# no unification

Separate paths to the health domain with many intersections







#### Lack of coordination ; train derailment

Disruption of treatment and loss of opportunity for early diagnosis



The combination of colors that are uniquely beautiful creates a work of art



The patient is a living whole, and the Dento-Medical Approach; which is the synergy of medicine and dentistry, is a new and essential perspective.

# Dr. Pachenari F.

Pedodontist

#### most prevalent infectious disease in children

# THE LANCET

This journal Journals Publish Clinical Global health Multimedia Eve

**ANNOTATIONS.** · Volume 209, Issue 5401, P502-503, March 05, 1927

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#### DENTAL CARIES IN BABIES.

Article Info 🔨

Publication History: Published March 5, 1927

DOI: 10.1016/S0140-6736(00)73330-7 a Also available on ScienceDirect a

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#### the American Academy of Pediatric Dentistry (AAPD):

#### first infant oral health-care policy statement approach (1986)



# **About AAPD**



The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its nearly 12,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents, and individuals with special health care



>ds. As advocates for the optimal oral health of all children, the AAPD promotes evidence-based icies, best practices, and clinical guidelines; educates and informs policymakers, parents and
 > ardians, and other health care professionals; supports research; and provides continuing professional ication for pediatric dentists and general dentists who treat children.



#### **Dental caries**

Arumugam Priya, Hari Prasath Nagaiah, Nambiraman Malligarjunan, Shunmugiah Karutha Pandian, Chapter 29 - Oral biofilms: Architecture and control, Editor(s): Surajit Das, Neelam Amit Kungwani, Understanding Microbial Biofilms, Academic Press, 2023, Pages 485-507

Deo PN, Deshmukh R. Oral microbiome: Unveiling the fundamentals. J Oral Maxillofac Pathol. 2019 Jan-Apr;23(1):122-128.

• oral biofilms

. بى كەن كودكان







• dynamic biological processes/ episodic

















- high **Streptococcus mutans** levels: five times more prone to dental caries
- transmission







# **Disclosing agent**



















#### Incipient

- Active
- Arrested

## International Caries Detection and Assessment System (ICDAS)







Code 1

Code 0

Code 0

(a)

1

Code 2

Code 2

Code 3

Code 3



Code 6



Code 4 Code 5

Code 6

#### **EARLY CHILDHOOD CARIES (ECC)**

#### one or more

In less developed countries :70%

کوچکتر از ۶ سال





# **Diagnosis:**



- visual and clinical : **clean and dry**
- lift the lip: <u>once a month</u>





#### World Health Organization

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#### **Overview**

Early childhood caries (ECC) affects teeth of children aged under six years. According to the Global Burden of Disease Study in 2017, more than 530 million children globally have dental caries of the primary teeth. However, as primary teeth are exfoliated due to growth of the child, ECC has previously not been considered important.

ECC has significant influence on individuals, families and societies. The disease affects primary teeth and permanent teeth and influences general health and quality of life across the entire life course. ECC links with other frequent diseases of childhood, primarily due to risk factors shared with other noncommunicable diseases (NCDs) such as high sugar intake, and the disease relates to other health conditions such as obesity. Dental caries can lead to abscesses and cause toothache, which may compromise ability to eat and sleep and restrict life activity of children. Severe dental caries is associated with poor growth. Moreover, ECC is an economic burden to the family and society; treatment of ECC under general anaesthesia for extensive dental repair is especially costly.

The manual is based on evidence from systematic reviews and WHO recommendations, especially on nutrition, including breastfeeding, and primary care workers' programmes.

The current manual focus on tackling ECC in its global context defines the disease and outlines known risk factors and approaches to prevention and treatment. It is intended to inform and support:





# Mild to moderate ECC

# White spot lesion







# Moderate to severe ECC

• No mandibular incisors







# Severe ECC

• All the teeth









## **Severe early childhood caries (SECC) :**

- Any sign/ the first 3 yrs
  - '<u>rampant</u>' pattern
- Terminology:
- nursing bottle mouth
- nursing bottle caries
- nursing caries
- rampant caries
- baby bottle caries
- baby bottle tooth decay
- milk bottle syndrome
- prolonged nursing habit caries

aby bottle tooth decay (BBTD): issues, assessment, and an opportunity for the nutritionist. J Am Diet Assoc.





# Sign and symptom

- Toothache(painful sucking: **drink less milk** or refuse feedings)
- baby cranky, prolonged crying, difficulty soothing to sleep through the night and sleep disturbances
- Swelling or abscesses
- Fever







# Long-term effects

- Hypoplastic permanent teeth( turner)
- premature loss of baby teeth and **crowded permanent** teeth











# Long-term effects

- eating
- speech
- cognitive development
- weight and height
- psychological outcomes









Anil S and Anand PS (2017) Early Childhood Caries: Prevalence, Risk Factors, and Prevention. Front. Pediatr. 5:157.



Source: adapted from Fisher-Owens SA, Gansky SA, Platt LJ, Weintraub JA, Soobader MJ, Bramlett MD, Newacheck PW. Influences on children's oral health: a conceptual model. Pediatrics. 2007;120:e510–20.

# Multi-factorial approach to **Primary** prevention:

- Education
- Assessment and Regular dental visits & Early screenings:
  - 6 months of first tooth coming









American Academy of Pediatric Dentistry (AAPD). Policy on early childhood caries (ECC): Consequences, and preventive strategies. The reference manual of Pediatric Dentistry. Chicago, III.: American Academy of Pediatric Dentistry; 2021. p. 90-93.

# Multi-factorial approach to **Primary** prevention:

#### **Dietary control:**

- Limiting **sugar** intake
- weaning the **bottle** (Using a **cup as soon as 6 to 12 months**)
- Avoiding Inappropriate feeding practices
  - night-time bottle feeding beyond 12 months









World Health Organization Health

Breastfeeding

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**Overview** 

Recommendations

**WHO Response** 

US: 80% initiate /**25.8%** by six months UNICEF : 74% at 12 months

**Breastfeeding rate**:

**World Health** 

Organization

IRAN: 4 and 6 months of age : 58% and **29%** 

Olang B, Farivar K, Heidarzadeh A, Strandvik B, Yngve A. Breastfeeding in Iran: prevalence, duration and current recommendations. Int Breastfeed J. 2009 Aug 5;4:8. doi: 10.1186/1746-4358-4-8.



Breastfeeding is one of the most effective ways to ensure child health and survival. However, contrary to WHO recommendations, <u>fewer than half of infants under 6 months old</u> are exclusively breastfed.

Breastmilk is the ideal food for infants. It is safe, clean and contains antibodies which help protect against many common childhood illnesses. Breastmilk provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one third during the second year of life.





Updated AAP guidance recommends longer breastfeeding due to benefits

- exclusive :six months
- complementary foods

until two years



Since in 1995





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A Worldwide Organization Of Medical Doctors Dedicated To Educating And Empowering Health Professionals To Support And Manage Breastfeeding, Lactation, And Human Milk Feeding



# What exactly is Breast Milk? Human milk

- hypothesize: tailor-made by each mother
- highly complex, and <u>dynamic biological fluid</u>
- inter- and intra-individual variability (plasticity of composition ,...)
  - maternal intervention to optimize milk composition for specific needs of infants

# a high-fructose source: increased concentrations of fructose in HM, which stayed elevated for 5 h (No such effects for glucose or lactose)

Human milk is a complex biological system with many components and functions. Despite its importance, there is still a lot we don't know about it. A deeper understanding of human milk biology is essential for addressing ongoing and emerging questions about infant feeding practices.



- Samuel TM, Zhou Q, Giuffrida F, Munblit D, Verhasselt V, Thakkar SK. Nutritional and Non-nutritional Composition of Human Milk Is Modulated by Maternal, Infant, and Methodological Factors. Front Nutr. 2020 Sep 16;7:576133. doi: 10.3389/fnut.2020.576133. PMID: 33117843; PMCID: PMC7557356.
- Parul Christian, Emily R Smith, Sun Eun Lee, Ashley J Vargas, Andrew A Bremer, Daniel J Raiten, The need to study human milk as a biological system, The American Journal of Clinical Nutrition, Volume 113, Issue 5, May 2021, Pages 1063–1072, <a href="https://doi.org/10.1093/ajcn/nqab075">https://doi.org/10.1093/ajcn/nqab075</a>

# The positive effect of breastfeeding for at least 6 months:

- Growth and development
  - Neuro cognitive development
  - Socio emotional development
    - LC-PUFAs contained
    - Oxytocin contained
- Natural antibodies/Antifungal effect
- Constipation & flatulence
- Breast cancer
- Mother's weight

#### Importance of Nighttime Breastfeeding:

- tiny tummies/enough feeding
- Babies' circadian rhythms and <u>sleep</u>: tryptophan to make melatonin
- Lactational Amenorrhea Method
- protective against SIDS



#### **Breastfeeding** Characteristics :

- Duration
- volume
- frequency
- Timing(during sleep)
- non-responsive to hunger: overfeeding
  - to sleep
  - to settle behavior
  - Feeding/sucking

Cheng H, John J, Scott J, Denney-Wilson E, Do L, Bhole S, Baur L, Arora A. Bottle feeding to sleep beyond 12 months is associated with higher risk of tooth decay and overweight in Australian children: Findings from the Healthy Smiles Healthy Kids cohort study. Aust N Z J Public Health. 2025 Apr;49(2):100224.



#### **Breastfeeding schedule:**

- 8–12 times per day
- 30-150 mls
- cluster feeding

#### Breastfeeding Frequency by Age

Age	Daytime	Nighttime
1 Week	Every 1-3 hours (wake if sleeping longer than 3 hours)	Every 1-3 hours (wake if sleeping longer than 3 hours)
Newborn to 3 Months	Every 2 to 3 hours	Every 2 to 3 hours
4 to 5 Months	Every 2 1/2 to 3 hours	5+ hour stretch then every 3 hours
6 to 7 Months	Every 3 to 4 hours	5-8+ hour stretch then every 3 hours
8 to 9 Months	Every 3 to 4 hours	8-10+ hour stretch
10 to 11 Months	Every 3 to 4 hours	8-12 hour stretch
Toddlers	Every 4 hours	None, on average



#### The cariogenicity and content of breast milk

- Milk: non-cariogenic
  - Lactose
- Human breast milk : highest amount of lactose
- ever to never: a reduced risk of ECC
- Lancet : dental caries: only negative related to prolonged breastfeeding
  - beyond the age of 12 months (frequent or nocturnal)
  - a seven times greater risk: longer nocturnal
  - Prolonged frequent
- breastfeeding ≥12 months: significant
- **breastfeeding** ≥6 compared with <6 months: not significant
- breastfed for more than 24 months: nearly three times the odds of ECC

Zamzam R, Karkoutly M, Bshara N. Effect of various types of milk on salivary pH among children: a pilot randomized controlled crossover trial. BDJ Open. 2023 Sep 13;9(1):44.

Poureslami H, Sharifi M, Vahedi M, Sabouri S, Poureslami P, Satarzadeh N, Hatami N, Jafari P. Evaluation of Relationship between Sever Early Childhood Caries and Breast Milk's Lactose among 12- to 24-month-old Children. J Dent (Shiraz). 2022 Sep;23(2 Suppl):410-413.

Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC; Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet. 2016 Jan 30;387(10017):475-90.

Tham R, Bowatte G, Dharmage SC, Tan DJ, Lau MX, Dai X, Allen KJ, Lodge CJ. Breastfeeding and the risk of dental caries: a systematic review and meta-analysis. Acta Paediatr. 2015 Dec;104(467):62-84.

van Meijeren-van Lunteren AW, Voortman T, Elfrink MEC, Wolvius EB, Kragt L. Breastfeeding and Childhood Dental Caries: Results from a Socially Diverse Birth Cohort Study. Caries Res. 2021;55(2):153-161. Lustosa, K., Rodrigues, L.R.S., Rocha, R.M., Prudente, T.P., Mezaiko, E., Silva, F.P.Y. and Silva, B.S.F. (2025), Risk of Early Childhood Dental Caries Associated With Prolonged Breastfeeding: A Systematic Review and Meta-Analysis. Int J Paediatr Dent.

Cui L, Li X, Tian Y, Bao J, Wang L, Xu D, Zhao B, Li W. Breastfeeding and early childhood caries: a meta-analysis of observational studies. Asia Pac J Clin Nutr. 2017;26(5):867-880.







#### Inappropriate feeding practices:



- prolonged bottle/breast feeding
- Nap/night time feeding
- frequent exposure to sugar
- Overfeeding

#### Nocturnal feeding related to increased caries risk :

- Duration / the content
- the salivary flow: 0.4 ml/min to 0.1 ml/min

#### **NEED TO FEEDING OR SUCKING**

- The sensorimotor stage (Piaget's theory of cognitive development):
  2 years
   reflex, habits, object permanence
- Oral stage (Freudian psychoanalytic theory):
  - 18 months
- Rooting/ Suck reflex: about 4 months



Bulut G, Kilinc G. The impact of infant feeding and oral hygiene habits on early childhood caries: A cross-sectional stuc

Smith PJ, Moffatt ME. Baby-bottle tooth decay: are we on the right track? Int J Circumpolar Health. 1998;57 Suppl 1:1

Mahanta A, Yadav G, Saha S, Dhinsa K, Sharma A, Rai A. A Comparative Evaluation of the Acidogenic Pote Hydrolysate-based, and Iron-based Milk Formulas Based on Dental Plaque pH, Salivary pH, and Buffering Capacity. An *In vivo* Study. In Dent. 2024 Aug;17(8):851-859.

lorgulescu G. Saliva between normal and pathological. Important factors in determining systemic and oral health. J Med Life. 2009 Jul-Sep;2(3):303-7.

# Weaning: a developmental necessity and an emotional journey

- Natural or baby-led weaning
- Planned or mother-led
  - Physical challenges for mothers:
  - Emotional challenges:
  - Nutritional concerns:



#### Wean over several weeks or more

#### AT A GLANCE

At some point, either you or your child will be ready to stop breastfeeding. Weaning from breastfeeding is the process of switching a baby's diet from breast milk to other foods and drinks. Learn more about when and how to wean.







Breastfeeding is just one part of being a loving mum. You and your baby can still enjoy lots of cuddles and closeness.

#### **Planned or mother-led**

#### • Signs of readiness in babies:

- Developmental
- tongue-thrust reflex
- interest in food
- communicate
- appetite



#### • Gradual weaning:

- Drop one
- Substitution
- Shortening
- Distraction
- Partial weaning:
  - emotional connection

#### Sudden or abrupt weaning:

- physical discomfort
- emotionally difficult





### <u>Age-appropriate</u> weaning techniques



#### Weaning babies 6-12 months:

- new foods after breastfeeding
- iron-rich foods

#### The American Academy of Pediatrics (AAP):

completing the transition from bottle to *cup between 12 and 18 months*.

#### training to drink instead of sucking

**cutting bottle nipple sippy cup** around 6 months Finally given a **cup** 

#### Weaning toddlers 12-24 months:

- distraction
- pre-sleep routines to stories or songs
  - substituting another object







With older children, communication becomes key



# Multi-factorial approach to **Primary** prevention:

- Daily plaque removal:
  - a clean gauze/ toothbrush

 The U-shaped automatic electric silicone toothbrush: <u>not effective in removing dental plaque.</u>



3



#### **No silicone FOR TEETH**

Nieri M, Giuntini V, Pagliaro U, Giani M, Franchi L, Franceschi D. Efficacy of a U-Shaped Automatic Electric Toothbrush in Dental Plaque Removal: A Cross-Over Randomized Controlled Trial. Int J Environ Res Public Health. 2020 Jun 28;17(13):4649.



# Multi-factorial approach to **Primary** prevention:

#### • Fluoride:

• Optimal exposure to <u>dietary fluoride</u> (Global agreement 78%)



#### TABLE 1. Fluoride Supplementation Schedule for Children Ages 0 to 16<sup>36</sup>

	Fluoride Level in Drinking Water (ppm)				
Age	< 0.3 ppm	0.3 ppm to 0.6 ppm	> 0.6 ppm		
Birth to 6 months	0	0	0		
6 months to 3 years	0.25 mg	0	0		
3 years to 6 years	0.5 mg	0.25 mg	0		
6 years to 16 years	1.00 mg	0.5 mg	0		



• The U.S. Department of Health and Human Services :

0.7 milligrams per liter (mg/L) of fluoride in drinking water







# **Dental fluorosis**

- excessive intake over a long period
- overexposure during the first eight years of life
- Tooth discoloration





Permanenet	First evidence	Crown	Eruption	Root
Teeth	of calcification	completion	(years)	completion
		(years)		(years)
Maxillary Teeth				
Central incisor	3-4 months	4-5	7-8	10
Lateral incisor	10-12 months	4-5	8-9	11
Canine	4-5 months	6-7	11-12	13-15
1 <sup>st</sup> Premolar	11/2-13/4 yrs	5-6	10-11	12-13
2 <sup>nd</sup> Premolar	2-21/2 yrs	6-7	10-12	12-14
1 <sup>st</sup> Molar	At birth	21/2-3	6-7	9-10
2 <sup>nd</sup> Molar	21/2-3 yrs	7-8	12-13	14-16
3 <sup>rd</sup> Molar	7-9 yrs	12-16	17-21	18-25
Mandibular				
teeth				
Central incisor	3-4 months	4-5	6-7	9
Lateral incisor	3-4 months	4-5	7-8	10
Canine	4-5 months	6-7	9-10	12-14
1 <sup>st</sup> Premolar	13/4-2 yrs	5-6	10-12	12
2 <sup>nd</sup> Premolar	21/4-21/2 yrs	6-7	11-12	13
1 <sup>st</sup> Molar	At birth	21/2-3	6-7	9-
2 <sup>nd</sup> Molar	21/2-3 yrs	7-8	11-13	14
3 <sup>rd</sup> Molar	8-10 yrs	12-16	17-21	18

# Multi-factorial approach to **Primary** prevention:

• Brushing with the <u>age-appropriate amount</u> (1,000–1,500 ppm fluoride) (Global agreement 90%)

C Dear Doctor, Inc



#### Correct Amount of Toothpaste for Young Children

Use a thin smear for children under age 3 Use a pea-sized amount for children ages 3-6

- AAPD :
  - <u>twice</u> daily
  - a <u>smear</u>
  - as soon as the primary incisors erupt
    - only 5.1%









# Multi-factorial approach to **<u>Primary</u>** prevention:

- Regular <u>5% fluoride varnish :</u> a safe dental product
- high concentrations: 22600 PPM
  - 0.25 ml: age 2-5 years
  - 0.4 ml: age 5-7 years
- Isolate and thoroughly dry
- two to four times per year
  - Swelling (33.8%); burning, itching, or soreness (23.1%); and rash (16.9%)
  - lips (27.7%)
    - used in school?
    - once a year?
    - profit or loss
- Biannual applications :
  - not associated with dental fluorosis

Mascarenhas AK. Is fluoride varnish safe?: Validating the safety of fluoride varnish. J Am Dent Assoc. 2021 May;152(5):364-368.

Kassem TF, Fadhil Z, Anderson M. Extended caries prevention programme with biannual application of fluoride varnish for toddlers: prevalence of dental fluorosis at ages 7-9 years and associated factors. Acta Odontol Scand. 2023 Jul;81(5):368-373.



# Multi-factorial approach to **<u>Primary</u>** prevention:

#### Pit and fissure sealants







# Secondary prevention:

• stabilization & arresting

#### **Silver diamine fluoride**

- a colorless or blue-tinted liquid
- arresting or slowing progression of caries
- black staining







# Tertiary prevention:

- extensive and expensive
  - For mild conditions: dental fillings / fluoride
  - For advanced conditions: pulp therapy/ extraction
- Despite aggressive treatment : new carious lesions within 2 years



































**Treatment of 17 teeth in a 3-year-old child under general anesthesia** 







# **Breast milk jewelry**

Type of jewellery



Breast milk jewelry or Breast milk jewellery is jewellery made from pumped or expressed mother's breast milk as a keepsake often worn by the mother. Breast milk keepsakes come in various jewelry types...

W

Wikipedia

# **Many thanks**

