

# MIDDLE CHILDHOOD

## Family Preparation for Health Supervision

Be prepared to give updates on the following at the visits during middle childhood:

- |   |   |
|---|---|
| Supplemental fluoride and vitamins  | Infections in the mouth                       |
| Changes in the source of the water used for drinking or cooking (bottled water, etc.) | Medications, illnesses                        |
| Sports activities   | Oral hygiene procedures (frequency, problems) |
| Current sports and activities   | Changes in teeth present in the mouth         |
| Injuries to the mouth and teeth   | Thumbsucking                                  |
| Eating habits   | Use of substances (tobacco, other drugs)      |

## Periodicity and Services

### *Dental Professional*

Every 6 months, or as indicated by the child's needs and/or susceptibility to disease, as determined by a primary care dentist:

- Examination
- Oral health risk assessment
- Recognition and reporting of suspected child abuse/neglect
- Education and anticipatory guidance for parents and child concerning fluoride supplementation, appropriate use of dental sealants, oral development, nonnutritive sucking habits (thumb), tooth eruption, tooth cleaning, injury prevention, dietary habits, use of tobacco and other drugs
- Preventive dental procedures
- Guidance of developing occlusion
- Treatment of injury/dental disease
- Referral, as needed, to other health professionals

### *Health Professional*

Health professionals can reinforce oral health supervision within the context of other health supervision visits—suggested at 5, 6, 8, and 10 years:

- Screening
- Oral health risk assessment
- Recognition and reporting of suspected child abuse/neglect
- Education and anticipatory guidance for parents and child concerning fluoride supplementation, appropriate use of dental sealants, oral development, tooth eruption, tooth cleaning, injury prevention, nonnutritive sucking habits (thumb), dietary habits, use of tobacco and other drugs
- Referral, as needed, to dental professional

## Interview

### *Trigger Questions*

To be used selectively by the dental professional. Discuss any issues or concerns of the family. As the child grows, ask the child questions directly.

To parent:

Are you familiar with dental sealants? Do you have any questions about them?

Do you understand what to do if Elisa knocks out one of her teeth?

Is Jee brushing and flossing his teeth without being reminded?

Do you have any special problems with brushing because of Perry's other medical issues?

Do you and your family members wear safety belts in the car?

Does Selena ever comment about her teeth and how they look?

To child:

How often do you brush your teeth? Floss? Do you think it helps?

Do you always wear a safety belt in the car?

What sports do you play? Do you wear a mouth guard? Other protective gear?

Are you familiar with dental sealants?

Do you have any questions about them?

Do you think your teeth look okay?

Do you snack at school? After school? What do you eat?

## Observation of Parent-Child Interaction

Is the child comfortable separating from the parent during the dental visit?

Does the child ask questions?

Does the parent support the professional's recommendations to the child?

Does the parent seem interested in oral health?

## Oral Exam and Diagnostic Procedures

As part of the complete oral exam, the following should be noted:

Caries

Developmental dental anomalies

Malocclusion

Pathologic conditions

Dental injuries

Risk factors



# Risk Assessment

## Dental Caries

RISK FACTORS	PROTECTIVE FACTORS
<b><i>All Ages: Examples</i></b>	<b><i>All Ages: Examples</i></b>
Inadequate fluoride	Optimal systemic and/or topical fluoride
Inadequate oral hygiene	Good oral hygiene
Poor family oral health	Access to care and good oral hygiene
Poverty	Access to care
Frequent snacking	Reduction in snacking frequency
Special carbohydrate diet	Preventive intervention to minimize effects
Frequent intake of sugared medications	Alternate medications or preventive intervention to minimize effects
Reduced saliva flow from medication or irradiation	Saliva substitutes
Variations in tooth enamel; deep pits and fissures; anatomically susceptible areas	Sealants (if possible) or observation
Special health needs	Preventive intervention to minimize effects
Previous caries experience	Increased frequency of supervision visits
Gastric reflux	Management of condition
High mutans streptococci count	Reduction of mutans streptococci
<b><i>Middle Childhood: Examples</i></b>	<b><i>Middle Childhood: Examples</i></b>
Eating disorders, including self-induced vomiting (bulimia)	Referral for counseling
Orthodontic appliances	Good oral hygiene for appliances

## Periodontal Disease

RISK FACTORS	PROTECTIVE FACTORS
<b><i>All Ages: Examples</i></b>	<b><i>All Ages: Examples</i></b>
Inadequate oral hygiene	Good oral hygiene
Unrestored caries	Restoration of carious lesions
Poor family oral health	Access to care and good oral hygiene
Poverty	Access to care
Special health needs	Preventive intervention to minimize effects
Nutritional deficiency (e.g., vitamin C)	Healthy eating habits
Infectious disease (e.g., HIV/AIDS)	Treatment of disease or preventive intervention to minimize effects
Medications (e.g., Dilantin)	Preventive intervention to minimize effects
Metabolic disease (e.g., diabetes, hypophosphatasia)	Treatment of disease
Neoplastic disease (e.g., leukemia and its treatment)	Treatment of disease and preventive intervention to minimize effects
Genetic predisposition (e.g., Down or Papillon Lefevre syndrome)	Preventive intervention to minimize effects
Poor-quality restorations	Properly contoured and finished restorations
Mouthbreathing	Management of mouthbreathing
Injury	Use of age-appropriate safety measures and treatment of injury
<b><i>Middle Childhood: Examples</i></b>	<b><i>Middle Childhood: Examples</i></b>
Malpositioned and crowded teeth	Orthodontic care
Puberty	Preventive measures to address oral effects
Tobacco use	Tobacco cessation
Anatomical variations (e.g., frenum)	Surgical correction



## Risk Assessment *(continued)*

### *Malocclusion*

RISK FACTORS	PROTECTIVE FACTORS
<b><i>All Ages: Examples</i></b>	<b><i>All Ages: Examples</i></b>
Congenital absence of teeth	Early intervention
Variations in development (e.g., tooth eruption delays and malpositioned teeth)	Early intervention
Conditions associated with malocclusion (e.g., cleft lip/palate)	Early intervention
Injury	Use of age-appropriate safety measures and treatment of injury
Acquired problem from systemic condition or its therapy	Dental intervention as a part of medical care
Family tendency toward malocclusion	Early intervention
Musculoskeletal conditions (e.g., cerebral palsy)	Dental intervention as a part of medical care
Skeletal growth disorders (e.g., renal disease)	Dental intervention as a part of medical care
<b><i>Middle Childhood: Examples</i></b>	<b><i>Middle Childhood: Examples</i></b>
Nonnutritive sucking habits	Elimination of habit
Muscular imbalances	Early therapy
Loss of space due to caries	Early intervention for caries
Mouthbreathing	Management of mouthbreathing

## Injury

### RISK FACTORS

### PROTECTIVE FACTORS

#### *All Ages: Examples*

Substance abuse in family

Child abuse or neglect

Multiple family problems

Lack of protective reflexes

#### *All Ages: Examples*

Referral for counseling

Referral for counseling

Referral for counseling

Referral for appropriate therapy

#### *Middle Childhood: Examples*

Failure to use safety measures appropriate for child (e.g., mouth guards, safety belts)

Protruding front teeth

Poor coordination

Overmedication

Hyperactivity

Participation in contact sports

Substance use by child

#### *Middle Childhood: Examples*

Use of middle childhood-appropriate safety measures

Orthodontic care

Referral for appropriate therapy

Adjustment of medications

Management of condition

Use of protective gear

Referral for counseling

