

IADR/AADR publish advances issue on ICCC recommendations

April 20 2016

The International and American Associations for Dental Research (IADR/AADR) have published an issue of *Advances in Dental Research* on the International Caries Consensus Collaboration's (ICCC) recommendations for carious lesion management and related terminology, developed from evidence-led consensus. Jo Frencken, Radboud University Medical Center, Nijmegen, Netherlands; JDR Associate Editor Nicola Innes, University of Dundee, Scotland; and Falk Schwendicke, Charité-Universitätsmedizin Berlin, Germany, served as guest editors of this special issue.

Although the prevalence of dental caries has decreased in many countries over the last three decades, it remains one of the most prevalent diseases worldwide, burdening billions of people and generating significant global healthcare costs. The management of carious lesions should be guided by evidence-based, patient-centered recommendations founded on agreement between professionals, easing clinical decision-making.

Various terms are used to describe the clinical management of carious lesions, which has contributed to a lack of clarity in scientific literature. The *Advances* article titled "Managing Carious Lesions: Consensus Recommendations on Terminology" by Nicola Innes et al presents ICCC recommendations on agreed terms and definitions. A comprehensive list of terms to encompass the full spectrum of carious tissue removal options are presented in the article.

The Advances article titled "Managing Carious Lesions: Consensus Recommendations on Carious Tissue Removal" by Falk Schwendicke et al expounds upon the ICCC's recommendations that avoid the restorative cycle as long as possible. The first line of treatment to control the disease in carious lesions should be methods aimed at biofilm removal or control (brushing, fluoride, diet). Restorative interventions are indicated only when cavitated carious lesions either are noncleansable or can no longer be sealed to stop the progress of the biofilm-mediated lesion. When a restoration is indicated, the priorities are as follows: preserving healthy and remineralizable tissue; achieving a restorative seal; maintaining pulpal health; and maximizing restoration success. Carious tissue is removed purely to create conditions for long-lasting restorations. Bacterially contaminated or demineralized tissues close to the pulp do not need to be removed. In deeper lesions in teeth with sensible (vital) pulps, preserving pulpal health should be prioritized, while in shallow or moderately deep lesions, restoration longevity becomes more important.

The evidence and, therefore, these recommendations support less invasive carious lesion management, delaying entry to, and slowing down, the restorative cycle by preserving tooth tissue and retaining teeth long-term.

"It is believed that if general recommendations around less invasive and more contemporaneous management of carious lesions could be drawn up, they could be tailored to all types of patients, countries, healthcare remuneration settings, dental care professionals and dental education systems," said Guest Editor and JDR Associate Editor Nicola Innes. "Understanding that we do not need to remove all carious tissue to achieve an optimal outcome is a big change for the profession. The [recommendations](#) and terminology publications in this special issue address the lack of international guidance on carious lesion management that is causing considerable uncertainty for the dental profession."

A companion podcast interview with Nicola Innes, Falk Schwendicke and Jo Frencken is available at <http://jdr.sagepub.com/site/misc/Index/Podcasts.xhtml>. Please visit <http://adr.sagepub.com> to read the May issue of *Advances in Dental Research*.

Provided by International & American Associations for Dental Research

Citation: IADR/AADR publish advances issue on ICCC recommendations (2016, April 20) retrieved 20 April 2024 from <https://medicalxpress.com/news/2016-04-iadraadr-publish-advances-issue-iccc.html>

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