Reducing the Proportion of Older Adults with Untreated Root Surface Decay (OH-4)

CareQuest Institute Continuing Education Webinar

May 3, 2023

CareQuest Institute for Oral Health®

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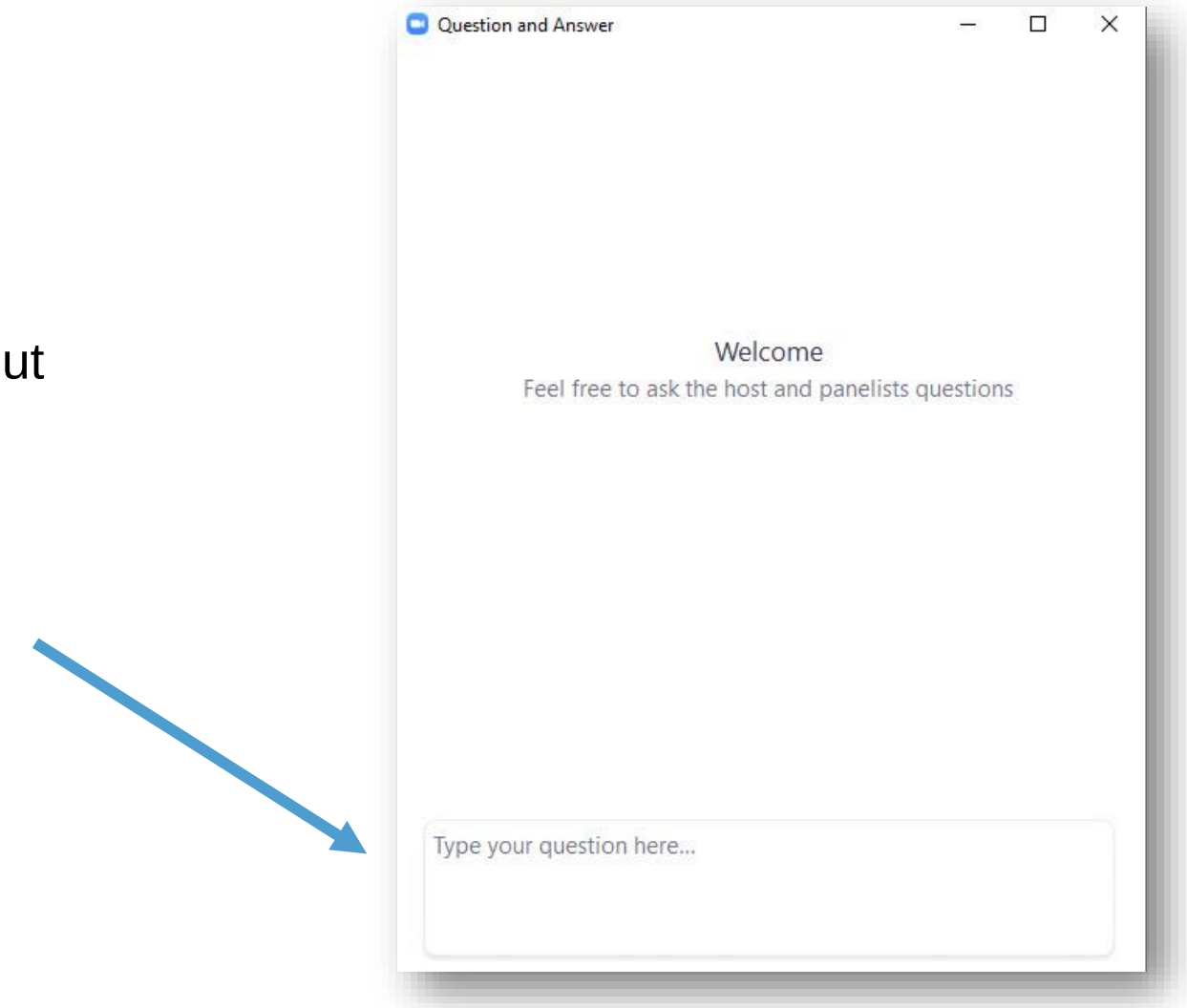
Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



CareQuest Institute for Oral Health

Healthy People 2030 Oral Health Promotion Series:

Reducing the Proportion of Older Adults with Untreated Root Surface Decay

May 3, 2023

HEALTH & HUMAN SERVICES · USA
DEPARTMENT OF

CareQuest Institute for Oral Health

AMERICAN ACADEMY of ORAL SURGERY
AA-OS

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Disclosure

The speaker(s) have no disclosures to report as related to this presentation.
No commercial products are discussed, and all images are publicly available.
In addition, where non-Healthy People graphics are used, appropriate references are included.

Learning Objectives

Upon completion of this webinar, participants should be able to:

1. Identify the etiology and causes of root decay (OH-4).
2. Describe the disparities that exist in older adults with untreated root decay (OH-4).
3. Explore the importance of early intervention in the treatment of root exposure.
4. Recognize the benefits and limitations of modern surgical techniques and technologies in preventing root exposure.
5. Implement at least one activity in your community to help reduce the proportion of older adults with untreated root surface decay (OH-4).

Presentation Overview

- Overview of Healthy People Oral Health Objective OH-04: Dr. Tim Ricks
- Prevention and Minimally Invasive Treatment of Root Surface Decay in Older Adults: Wai-Sum Leung
- Interception of Root Exposure and Root Decay: Surgical Treatment of Root Exposure Using Modern Technology: Dr. Kayvon Javid
- Q&A: Dr. Gina Thornton-Evans
- Summary & Announcing Next HP 2030 Webinar: Dr. Tim Ricks

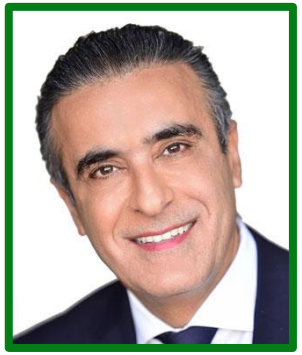
Presenters

Tim Ricks,
DMD, MPH, FICD, FACD, FPFA

IHS Representative
Healthy People 2030
Oral Health Workgroup

Wai-Sum Leung, RDH, MS

Project Coordinator,
CareQuest Institute for
Oral Health



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Oral Health Workgroup

Reducing the Proportion of Older Adults with Untreated Root Surface Decay (OH-4)

Photo courtesy of Dr. Kayvon Javid

Part 1:

Overview of Healthy People Objective OH-04:

Tim Ricks, DMD, MPH, FICD, FACD, FPFA

Healthy People Oral Health Objective 04

OH-04: Reduce the proportion of older adults with untreated root surface decay.

- Baseline: 29.1%
- Target: 20.1%

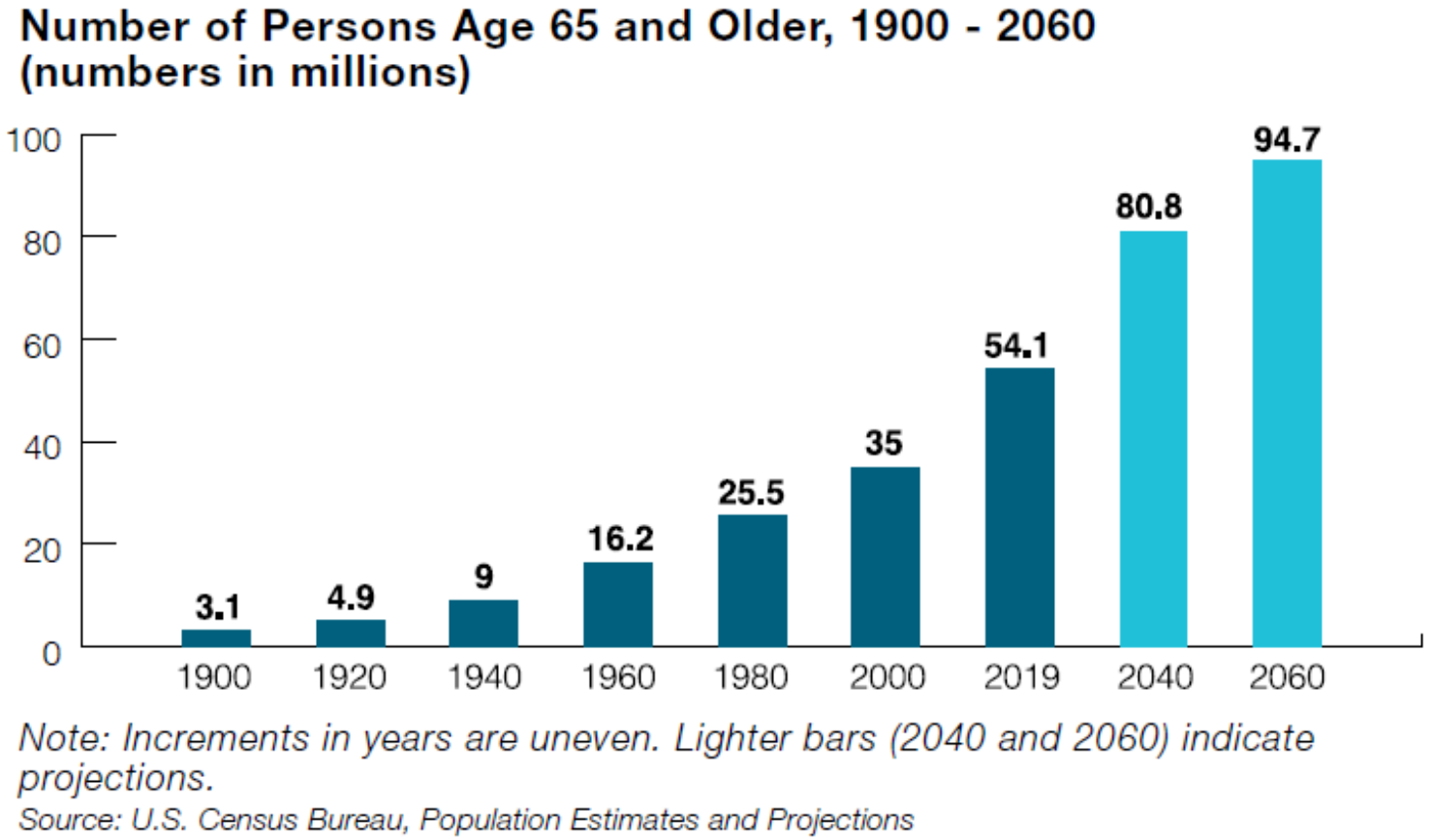
Risk Factors for Root Caries

- Poor oral hygiene
- Microbial plaque
- Periodontal disease
- Coronal caries
- Dietary Habits
- Xerostomia
- Low socioeconomic status
- Infrequent dental visits
- Age/gingival recession/POH

Photo courtesy of Dr. Kayvon Javid

Youngs G. Risk factors for and the prevention of root caries in older adults. PMID: 7871465.
https://pubmed.ncbi.nlm.nih.gov/7871465/#:~:text=Among%20these%20are%20poor%20oral,of%20teeth%20to%20root%20decay.

The Aging Population



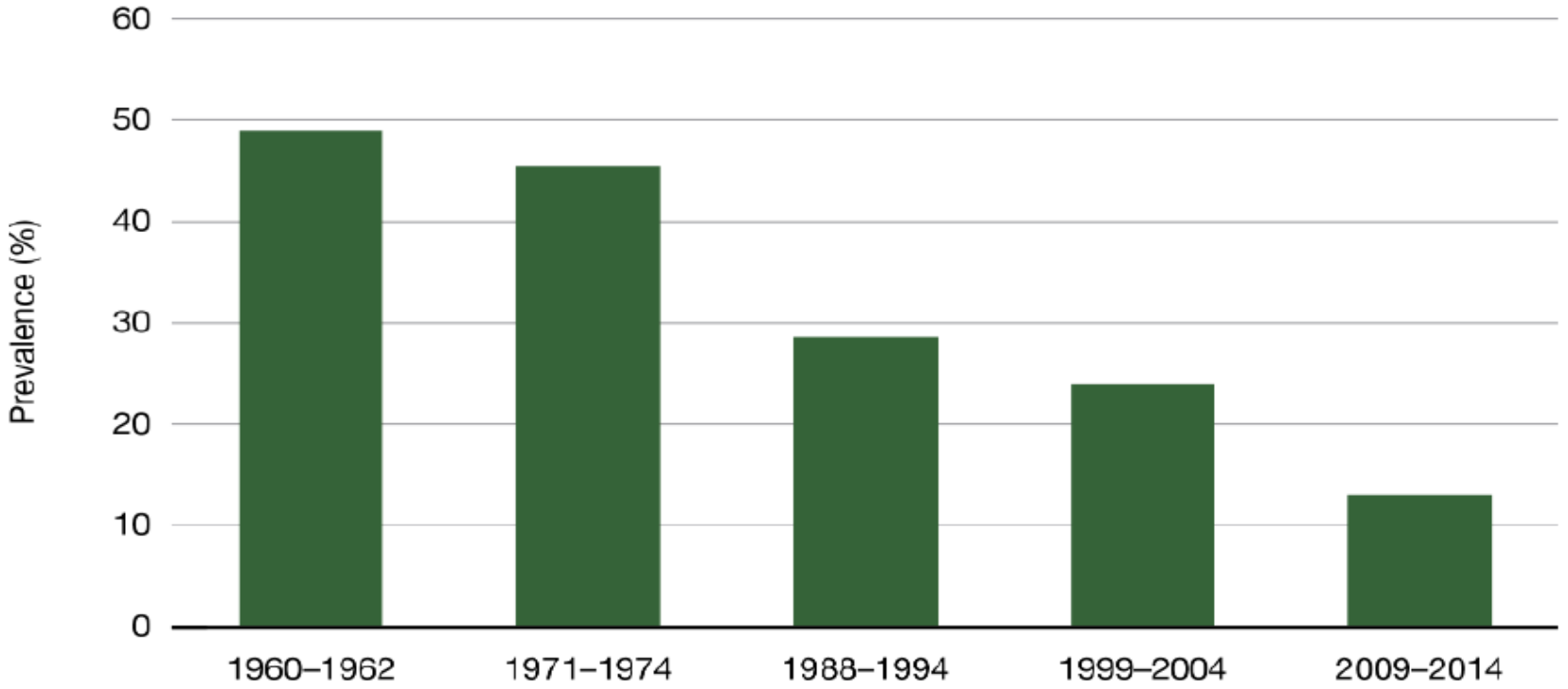
Note: Increments in years are uneven. Lighter bars (2040 and 2060) indicate projections.

Source: U.S. Census Bureau, Population Estimates and Projections

Administration for Community Living, Department of Health and Human Services. 2020 Profile of Older Americans. https://acl.gov/sites/default/files/aging%20and%20Disability%20In%20America/2020Profileolderamericans.final_.pdf

Tooth Retention

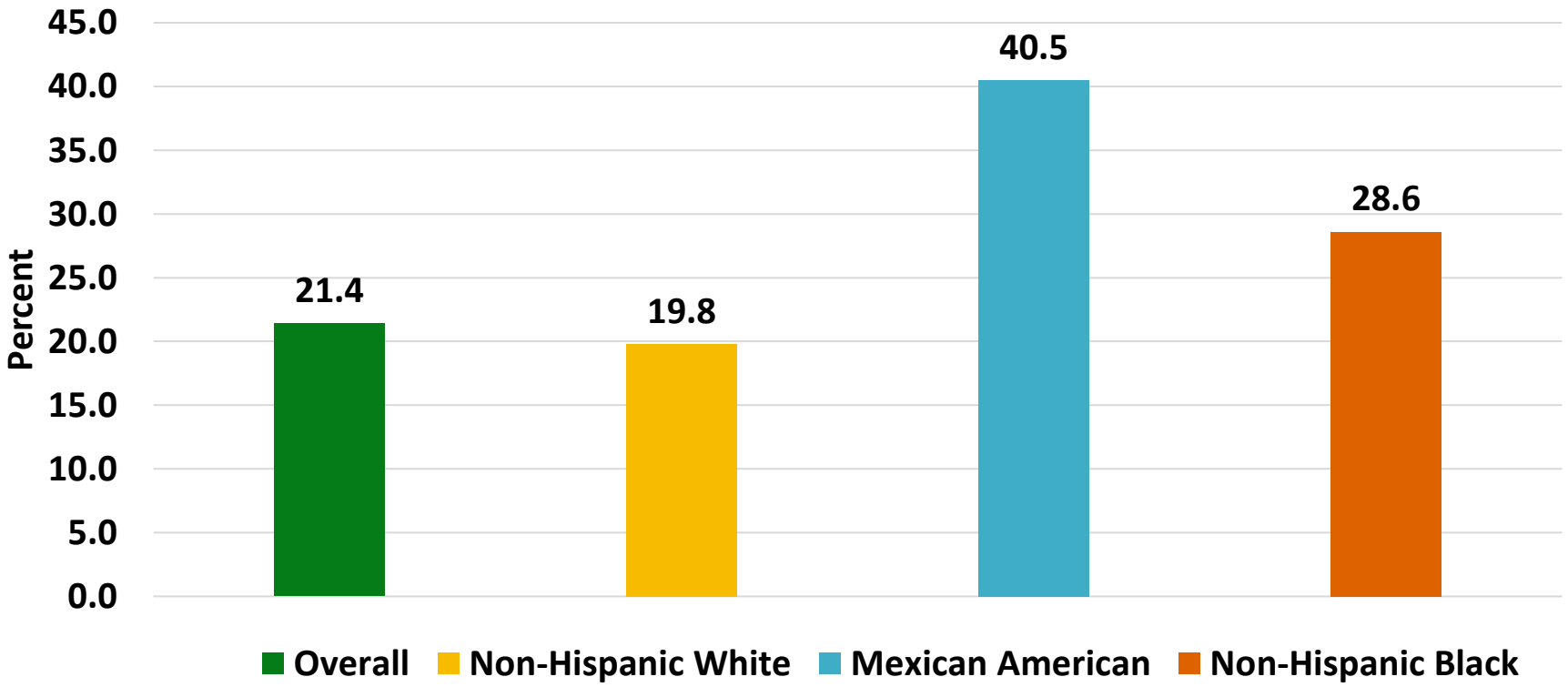
Figure 5. Trend in edentulism among adults ages 65–74: United States, 1960–1962 to 2009–2014



Note: Edentulism is complete loss of all natural permanent teeth.

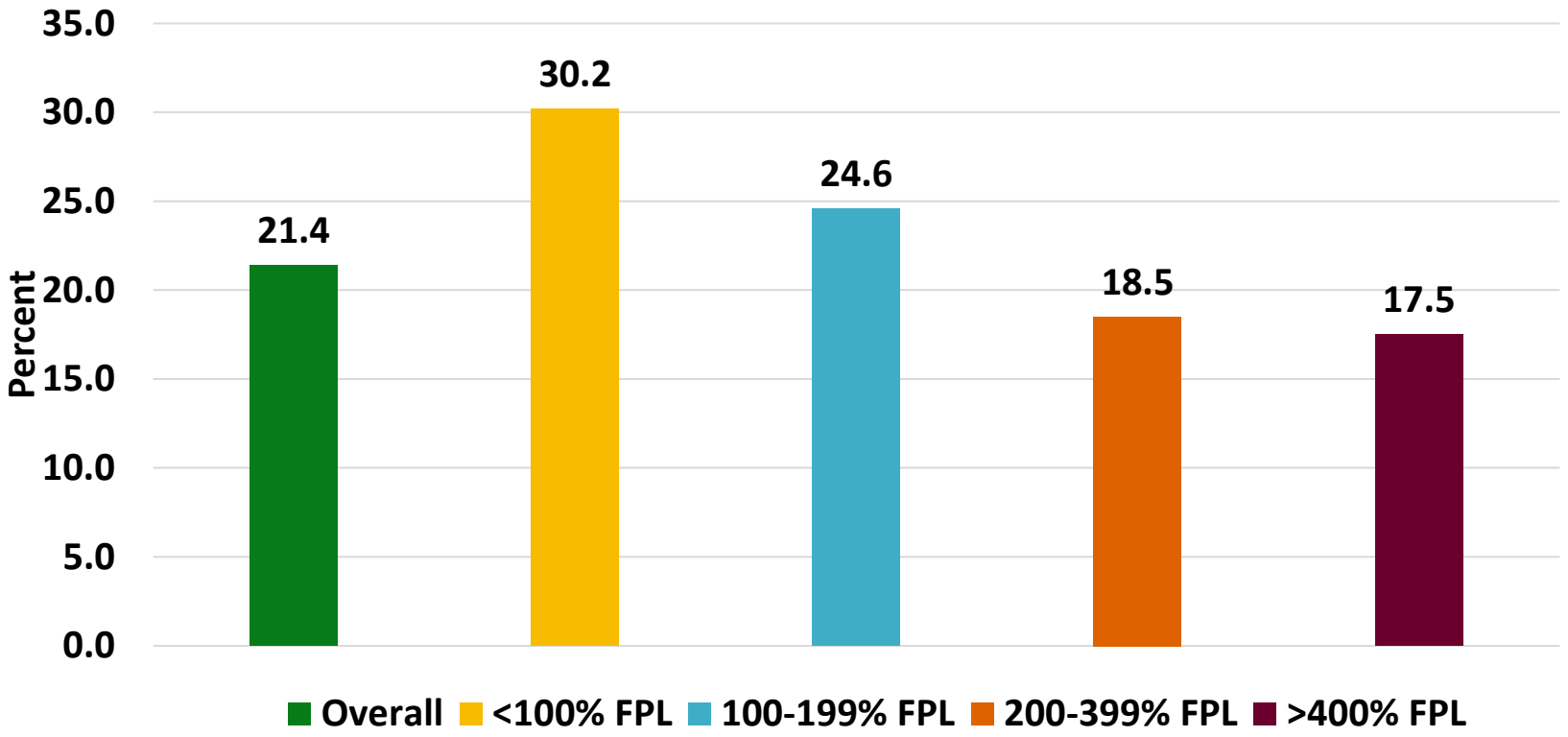
National Institutes of Health, Department of Health and Human Services. Oral Health in America: Advances and Challenges. Page 3B-7 (417). https://www.nidcr.nih.gov/research/oralhealthinamerica.

Disparities in Root Caries By Race/Ethnicity



Data Source: NHANES 2015-2016, courtesy of Dr. Gina Thornton-Evans

Disparities in Root Caries By Income



Data Source: NHANES 2015-2016, courtesy of Dr. Gina Thornton-Evans

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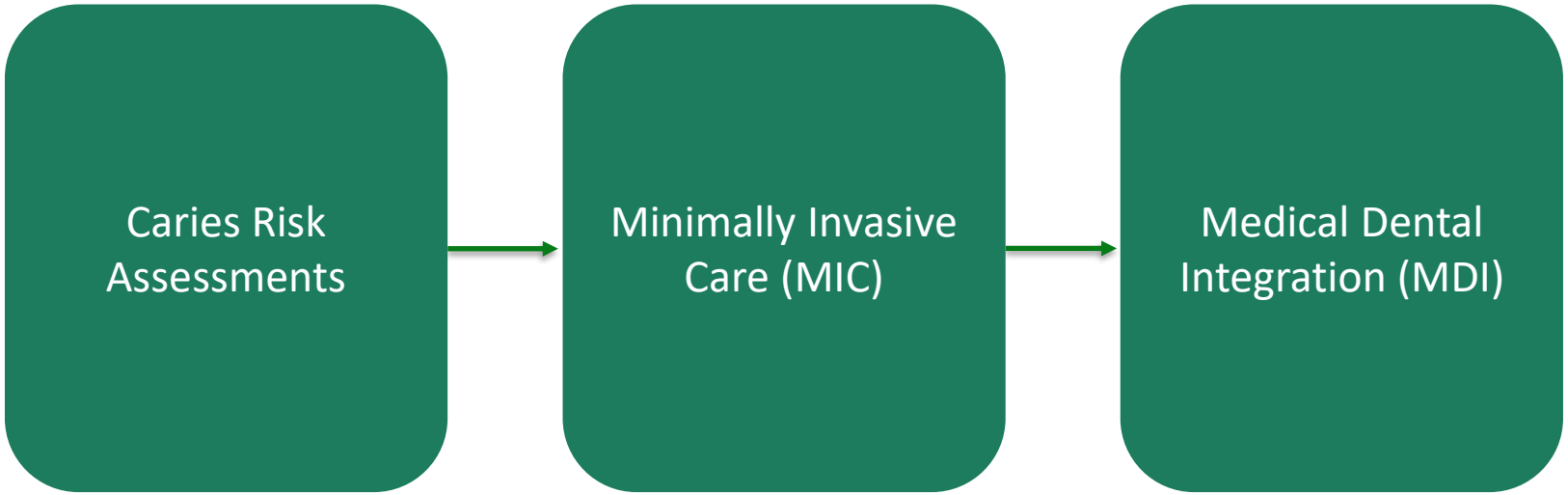
Reducing the Proportion of Older Adults with Untreated Root Surface Decay (OH-4)

Part 2:

Prevention and Minimally Invasive Treatment of Root Surface Decay in Older Adults

Wai-Sum Leung, RDH, MS

Reducing the Proportion of Older Adults with Untreated Root Surface Caries



Oral Risk Assessments

CARIES RISK ASSESSMENT FORM – CHILDREN AGE 6 AND OVER/ADULTS

Patient Name:_____ **I.D.#**_____ **Age:**_____
Date:_____ **Assessment Date:** _____ **Is this (please circle) baseline or recall**

NOTE: Any one YES in Column 1 signifies likely "High Risk" and an indication for bacteria tests	YES = CIRCLE 1	2	3	Comments:
1. Risk Factors (Biological Predisposing Factors)				
(a) Has active dental decay in the past year	YES			
(b) Frequent **(> 3 times/day)** between-meal snacks		YES		# times/day: Types:
(c) Drinks sports beverages		YES		# times/day:
(d) Recreational drug/tobacco/alcohol use		YES		
(e) Saliva-Reducing factors (medications/radiation/systemic)		YES		
(f) Child or adolescent has special health care needs		YES		
(g) Orthodontic appliances		YES		
2. Protective Factors				
(a) Home/work/school in fluoridated community			YES	Zip Code:
(b) Fluoride toothpaste at least 2x daily			YES	# times/day:
(c) Fluoride mouthrinse (0.05% NaF) daily			YES	
(d) 5000 ppm F fluoride toothpaste daily			YES	
(e) Fluoride varnish in last 6 months			YES	
(f) Chlorhexidine prescribed/used one week each month during the last 6 months			YES	
(g) Xylitol gum/lozenges 4x daily last 6 months			YES	
(h) Calcium and phosphate paste during last 6 months			YES	
3. Disease Indicators - Clinical Examination				
(a) Visible cavities or radiographic penetration of the dentin	YES			
(b) Radiographic proximal enamel lesions (not in dentin)	YES			
(c) White spots on smooth surfaces	YES			
(d) Restoration in the last 3 years	YES			
(e) Plaque is obvious on the teeth and/or gums bleed easily		YES		
(f) Visually inadequate saliva flow		YES		
(g) Exposed roots		YES		
(h) Deep pits and fissures		YES		
(i) New remineralization since last visit (List teeth):			YES	Teeth:
Overall Caries Risk (circle):	**HIGH**	**MODERATE**		**LOW**

EXTREME RISK=HIGH RISK + SEVERE SALIVARY GLAND HYPOFUNCTION
Bacteria/Saliva Test Results: MS: LB: Flow Rate: ml/min: Date:

Self-management goals:
1. _____
2. _____

Since Last Visit:
New Cavitation: Y / N
New White Spot Lesions: Y / N
Dental Pain: Y / N
Referral Type: O.R. I.V. Oral Sedation

Clinician's Signature: _____ **Date:** _____ (Updated: 8/19/14)

CAMBRA Caries Risk Assessment – UCSF

ADA American Dental Association®
America's leading advocate for oral health

Caries Risk Assessment Form (Age >6)

Patient Name:
Birth Date: Date:
Age: Initials:

		Low Risk	Moderate Risk	High Risk
	Contributing Conditions	Check or Circle the conditions that apply		
I.	**Fluoride Exposure** (through drinking water, supplements, professional applications, toothpaste)	☐Yes	☐No	
II.	**Sugary Foods or Drinks** (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes ☐		Frequent or prolonged between meal exposures/day ☐
III.	**Caries Experience of Mother, Caregiver and/or other Siblings** (for patients ages 6-14)	No carious lesions in last 24 months ☐	Carious lesions in last 7-23 months ☐	Carious lesions in last 6 months ☐
IV.	**Dental Home**: established patient of record, receiving regular dental care in a dental office	☐Yes	☐No	
	General Health Conditions	Check or Circle the conditions that apply		
I.	**Special Health Care Needs** (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	☐No	Yes (over age 14) ☐	Yes (ages 6-14) ☐
II.	**Chemo/Radiation Therapy**	☐No		☐Yes
III.	**Eating Disorders**	☐No	☐Yes	
IV.	**Medications that Reduce Salivary Flow**	☐No	☐Yes	
V.	**Drug/Alcohol Abuse**	☐No	☐Yes	
	Clinical Conditions	Check or Circle the conditions that apply		
I.	**Cavitated or Non-Cavitated** (incipient) **Carious Lesions or Restorations** (visually or radiographically evident)	No new carious lesions or restorations in last 36 months ☐	1 or 2 new carious lesions or restorations in last 36 months ☐	3 or more carious lesions or restorations in last 36 months ☐
II.	**Teeth Missing Due to Caries in past 36 months**	☐No		☐Yes
III.	**Visible Plaque**	☐No	☐Yes	
IV.	**Unusual Tooth Morphology** that compromises oral hygiene	☐No	☐Yes	
V.	**Interproximal Restorations - 1 or more**	☐No	☐Yes	
VI.	**Exposed Root Surfaces** Present	☐No	☐Yes	
VII.	**Restorations with Overhangs** and/or **Open Margins**; **Open Contacts** with Food Impaction	☐No	☐Yes	
VIII.	**Dental/Orthodontic Appliances** (fixed or removable)	☐No	☐Yes	
IX.	**Severe Dry Mouth (Xerostomia)**	☐No		☐Yes

Overall assessment of dental caries risk: ☐ Low ☐ Moderate ☐ High

Patient Instructions:

Caries Risk Assessment – ADA

What Is Minimally Invasive Care (MIC)?

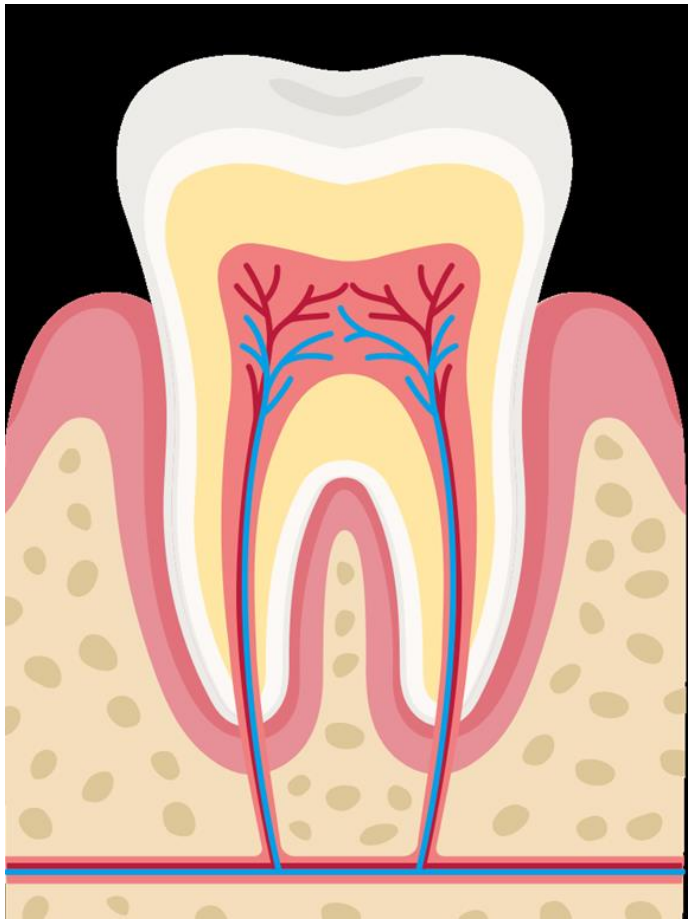
"Maximal preservation of healthy dental structures when possible through use of information and techniques such as accurate diagnosis of caries, caries risk assessment and prevention to technical procedures."

– *CareQuest Institute of Oral Health*

Minimally Invasive Care

- Topical Fluoride Varnish
- Silver Fluoride
- Peptide Repair Technology

Fluoride Varnish Application



"A more concentrated form of fluoride that is painted onto the top and sides of a patient's teeth. It should stay on for several hours, allowing fluoride to seep into enamel and strengthen the teeth."

– *NC Oral Health Collaborative*

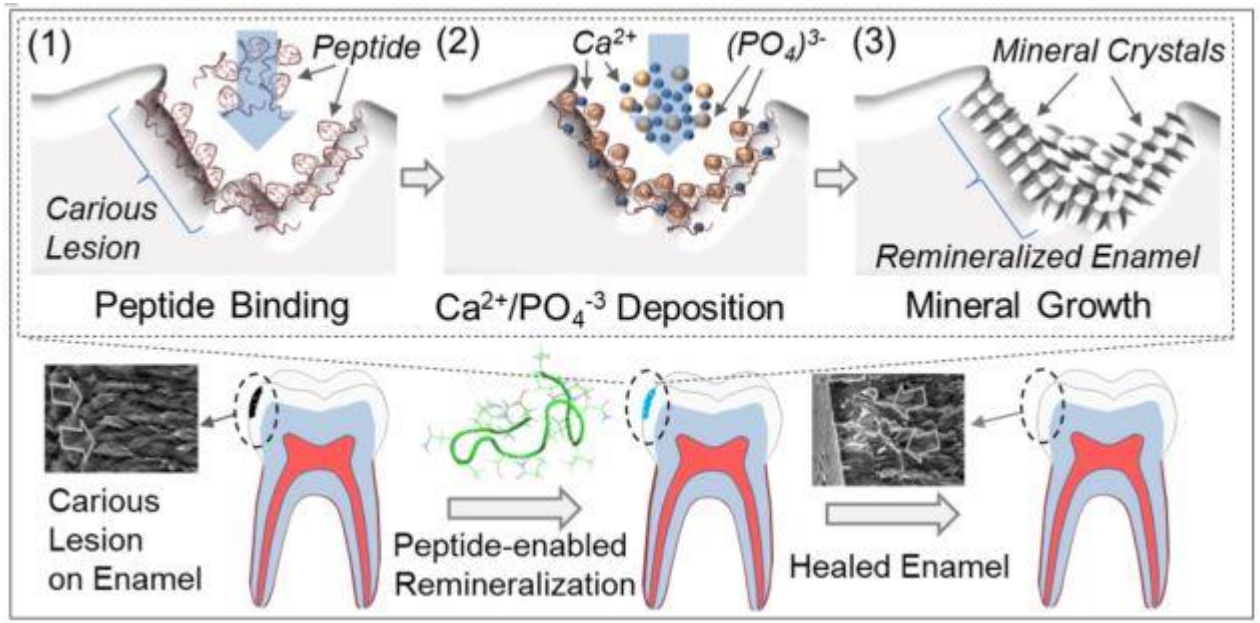
Silver Fluoride (Silver Diamine Fluoride)

- "Colorless liquid cleared for use in treatment of tooth sensitivity. It's off-label use is to arrest caries for children and adults without removal of sound tooth tissue. When applied to a carious lesion, SDF (silver fluoride) has shown to also decrease caries risk of adjacent tooth surfaces."

– *American Dental Association*

Peptide Repair Technology

Technology that uses proteins to **rebuild tooth enamel** and treat dental caries. Peptides bind onto tooth surfaces and novice calcium and phosphate ions that allows the deposition of 10 to 50 micrometers of new enamel on teeth after each use.



Schematic illustration of peptide-guided biomimetic tooth repair technology. ACS Publications

Medical-Dental Integration

What is medical-dental integration (MDI)?

> "An approach to care that integrates dental medicine into primary care and behavioral health. It also promotes the practice of dental providers integrating services such as screenings for chronic diseases into their care"
>
> – *CareQuest Institute for Oral Health*

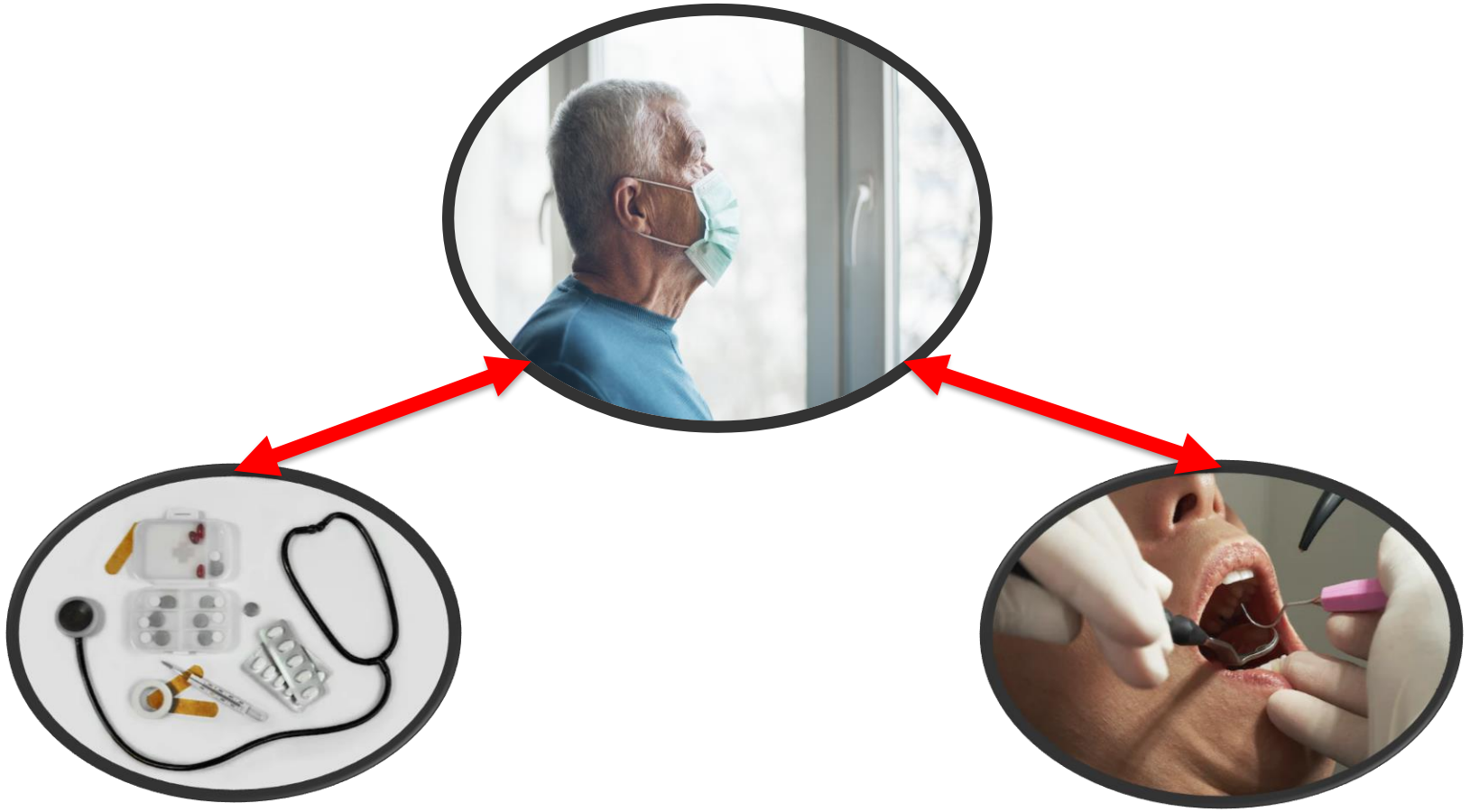
Medical-Dental Integrated Care

1. Caries Risk Assessments

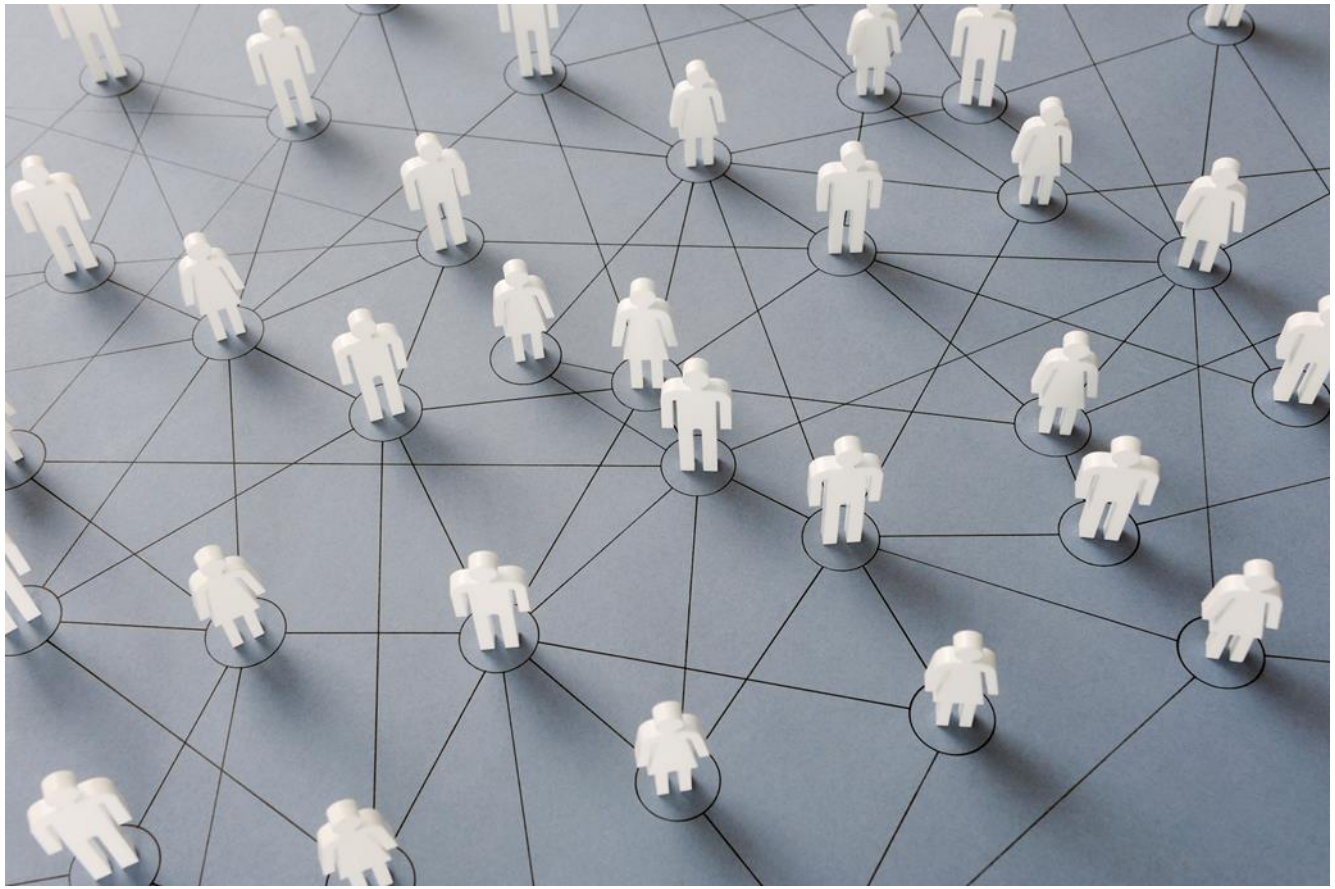
2. Integrated Care Coordination

3. Brush-on Treatments

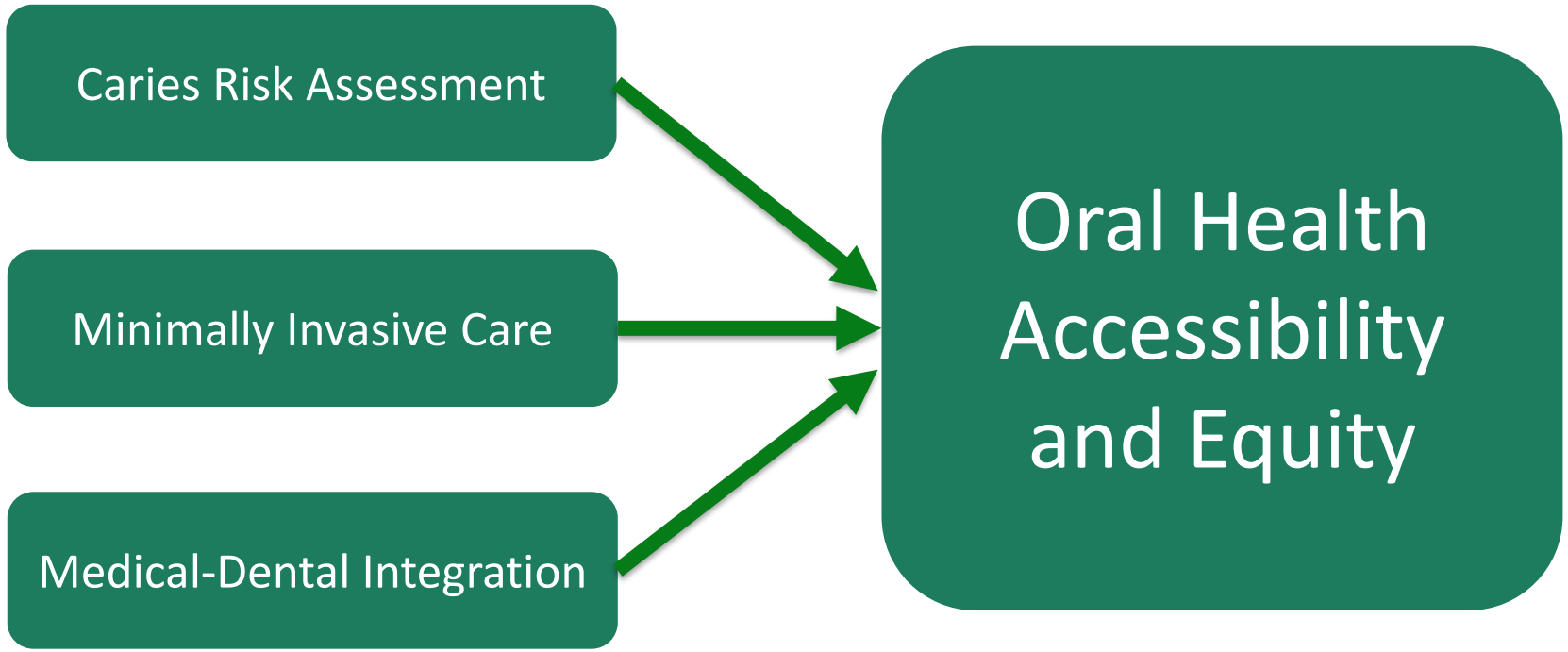
Integrated Care Coordination



Call to Action



Recap


Caries Risk Assessment
Minimally Invasive Care
Medical-Dental Integration
Oral Health Accessibility and Equity

Sources

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Reducing the Proportion of Older Adults with Untreated Root Surface Decay (OH-4)

Part 3:

Interception of Root Exposure and Root Decay: Surgical Treatment of Root Exposure Using Modern Technology

Kayvon Javid, PhD, DDS, DICOI, FIADFE, FCII, AFWCLI, CPT1

Topics

- The Etiology of Root Decay
- Root Exposure Treatment Options
- Non-Carious Cervical Lesions (NCCL)
- Orthodontic Treatment and Root Exposure
- Abfraction and Root Exposure
- Surgical Techniques
- Final Considerations

The Etiology of Root Decay

- **The Urgent Need to Understand Root Caries**

- With the rapid aging of the world population and the anticipated concurrent increase in root caries, there is an urgent need to know more about the risk factors of root caries. (Zhang et. al., 2020)

- In 2020, the number of people aged 60 years and older outnumbered children younger than 5. (WHO 2022)

The Etiology of Root Decay

Causes and Risk Factors of Root Decay

- Aging
- Poor oral hygiene
- Dry mouth
- Diet
- Root Exposure or Periodontal retraction
- Medications

The Etiology of Root Decay

Oral Microbiota and Root Caries

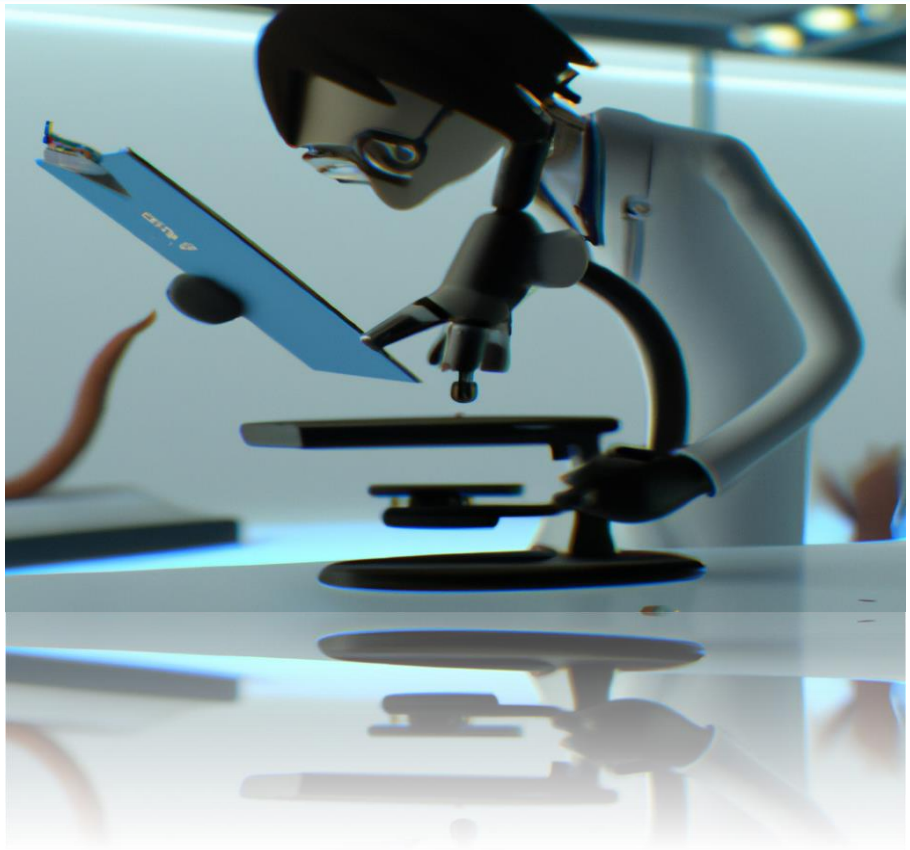
Microbe	Associated with Root Caries
S. mutans	✓
Lactobacilli sp.	✓
Streptococcus sobrinus	✓
Candida	✓
Streptococcus sanguis	✗
Streptococcus salivarius	✗

Zhang, J., & Lo, E. C. M. (2020). Epidemiology of dental root caries: a review of risk factors. Frontiers of Oral and Maxillofacial Medicine

Root Exposure

Overview of Root Exposure

The symptoms of root exposure may include sensitivity to hot, cold, or sweet foods, pain or discomfort when chewing, and discoloration or darkening of the affected tooth.



Root Exposure Leading to Root Decay

Prevention Strategies

- Brushing and flossing regularly
- Limit sugary and acidic food and beverages
- Use fluoride treatments
- Treat underlying conditions
- Regular dental check-ups

Root Exposure Treatment Options

Treatment options

- Dental fillings
- Crowns
- Root canal treatment
- Soft tissue (gingival) grafting
- Nightguard

Non-Carious Cervical Lesions

A non-carious cervical lesion (NCCL) is described as the wear of the tooth substance at the level of the gingival one-third of the tooth due to reasons other than dental caries.

Main indications for the treatment:

- Esthetics, especially when the lesion is pigmented and/or associated with gingival recession
- Dentin hyper-sensitivity, which may be the cause of discomfort/pain or faulty plaque control for the patient
- Demineralization with or without dentin hypersensitivity
- Bacterial plaque accumulation due to the shape and/or depth of abrasion that make oral health care difficult/ineffective

Zucchelli G, Gori G, Mele M, Stefanini M, Mazzotti C, Marzadori M, Montebugnoli L, De Sanctis M. Non-carious cervical lesions associated with gingival recessions: a decision-making process. J Periodontol. 2011 Dec;82(12):1713-24.

Non-Carious Cervical Lesions

Classification

NCCL type 1: the maximum root coverage level (MRC) was located >1mm coronal to the coronal step of the NCCL.

NCCL type 2: the MRC was located at the level of the coronal step of the NCCL.

NCCL type 3: the MRC was located in the deepest portion of the abrasion defect.

NCCL type 4: the MRC was located apical to the deepest portion of the abrasion defect due to a mild loss of papilla height.

NCCL type5: the MRC was located at the level of the most apical extension of the NCCL due to a severe loss of papilla height.

Zucchelli G, Gori G, Mele M, Stefanini M, Mazzotti C, Marzadori M, Montebugnoli L, De Sanctis M. Non-carious cervical lesions associated with gingival recessions: a decision-making process. J Periodontol. 2011 Dec;82(12):1713-24.

Treatment of Non-Carious Cervical Lesions

Classification

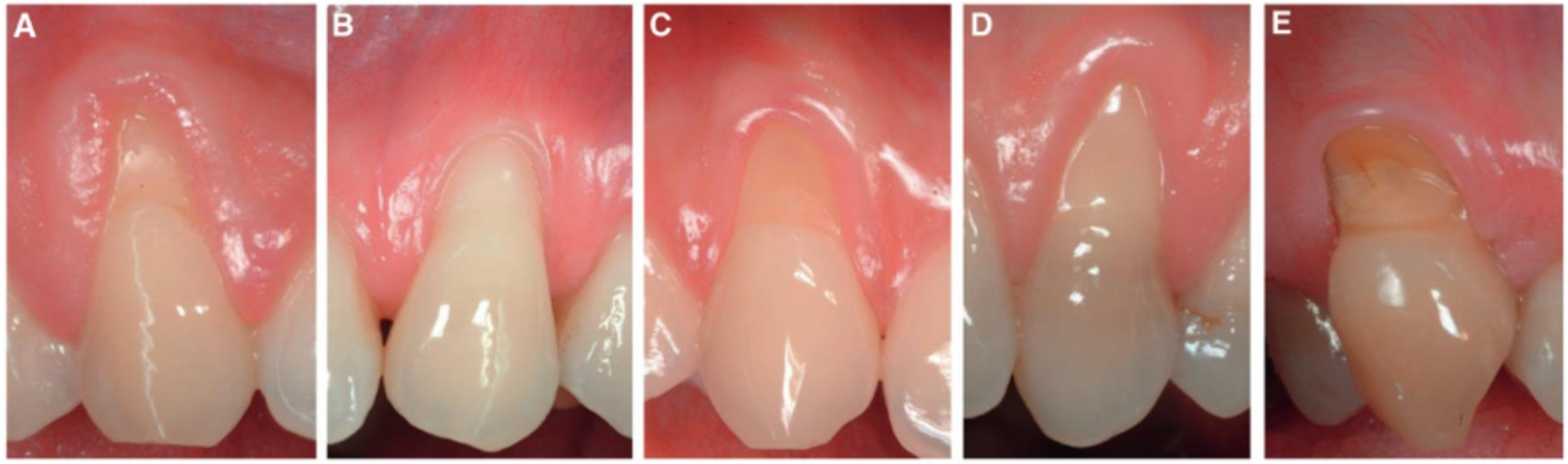


Figure 7.
Baseline frontal view: ***A)*** *NCCL type 1.* ***B)*** *NCCL type 2.* ***C)*** *NCCL type 3.* ***D)*** *NCCL type 4.* ***E)*** *NCCL type 5.*

Zucchelli G, Gori G, Mele M, Stefanini M, Mazzotti C, Marzadori M, Montebugnoli L, De Sanctis M. Non-carious cervical lesions associated with gingival recessions: a decision-making process. J Periodontol. 2011 Dec;82(12):1713-24.

Types of Root Exposure
Non-Carious Cervical Lesions (NCCL)

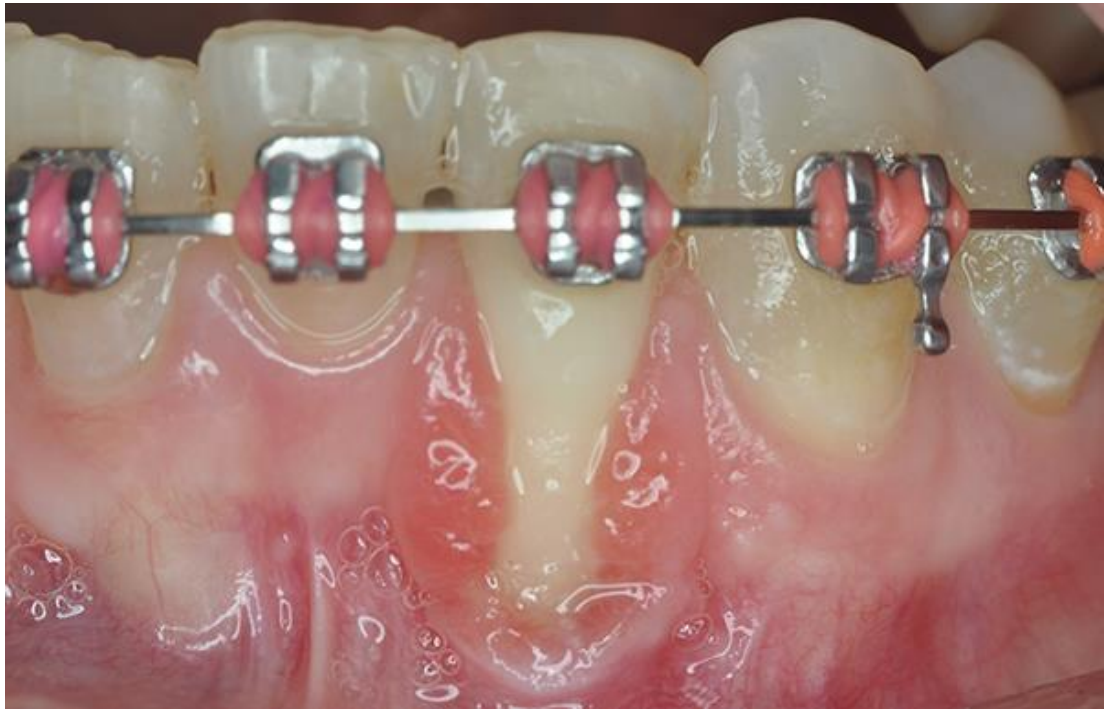
- Periodontal
- Orthodontics
- Abfraction

Considerations About Root Exposure in NCCL
Conditions Leading to Root Exposure

Periodontal

Orthodontic Treatment and Root Exposure

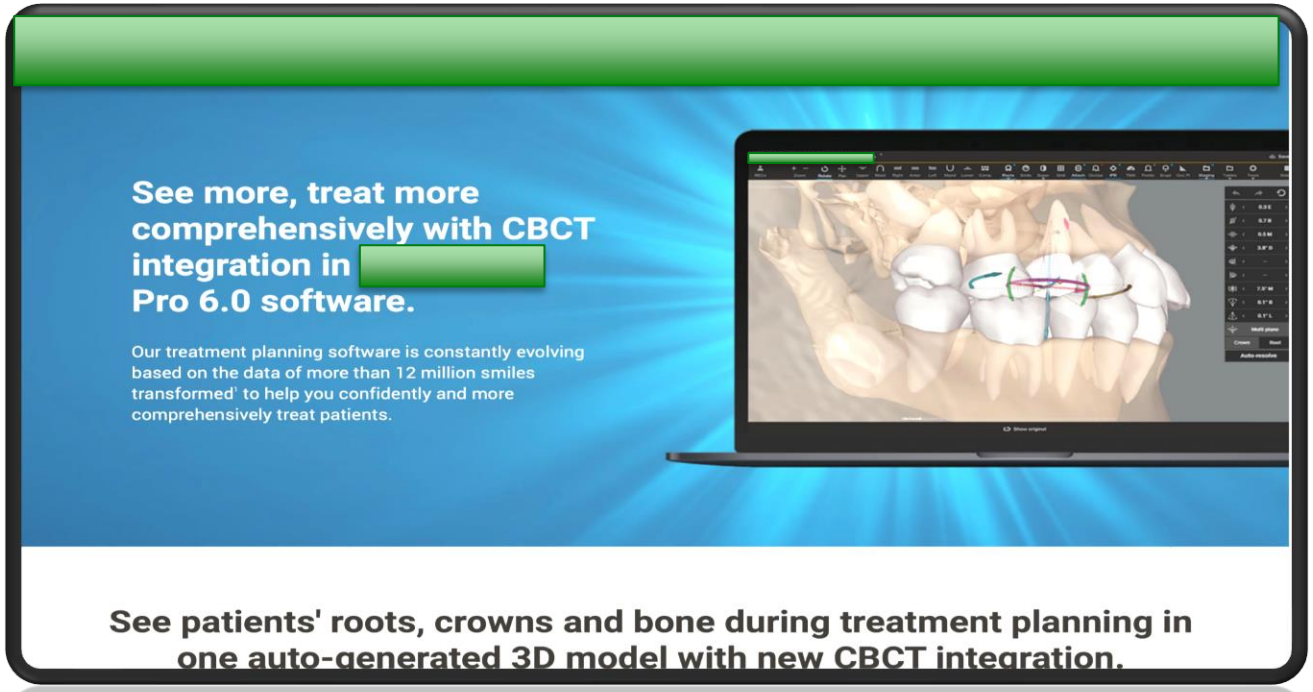
Orthodontic treatment can improve the function and aesthetics of the mouth, but it can also cause complications such as cervical bone loss and periodontal retraction if not carefully managed. (Cao et al., 2015)

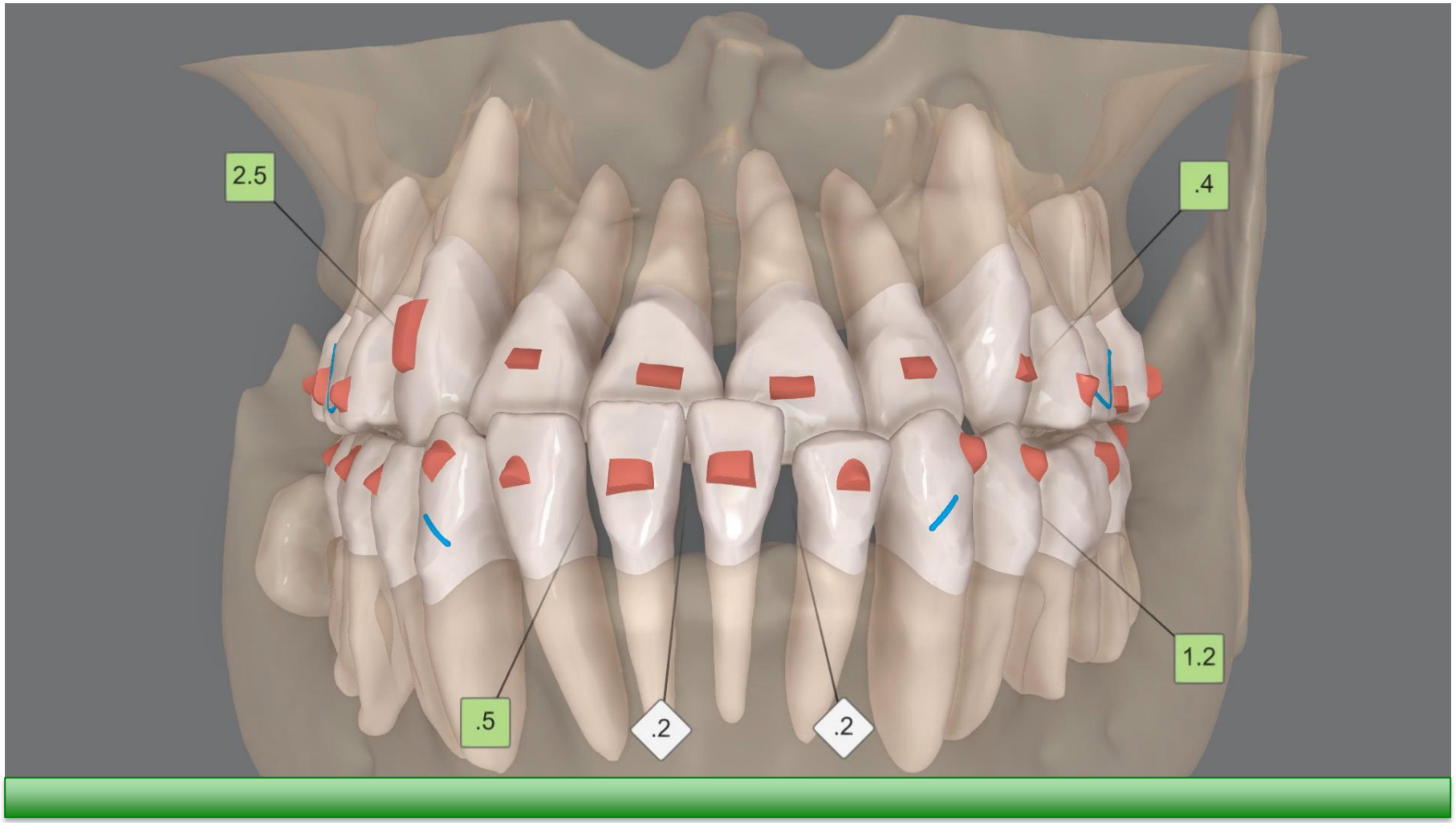


Cao T, Xu L, Shi J, Zhou Y. Combined orthodontic-periodontal treatment in periodontal patients with anteriorly displaced incisors. Am J Orthod Dentofacial Orthop. 2015 Nov;148(5):805-13. doi: 10.1016/j.ajodo.2015.05.026

Prevention First

Using modern technology to reduce root exposure

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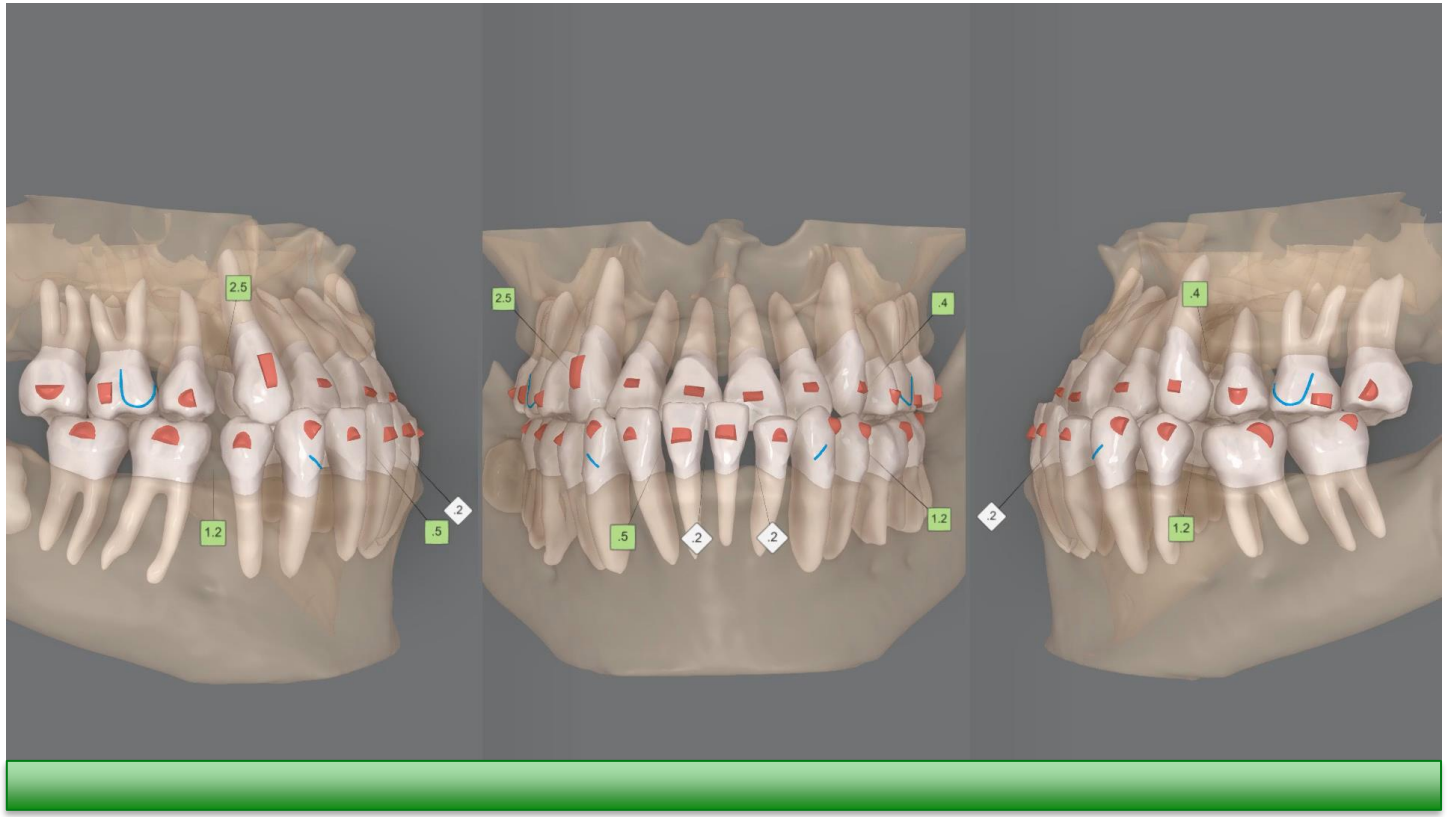
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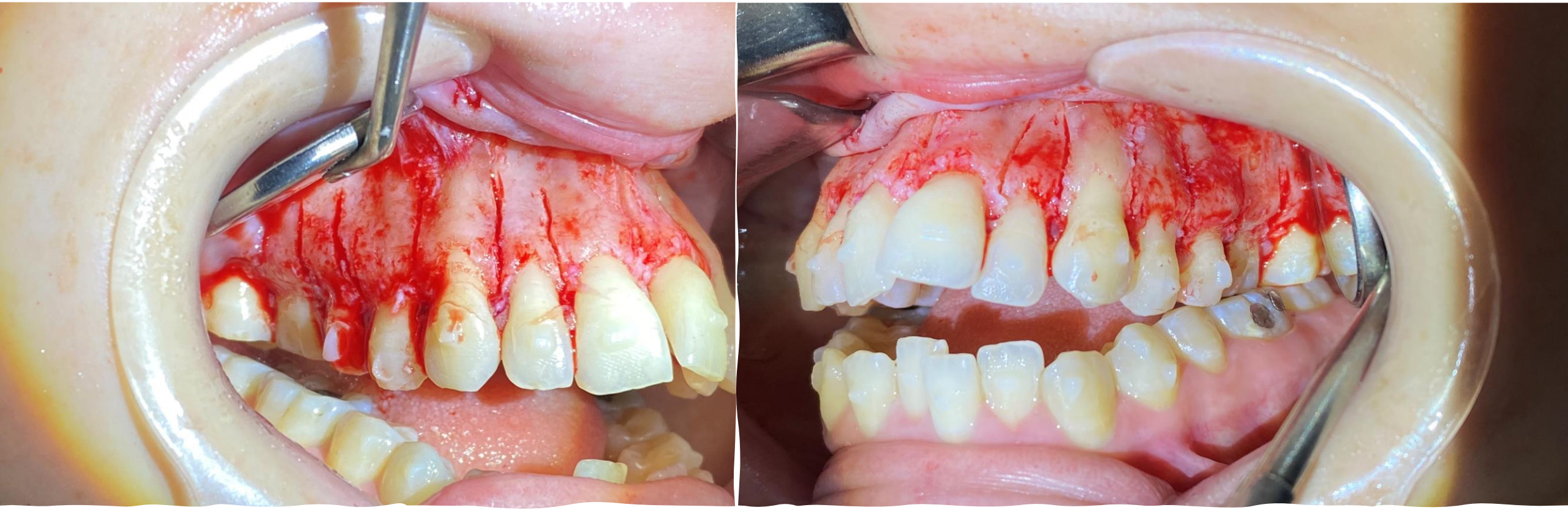
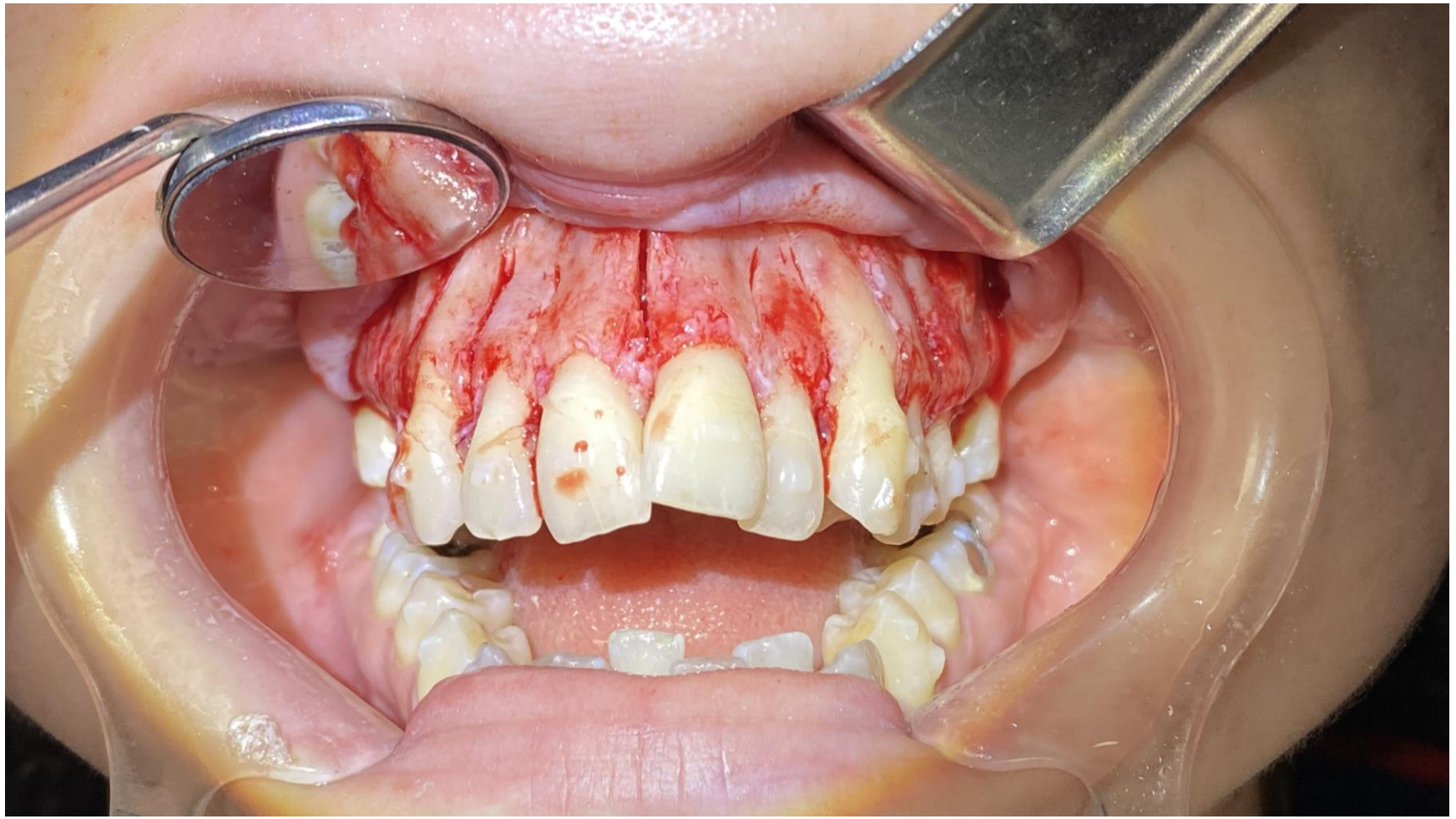
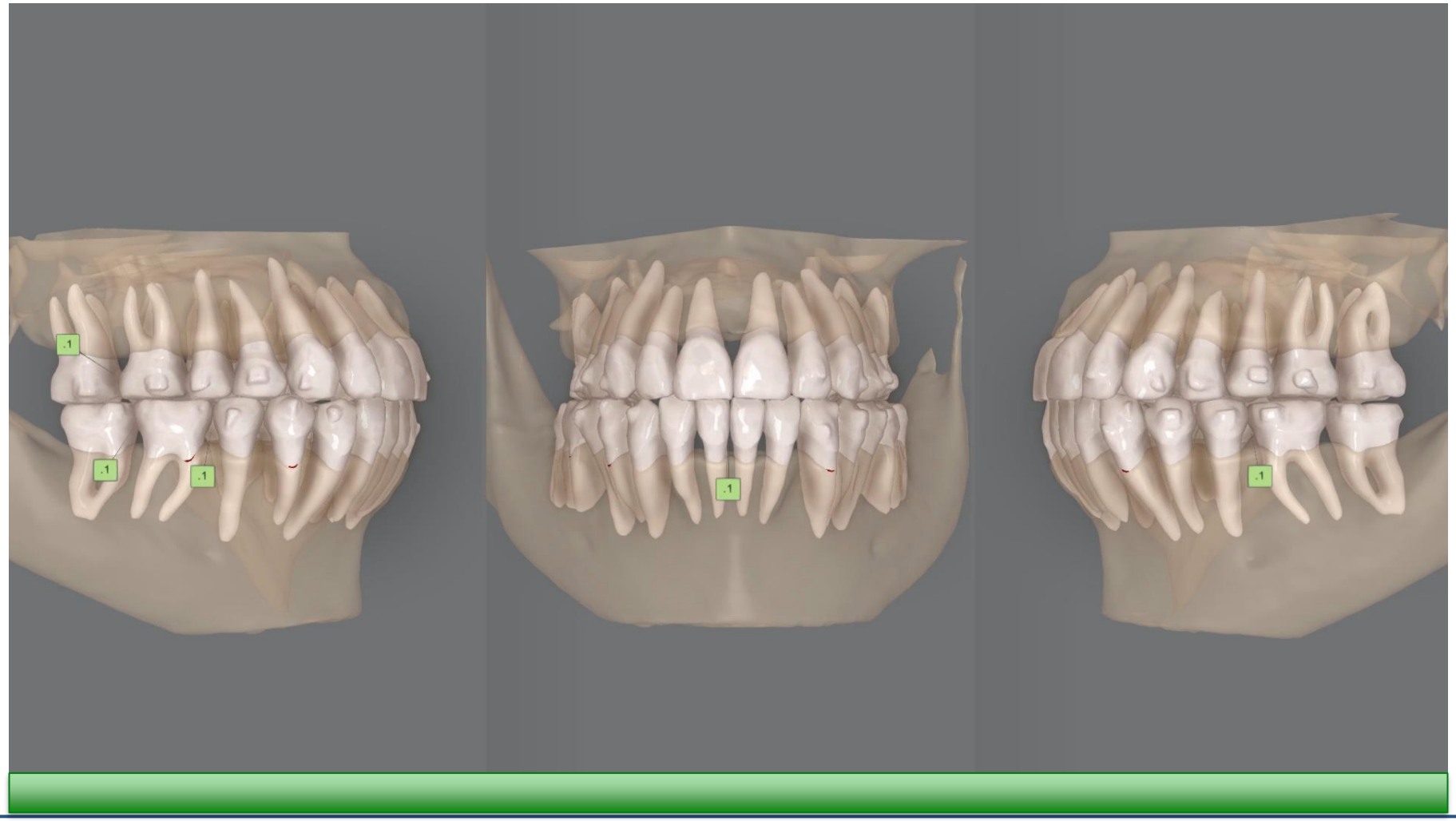
Orthodontic Treatment and Root Exposure

Periodontal Accelerated Osteogenic Orthodontics (PAOO)™





Before and After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Abfraction and Root Exposure

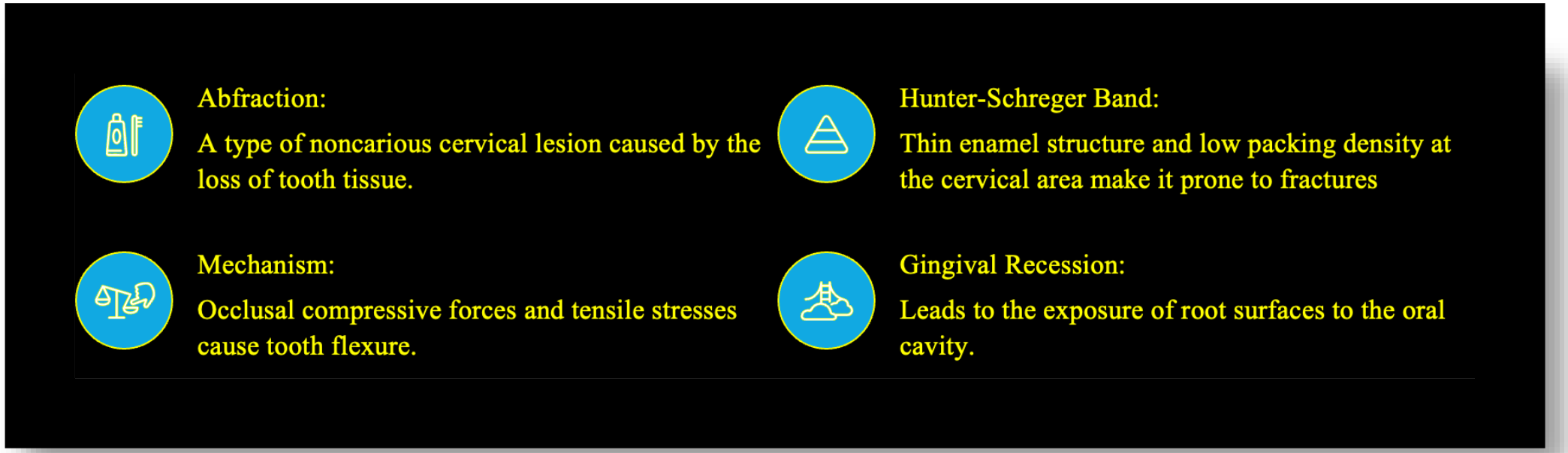
Etiology

- The etiology of noncarious cervical lesions is considered multifactorial, with combinations of friction (attrition and abrasion), bio corrosion, and occlusal stress. (Teixeira et al., 2020)

- However, abfraction has a direct association with occlusal stress. (Duangthip et al., 2017)

Duangthip D, Man A, Poon PH, Lo ECM, Chu CH. Occlusal stress is involved in the formation of non-carious cervical lesions. A systematic review of abfraction. Am J Dent. 2017 Aug;30(4):212-220.
Nota A, Pittari L, Paggi M, Abati S, Tecco S. Correlation between Bruxism and Gastroesophageal Reflux Disorder and Their Effects on Tooth Wear. A Systematic Review. J Clin Med. 2022 Feb 19;11(4):1107. doi: 10.3390/jcm11041107.

Abfraction and Root Exposure



Abfraction is a NCCL caused by the loss of tooth tissue, which is facilitated by the thin enamel structure and low packing density of the Hunter-Schreger band at the cervical area. It can be associated with gingival recession, exposing root surfaces to the oral cavity.

Nascimento, M. M., Dilbone, D. A., Pereira, P. N., Duarte, W. R., Geraldeli, S., & Delgado, A. J. (2016). Abfraction lesions: etiology, diagnosis, and treatment options. Clinical, cosmetic and investigational dentistry.

Abfraction and Root Exposure

Abfraction vs. Periodontal Retraction

While abfraction does not directly cause periodontal retraction, it can contribute to this condition by causing stress on the tooth structure that can lead to gum tissue pulling away from the teeth. (Fan and Caton, 2018)

Fan J, Caton JG. Occlusal trauma and excessive occlusal forces: Narrative review, case definitions, and diagnostic considerations. J Periodontol. 2018 Jun;89 Suppl 1:S214-S222. doi: 10.1002/JPER.16-0581.

Surgical Techniques

Surgical Management to Treat Root Exposures

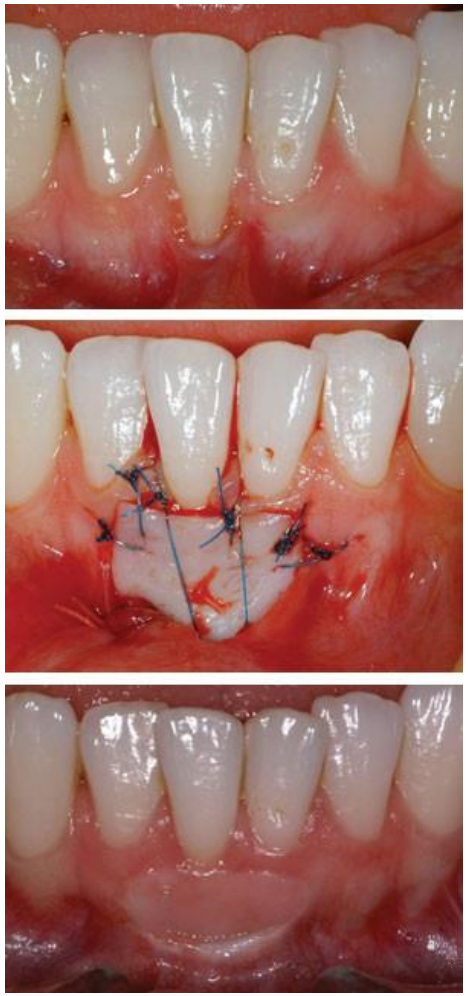
- Soft tissue graft
- Subepithelial connective tissue graft
- Tunneling techniques, laser assisted gum lift

Surgical Techniques

- Soft tissue graft
- Subepithelial connective tissue graft

Surgical Techniques

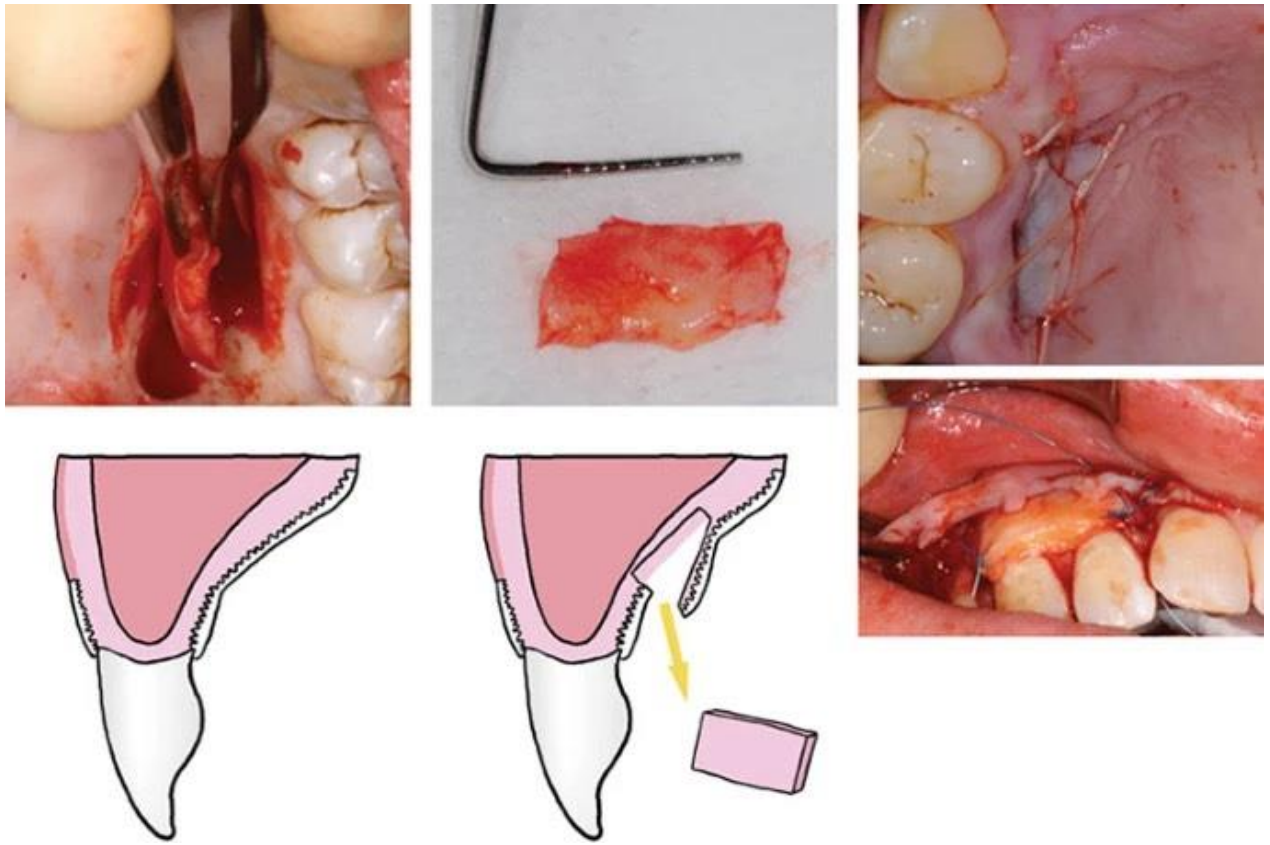
Free grafts are used as an alternative to pedicle grafts, especially in areas where the gingival biotype is thin or lacks keratinized tissue. They offer advantages, such as customized size and shape, making them suitable for various gum recession cases.



*Patel, M., Nixon, P. & Chan, MY. Gingival recession: part 3. Surgical management using free grafts and guided tissue regeneration. Br Dent J **211**, 353–358 (2011). https://doi.org/10.1038/sj.bdj.2011.861*

Surgical Techniques

The subepithelial connective tissue graft with a coronally advanced flap is a highly effective procedure considered the gold standard in grafting. It involves removing connective tissue from the palate and transplanting it to the recipient site. A coronally advanced flap is then used to cover the graft, promoting new tissue growth and achieving root coverage.

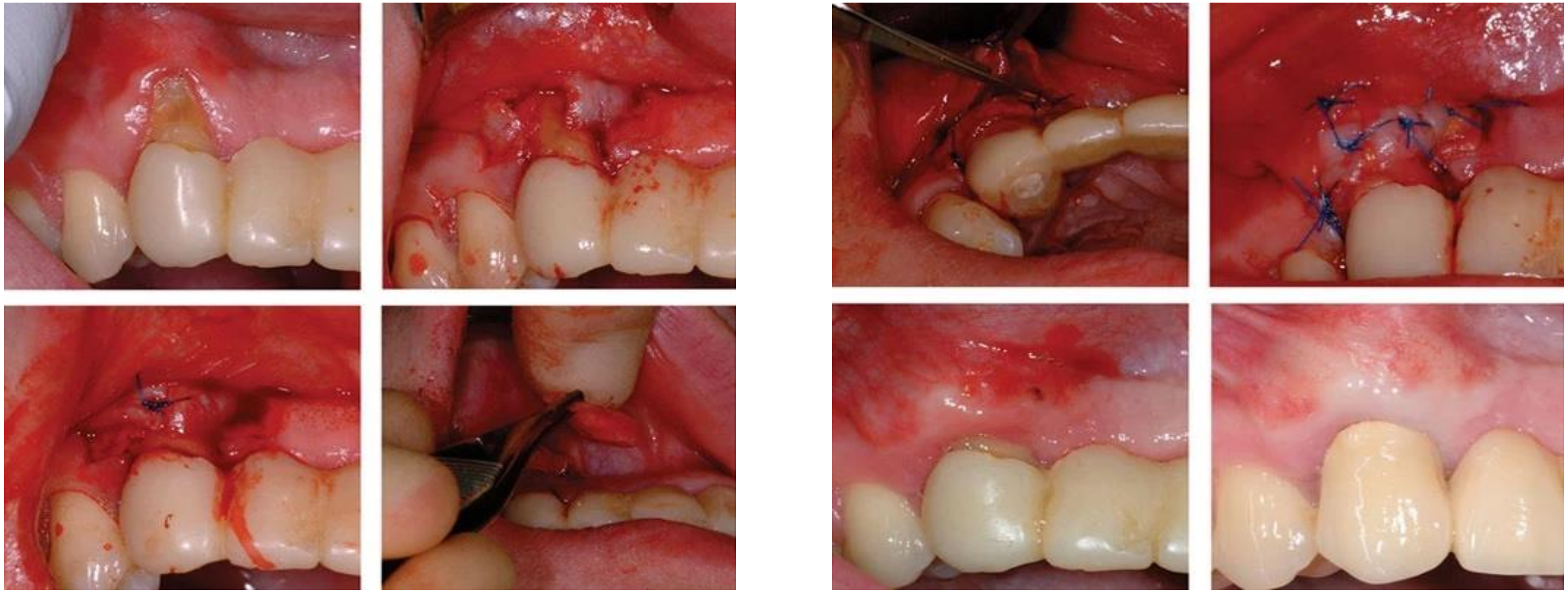


*Patel, M., Nixon, P. & Chan, MY. Gingival recession: part 3. Surgical management using free grafts and guided tissue regeneration. Br Dent J **211**, 353–358 (2011). https://doi.org/10.1038/sj.bdj.2011.861*

Surgical Techniques

Weinberg, E.; Kolerman, R.; Kats, L.; Cohen, O.; Masri, D.; Sebaoun, A.; Slutzkey, G. Coronally Advanced Flap with Connective Tissue Graft for Treating Orthodontic-Associated Miller Class III Gingival Recession of the Lower Incisors: A One-Year Retrospective Study. *J. Clin. Med.* **2022**, *11*, 235.

Surgical Techniques



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Surgical Techniques

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Surgical Techniques

Tunneling techniques

Laser-assisted gum lift

Surgical Techniques

Laser-Assisted Gum Lift

- Bonding preparation for suturing
- Blood collection
- Preparation of platelet-rich fibrin (PRF)
- Hard tissue and soft tissue conditioning
- Tunneling technique and lift
- Suturing

Surgical Techniques

Laser-Assisted Gum Lift

Surgical Techniques
Bonding Procedure

- Etch
- Spot bond
- Composite

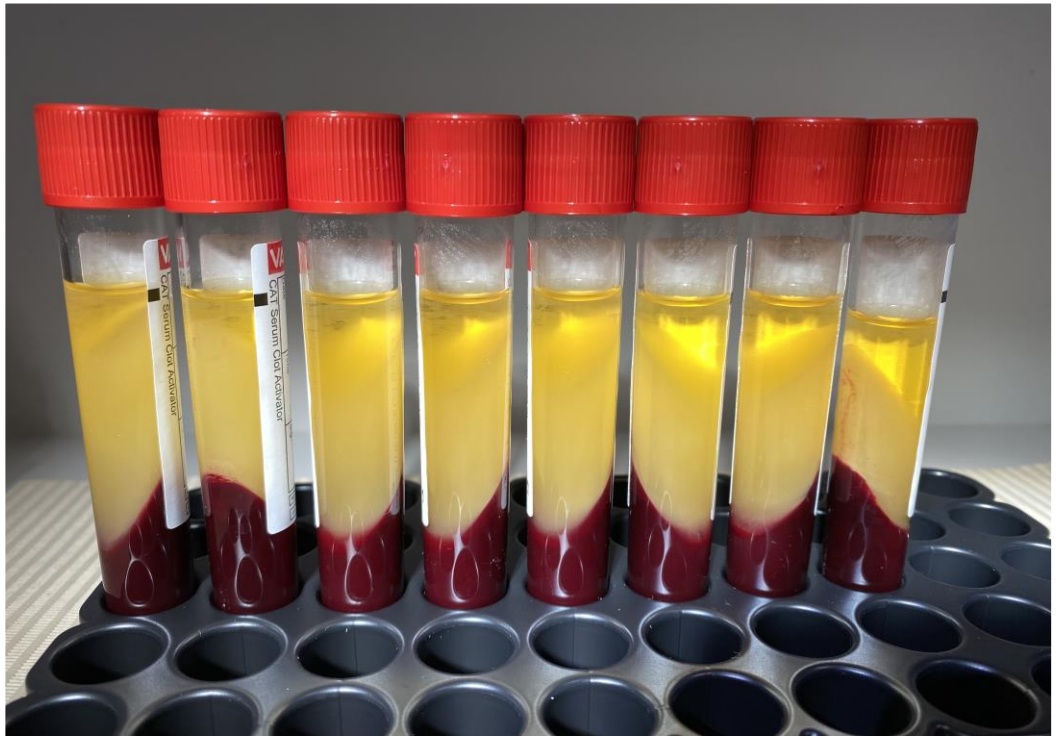
Surgical Techniques
Bonding Procedure

Splint

Surgical Techniques

Blood Draw?

Patient selection and evaluation



Surgical Techniques

Platelet-rich fibrin clots

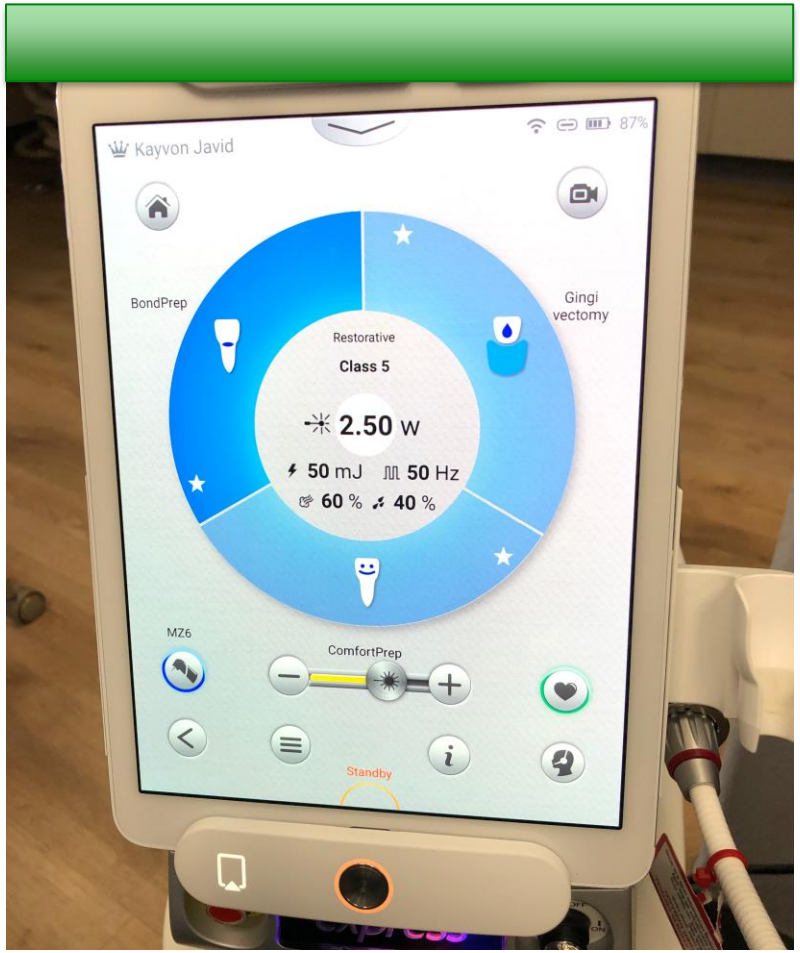
PRF Advantages

- Helps soft tissue healing
- Post operative pain
- Reduces inflammation
- Reduces swelling

Mourão CF, de Mello-Machado RC, Javid K, Moraschini V. The use of leukocyte- and platelet-rich fibrin in the management of soft tissue healing and pain in post-extraction sockets: A randomized clinical trial. J Craniomaxillofac Surg. 2020 Apr;48(4):452-457. doi: 10.1016/j.jcms.2020.02.020

Surgical Techniques

Root surface cleaning and soft tissue conditioning using laser



Surgical Techniques

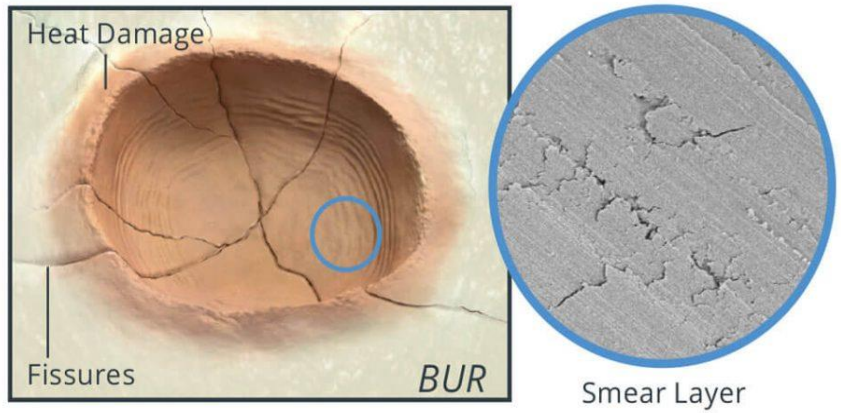
Effect of Er,Cr:YSGG on soft tissue

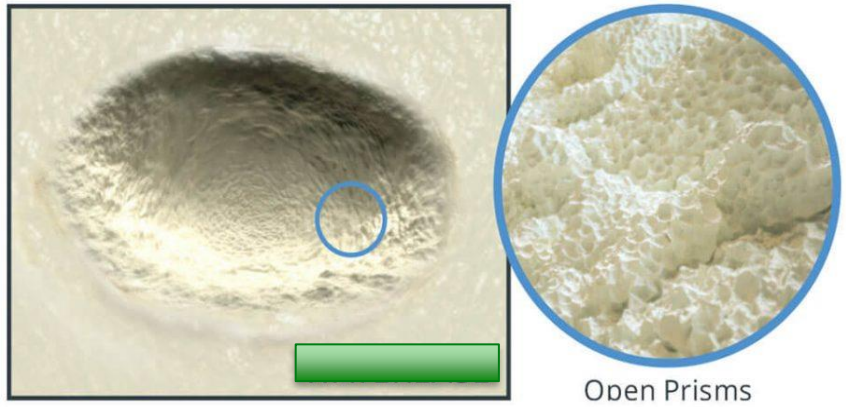
Surgical Techniques

Why Er,Cr:YSGG?

- Laser-treated surfaces provide a suitable environment for cell adhesion and growth

- Er,Cr:YSGG laser conditioning can promote fibroblast attachment on dentinal root surfaces





Fekrazad, R., Lotfi, G., Harandi, M., Ayremlou, S., & Kalhori, K. A. (2015). Evaluation of fibroblast attachment in root conditioning with Er, Cr: YSGG laser versus EDTA: a SEM study. Microscopy Research and Technique, 78(4), 317-322.

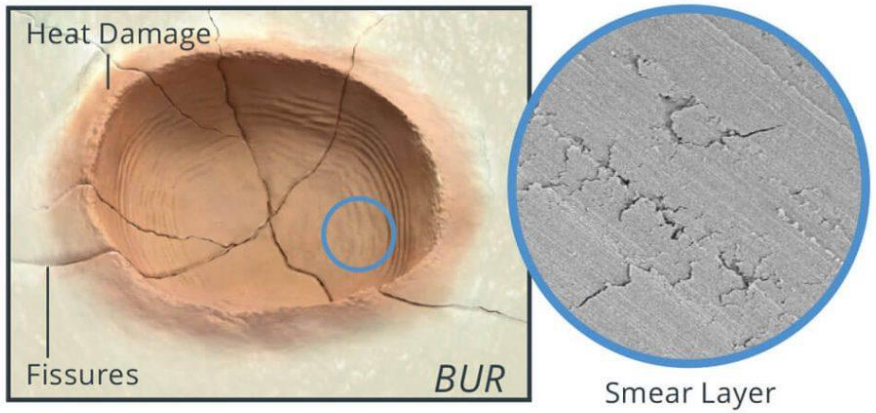
Surgical Techniques

Root Surface Cleaning

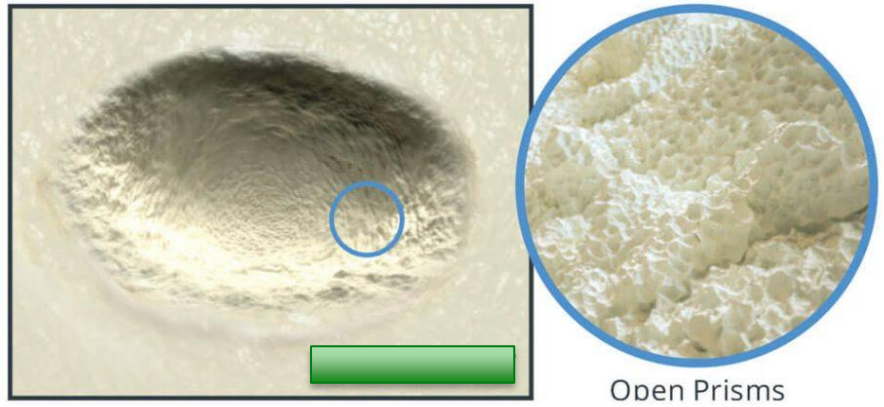
Surgical Techniques

Why Er,Cr:YSGG?

- Rapid, precise, and clean removal of target tissues — without heat damage, fractures, or smear layer created by dental burs



- Laser energy has been shown to have an anti-bacterial effect in root canals, reducing E. faecalis by 99.71%

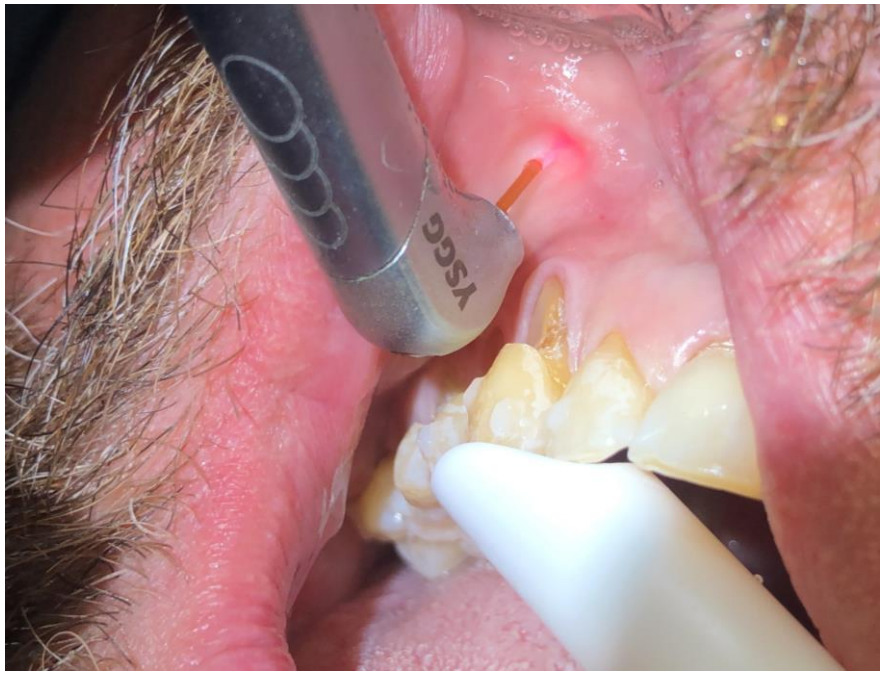


Fekrazad, R., Lotfi, G., Harandi, M., Ayremlou, S., & Kalhori, K. A. (2015). Evaluation of fibroblast attachment in root conditioning with Er, Cr: YSGG laser versus EDTA: a SEM study. Microscopy Research and Technique, 78(4), 317-322.

Laser Advantages

Minimal Invasive Soft Tissue Access

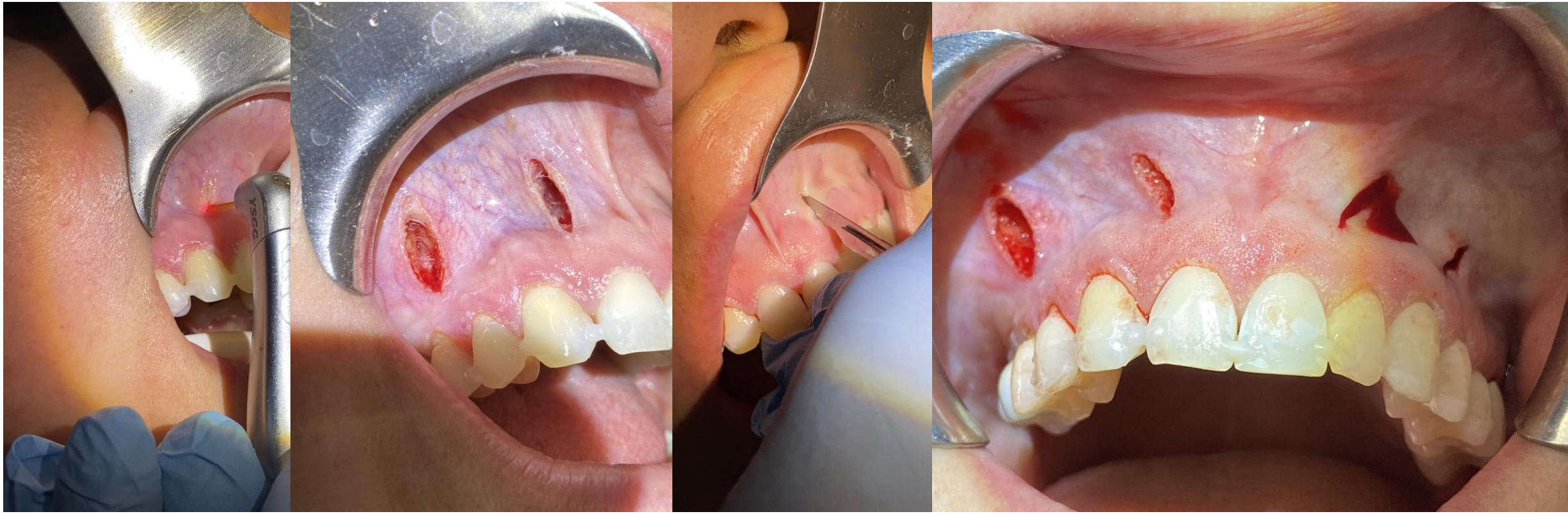
Er,Cr:YSGG penetrates water 300% deeper than Er:YAG, which results in efficient cutting with better hemostasis, deeper coagulation and less bleeding.



Fekrazad, R., Lotfi, G., Harandi, M., Ayremlou, S., & Kalhori, K. A. (2015). Evaluation of fibroblast attachment in root conditioning with Er, Cr: YSGG laser versus EDTA: a SEM study. Microscopy Research and Technique, 78(4), 317-322.

Laser Advantages

Using laser technology to reduce bleeding and inflammation



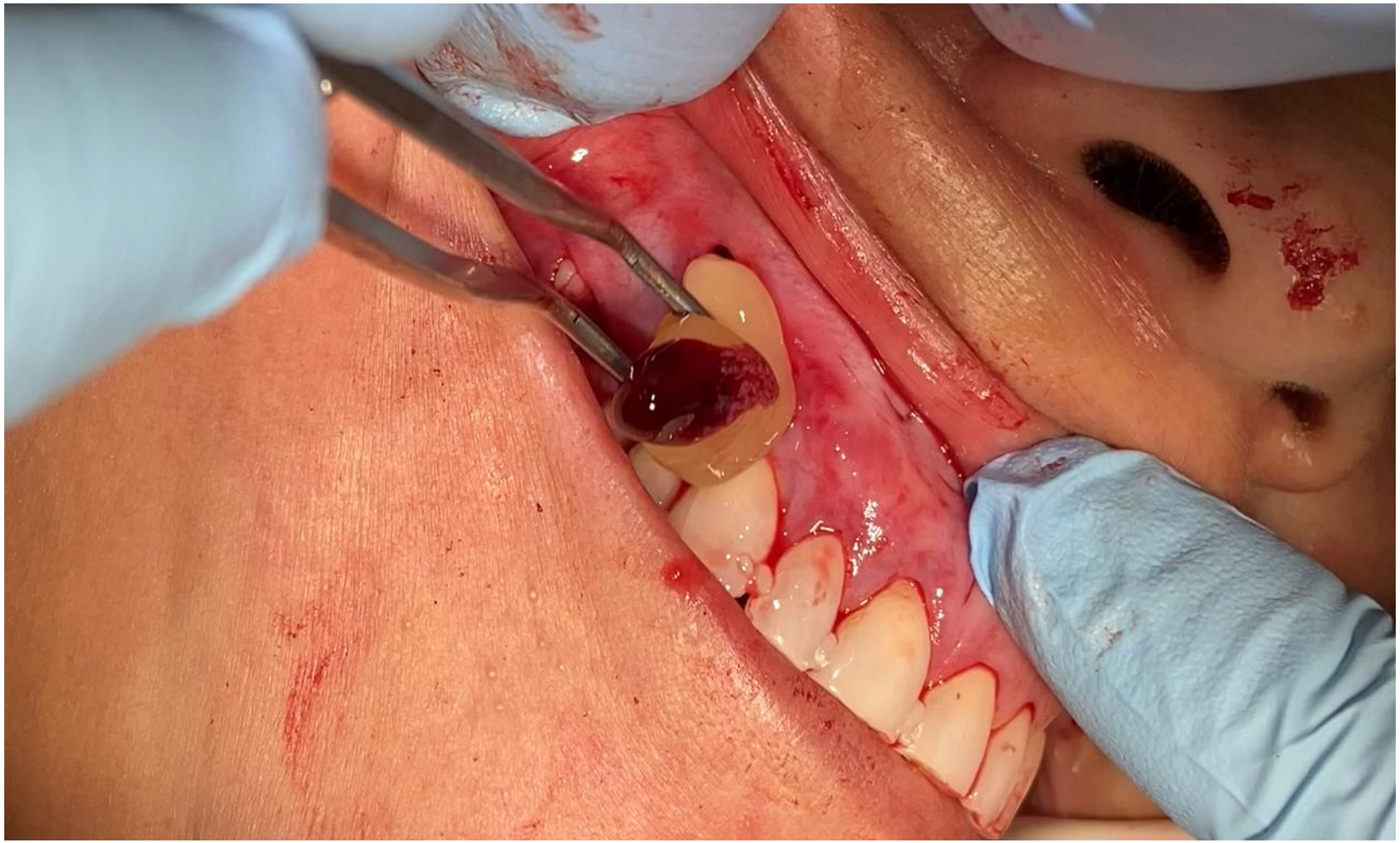
Surgical Techniques

Instruments

Surgical Techniques

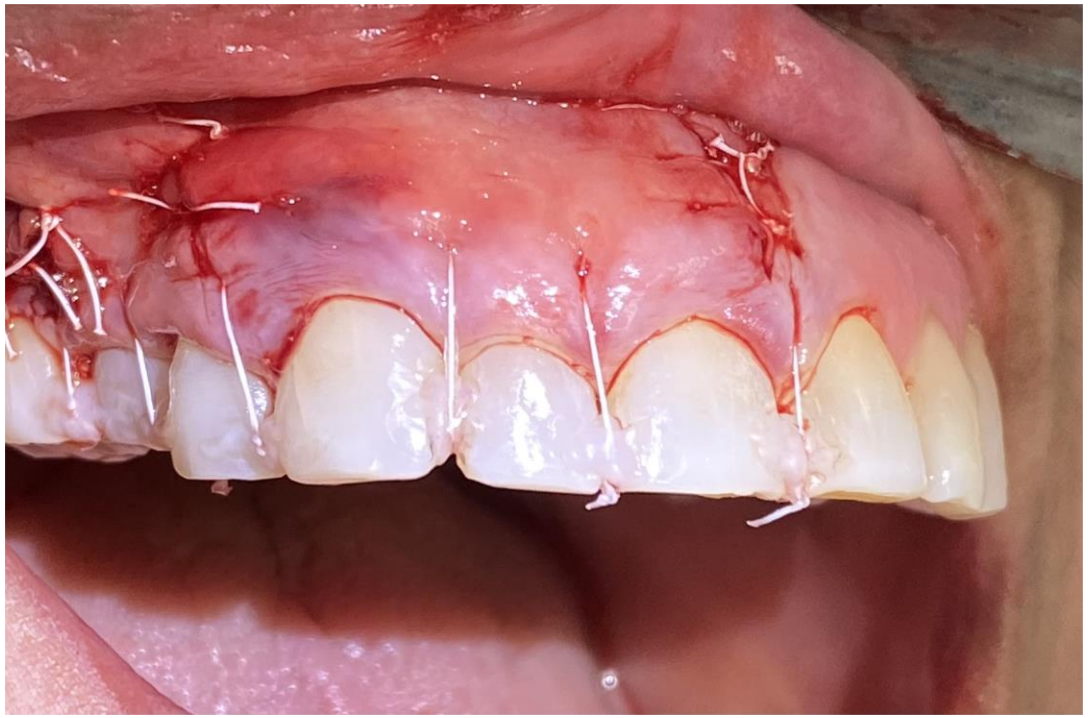
Detachment

Surgical Techniques



Surgical Techniques

Suture



Surgical Techniques
Lower Arch

Surgical Techniques

Laser-Assisted Gum Lift

Surgical Techniques
Maxillary Arch Day of Surgery

Surgical Techniques

Clear aligners were delivered (14 days post op)

Surgical Techniques

6 months

Surgical Techniques

6 months post op

Surgical Techniques

6 months

5 years post op

5 years post op

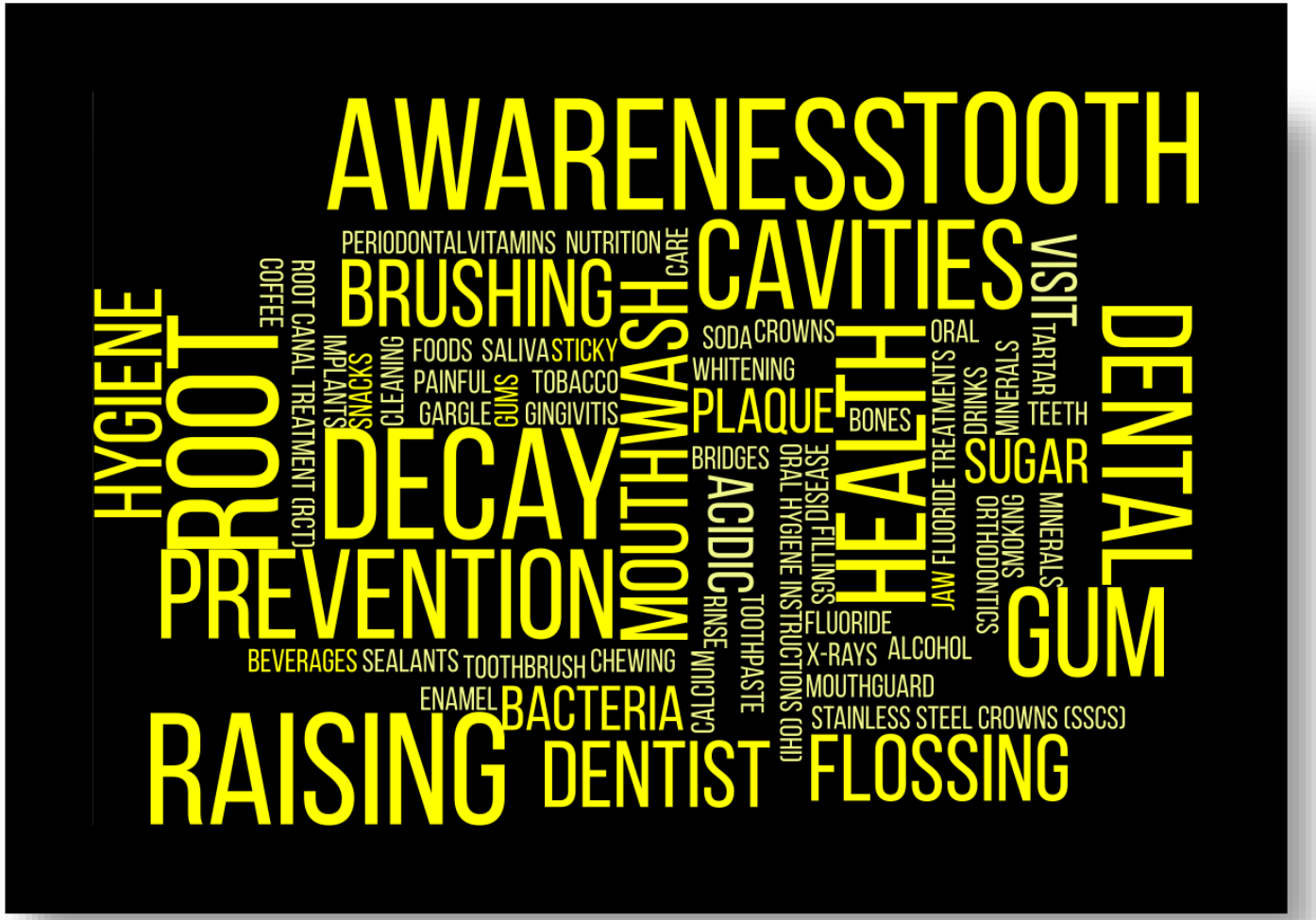
5 years post op

Surgical Techniques Before & After

Final Considerations

Periodontal tissue grafting and regeneration are successful procedures for achieving root coverage and improving the health and appearance of the gum tissue. These procedures require careful planning, skilled execution, and proper follow-up care to ensure optimal outcomes and prevent complications. Studies have shown that periodontal tissue grafting, and regeneration can provide long-lasting results with high patient satisfaction. These procedures are effective treatment options for root coverage. They can improve the health and aesthetics of the gum tissue, improving overall oral health and quality of life for patients.

Final Considerations



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CareQuest Institute for Oral Health

Reducing the Proportion of Older Adults with Untreated Root Surface Decay (OH-4)

Q & A

Gina Thornton-Evans, DDS, MPH

Summary: *Strategies for Success*

OH-04:Reduce the proportion of older adults with untreated root surface decay.

1. Improve access to care, especially to minority populations and those in rural America, using an integrated model approach.
2. Increase use of topical fluorides in older adults through increased education, access, and application by other healthcare professionals.
3. Take oral health to where older adults are: senior centers, community events, assisted/senior living, etc.

Next Webinar

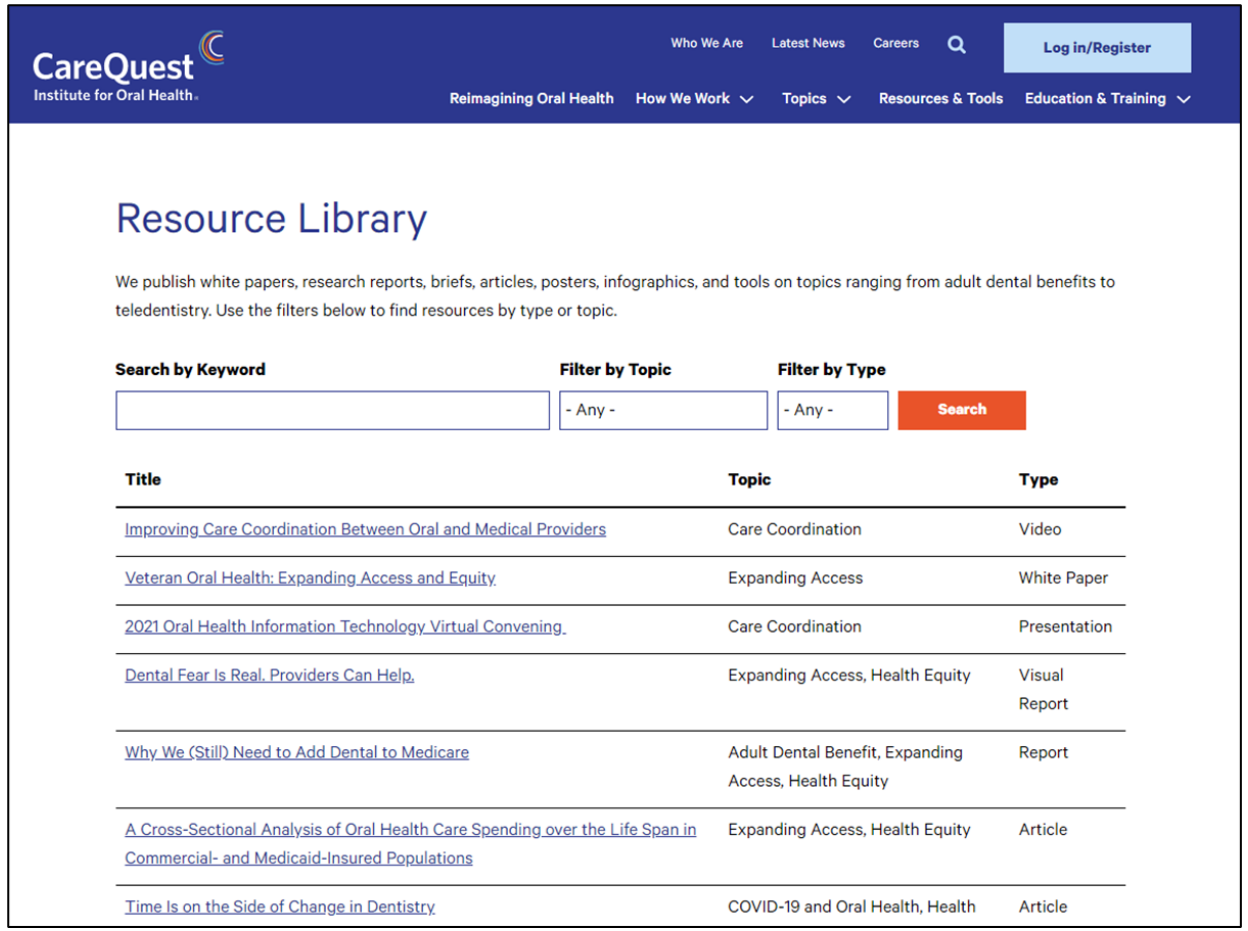
- June 14, 2023 at noon ET
- Increasing the number of states and the District of Columbia that have an oral and craniofacial health surveillance system (OH-D01)
- Partners: Association of State and Territorial Dental Directors, American Association of Public Health Dentistry, and Centers for Disease Control and Prevention Division of Oral Health
- Registration Link: https://astdd-org.zoom.us/meeting/register/tZIlcOCorzMtHt0dhLp69pKRY_Z9LH0xc1mQ

For More Information:

- Healthy People 2030, Building a healthier future for all: https://health.gov/healthypeople
- Oral Conditions: https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions
- Leading Health Indicators: https://health.gov/healthypeople/objectives-and-data/leading-health-indicators
- Tools for Action: https://health.gov/healthypeople/tools-action

Question and Answer

To Explore More Industry-Leading Research



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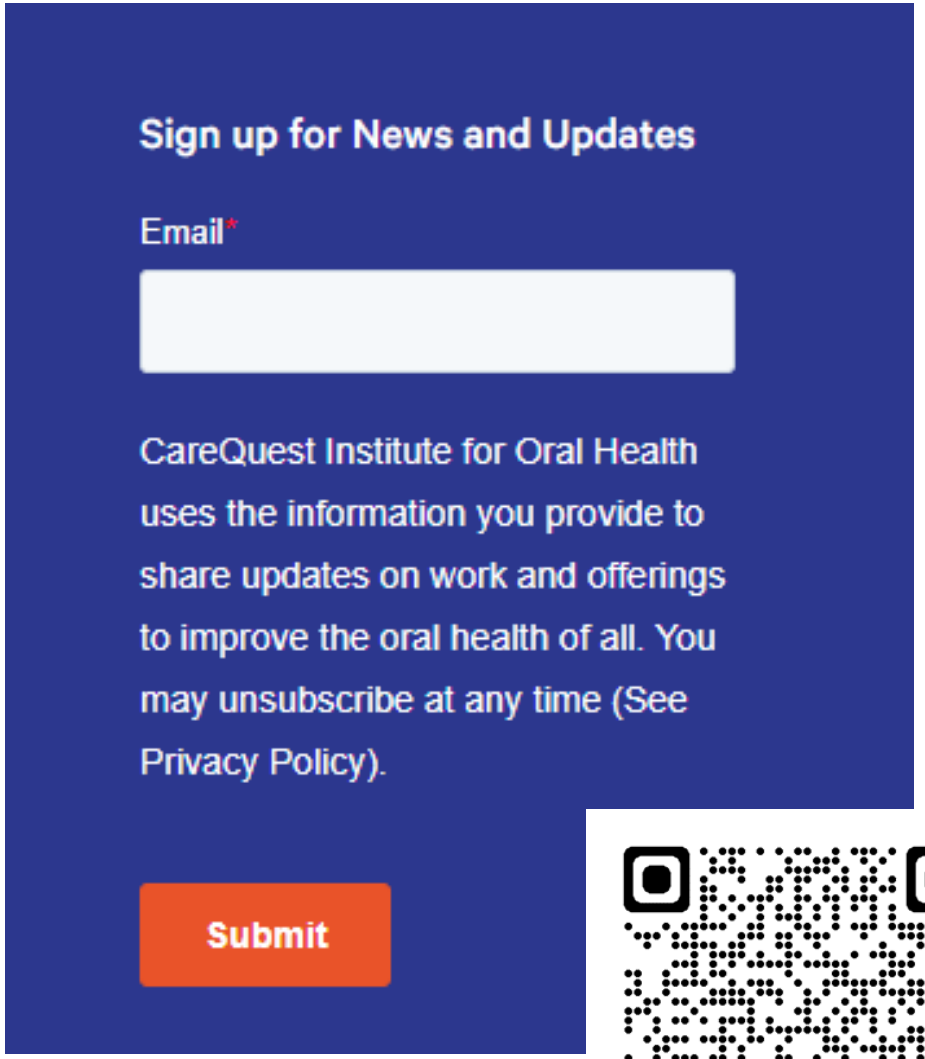
Webinar Evaluation

Complete the **evaluation by Friday, May 12** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

May 18: Using Oral Health Equity Data to Improve Patient Care at 4–5 p.m. ET

Sign up to receive our newsletter to get more information on future webinars!



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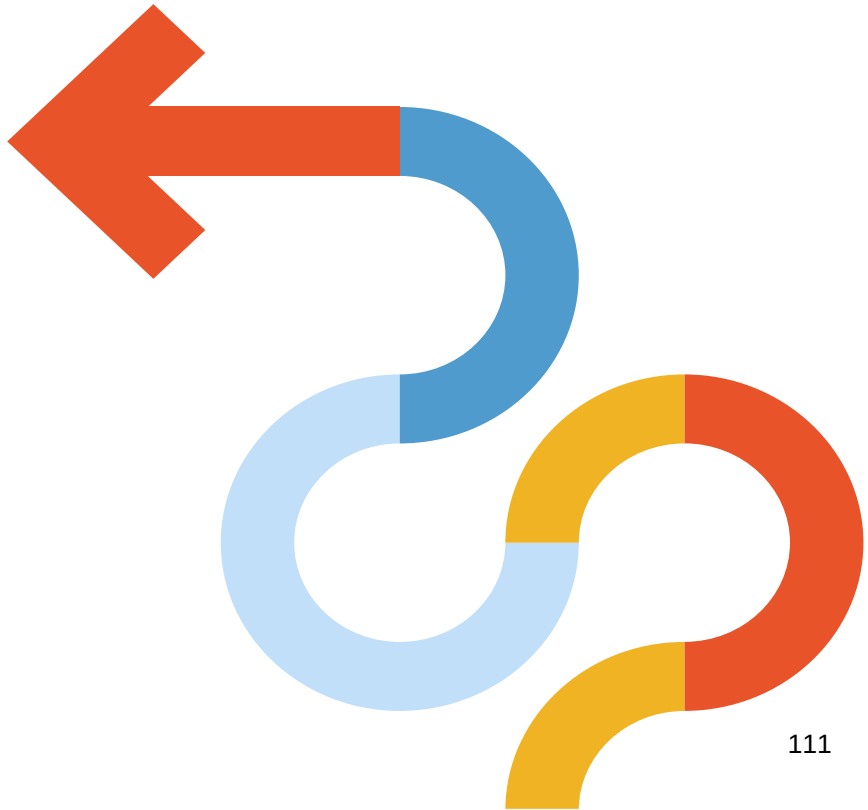

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