



Part 2 - MI Prevent: Stop caries & prevent it from progressing.

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CLIN050

The **Minimum Intervention (MI)** concept is well described in the literature and summarizes the clinical rationale for the preventive and cause-related approach in cariology.

The aim of the Pan-European group of clinical academics and general practitioners - the **GC Europe MI Advisory Board** - was created in order to present an evidence-based treatment approach for clinical practice: Minimum Intervention Treatment Plan (MITP).

The **PREVENT** part is the second step of the treatment plan (Fig.1-2)

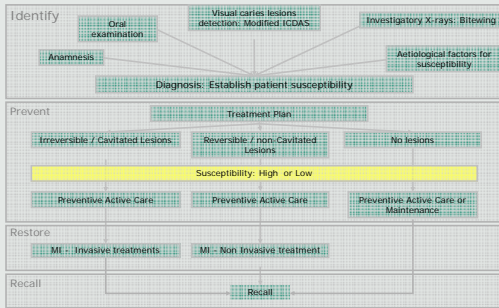


Figure 1: The Minimum Intervention Treatment Plan flow chart



Figure 2: MI Treatment Plan Framework

Preventive regimes
MI Prevent deals with "preventive care" and "dental recall frequency". Depending on the susceptibility and risk factors of the patient, preventive treatment regimens are instituted.

1. Standard care (low susceptibility patients):

- Oral hygiene instruction (brushing, fluoride rinsing, flossing,...)
- Diet advice (quantity and frequency of sugar intake, sodas addition, milk intake...)
- Patient motivation tools:
 - Saliva tests: pH, flow, buffer capacity
 - Plaque tests: quantity, maturity, activity (Fig.3)
 - Bacterial tests
- Patient education:
 - Patient leaflets / video in waiting room (Fig. 4)
 - Patient education computer software



Figure 3: Motivation tools: improvement of plaque control through use of 2-tone plaque disclosing gel. A/ T0, B/ T0 +5 weeks, C/ T0+ 10months

Food choice and lifestyle modification:	
Reduce	<input type="checkbox"/> high sugar or starch snacks between main meals <input type="checkbox"/> high acid drinks <input type="checkbox"/> high caffeine drinks and foods <input type="checkbox"/> smoking/tobacco use
Increase	<input type="checkbox"/> water intake <input type="checkbox"/> baking soda mouthrinse <input type="checkbox"/> consumption of milk-based snacks and drinks <input type="checkbox"/> dentally safe sweetener (to replace sugar)
Chewing gum	<input type="checkbox"/> xylitol <input type="checkbox"/> Recaldent®

Figure 4: Example of a leaflet about consumption habits

2. Active Care (high susceptibility patients):

Active care is Standard care **PLUS**

- Decontamination: removing the reservoirs of bacteria
 - Professional mechanical tooth cleaning
 - Chlorhexidine (professional application, homecare)
 - Transitional (stabilizing) restorations with glass ionomer cement (GIC) (1,2)(Fig.5)
- Remineralisation
 - Fluoride (toothpaste, varnish, gel, mouthrinse) (3,4)(Fig.6)
 - Recaldent™ (Tooth Mousse, MI Paste Plus) (5,6) (Fig.7)
- Management of aetiological factors (7,8) (xerostomia, acidity,...)
- Sealants (GIC or composite) (9,10) (Fig.8-9)

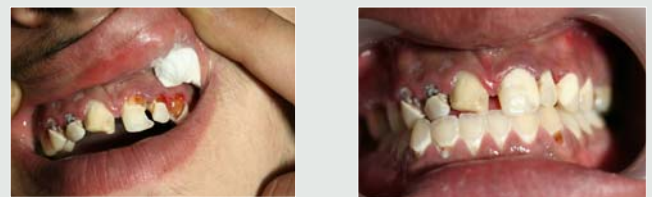


Figure 5: Decontamination: ART technique



Figure 6: Remineralisation: application of fluoride varnish



Figure 7: Remineralisation of early white spot lesions after orthodontic treatment by application of Recaldent™ (CPP-ACP containing cream)

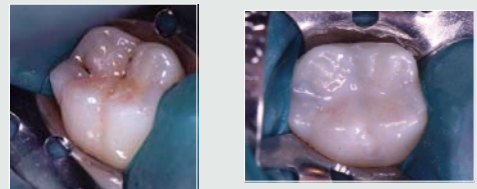


Figure 8: Sealants using flowable composite



Figure 9: Sealants using a high viscosity glass ionomer cement (Fuji IX®)

References:

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Treatment Plan

By GC Europe, MI Advisory Board