Fluoride
Nature’s cavity fighter

Cavities used to be a fact of life. But during the past few decades, tooth decay has been reduced dramatically. The key reason: fluoride. Fluoride is a mineral that occurs naturally in all water sources, including the oceans. Research has shown that fluoride not only reduces cavities in children and adults, it also helps repair the early stages of tooth decay even before the decay is visible.

TOPICAL AND SYSTEMIC FLUORIDE

Fluoride is obtained in two forms: topical and systemic. Topical fluorides may be found in toothpastes, mouthrinses and fluoride applied in the dental office.

Systemic fluorides are those that are ingested. They include fluoridated water and dietary fluoride supplements in the form of tablets, drops or lozenges. Systemic fluorides are incorporated into tooth structures that are forming.

The maximum reduction in tooth decay is achieved when fluoride is available both topically and systemically. Water fluoridation provides both types of exposure.

Community water fluoridation is an extremely effective and inexpensive means of obtaining the fluoride necessary for optimal prevention of tooth decay. Water fluoridation has been proven to reduce decay in both children and adults. However, not everyone lives in a community with a fluoridated water source. For those people, fluoride is available in other forms.

Dietary fluoride supplements (tablets, drops or lozenges) are available only by prescription and are intended for use by children aged 6 months to 16 years who live in nonfluoridated areas. For maximum effectiveness, fluoride supplements require long-term compliance on a daily basis.

Your dentist can prescribe the appropriate dosage. The dosage is based on the natural fluoride concentration of the child’s drinking water and the age of the child. If the fluoride level of the home’s drinking water is unknown, the water should be tested for fluoride content before supplements are prescribed. For testing of fluoride content, contact your local or state health department.

MONITORING FLUORIDE USE IN CHILDREN

Parents and other caregivers should judiciously monitor the use of all fluoride-containing dental products by children younger than 6 years, because ingestion of higher-than-recommended levels of fluoride by children has been associated with an increased risk of very mild to mild permanent discoloration in developing, unerupted teeth.

Place only a pea-sized amount of fluoride toothpaste on a young child’s toothbrush at each brushing. Young children should be supervised while brushing and taught to spit out, rather than swallow, the toothpaste. Consult with your child’s dentist or physician if you are considering using fluoride toothpaste before the child reaches 2 years of age. Additionally, the use of fluoride mouthrinses is not recommended for children younger than 6 years because they may swallow the rinse.

For more information about fluoride and oral health, visit “www.ada.org”. ■

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