

Provider and Public Perceptions of Silver Diamine Fluoride

Some facts about silver diamine fluoride



Silver diamine fluoride (SDF) is highly effective in arresting the progression of active caries as well as preventing the formation of new lesions, both in the enamel and dentine. The mechanism works through through combined hardening, antimicrobial, and remineralization actions.¹



It has been commonly used as a **non-invasive treatment modality among children** and has favorable acceptability among parents for its ease of use.²



There is evidence to show that **the application of SDF in children prevented 61% of new carious lesions.**³



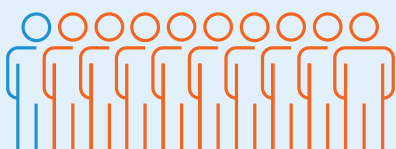
Among older adults, **SDF prevented 60% of root caries.**⁴



A single application of SDF was successful in 75% of all cases over a one-year period.⁵

SDF leaves a black stain on carious lesions and may burn or stain surrounding soft tissues on accidental exposure.⁶

What providers think about the applicability of SDF as a treatment of choice for arresting caries



90% of 377 dental providers who completed the Provider Recovery Survey* agreed that **SDF is an effective choice of treatment.**

*See the Methodology section below.

What consumers think about the applicability of SDF as the treatment of choice for arresting caries



78% of the 5,268 adults who participated in CareQuest Institute for Oral Health's State of Oral Health Equity in America survey think that **the application of SDF on posterior teeth is acceptable** versus only **20%** who think it is acceptable on the anterior teeth.



More than 1/3 of the sampled population **prefers a tooth-colored filling as the treatment of choice** for cavities in anterior teeth.



Adults aged 60 and older were **1.3x more likely** to accept SDF as the treatment of choice for posterior teeth than their younger counterparts.



Across both anterior and posterior teeth, **females were more likely** to accept SDF as a treatment of choice than males.



The odds of acceptance of SDF on the front teeth **were lower** among those who **had never felt embarrassed due to their oral condition** compared to those who were embarrassed very often.

References:

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6. Carla Cohn, "Smart Dentistry for the Kids in Your Practice – Silver Modified Atraumatic Restorative Technique Co-Cure Method," Oral Health Group, accessed July 25, 2021, <https://www.oralhealthgroup.com/features/smart-dentistry-for-the-kids-in-your-practice-silver-modified-atraumatic-restorative-technique-co-cure-method/>.

Methodology:

CareQuest Institute for Oral Health assembled a research panel of DentaQuest-enrolled providers to conduct a series of quarterly surveys to further examine the trends, patterns, and impact of the COVID-19 pandemic in dentistry — Provider Recovery Survey. The first quarterly survey was fielded from March 9 to April 2, 2021. Eligibility was assessed by age (18+) and having a high degree of familiarity with their dental office's patient volume, staffing, dental insurance carriers, treatment protocols, and the office's pre- and post-COVID finances. The research panel is substantially similar to the population of providers as a whole in terms of geographic distribution, specialty, and gender. A total of 377 dental providers partially or fully completed the survey, for a response rate of 63% of the research panel.

In January and February 2021, CareQuest Institute for Oral Health conducted an additional nationally representative survey to understand patients' attitudes, experiences, and behaviors related to oral health during the COVID-19 pandemic — The State of Oral Health Equity in America 2021 survey. In collaboration with CareQuest Institute, the survey was conducted by NORC at the University of Chicago on the AmeriSpeak panel. This panel provides sample coverage of approximately 97% of the adult US household population. A total of 5,320 participants responded to the State of Oral Health Equity in America 2021 survey, with a final weighted cumulative response rate of 5.2%.

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