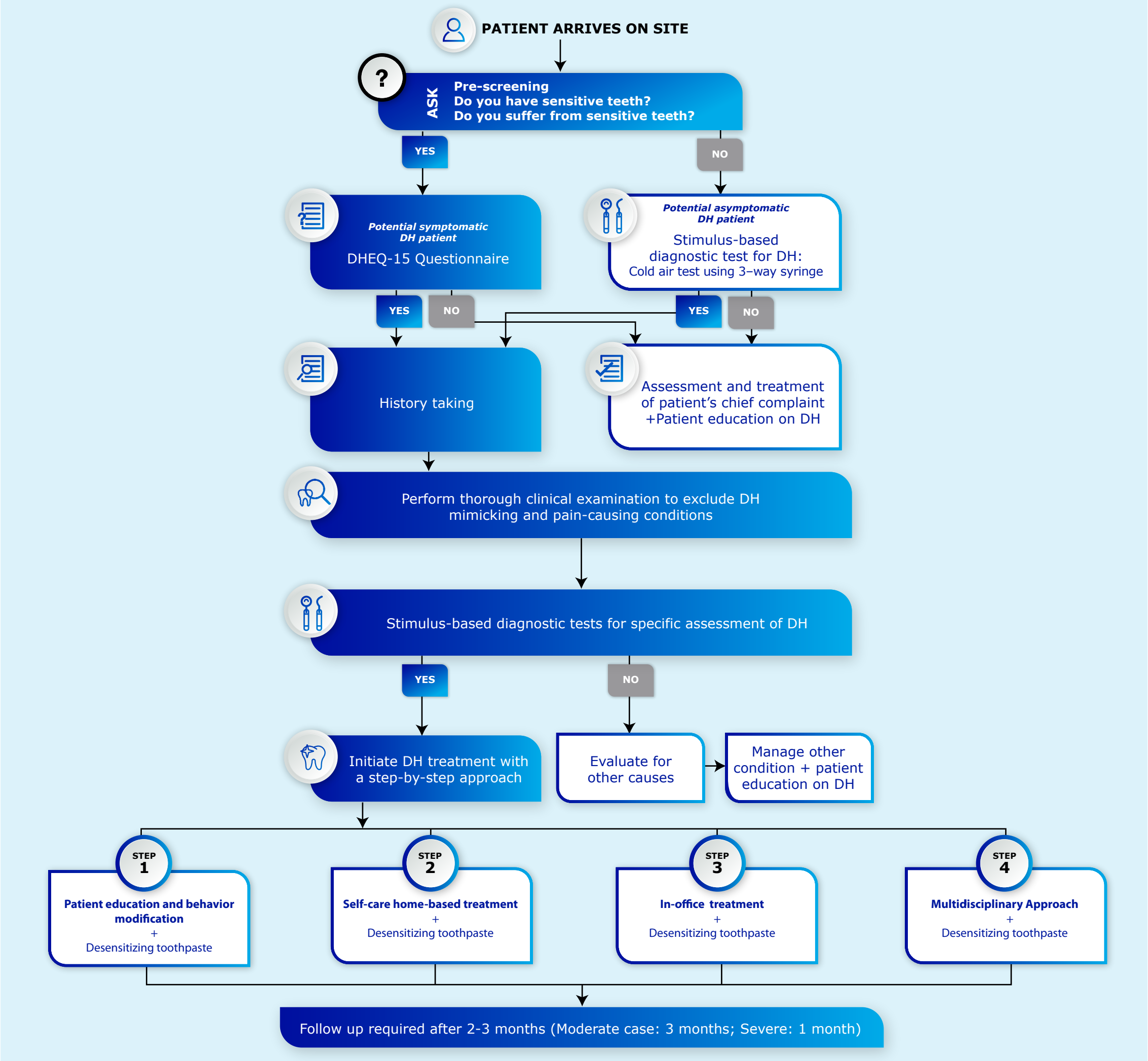


ALGORITHM FOR THE SCREENING, DIAGNOSIS AND MANAGEMENT OF DENTINE HYPERSENSITIVITY
from Middle East and Africa Advisory Board Consensus Statement



HISTORY TAKING

Ask questions to understand type and duration of pain, its triggering factors, relieving factors, risk factors or whether the patient have taken any prior treatment for the same.
Consider questions such as:
| How long have you had this condition?
| Do you have acid reflux
| Is there any recent change in your diet, toothpaste, etc.?

Take a thorough medical history, drug history, dietary habits, lifestyle, and understand oral hygiene behavior of patient.

DH MIMICKING CONDITIONS

- | Cracked tooth
- | Dental caries
- | Root resorption
- | Defective or fractured restorations
- | Post-operative sensitivity (from restorative, periodontal and bleaching procedures)
- | Dental trauma, occlusal trauma
- | Cervical plaque, and gingivitis, periodontal disease.
- | Marginal leakage
- | Pulpitis
- | Enamel or dentine hypoplasia
- | Other pathologic conditions like cysts, etc.

STIMULUS-BASED DIAGNOSTIC TESTS

- | Identify the exposed dentine by walking a sharp explorer on tooth
- | Cold air blast test using 3-way syringe
- | Schiff scaling
- | Numerical pain rating scale

STEP WISE TREATMENT APPROACH

Step 1: Patient education and behavior modification
| Oral hygiene maintenance with **Continuous daily use of desensitizing toothpaste**
| Use soft toothbrush
| Bass technique for toothbrushing
| Use electric toothbrush with caution once a day and the manual toothbrush twice a day
| Use waxed dental floss
| Avoid using water flosser
| Avoid acidic diet
| Removal or modification of pre-disposing factors

STEP 2: Self-care home-based treatment
| Daily use of desensitizing toothpaste-first line of treatment
| 2-dose regimen: nerve desensitizers and/or tubule occluding toothpaste: Use nerve desensitizing agents in the morning and tubule occluding agents at night.
| Three regimen: follow 2-dose regimen with fluoridated mouthrinse toothpaste
| Orthodontic patients: High fluoridated toothpaste + in-office fluoridation
| Patient already on DH treatment: Subsidizing with one more treatment based on clinical judgement

STEP 3: In-office treatment
| Fluoride varnishes
| Laser
| Restorations
| Endodontic treatment
| Gingival grafting
| Desensitizing toothpastes for DH prevention

STEP 4: Multidisciplinary approach
| Consultations with other health professionals, including nutritionist/dieticians, or psychologists for overall well-being of patient
| Continuous daily use of desensitizing toothpaste