**Preventive II**

**DEH 344**

**Short note:**

1. What is the consists of the prevention.
2. What is the Objectives of preventive dentistry?
3. Levels of prevention.
4. Fluoride.
5. Methods of Providing Fluoride.
6. Preventive dentistry treatment planning.
7. Disclosing agents.
8. Chlorhexidine.

**True & false:**

1. Prevention is better than cure.
2. Prevention is expensive than cure.
3. Prevention of a disease is greater good in life than its cure.
4. Sealant are materials used to seal non deep pit and fissure.
5. Charters Method recommended for temporary cleaning in areas of healing after periodontal surgery.

**MCQs:**

1. According to the American Association of Public Health Dentistry, what proportion of the U.S. population is in some stage of oral or pharyngeal cancer?
   1. 0.8%
   2. 3%
   3. 11%
   4. 28%
   5. 62%
2. Which of the following is not considered an essential public health function?
   1. Develop policies and plans that support individual and community health efforts.
   2. Deliver services necessary to complete treatment plans and ensure satisfied patients.
   3. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
   4. Research for new insights and innovative solutions to health problems.
   5. Enforce laws and regulations that protect health and ensure safety.
3. Potential types of bias that can affect the validity of dental research include all of the following except:
   1. Surveillance bias.
   2. Reporting bias.
   3. Recall bias.
   4. Selection bias.
   5. Risk bias.
4. The four data requirements required in dental research include all of the following except:
   1. A graphic representation of key data elements.
   2. A measure of central tendency (mean, median, or mode).
   3. A measure of variation (standard error, standard deviation, confidence intervals).
   4. A statement about the number of objects studied.
   5. Clarity in how the measurement was done.
5. Oral conditions have been linked to all of the following systemic conditions except which?
   1. Cardiovascular Disease.
   2. Poly-cystic kidney disease (PKD).
   3. Delivery of pre-term, low birth weight babies.
   4. Adult respiratory distress syndrome (ARDS).
   5. Chronic obstructive pulmonary disease (COPD).

**Answers:**

**Short note:**

1.

a. initiation of diseases (Primary Prevention).

b. disease progression and recurrence (Secondary Prevention).

c. loss of function (Tertiary Prevention).

2.

-Prevent factors which predispose to disease.

-Prevent the disease itself.

-Prevent factors evoke more severe manifestation of acute diseases.

-Prevent factors which tend to maintain disease in a chronic state.

-Prevent the complications of the disease.

-Prevent the sequelae of disease, both local and systemic.

-Prevent factors which interfere with rehabilitation.

3.

1. Primary Prevention: occurs in the prepathogenic period

(True prevention).

1. Secondary Prevention: - occurs in the early period of pathogenesis. - involves early diagnosis and prompt treatment.
2. Tertiary Prevention: - occurs in the later period of pathogenesis . - involves prevent sequelae and complications of the diseases

4.

**\*fluoride:**

-It is one of the halogens.

- It is the most active element of this group.

- It is not present in the free form.

- It is anticariogenic effect.

**\*Sources of Fluoride:**

-Three sources: water, foods and air.

-Sea foods.

-Most beverages contain amount of fluoride especially tea.

-Vegetables, fruits and dairy products contain low amount of fluoride.

-The average diet provides 0.2-0.3 mg of fluoride daily.

5.

1- Water Fluoridation:1ppm of fluoride optimum safety and anticaries effect.

2- School water fluoridation:Indicated if the community water is not possible.

3- Fluoride Supplements:Supplied in form of tablets , drops or syrups . 0.5 mg F / day for children up to 3 years.

4- F. incorporation in various foods:Such as salt ,milk ,bread ,rice.

6.

-Problem recognition (by patient / community /dental professional).

-Problem definition (nature/extent/severity/significance).

-Problem data analysis.

-Interpretation and presentation.

-Treatment planning.

7.

•Used to stain the teeth for patient education and motivation for oral home care.

•Used to locate dental plaque on tooth surface.

•Available in tablets and liquid forms.

•Produce, blue, purple or red stains when attached to plaque on tooth surface.

8.

-The most effective antimicrobial agent in plaque and gingivitis.

•Mechanism of action:

pellicle formation, alteration of bacterial cell walls lysis of bacteria and bacterial adhesion to tooth surfaces.

•Side effects:

staining of teeth, tongue and resin restorations, and alter taste sensation (temporary).

•0.2%- 0.12% mouth washes Twice/day.

**-True & false:**

1. T.
2. F.
3. T.
4. F.
5. T.

**-MCQs:**

1- c.

2- b.

3- e.

4- a.

5- b.