

Dietary Fluoride Supplements: Evidence-based Clinical Recommendations¹

Levels of evidence and strength of recommendations: Each recommendation is based on the best available evidence. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

Correlate these colors with the text and table below.



Practitioners are encouraged to evaluate all potential fluoride sources and conduct a caries risk assessment before prescribing fluoride supplements.

For children at **low caries risk**, dietary fluoride supplements are **not recommended** and other sources of fluoride should be considered as a caries preventive intervention. (D)

For children at **high caries risk**, dietary fluoride supplements are **recommended** according to the schedule presented in the following table. (D)

When fluoride supplements are prescribed, they should be **taken daily** to maximize the caries prevention benefit. (D)

ADA dietary fluoride supplement schedule for children at high caries risk			
Age (Years)	Fluoride Concentration in Drinking Water (ppm)*		
	<0.3	0.3–0.6	>0.6
Birth to 6 months	None (D)	None (D)	None (D)
6 months to 3 years	0.25 mg/day (B)	None (D)	None (D)
3 to 6 years	0.50 mg/day (B)	0.25 mg/day (B)	None (D)
6 to 16 years	1.0 mg/day (B)	0.50 mg/day (B)	None (D)

*1.0 ppm = 1 mg/liter

¹Rozier, et al. Evidence-based clinical recommendations on the prescription of dietary fluoride supplements for caries prevention: a report of the ADA Council on Scientific Affairs. Evidence-based clinical recommendations on the prescription of dietary fluoride supplements for caries prevention. JADA 2010; 141:1480–1489. Copyright © 2010 American Dental Association, All rights reserved. Adapted with permission. To see the full text of this article, please go to <http://jada.ada.org/cgi/reprint/141/12/1480>.

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Making a shared decision

The Clinician

&

The Patient

Determine balance between need for caries prevention and risk of fluorosis

Fluoride Exposure

Consider all sources of fluoride intake including bottled water.
Contact local, county and/or state health departments about local water fluoride content or test water sample.

Caries Prevention

Repeat caries risk assessment at frequent intervals because risk status can change.

Caries risk assessment tools are available for dentists* and physicians.**

Comply with prescription

Use dietary fluoride supplements as directed to maximize the caries prevention benefit
Chew tablets or suck lozenges for 1–2 minutes before swallowing to maximize topical effect
For infants, supplements are available as a liquid and used with a dropper

ADA American Dental Association®

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*American Dental Association. Caries Risk Assessment Form (0–6 years). http://www.ada.org/sections/professionalResources/docs/topics_caries_under6.doc.

*American Dental Association. Caries Risk Assessment Form (patients over 6 years). http://www.ada.org/sections/professionalResources/docs/topics_caries_over6.doc.

*American Academy of Pediatric Dentistry. Policy on use of a caries–risk assessment tool (CAT) for infants, children and adolescents Oral Health Policies Reference Manual; 2006. http://www.aapd.org/media/Policies_Guidelines/P_CariesRiskAssess.pdf.

*Featherstone JD, Domejean–Orliaguet S, Jensen L, Wolff M, Young DA. Caries risk assessment in practice for age 6 through adult. J Calif Dent Assoc 2007;35(10):703–7, 10–3.

*Ramos–Gomez FJ, Crall J, Gansky SA, Slayton RL, Featherstone JD. Caries risk assessment appropriate for the age 1 visit (infants and toddlers). J Calif Dent Assoc 2007;35(10):687–702.

**Bright Futures in Practice: Oral Health Pocket Guide. <http://www.mchoralhealth.org/PocketGuide/tables1.html>