

Guidance for Providers: Communicating About Fluoride

- Refer to this section when discussing fluoride varnish and silver diamine fluoride (SDF) during well-child visits.
- Use the talking points to confidently address concerns while emphasizing fluoride's benefits.
- Cross-reference this guide with the **Fluoride Modalities for Low and High-Risk Patients** below for individualized recommendations.

Summary of Fluoride Modalities for Low and High-Risk Patients

Fluoride Modality	Low Caries Risk	High Caries Risk
Toothpaste	Starting at tooth emergence	Starting at tooth emergence
Fluoride varnish	Every 3–6 months starting at tooth emergence	Every 3–6 months starting at tooth emergence
Over-the-counter mouth rinse	N/A	Starting at 6 years old if the child can reliably swish and spit
Dietary fluoride supplements	Yes, if drinking water supply is not fluoridated	Yes, if drinking water supply is not fluoridated

Key Messaging Points:

- Fluoride is a naturally occurring mineral that strengthens tooth enamel and prevents cavities.
- Fluoride treatments, including Fluoride Varnish and silver diamine fluoride (SDF), are widely recommended by health organizations such as the CDC, ADA, and WHO.
- Fluoride in its many forms is both safe and effective, with 75 years of compelling evidence supporting its role in reducing dental decay.

How to Address Common Concerns:

“Is fluoride safe?”

- Fluoride is safe when used appropriately and regulated in dental products and public water.
- Scientific research has consistently shown that fluoride in water reduces cavities without harmful effects at CDC recommended levels.

“I don't want my child exposed to too much fluoride.”

- Fluoride recommendations are based on the child's risk factors and fluoride exposure from water, toothpaste, and diet.
- For children in non-fluoridated communities, fluoride varnish and SDF can especially provide essential protection against cavities.

“Why is fluoride removed from some water supplies?”

- Some communities have removed fluoride from public water based on policy decisions, rather than new scientific evidence. As a result, these communities could experience an increase in tooth decay as the continuous, low levels of fluoride from tap water which help protect teeth throughout the day are no longer available.
- Major health organizations still recommend water fluoridation as a safe and effective measure to prevent tooth decay.

“I want to avoid fluoride altogether. Are there alternatives?”

- While fluoride is one of the most effective ways to prevent dental caries other strategies can help such as:
 - Limiting sugar intake and promoting a balanced, healthy diet.

- Practicing good oral hygiene with regular brushing and flossing.
- Using non-fluoride remineralizing toothpaste (such as those containing hydroxyapatite).

How to Approach the Conversation:

- **Listen first:** Acknowledge patient concerns and ask what they have heard about fluoride.
- **Provide clear, non-judgmental information:** Stick to facts and reference literature while emphasizing patient choice.
- **Offer personalized recommendations:** Consider the patients concerns, risk factors, fluoride exposure, and preferences when discussing options.
- **Respect autonomy:** If a patient chooses to avoid fluoride, provide alternative strategies for protection against tooth decay and improving oral health.

Your role as a health care provider is to educate, empower, support, and respect patients' decisions, while ensuring they have the information they need to make informed decisions for their oral health. By using an open, evidence-based approach, you can foster trust and encourage preventive care that aligns with each patient's values and needs.

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