

Introducing the BEWE as part of a oral health assessment

Red flags

Risk factors to watch out for:

Frequent acidic foods

- Snacks on acidic food / drinks at least twice per day between meals

HISTORY

The following routine questions should be asked as part of dietary / habits history:

1. Frequency of acidic foods and drinks outside meal times
2. Dietary habits – swishing or holding drinks in mouth
3. Reflux related causes

CLINICAL EXAMINATION

- Good lighting, clean, dry tooth surfaces
- Buccal / lingual / occlusal surfaces all to be checked
- Record score for the most SEVERE surface in each sextant

CODE 0
No
ETW

CODE 1
Initial loss of enamel
tooth surface texture

CODE 2
Distinct defect,
hard tissue loss <50%

CODE 3
Hard tissue loss
≥50%

Cumulative
Sextant
Score:

≤2

- Repeat BEWE as part of each routine clinical examination

3-8

- OH, dietary assessment & advice
- Routine maintenance & recommend low abrasion toothpaste
- Repeat BEWE as part of each routine clinical examinations

9-13

- Per 3-8 plus
- Identify main aetiological factors involved in the ETW
- Consider additional fluoridation measures / strategies to increase resistance to the hard tissue surface
- Avoid placement of restorations
- Monitor with study casts, clinical photographs, silicone impressions etc.
- Repeat BEWE at least every 6-12 months

≥14

- Per 3-8 plus
- Consider restorative intervention
- Consider specialist referral