New sealant guidelines: safe, effective and evidence-based
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By Dr. J. Timothy Wright
Bawden Distinguished Professor of Pediatric Dentistry
University of North Carolina at Chapel Hill School of Dentistry

Recently released clinical practice guidelines for pit-and-fissure sealants strongly confirm what we, as oral health professionals, already know: that sealants are safe and effective in sealing pits and fissures in teeth surfaces, thereby managing or helping to prevent dental caries.

Last year, the guidelines panel – brought together by the American Dental Association (ADA) Council on Scientific Affairs and the American Academy of Pediatric Dentistry – aimed to address questions about the efficacy, retention and potential side effects of sealants to prevent dental caries; as well as their effectiveness compared with fluoride varnishes. The panel also compared different sealant materials that are now available.

Not surprisingly, the panel found that sealants do, indeed, help prevent and stop pit-and-fissure carious lesions of primary and permanent molars in children and teens – better than fluoride varnishes – and are an important part of a comprehensive caries management approach.

While sealants have been around for more than 40 years, the latest guidelines provide further assurance of their effectiveness: according to the ADA, if you have 100 people who are likely to get caries over time, sealants reduce that likelihood by ~70% over a five-year period – that’s a tremendous impact on disease prevention!

That said, there’s a financial component to issuing sealants on a population-based level. Because there’s less data on sealants for primary teeth (the data for this therapeutic on permanent teeth is much stronger), most payer systems don’t cover sealants for primary teeth – although that varies, depending on the payer. Hopefully, the latest guidelines will provide leverage to help state dental directors push sealants forward on the policy level, which directly affects the services we render and how we get paid for those services.
Slow adoption of sealants by our community as an effective therapeutic also has to do with the fairly technical aspects of tooth preparation and sealant placement. It’s important to isolate teeth and maintain dryness and – for regions of the mouth that are moisture sensitive – to consider using a moisture-forgiving material like glass ionomer cement; in other cases, where moisture control is achievable, a resin-based sealant may be most effective. The current guidelines will hopefully improve outcomes for clinicians who use sealants.

With the therapeutics available today, we can make a real impact on primary dentition. But doing so requires a paradigm shift: dental caries is a disease that we can manage non-surgically, or help prevent altogether.