



## Bright Futures Oral Health in Adolescence

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### *Adolescence (11-21 years)*

Health professionals should select the information in this section that is most appropriate, using clinical judgment to decide what is timely and relevant for the adolescent and family.

#### **Family Preparation**

To help prepare families for oral health supervision visits, health professionals can provide adolescents with a list of topics to discuss at the next visit. Topics may include the following:

- Changes in the teeth or the mouth
- Oral hygiene practices (frequency, problems)
- Use of fluoridated water for drinking or cooking
- Fluoride use (fluoridated toothpaste, fluoride supplements)
- Dental sealant use
- Eating practices
- Illnesses or infections
- Medications
- Physical activity and sports participation
- Injuries to the teeth or the mouth
- Use of tobacco by adolescent

#### **Interview Questions**

Following are examples of questions that health professionals may use. In addition to asking these or other interview questions, discuss any issues or concerns the family has. Ask the adolescent questions directly.

- How often do you brush and floss your teeth? Do you think it helps?

- Do you think your teeth look okay?
- Have your wisdom teeth erupted?
- When was the last time you went to the dentist?
- Do you snack at school? After school? What do you eat or drink?
- Does your school have vending machines? If so, do they offer healthy beverage choices such as water or milk?
- Do you wear a safety belt while driving or riding in a vehicle?
- Do you wear a helmet when riding a bicycle? An all-terrain vehicle? Motorcycle?
- Do you participate in physical activities and sports that could potentially result in injuries to the mouth? Do you wear protective gear (e.g., mouth guard, face protector, helmet)?
- Do you wear protective mouth gear when you participate in contact sports?
- What have you heard about smoking or spit tobacco?
- What do you think about smoking? Spit tobacco? Did you smoke any cigarettes in the last month? Use spit tobacco? How often?
- When was your last visit to a health professional? Is it time for your next health supervision visit?

#### **Risk Assessment**

Use the tables shown on pages 68–75 <sup>¶</sup> to assess the adolescent's risk and protective factors for oral health issues.

#### **Screening**

Visually inspect the lips, tongue, teeth, gums, inside of the cheeks, and roof of the mouth (see pages 11–13). <sup>¶</sup>

#### **Examination**

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<sup>¶</sup> Oral Health Pocket Guide

<http://www.brightfutures.org/oralhealth/pdf/BFOHPocketGuide.pdf>

The adolescent should be seen according to a schedule recommended by the dentist, based on the adolescent's individual needs and susceptibility to disease.

### **Anticipatory Guidance**

Discuss with adolescent and/or parents or intimate caregivers:

#### ***Oral Hygiene***

- Scheduling a dental visit according to the schedule recommended by your dentist, based on your individual needs and susceptibility to disease.
- If you have special health care needs, making appointments for more frequent dental visits based on your individual needs and susceptibility to disease.
- Obtaining assistance with brushing your teeth, if needed, and obtaining special oral health equipment (e.g., a mouth prop) to complete the task.
- Brushing your teeth twice a day (after breakfast and before bed) with fluoridated toothpaste, and flossing daily. Spitting out the toothpaste after brushing, but not rinsing with water. The small amount of fluoridated toothpaste that remains in your mouth helps prevent tooth decay.
- Becoming familiar with the normal appearance of your gums and teeth so that you can identify problems if they occur (see Tooth Eruption Chart on pages 78–79).<sup>v</sup>
- Taking fluoride supplements only as prescribed by a dentist or physician, based on the risk of developing tooth decay and the known level of fluoride in your drinking water (see Systemic Fluoride Supplements: Recommended Dosage on page 84).<sup>v</sup>
- Discussing with a dentist or other qualified health professional the need to apply fluoride topically (via varnishes, els, foams), which renews the high levels

of fluoride in the outer layer of the tooth enamel. Topical fluoride may be especially effective for adolescents at high risk for tooth decay because they have a history of decay, are not exposed to fluoridated water, snack frequently on foods containing sugar, or have a medical problem that decreases their resistance to decay.

- Discussing with a dentist or other qualified health professional the need to apply dental sealants (thin plastic coatings applied to pits and fissures on the chewing surfaces of the teeth) to prevent tooth decay by creating a physical barrier against dental plaque, shortly after the teeth erupt.
- Discussing with a dentist the need to establish a preventive oral health regimen, including an evaluation of the bite and third molar development.

#### ***Nutrition***

- Eating health foods such as fruit, vegetables, grain products (especially whole grain), and dairy products (milk, cheese, cottage cheese, and unsweetened yogurt) for meals and snacks. Limit eating (grazing) in between.
- Eating foods containing sugar at mealtimes only (not between meals), and limiting the amount. Frequent consumption of foods high in sugar, such as candy, cookies, cake, sweetened beverages (e.g., fruit drinks, soda), and fruit juice, increases the risk for tooth decay. In addition, frequent consumption of foods that easily adhere to the tooth surface, such as dried fruit, fruit-roll-ups, and candy, increases the risk for tooth decay. When checking for sugar, looking beyond the sugar bowl and candy dish. A variety of foods contain one or more types of sugar, and all types of sugars can promote tooth decay.

- Choosing fruit rather than fruit juice. Drinking water or milk between meals rather than fruit juice or sweetened beverages (e.g., fruit drinks, soda).
- If the school has vending machines, choosing water or milk rather than fruit juice or sweetened beverages (e.g., fruit drinks, soda).
- Drinking fluoridated water (via a community fluoridated water source) to prevent tooth decay; for families that prefer bottled water, drinking a brand in which fluoride is added at a concentration of approximately 0.7 to 1.2 mg/L (ppm) is recommended.

### ***Injury Prevention***

Learning how to prevent oral injuries and handle oral emergencies, especially the loss or fracture of a tooth.

- *If a permanent tooth is knocked out*, you or an adult should (1) find the avulsed (lost) tooth, (2) hold it by the crown (top part) only, not the root, (3) rinse it under cold water gently if the root is dirty, but do not scrub, (4) reinsert it into the socket quickly, making sure that the front of the tooth is facing you, and (5) go to the dentist immediately. If it is not possible to replace the tooth, place the tooth in a container of cold milk or in a cold wet cloth and go to a dentist immediately.
- *If a tooth is fractured or chipped*, you or an adult should (1) rinse your mouth with water, (2) apply cold compresses to the cheek to reduce swelling, and (3) go to the dentist immediately.
- Wearing a safety belt while riding or driving in a vehicle. If you are driving, insisting that your passengers also wear safety belts.
- Wearing a helmet when riding a bicycle, all-terrain vehicle, or motorcycle. Adolescents under age 16 should not ride an all-terrain vehicle or motorcycle.

- Wearing protective gear when participating in physical activities or sports that could potentially result in injuries to the mouth, such as biking, skateboarding, in-line skating, or playing baseball, soccer, or lacrosse.
- Avoiding oral piercings, which can damage teeth and gums.

### ***Substance Use***

Not smoking cigarettes or using spit tobacco.

### ***Outcomes***

- Parents and adolescent are under the care of an oral health professional.
- Parents and adolescent are informed of oral development issues.
- Parents and adolescent understand and practice good oral hygiene and eating behaviors.
- Parents and adolescent establish a safe environment, and parents and adolescent practice safety behaviors.
- Adolescent has no oral disease or injury.

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Source: “Bright Futures Oral Health Pocket Guide” by the National Maternal and Child Oral Health Resource Center  
<http://www.brightfutures.org/oralhealth/pdf/BFOHPocketGuide.pdf>