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A question of caries management



Professor Avijit Banerjee

Professor Avijit Banerjee lit up the stage at the Oral Health Conference (OHC) held in Glasgow in November 2021, starting the educational content on the second day of the event with an engaging session exploring minimally invasive caries management.

Professor Banerjee's session, titled 'Minimum intervention oral healthcare caries management – the role of the oral healthcare team', set out to inform delegates about how they can get involved with caries management. It also explained how the traditional approaches they have been taught may not necessarily still be the best methods, especially as dentistry has progressed so much in such a short time.

Holistic healthcare

Professor Banerjee began the session by talking about how dental caries remains a significant healthcare burden – and is, in fact, the biggest healthcare problem in the world. As caries is linked to a number of health conditions, it's now important that all healthcare professionals take a more holistic approach. He then spoke about how the existing systems in place aren't always geared

towards supporting a preventive approach in dentistry, and why this needs to change. This is especially significant, as during the pandemic inequalities in healthcare access have meant that the problem of caries is likely to have become more severe.

Minimally invasive care for all

At the heart of this session was Professor Banerjee's passion for minimally invasive care. He proposed that professionals should be offering individualised patient care, including a number of preventive steps such as risk assessments. Arguing in favour of treatment that preserves as much healthy tissue as possible, Avijit inspired delegates to think about how they treated caries currently and whether a more conservative approach could be utilised in some cases.

One concept he introduced to motivate this change was the Four Cogs – four steps that work together to ensure that professionals are taking a modern, effective approach to

caries management.

The first of these steps was to identify the problem, diagnose correctly, detect any issues and take steps such as risk assessments, before creating a heavily tailored care plan for each individual. Following this, it was all about prevention and, most importantly, behaviour management – regardless of preventive steps, caries will always occur unless patients change the way they act.

After this, it's about restoring caries in a minimally invasive manner. Professor Banerjee proposed that in some cases, caries management may be better than caries removal, especially in scenarios where filling a cavity would involve the removal of substantial healthy tissue. To illustrate this point, Professor Banerjee showcased a number of case studies where caries was effectively managed or selectively removed in order to be as preservative as possible.

Lastly, the fourth cog was a focus on recalling patients to review and reassess the

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situation. Avijit put great emphasis on how this should be done, with appointments being called recalls instead of daunting phrases with negative connotations such as check-ups. This was to help patients feel like they are being supported with their oral health instead of told off – part of the all-important behaviour management approach that is needed to make real change.

Three tiers of prevention

Delving deeper into prevention, Professor Banerjee informed delegates of the three stages of prevention (primary, secondary and tertiary) and how these should be achieved. The first stage is the easiest – if a patient is healthy and doesn't have caries, keep it that way. This can be accomplished through personalised advice, engaging with these patients and offering preventive measures to high-risk patients where applicable.

Secondary prevention is when there are early signs of caries – can these be reversed? In many cases, remineralising lost enamel surface or preventing further caries progression is possible. It's all about exploring the available options and new approaches for caries arrest such as silver diamine fluoride (SDF) and existing proven methods such as other fluoride varnishes and sealants.

Tertiary prevention considers how to effectively manage caries when they are present. Avijit detailed a case where a patient had caries in two adjacent teeth, but only one of the lesions seemed to be getting worse.

It turned out that one of them had a small enamel ridge where biofilm could gather underneath. By removing this ridge, he was able to stop caries progression and help the patient to manage caries without needing to fill the teeth, demonstrating a minimally invasive approach.

Getting involved

Ultimately, this session provided a lot of food for thought and was a perfect introduction to the possibilities surrounding caries management for delegates. It reinforced the necessity for a whole oral healthcare team approach when it comes to effective treatment in the future.

Rhiannon Jones who watched the presentation commented afterwards: ‘Dr Banerjee’s presentation was engaging and very relevant to my clinical work. His humorous style and use of ‘real-life’ examples were particularly appreciated!’

Maria Nirlen who also viewed the session said: ‘Fantastic! I have already updated the whole dental team back home about what is to come in the future. The session was very interesting and Avijit was an absolute pro!’

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