

FLUORIDE QUESTIONS & ANSWERS

Q: *What is the most effective method(s) to make teeth less susceptible to decay?*

A: Fluoride is the most effective method of decay prevention. Fluoride benefits are secured through systemic and topical methods. Systemic fluoride is swallowed; topical fluoride is not.

Systemic fluoride is ingested, passed through the bloodstream, and deposited in the enamel during the development and maturation of the tooth. Water fluoridation and prescribed supplements of drops or tablets are sources of systemic fluoride. Since the fluoride is incorporated into the developing enamel structure, the benefits are permanent.

Topical fluorides are applied directly to the tooth surface allowing the fluoride to diffuse between the enamel crystals. This process makes the enamel surface more resistant to decay. Professional fluoride treatments, dentifrices containing fluoride and fluoride mouth rinses are examples of topical fluorides. Topical and systemic fluorides can be used alone or in combination. Because the fluoride is only incorporated into the surface enamel, the benefits are only temporary, requiring repeat applications to obtain the maximum benefits.

Q: *What statistics show that the fluoride mouthrinse works?*

A: National studies have shown a 20-50% reduction in decay for the mouthrinse participants. These studies are based on participation during a nine-month school year.

Q: *How does the fluoride mouthrinse work?*

A: Fluoride helps both to prevent demineralization and to enhance remineralization in a number of ways. The rate at which an acid solution dissolves enamel is decreased by fluoride.

Q: *What if the fluoride solution is swallowed?*

A: Although the 0.2% sodium fluoride mouthrinse is a topical application not intended for swallowing, there would be no adverse effects should the solution be ingested.

Q: *Does the fluoride cause any allergic reactions?*

A: No. The concentration of fluoride used for dental health purposes produces no allergic reactions.

Q: *Can you get too much fluoride through this fluoride mouth-rinsing program?*

A: No, children who participate in school-based fluoride mouthrinse programs are beyond the "window of vulnerability" for developing dental fluorosis. Fluoride mouthrinses do not appear to be a major factor. Contributing to the risk of fluorosis.

Q: *Does the fluoride have an effect on adults?*

A: Yes. Adults receive the same type of protection against tooth decay as children. Studies indicate that fluoride changes the bacteria present in the plaque. Periodontal disease, the major cause of tooth loss in adults, is initiated and aggravated by the bacterial action in plaque. Research suggests that fluoride may be responsible for enzyme inhibition and bacterial colony suppression.

Q: *What about fluoride rinsing in the summer months?*

A: Fluoride mouthrinsing can be continued during the summer months. Over-the-counter fluoride mouthrinses accepted by the American Dental Association, Council on Dental Therapeutics, are available without a prescription for daily home use.

Q: *Are systemic supplements recommended for a child who participated in fluoride mouth rinsing and lives in a non-fluorinated community?*

A: Yes. Fluoride supplements are prescribed for children living in areas containing less than the optimum amount of fluoride in the water supply. A physician or dentist may write a prescription appropriate for the individual.