

Nonfluoride Caries Preventive Agents: Evidence-Based Clinical Recommendations¹

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.



Strong

Evidence strongly supports providing this intervention



In favor

Evidence favors providing this intervention



Weak

Evidence suggests implementing this intervention **only after alternatives have been considered**



Against

Evidence suggests not implementing this intervention



Expert Opinion

Evidence is lacking. Any recommendation *for or against* is based on expert opinion.

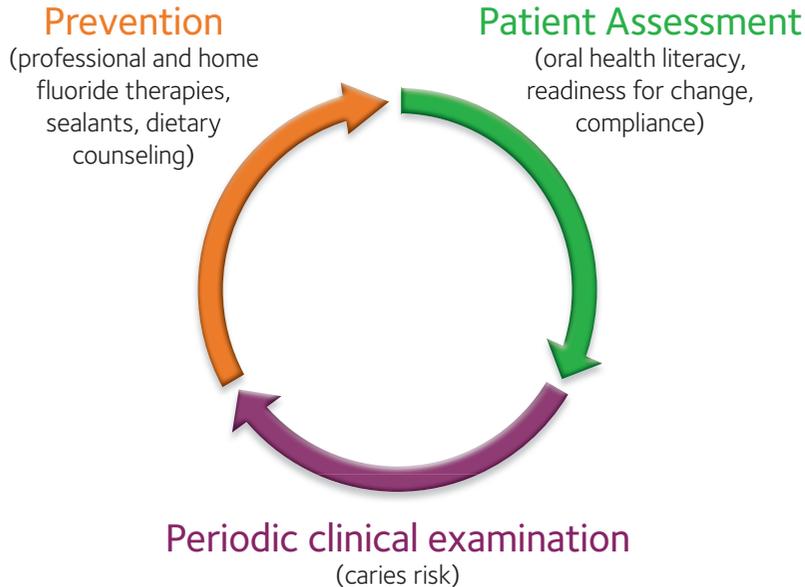
Recommendations for patients at higher risk for caries: Adjuncts to a regular caries preventive program

Polyol (Coronal Caries)	Advise parents and caregivers of children 5 years or older that use of sucrose-free polyol (xylitol only or polyol combinations) chewing gum for 10 to 20 minutes after meals may reduce incidence of coronal caries	●
	Advise adults that use of sucrose-free polyol (xylitol only or polyol combinations) chewing gum for 10 to 20 minutes after meals may reduce incidence of coronal caries.	●
	Advise parents and caregivers of children 5 years or older that the daily use of xylitol-containing lozenges or hard candy that are dissolved slowly in the mouth after meals may reduce incidence of coronal caries. (5–8 grams/day divided into two to three doses)	●
Chlorhexidine (Root Caries)	Apply 1:1 mixture of chlorhexidine/thymol varnish every three months to reduce the incidence of root caries.	●
	Applying 0.5 to 1.0 percent chlorhexidine gel alone or in combination with fluoride for caries prevention of root caries is not recommended .	●
	Using 0.12 percent chlorhexidine rinse alone or in combination with fluoride for prevention of root caries is not recommended .	●
Chlorhexidine (Coronal Caries)	Applying 1:1 mixture of chlorhexidine/thymol varnish alone or in combination with fluoride for prevention of coronal caries is not recommended .	●
	Applying 10 to 40 percent chlorhexidine varnish alone or in combination with fluoride for prevention of coronal caries is not recommended .	●
	Applying 0.5 to 1.0 percent chlorhexidine gel alone or in combination with fluoride for prevention of coronal caries is not recommended .	●
	Using 0.12 percent chlorhexidine rinse alone or in combination with fluoride for prevention of coronal caries is not recommended .	●

There is *insufficient* evidence to make recommendations for xylitol syrup, xylitol in dentifrices, chlorhexidine varnish for root caries, triclosan, iodine, sialogogues, calcium phosphate products or the use of any of these nonfluoride caries preventive agents in pregnant mothers.

Using adjunctive therapies for caries management

Regular caries preventive program



A regular caries preventive program includes routine and periodic examination by a dentist, patient education, dietary advice and appropriate use of professional and home fluoride products and dental sealants.

Important considerations:

Nonfluoride therapies should be used as adjuncts to a regular caries preventive program for patients at higher risk for caries.

Professional and home fluorides, including fluoridated toothpastes and pit and fissure sealants remain the primary choices for caries prevention.

Lowering the quantity and frequency of sugar consumption is beneficial. Practitioners are encouraged to provide dietary counseling.

Chewing gum use should be reserved for healthy children aged 5 and above.

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