

Policy on the Use of Silver Diamine Fluoride for Pediatric Dental Patients

Originating Council

Council on Clinical Affairs

Latest Revision

2018

Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes that dental caries continues to be a prevalent and severe disease in children. This policy addresses the use of silver diamine fluoride (SDF) as part of an ongoing caries management plan with the aim of optimizing individualized patient care consistent with the goals of a dental home. When SDF is indicated, it is essential that the infants, children, adolescents, or individuals with special health care needs receive a comprehensive dental examination, diagnosis, and plan of ongoing disease management prior to placement of the material. The dental profession has long viewed dental caries as an acute disease condition requiring surgical debridement, cavity preparation, and mechanical restoration of the tooth, but increasingly, especially for the infant and child population, practitioners are utilizing individually tailored strategies to prevent, arrest, or ameliorate the disease process based on caries risk assessment. One of these strategies employs application of SDF as an antimicrobial and remineralization agent to arrest caries lesions after diagnosis and at the direction of a responsible dentist of record.

Methods

This document was developed by the Council on Clinical Affairs and adopted in 2017. This policy is a review of current dental and medical literature and sources of recognized professional expertise and stature, including both the academic and practicing health communities, related to SDF and silver nitrate. In addition, literature searches of PubMed®/MEDLINE and Google Scholar databases were conducted using the terms: diamine silver fluoride and caries, Howe's solution, silver nitrate and caries, and silver diamine fluoride; fields: all; limits: within the last 15 years, humans, English, birth through age 99. One hundred eight articles matched these criteria. Papers for review were chosen from this list and from the references within selected articles. Expert and/or consensus opinion by experienced researchers and clinicians also was considered.

Background

Treatment of incipient caries usually involves early therapeutic intervention using topical fluoride, and non-surgical restorative techniques such as dental sealants and resin infiltration. The

use and outcomes of these techniques have been well-documented, and there are current policies and guidelines with recommendations for their use in the practice of dentistry.¹⁻³ In contrast, treatment of caries lesions traditionally requires surgical intervention to remove diseased tooth structure followed by placement of a restorative material to restore form and function. Barriers to traditional restorative treatment (e.g., behavioral issues due to age and/or limited cooperation, access to care, financial constraints) call for other alternative caries management modalities.

Silver topical products, such as silver nitrate and SDF have been used in Japan for over 40 years to arrest caries and reduce tooth hypersensitivity in primary and permanent teeth. During the past decade, many other countries such as Australia and China have been using this compound with similar success.^{4,5} As marketed in the United States, SDF is a 38 percent silver diamine fluoride which is equivalent to five percent fluoride in a colorless liquid, with a pH of 10. The exact mechanism of SDF is not understood. It is theorized that fluoride ions act mainly on the tooth structure, while silver ions, like other heavy metals, are antimicrobial. It also is theorized that SDF reacts with hydroxyapatite in an alkaline environment to form calcium fluoride (CaF₂) and silver phosphate as major reaction products. CaF₂ provides sufficient fluoride to form fluorapatite which is less soluble than hydroxyapatite in an acidic environment.^{6,7} A side effect is the discoloration of demineralized or cavitated surfaces. Patients and parents should be advised regarding the black staining of the lesions associated with the application of SDF. Ideally, prior to use of SDF, parents should be shown before- and after-images of teeth treated with SDF. Recently, the Food and Drug Administration approved SDF as a device for reducing tooth sensitivity, and off-label use for arresting caries is now permissible and appropriate for patients.⁸⁻¹²

Many clinical trials have evaluated the efficacy of SDF on caries arrest and/or prevention,^{6,10-33} although clinical trials have inherent bias because of the staining (i.e., since the

ABBREVIATIONS

AAPD: American Academy of Pediatric Dentistry. **CaF₂:** Calcium fluoride. **SDF:** Silver diamine fluoride.

difference between control and treated teeth is obvious to the researcher). However, studies consistently conclude that SDF is indeed more effective for arresting caries^{6,10-12,17-33} than fluoride varnish. SDF reportedly also has approximately 2-3 times more fluoride retained than delivered by sodium fluoride, stannous fluoride, or acidulated phosphate fluoride (APF) commonly found in foams, gels, and varnishes.²⁸ Additionally, SDF has not been shown to reduce adhesion of resin or glass ionomer restorative materials.^{6,3-37} The use of SDF is safe when used in adults and children.³⁸⁻⁴¹ Placement of SDF should follow AAPD's *Chairside Guide: Silver Diamine Fluoride in the Management of Dental Caries Lesions*.⁴¹ Delegation of the application of SDF to auxiliary dental personal or other trained health professionals, as permitted by state law, must be by prescription or order of the dentist after a comprehensive oral examination.

The ultimate decision regarding disease management and application of SDF are to be made by the dentist and the patient/parent, acknowledging individuals' differences in disease propensity, lifestyle, and environment.⁴² Dentists are "required to provide information about the dental health problems observed, the nature of any proposed treatment, the potential benefits and risks associated with the treatment, any alternatives to the treatment proposed, and potential risks and benefits of alternative treatment, including no treatment."⁴³ The SDF informed consent, particularly highlighting expected staining of treated lesions, potential staining of skin and clothes, and the need for reapplication for disease control, is recommended.⁴¹ Careful monitoring and behavioral intervention to reduce individual risk factors should be part of a comprehensive caries management program that aims not only to sustain arrest of existing caries lesions, but also to prevent new caries lesion development.⁴² Although no severe pulpal damage or reaction to SDF has been reported, SDF should not be placed on exposed pulps.⁴² Therefore, teeth with deep caries lesions should be closely monitored clinically and radiographically by a dentist.⁴²

SDF, when used as a caries arresting agent, is a reimbursable fee through billing to a third-party payor, when submitted with the appropriate dental code recognized by the American Dental Association's current dental terminology⁴⁴. Reimbursement for this procedure varies among states and carriers. Third-party payors' coverage is not consistent on the use of the code per tooth or per visit.⁴² Because there is a recommended code for SDF application, billing the procedure using any other code would constitute fraud, as defined by the Federal Code of Regulations.⁴⁵ The AAPD supports the education of dental students, residents, other oral health professionals and their staffs to ensure good understanding of the appropriate coding and billing practices to avoid fraud.⁴⁶

Policy statement

The AAPD:

- Supports the use of SDF as part of an ongoing caries management plan with the aim of optimizing individualized patient care consistent with the goals of a dental home.
- Supports third-party reimbursement for fees associated with SDF.
- Supports delegation of application of SDF to auxiliary dental personnel or other trained health professionals according to a state's dental practice act by prescription or order of a dentist after a comprehensive oral examination.
- Supports a consultation with the patient/parent with an informed consent recognizing SDF is a valuable therapy which may be included as part of a caries management plan.
- Supports the education of dental students, residents, other oral health professionals and their staffs to ensure a good understanding of appropriate coding and billing practices.
- Encourages more practice-based research to be conducted on SDF to evaluate its efficacy.

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