

USPSTF advises applying fluoride dental varnish for young children

11 May 2021



identifying a child with one or more cavities and for identifying children aged younger than 36 months in need of dental referral, respectively. Topical fluoride application was associated with a decreased caries increment and reduced likelihood of incident caries compared with placebo or no varnish; no increase was seen in the risk for fluorosis or other adverse events.

Based on these findings, the USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride-deficient, and prescribe fluoride varnish application to primary teeth (B recommendations). The current evidence is insufficient for assessing the balance of benefits and harms of routine screening examinations by primary care clinicians for [dental caries](#) in children younger than 5 years (I statement).

The U.S. Preventive Services Task Force (USPSTF) recommends that primary care physicians apply fluoride varnish for children younger than 5 years and prescribe fluoride supplementation when indicated, but the evidence is inadequate for recommending screening for cavities in young children. These recommendations form the basis of a draft recommendation statement published online May 11.

Roger Chou, M.D., from the Pacific Northwest Evidence-Based Practice Center in Portland, Oregon, and colleagues conducted a [systematic review](#) on primary care screening for and prevention of dental caries in children younger than 5 years. The researchers found that none of the randomized trials or [observational studies](#) compared clinical outcomes between children screened and not screened for dental caries by primary care clinicians. Primary care pediatrician examination following two hours of training was associated with sensitivity of 0.76 and 0.63 for

The draft recommendation statement and evidence review have been posted for public comment. Comments can be submitted from May 11 to June 7, 2021.

More information: [Draft Evidence Review](#)
[Draft Recommendation Statement](#)
[Comment on Recommendation Statement](#)

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APA citation: USPSTF advises applying fluoride dental varnish for young children (2021, May 11)
retrieved 31 July 2022 from <https://medicalxpress.com/news/2021-05-uspstf-fluoride-dental-varnish-young.html>

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