# **RISK ASSESSMENT QUESTIONS:**

## Question guide to help screen patients for enamel wear



These questions are a guide to **help you discuss enamel wear with your patients** and learn if they are at risk or have begun to develop early enamel erosion.

low of

#### How often do you eat/drink acidic foods/ drinks, such as citrus fruits and juices, carbonated drinks and energy drinks?

Acidic foods and drinks are a risk factor for enamel erosion. Their erosive potential is dependant on chemical factors such as pH level, mineral content, and titratable acidity.<sup>1</sup>

## Do you take multiple medications every day?

Patients may be at risk of enamel wear due to:

- **1.** Reduced saliva as a result of medications such as
- antidepressants and antihistamines<sup>2</sup>
- 2. Acidic medicines such as Vitamin C.<sup>2</sup>

### Do you often find yourself with dry mouth, including when you are working out?

Saliva dilutes and reduces acids through swallowing, neutralization and buffering, as well as contains proteins and minerals that help prevent erosion.<sup>3</sup>

# Do your teeth feel any sort of

sensitivity?

#### Sensitivity to teeth can be a warning sign of enamel erosion due to the loss of some enamel protection to your teeth.<sup>4</sup>

# 5

### Have you noticed any changes in your teeth, such as smoothing, yellowing or shape changes?

The first signs of enamel erosion include:

- Surface changes smooth, silky glossy appearance<sup>5</sup>
- 2. Enamel thinning and translucency, which causes yellowing of the teeth<sup>6</sup>
- 3. Loss of enamel surface morphology.<sup>5</sup>

### Do you brush your teeth with fluoride toothpaste?

Fluoride acts to reduce demineralisation and enhance remineralisation, making it a suggested treatment for erosion.<sup>3</sup>

# Do you tend to brush your teeth less than an hour after eating?

Brushing your teeth less than an hour after eating acidic foods can cause enamel abrasion.<sup>7</sup>

1. LUSSI A, JAEGGI T. Erosion-diagnosis and risk factors. Clin Oral Invest (2008) 12 (1): 5–13. DOI 10.1007/s00784-007-0179-z

- 3. BUZALAF M, HANNAS A, KATO M. Saliva and dental erosion. J Appl Oral Sci. 2012 Sep-Oct; 20(5): 493–502. doi: 10.1590/S1678-77572012000500001
- 4. RAJEEV G, LEWIS A, SRIKANT N. A time based objective evaluation of the erosive effects of various beverages on enamel and cementum of deciduous and permanent teeth. J Clin Exp Dent. (2020) 12(1): 1–8. doi: 10.4317/jced.55910
- 5. LUSSI A, HELLWIG E, ZERO D, JAEGGI T. Erosive tooth wear: Diagnosis, risk factors and prevention. American Journal of Dentistry (2006) 19 (6) https://pubmed.ncbi.nlm.nih.gov/17212071/
- 6. BARTLETT D. The role of erosion in toothwear: aetiology, prevention and management. International Dental Journal (2005) 55: 277-284. https://doi.org/10.1111/j.1875-595X.2005.tb00065
- 7. LIPEI C, XIANGKE C, XIAOYAN O. Brushing abrasion of the enamel surface after erosion. Hua Xi Kou Qiang Yi Xue Za Zhi (2017) 35(4): 379-383. doi: 10.7518/hxkq.2017.04.007

<sup>2.</sup> Chapter 7: Tooth wear. Delivering Better Oral Health: an evidence-based toolkit for prevention. 4th edition. Dept of Health & Social Care. 2020. available at https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-7-tooth-wear