

## Like science, dental care is always evolving

Dr. Edward Zieba | March 11, 2011

Today, the “new normal” for benefits plan sponsors means trying to keep up with the rapid pace of research and development in dental healthcare while simultaneously making sure cost containment remains paramount. The goal for plan sponsors is to provide appropriate and relevant coverage for their members. But with new and exciting dental innovations coming down the pipeline, it can seem impossible to keep on top of what’s hot and what’s not and—more importantly—what should and shouldn’t be covered under your dental plan. More than ever before, plan sponsors need to rely on the experts for help regarding the latest developments in the dental world through open and ongoing dialogue.

### Appropriate, relevant dental care

There is a lot of buzz these days concerning new visualization aids for oral cancer screening known as adjunctive screening aids. Through innovative use of light, these aids are meant to enhance the type of hands-on oral cancer screening that the dentist already does during both initial and recall examinations, using sight and touch to look and feel for abnormalities.

Some of the aids use what is known as reflectance. This works by having the patient rinse with a mouth solution; the dentist then uses a special type of glow stick light to examine the mouth. Normal healthy tissue appears dark, whereas abnormal tissue appears white. Other types of aids use what is known as auto-fluorescence by shining a special light into the patient’s mouth. In this case, normal healthy tissue appears green and abnormal tissue appears darker.

Another development receiving attention is the use of locally delivered antimicrobial agents (LDAs)—also referred to as periodontal antibiotics—to complement scaling and root planing to prevent gum disease. Gum disease, or periodontal disease, can result in tooth loss when plaque and tartar build up around the tooth creating “gum pockets”—gaps between the tooth and gums. The deeper gum pockets become, the greater the chance of gum recession and bone loss, eventually resulting in tooth loss.

LDAs make it possible to target individual pockets because the treatment is placed inside the infected pocket in powder form just after scaling and root planing. LDAs kill the bacteria associated with gum disease, possibly reducing the depth of the gum pocket and helping to prevent further deterioration.

### Science is a moving target

Advances such as these may hold promise and therefore warrant coverage. Or, further study may be needed before it can be determined whether the investment makes sense. It’s the responsibility of your health benefits provider and plan advisor to be “in the know” and, in turn, to pass this knowledge on to you, the plan sponsor, in the form of recommendations for coverage. “In the know” is a lot more than just being aware of trends. It also means assessing any new and potentially beneficial innovations using established scientific evidence on a case-by-case basis.

In terms of the above examples, a dental consultant might suggest that existing scientific evidence does not yet confirm the usefulness of visualization aids in oral cancer screening. Likewise, traditionally, gum disease is prevented and treated through a combination of self-care by regular brushing and flossing, as well as professional dental care through regular scaling and root planing. This raises an important question: Do LDAs offer significant clinical gains in terms of preventing tooth loss from gum disease?

The beauty of science is that it is always moving forward—and knowledge is cumulative. As a result, although some of today’s dental trends may not quite be there yet in terms of warranting coverage, the future may unfold to tell a different story. As scientific evidence builds, what is deemed not deserving of coverage today may evolve into coverage-worthy treatment tomorrow. To keep pace with today and tomorrow, your best bet is to rely on the experts to provide evidence-based recommendations for evidence-based care.

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