Check for updates

## **OPEN ACCESS**

EDITED AND REVIEWED BY Chun Hung Chu, The University of Hong Kong, Hong Kong SAR, China

\*CORRESPONDENCE Catherine Abdelsayed Sc.s.f.abdelsayed@sms.ed.ac.uk

RECEIVED 14 August 2024 ACCEPTED 19 August 2024 PUBLISHED 03 September 2024

#### CITATION

Abdelsayed C, Deghaim R, Dimitracopoulos D, Momblona Robres L and Bedi R (2024) Editorial: Silver fluoride and caries management. Front. Oral. Health 5:1480767. doi: 10.3389/froh.2024.1480767

#### COPYRIGHT

© 2024 Abdelsayed, Deghaim, Dimitracopoulos, Momblona Robres and Bedi. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

# Editorial: Silver fluoride and caries management

## Catherine Abdelsayed<sup>1\*</sup>, Riwa Deghaim<sup>2</sup>,

Danaé Dimitracopoulos<sup>3</sup>, Lucia Momblona Robres<sup>4</sup> and Raman Bedi<sup>5</sup>

<sup>1</sup>Edinburgh Medical School: Molecular, Genetic and Population Health Sciences, Usher Institute, The University of Edinburgh, Scotland, United Kingdom, <sup>2</sup>Higher Institute of Public Health, Saint Joseph University of Beirut, Beirut, Lebanon, <sup>3</sup>Faculty of Biology and Medicine, University of Lausanne, Lausanne, Switzerland, <sup>4</sup>General Health Psychology, International University of Valencia, Valencia, Spain, <sup>5</sup>King's College, London, United Kingdom

### KEYWORDS

dental caries, silver diamine fluoride, silver fluoride, caries activity, prevention

Editorial on the Research Topic Silver fluoride and caries management

If the public was asked to list diseases that have the highest global burden, oral diseases may not be included in the provided answers. According to the WHO (1) in the report on global oral health status, oral diseases represent a global public health problem that necessitates intervention. Since 1990, oral diseases have been the most prevalent worldwide condition. In 2019, 3.5 billion people were affected globally by oral diseases. Moreover, there is an alarming proportion of affected people in middle-income countries where 3 out of 4 residents are affected. Accordingly, oral diseases not only affect the individual's health and well-being but also affect healthcare systems and economies. This can be shown by the US\$ 387 billion spent by 194 countries in 2019 as a direct cost for oral diseases in addition to global US\$ 323 billion productivity losses resulting from the same conditions.

One of the oral diseases of the highest-burden is untreated dental caries, whether in deciduous or permanent teeth. More than 30% of humanity lives with untreated dental caries. 2 billion people globally have untreated caries in their permanent teeth compared to 514 million children with untreated caries in deciduous teeth making it the sole most frequent chronic childhood disease. The estimated global average prevalence of untreated caries in deciduous and permanent teeth are 43% and 29% respectively. Although these numbers are alarming, it is possible to reduce the global disease burden by self-care or simple measures (1).

The WHO recognized the important link between oral health and overall health, where dental caries and other oral diseases can have significant consequences impacting nutrition, speech, self-esteem, and overall quality of life (2). Accordingly, WHO included a dental section in its Essential Medicines list.

The WHO Essential Medicines List is a curated compilation of the most effective, safe, and cost-effective medicines needed for basic healthcare (3). It provides a guiding framework for countries to prioritize access to essential medicines while ensuring their availability and affordability (4). This list is extremely important because it influences national pharmaceutical policies and procurement decisions, eventually affecting the delivery of healthcare services.

The inclusion of a dental section in the WHO Essential Medicines List highlights the important link between oral health and overall health. In a significant step forward, the World Health Organization has added silver diamine fluoride (SDF) to the dental section of its Essential Medicines List in 2021. This shows the WHO's recognition of its potential to revolutionize the prevention and management of dental caries, especially in resource-constrained settings and vulnerable populations like the elderly and disabled.

According to WHO (5), the newly added medicine, SDF, Ag F (NH3)2 is a clear liquid formulation containing high concentrations (most commonly 38%) of fluoride (approximately 44,800 ppm) and silver (approximately 253,870 ppm silver) (6). It has garnered attention for its remarkable efficacy in preventing and arresting dental caries, showing an 81% success rate for a topical application on primary teeth (7). 80% effectiveness is also confirmed as the general efficacy rate (5). The material costs of recommended bi-annual applications are approximately USD \$0.20 per year per person.

The decision of the EML revising committee to add SDF was not only based upon its numerous advantages but also due to the strong 50-year existing evidence about its effectiveness. Studies proved that SDF application decreased the incidence of new dentinal caries significantly when compared to placebo, no received treatment, and fluoride vanish in a 2-year follow-up. SDF was also found to successfully arrest root caries by 90% at 30-month follow-up. Another advantage is that SDF has no reported side effects. However, aesthetically, it stains the treated caries with a dark color. Tooth pain and irritation of the gingiva have rarely occurred and if occurred, they subsided quickly (5).

The importance of SDF extends beyond its role in addressing the global burden of dental caries. For aging populations and individuals with disabilities, SDF offers a minimally invasive, cost and time-effective alternative to traditional restorative treatments. Decades of research have demonstrated its ability to halt the progression of carious lesions, particularly in aging populations or populations with limited access to conventional dental care.

Aging populations often face unique challenges when it comes to maintaining oral health. As people age, they may experience decreased manual dexterity, making it difficult to maintain proper oral hygiene. In addition, many medications commonly prescribed to older adults can cause dry mouth, which could increase the risk of dental caries (8).

Similarly, people with disabilities may face barriers to accessing dental care due to physical limitations (9), transportation difficulties (9), or financial constraints (10). SDF can be easily applied in non-traditional settings, such as nursing homes or community health centers, thus making it more accessible to this population (11). By preventing and arresting dental caries, SDF can help reduce the need for more invasive and expensive dental treatments, which may be especially challenging for people with disabilities.

In this comprehensive discussion, we explore the diverse ramifications of integrating SDF into worldwide oral health strategies, emphasizing its potential to mitigate socioeconomic disparities associated with dental caries. We stress the necessity of proactive measures in fostering oral health equity, advocating for collaborative endeavors and sustained investment in accessible, evidence-based interventions.

Ultimately, this editorial underscores the imperative of addressing the global caries crisis through multifaceted approaches, highlighting SDF as a promising solution to not only prevent and treat tooth decay but also to narrow dental care gaps and advance equity in oral health. Through concerted efforts, we envision a future where dental caries cease to pose a significant threat to global well-being.

## Author contributions

CA: Writing – original draft, Writing – review & editing. RD: Writing – original draft, Writing – review & editing. DD: Writing – original draft, Writing – review & editing. LM: Writing – original draft, Writing – review & editing. RB: Project administration, Resources, Supervision, Writing – review & editing.

# Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

## References

<sup>1.</sup> WHO. Global Oral Health Status Report: Towards Universal Health Coverage for Oral Health by 2030. Geneva: World Health Organization (2022). Available online at: https://www.who.int/publications/i/item/ 9789240061484

<sup>2.</sup> Bertagna B. *The Link Between Oral Health and Overall Well-Being*. United States: Rupa Health (2024). Available online at: https://www.rupahealth.com/post/the-linkbetween-oral-health-and-overall-well-being

<sup>3.</sup> Bridge G. Silver diamine fluoride: transforming community dental caries program. *Redirecting.* (2021) 71:458-61. doi: 10.1016/j.identj.2020.12.017

<sup>4.</sup> FDI F. WHO Breakthrough: Model List of Essential Medicines Includes new Section for Dental Preparations. Geneva: FDI (2021). Available online at: https://www.fdiworlddental.org/who-list-essential-medicines-includes-new-sectiondental-preparations

<sup>5.</sup> WHO. Silver Diamine Fluoride 1. Summary Statement of the Proposal for Inclusion, Change or Deletion. Geneva: World Health Organization (2021). Available online at: https://cdn.who.int/media/docs/default-source/essential-medicines/2021-eml-expert-committee/applications-for-addition-of-new-medicines/a. 28\_silver-diamine-fluoride.pdf?sfvrsn=e9d947bb\_4

6. Chu CH, Lo ECM, Lin HC. Effectiveness of silver diamine fluoride and sodium fluoride varnish in arresting dentin caries in Chinese pre-school children. *J Dent Res.* (2012) 91(12):135–40. doi: 10.1177/0810767

7. Gao SS, Zhao IS, Hiraishi N, Duangthip D, Mei ML, Lo ECM. Clinical trials of silver diamine fluoride in arresting caries among children: a systematic review. *J Dent Res.* (2019) 98(8):831-7. doi: 10.1177/2380084416661474

8. Turner M. Dry mouth and its effects on the oral health of elderly people. *Redirecting*. (2007) 138:15s-20s. doi: 10.14219/jada.archive.2007.0358

9. Rocha LL, de Lima Saintrain MV, Vieira-Meyer APGF. Access to Dental Public Services by Disabled Persons—BMC Oral Health. United Kingdom: BioMed Central (2015). Available online at: https://bmcoralhealth.biomedcentral.com/articles/10.1186/ s12903-015-0022-x

10. Da Rosa SV. (PDF) barriers in access to dental services hindering the treatment of people with disabilities: A systematic review. (2020). Available online at: https://www.researchgate.net/publication/343188098\_Barriers\_in\_Access\_to\_Dental\_Services\_Hindering\_the\_Treatment\_of\_People\_with\_Disabilities\_A\_Systematic\_Review (Accessed May 7, 2024)

11. Shakir H. Effectiveness of silver diamine fluoride in arresting dental caries in residents living in nursing homes: a randomized controlled trial. *J Public Health Dent.* (2023) 83:292–8. doi: 10.1111/jphd.12578