent teeth.

Silver diamine fluoride is a minimally invasive, low-cost treatment that dentists paint on the teeth to painlessly treat cavities. It was approved by the Food and Drug Administration in 2014 to treat tooth sensitivity in adults. Dentists have been using it off label to treat cavities since then, but adoption has not been as widespread. Now, dentists have increased clarity around the uses and benefits of SDF with this guidance from the AAPD.

"Aside from fluoridated water, silver diamine fluoride may be the single greatest innovation in pediatric dental health in the last century," said Dr. James Nickman, AAPD president and practicing pediatric dentist. "Given its minimal cost and easy, painless application, it could help close the gap in healthcare disparities."

In the systematic review of research on which the guideline is based, no significant adverse effects were reported. The most notable downside is that silver diamine fluoride turns cavities black. Comparatively, treating cavities in young children, particularly those with special needs often involves sedation or general anesthesia, both of which have additional health risks for the patient. In addition, the cost of treating cavities in young children is often disproportionately high.

"Silver diamine fluoride gives us another simple and safe option to treat cavities in children who can't cope with getting traditional fillings," said Dr. Yasmi Crystal, clinical associate professor of pediatric dentistry at NYU College of Dentistry. "Prevention is our number one priority, but if a child does have a cavity, we need to treat it before the child develops pain and infection. However, we also want to make sure they have a good experience at the dentist, so this is a good way to do both."

The AAPD recommends every child over age 1 visits the dentist every six months for regular cleanings and checkups. This is no different for those who have cavities treated with silver diamine fluoride. SDF doesn't work all the time, so it needs to be monitored and re-applied twice a year to have a sustained effect. As the child gets older, their pediatric dentist can share other more esthetic and lasting options for keeping a tooth treated with SDF healthy.

The AAPD encourages parents and caregivers to talk to their pediatric dentists and go to MyChildrensTeeth.org for more information.

About the American Academy of Pediatric Dentistry

The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. As advocates for children's oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its 10,000 members provide

primary care and comprehensive dental specialty treatments for infants, children, adolescents and individuals with special health care needs.