

Fluorides - use of in NSW

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Functional Sub group Clinical/ Patient Services - Dental/Oral

Summary The use of fluorides in NSW - directions for appropriate use of a range of fluorides to prevent caries and to minimise the risk of dental fluorosis. This policy directive also replaces IB99/25

Replaces Doc. No. Fluoride Supplements [GL2005_007]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Community Health Centres, Dental Schools and Clinics, Public Health Units, Public Hospitals

Audience All staff

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Tertiary Education Institutes

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

THE USE OF FLUORIDES IN NSW

This Policy Directive should be read in association with the following documents:

- The use of fluorides in Australia: guidelines. Australian Research Centre for Population Oral Health, Dental School, The University of Adelaide, South Australia. Australian Dental Journal 2006; 51: (2): 195-199
- Fluoridation of Public Water Supplies Act 1957, No. 58
- Fluoridation of Public Water Supplies Regulation 2002

1. Introduction

In June 2006, updated **guidelines for the use of fluorides in Australia** were released as part of the implementation of the *National Oral Health Plan 2004-2013*. The guidelines have been informed by previous Australian reports plus research and scientific papers and reflect consensus of expert opinion in Australia. The NSW Department of Health has reviewed the guidelines and endorses their implementation as current policy.

2. Background

- 2.1 Water fluoridation has been described by the US Centers for Disease Control and Prevention as one of the top ten public health achievements of the 20th Century. However, all fluoride vehicles need to be viewed in terms of their potential benefit (caries protection) and risk (causing dental fluorosis).
- 2.2 Australia has relied on community water fluoridation as its main model of delivering optimal fluoride. This provides a universal caries-preventive benefit to individuals of all ages in communities.
- 2.3 Fluoridated toothpaste is also effective in the prevention of caries. While the use of fluoridated toothpaste is an individual dental health behaviour, the practice of toothbrushing by the overwhelming majority of Australians at least once per day and the predominance of fluoridated toothpaste in the toothpaste market both help make this discretionary measure a successful population strategy.
- 2.4 In contrast to the evidence on the effectiveness of water fluoridation, fluoride tablet use has been quite varied in its effectiveness and fluoride supplement use in preschool years is associated with a significant increase in the risk of dental fluorosis.

3. Policy Statement

The intent of this Policy Directive is to inform appropriate units and staff in the NSW Public Health System of current use of fluorides. Public Oral Health Services in NSW, when providing oral health care and/or oral health advice, are to ensure the provisions of this policy directive are passed on to those receiving care and/or advice.

4. Principles for Fluoride Intake

4.1. Water fluoridation

- 4.1.1 Water fluoridation will be continued in NSW as it remains an effective, efficient, socially equitable and safe population approach to the prevention of caries in Australia.
- 4.1.2 Water fluoridation will be extended to as many people as possible living in non-fluoridated areas of NSW, ideally supported by all levels of government.
- 4.1.3 The level of fluoride in the water supply must stay within the range 0.6mg/L to 1.1mg/L with variation within the range according to the mean maximum daily temperature.
- 4.1.4 So people can choose to consume bottled or filtered waters containing fluoride, manufacturers will be encouraged to market bottled water containing approximately 1.0mg/L fluoride and water filters that do not remove fluoride.
- 4.1.5 So people can choose to consume fluoridated water, sodium fluoride will be marketed as a water supplement, for addition to non-fluoridated water sources, thereby achieving a fluoride concentration of approximately 1mg/L.
- 4.1.6 Infant formula powder historically was marketed with a varying but relatively high fluoride content. Infant formula that now contain very low amounts of fluoride are safe for consumption by infants when reconstituted using fluoridated or non-fluoridated water.

4.2 Fluoridated toothpaste advice

- 4.2.1 From the time that teeth first erupt (about six months of age) to the age of 17 months, children's teeth should be cleaned by a responsible adult.
- 4.2.2 For children aged 18 months to five years (inclusive), the teeth should be cleaned twice a day with toothpaste containing low fluoride (0.4-0.55mg/g fluoride). Toothpaste should always be used under supervision of a responsible adult, a small pea-sized amount should be applied to a child-sized soft toothbrush and children should spit out, not swallow, and not rinse.
- 4.2.3 For people aged six years or more, the teeth should be cleaned twice a day or more frequently with standard fluoride toothpaste containing 1mg/g fluoride. People aged six years or more should spit out, not swallow, and not rinse.
- 4.2.4 For children who do not consume fluoridated water or who are at elevated risk of developing caries for any other reason, guidelines about toothpaste usage should be varied as needed, based on dental professional advice. Variations could include more frequent use of fluoridated toothpaste, commencement of toothpaste use at a younger age, or earlier commencement of use of standard toothpaste containing 1mg/g fluoride.

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4.2.5 For teenagers, adults and older adults who are at elevated risk of developing caries, dental professional advice should be sought to determine if they should use toothpaste containing a higher concentration of fluoride (i.e. greater than 1mg/g fluoride).

4.3 Fluoride supplements

4.3.1 Fluoride supplements in the form of drops or tablets to be chewed and/or swallowed, must not be used.

4.4 Fluoride mouth rinses

4.4.1 Children below the age of six years should not use fluoride mouthrinses.

4.4.2 Fluoride mouth rinses may be used by people aged six years or more who have an elevated risk of developing caries. Fluoride mouthrinses should be used at a time of day when toothpaste is not used, and it should not be a substitute for brushing with fluoridated toothpaste. After rinsing, mouthrinse should be spat out, not swallowed.

4.5 Professionally applied fluoride products

4.5.1 Fluoride varnish should be used for people who have elevated risk of developing caries, including children under the age of 10, in situations where other professionally applied fluoride vehicles may be unavailable or impractical.

4.5.2 High concentration fluoride gels and foams (those containing more than 1.5mg/g fluoride ion) may be used for people aged 10 years or more who are at an elevated risk of developing caries in situations where other fluoride vehicles may be unavailable or impractical.

Robyn Kruk
Director-General