### Guidance for Providers: Communicating About Fluoride

* Refer to this section when discussing fluoride varnish and silver diamine fluoride (SDF) during well-child visits.
* Use the talking points to confidently address concerns while emphasizing fluoride’s benefits.
* Cross-reference this guide with the **Fluoride Modalities for Low and High-Risk Patients** below for individualized recommendations.

**Summary of Fluoride Modalities for Low and High-Risk Patients**

|  |  |  |
| --- | --- | --- |
| Fluoride Modality | Low Caries Risk | High Caries Risk |
| Toothpaste | Starting at tooth emergence | Starting at tooth emergence |
| Fluoride varnish | Every 3–6 months starting at tooth emergence | Every 3–6 months starting at tooth emergence |
| Over-the-counter mouth rinse | N/A | Starting at 6 years old if the child can reliably swish and spit |
| Dietary fluoride supplements | Yes, if drinking water supply is not fluoridated | Yes, if drinking water supply is not fluoridated |

**Key Messaging Points:**

* Fluoride is a naturally occurring mineral that strengthens tooth enamel and prevents cavities.
* Fluoride treatments, including fluoride varnish and silver diamine fluoride (SDF), are widely recommended by health organizations such as the CDC, ADA, and WHO.
* Fluoride in its many forms is both safe and effective, with 75 years of compelling evidence supporting its role in reducing dental decay.

**How to Address Common Concerns:**

**“Is fluoride safe?”**

* Fluoride is safe when used appropriately and regulated in dental products and public water.
* Scientific research has consistently shown that fluoride in water reduces cavities without harmful effects at CDC recommended levels.

**“I don't want my child exposed to too much fluoride.”**

* Fluoride recommendations are based on the child’s risk factors and fluoride exposure from water, toothpaste, and diet.
* For children in non-fluoridated communities, fluoride varnish, fluoride supplements, and SDF can especially provide essential protection against cavities.

**“Why is fluoride removed from some water supplies?”**

* Some communities have removed fluoride from public water based on policy decisions, rather than new scientific evidence. As a result, these communities could experience an increase in tooth decay as the continuous, low levels of fluoride from tap water which help protect teeth throughout the day are no longer available.
* Major health organizations still recommend water fluoridation as a safe and effective measure to prevent tooth decay.

**“I want to avoid fluoride altogether. Are there alternatives?”**

While fluoride is one of the most effective ways to prevent dental caries, there are other strategies that can help maintain oral health for those choosing to avoid fluoride. Since avoiding fluoride may increase susceptibility to dental problems, it's important to stay consistent with regular dental checkups, ideally every six months - and reinforce healthy habits such as:

* Limiting sugar intake and promoting a balanced, healthy diet.
* Practicing good oral hygiene with regular brushing and flossing.
* Using non-fluoride remineralizing toothpaste (such as those containing hydroxyapatite).

**How to Approach the Conversation:**

* **Listen first:** Acknowledge patient concerns and ask what they have heard about fluoride.
* **Provide clear, non-judgmental information:** Stick to facts and reference literature while emphasizing patient choice.
* **Offer personalized recommendations:** Consider the patients concerns, risk factors, fluoride exposure, and preferences when discussing options.
* **Respect autonomy:** If a patient chooses to avoid fluoride, provide alternative strategies for protection against tooth decay and improving oral health.

Your role as a health care provider is to educate, empower, support, and respect patients’ decisions, while ensuring they have the information they need to make informed decisions for their oral health. By using an open, evidence-based approach, you can foster trust and encourage preventive care that aligns with each patient’s values and needs.

**References**

* Campaign for Dental Health. (2014). Fluoride questions. Retrieved from https://ilikemyteeth.org/debate-fluoridation/fluoride-questions/
* Iheozor-Ejiofor, Z., Walsh, T., Lewis, S. R., Riley, P., et al. (2024). Water fluoridation for the prevention of dental caries. *Cochrane Library*, *2024*(11). <https://doi.org/10.1002/14651858.cd010856.pub3>
* JADA Editorial. (2024). Community water fluoridation: A public health success. Retrieved from <https://jada.ada.org/article/S0002-8177(24)00567-1/fulltext>
* American Dental Association. (2024). Fluoride: Topical and Systemic Supplements. Retrieved from [Fluoride: Topical and Systemic Supplements | American Dental Association](https://www.ada.org/resources/ada-library/oral-health-topics/fluoride-topical-and-systemic-supplements)
* National Geographic. (2024). Why we add fluoride to water. Retrieved from <https://www.nationalgeographic.com/environment/article/fluoride-drinking-tap-water-health-controversy>
* Centers for Disease Control and Prevention. (2024). Oral Health Basics. Retrieved from [About Oral Health | Oral Health | CDC](https://www.cdc.gov/oral-health/about/?CDC_AAref_Val=)
* Centers for Disease Control and Prevention. (2024). CDC Scientific Statement on community Water Fluoridation. Retrieved from [CDC Scientific Statement on Community Water Fluoridation | Fluoridation | CDC](https://www.cdc.gov/fluoridation/about/statement-on-the-evidence-supporting-the-safety-and-effectiveness-of-community-water-fluoridation.html)
* American Dental Association. (2024). Nutrition and Oral Health. Retrieved from [Nutrition and Oral Health | American Dental Association](https://www.ada.org/resources/ada-library/oral-health-topics/nutrition-and-oral-health)
* Centers for Disease Control and Prevention. (2024). Oral Health Tips for Children. <https://www.cdc.gov/oral-health/prevention/oral-health-tips-for-children.html?CDC_AAref_Val=>
* Paszynska, E., Pawinska, M., Enax, J., et al. (2023). Caries-preventing effect of a hydroxyapatite-toothpaste in adults: a 18-month double-blinded randomized clinical trial. *Frontiers in public health*, *11*, 1199728. <https://doi.org/10.3389/fpubh.2023.1199728>
* Amaechi, B.T., AbdulAzees, P.A., Alshareif, D.O. *et al.* (2019). Comparative efficacy of a hydroxyapatite and a fluoride toothpaste for prevention and remineralization of dental caries in children. *BDJ Open* 5, 18. <https://doi.org/10.1038/s41405-019-0026-8>
* Limeback, H., Enax, J., & Meyer, F. (2023). Clinical Evidence of Biomimetic Hydroxyapatite in Oral Care Products for Reducing Dentin Hypersensitivity: An Updated Systematic Review and Meta-Analysis. *Biomimetics*, *8*(1), 23. <https://doi.org/10.3390/biomimetics8010023>
* U.S. Department of Health and Human Services Federal Panel on Community Water Fluoridation (2015). U.S. Public Health Service Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries. *Public health reports (Washington, D.C. : 1974)*, *130*(4), 318–331. <https://doi.org/10.1177/003335491513000408>
* Clark MB, Slayton RL. (2014). AAP Section on Oral Health. Fluoride use in caries prevention in the primary care setting. Pediatrics. Sep;134(3):626–33.