



Dental Practice-Based Research Network
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Each month we highlight a recent DPBRN publication, recent study results, or other important DPBRN information.

Abstract of DPBRN Publication of the Month

Preferences for caries prevention agents in adult patients: findings from The Dental Practice-Based Research Network. *Community Dent Oral Epidemiol* 2010;38(4): 360-370.

The May 2010 issue of *Community Dentistry and Oral Epidemiology* features an article entitled "Preferences for caries prevention agents in adult patients: findings from The Dental Practice-Based Research Network". The purpose of this article was to identify factors that were significantly associated with dentists' use of specific caries preventive agents in adult patients, and whether dentists who use one preventive agent are also more likely to use certain others. The data were collected from 564 practitioners who participated in DPBRN. The results indicated that in-office topical fluoride was the method most frequently used. Regarding at-home preventive agents, there was little difference in preference between nonprescription fluoride, prescription fluoride, or chlorhexidine rinse. Dentists who most frequently used caries prevention were also those who regularly perform caries risk assessment and individualize caries prevention at the patient level. Higher percentages of patients with dental insurance were significantly associated with more use of in-office prevention modalities. Female dentists and dentists with more-recent training were more likely to recommend preventive agents that are applied by the patient. Dentists who reported more-conservative decisions in clinical treatment scenarios were also more likely to use caries preventive agents. Groups of dentist who shared a common preference for certain preventive agents were identified. One group used preventive agents selectively, whereas the other groups predominately used either in-office or at-home fluorides. Caries prevention is commonly used with adult patients. However, these results suggest that only a subset of dentists base preventive treatments on caries risk at the individual patient level.