Guidelines:

The evidence based recommended amount of SDF application to caveated lesions is 38%.

This is based on studies and trials done by the American Academy of Pediatric Dentistry, with standards by the National academy of Medicine, and a database of evidence based clinical practice guidelines and documents by the Agency for Healthcare Research and Quality The California Business and Professions code allows Dental Hygienists and assistants in California to apply the silver diamine fluoride, because it is a topical fluoride in NY. However, this is still not under the dental hygienist's scope of practice.



https://www.surveymonkey.com/r/SDFpediatricians

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- 1) Economical compared to alternative treatments "... one 8mL bottle of Advantage Arrest, costing approximately \$129, is sufficient to treat 1,600 carious lesions" (Chhokar, Salina et al. 2017).
- 2) Non-invasive
- "Silver diamine fluoride presents a noninvasive option for caries arrest and treatment when applied directly to dentin caries lesions" (Bowen, 2016).
- Easily operated
- 4) Reduced treatment time

"These respondents felt that their patients or the parents of their patients would be interested in this treatment due to its advantages, including not requiring local anesthesia and the removal of tooth."





https://www.ndcs.com.sgForPatientsAndVisitors/Condition sAndTreatments/Glossary/Pages/Paediatric%20Dentistry%2 0-

%20Information%20on%20Silver%20Diamine%20Fluoride% 20(SDF).aspx

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1) Repeated application at 6-month intervals is needed for sustained effectiveness

"While a single application of SDF appears insufficient for sustained effects, annual and semi-annual re-applications have been shown to be highly successful" (Chhokar, Salina et al. 2017).

- 2) Can cause black staining "The main disadvantage of SDF is its characteristic black staining of enamel and treated dentinal caries lesions and potential staining of skin, clothing, and surfaces that it comes into contact with" (Crystal, 2017).
- Can cause unpleasant taste (bitter/metallic)

"The widespread use of SDF is limited by the fact that it stains the carious lesion black, and sometimes causes a temporary metallic taste" (Chhokar, Salina et al. 2017).

"The hallmark of SDF is a visible dark staining that is a sign of caries arrest on treated dentin."

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