



A vision
of caries
management
in the 21st century

GC

Minimum Intervention

Dental caries is an infectious disease which requires a susceptible host and the presence of cariogenic plaque bacteria that are sustained by a high sugar diet. If all three factors are present, the bacteria ferment the sugars producing acid which lowers the normally neutral pH of the oral environment. The acid then attacks the tooth enamel which leaches out apatite forming ions causing demineralisation and eventually caries.

This process is of course a natural one, but saliva is nature's primary protection system against it. Saliva reduces friction on enamel, flushes bacteria and food away from the teeth, helps neutralise the acid and replenish the ions which remineralise the enamel. It is when this system is inadequate, for example if the saliva is deficient, or if there are too many acid-producing bacteria due to poor oral hygiene or diet, that the caries disease can take hold and progress.

Minimum Intervention or MI, is the modern 'medical' approach to the management of caries and its principles are very simple:

- To identify and assess any potential caries risk factors early
- To prevent caries occurring by eliminating or minimising risk factors
- To restore demineralised enamel and protect against further damage
- To offer patient recall periods depending on caries susceptibility



The concept of Minimal Intervention dentistry has evolved as a consequence of our increasing understanding of the caries process and the development of adhesive restorative materials.

It is now recognised that demineralised but non-cavitated enamel and dentin can be “healed”, and that the surgical approach to the treatment of a caries lesion along with “extension for prevention” as proposed by G. V. Black is no longer tenable. A traditional ‘surgical’ approach of ‘drilling and filling’ only treats the symptoms of the disease not the cause and there is little or no emphasis on prevention.

To implement Minimum Intervention effectively, all three elements need to be integrated fully into your patient treatment plans.



MI Advisory Board

The GC Europe, 'MI Advisory Board' is a Pan-European group of top level academics, researchers and GPs specialising in the field of Minimum Intervention. Working together, they have designed a Treatment Plan for the implementation of the MI philosophy into routine dental practice.

The MI Advisory Board has worked with "evidence based references and works", in order to match with the up-to-date scientific knowledge. GC's Minimum Intervention (MI) program proposes a systematic way to introduce modern concepts of caries management in daily clinical practice.

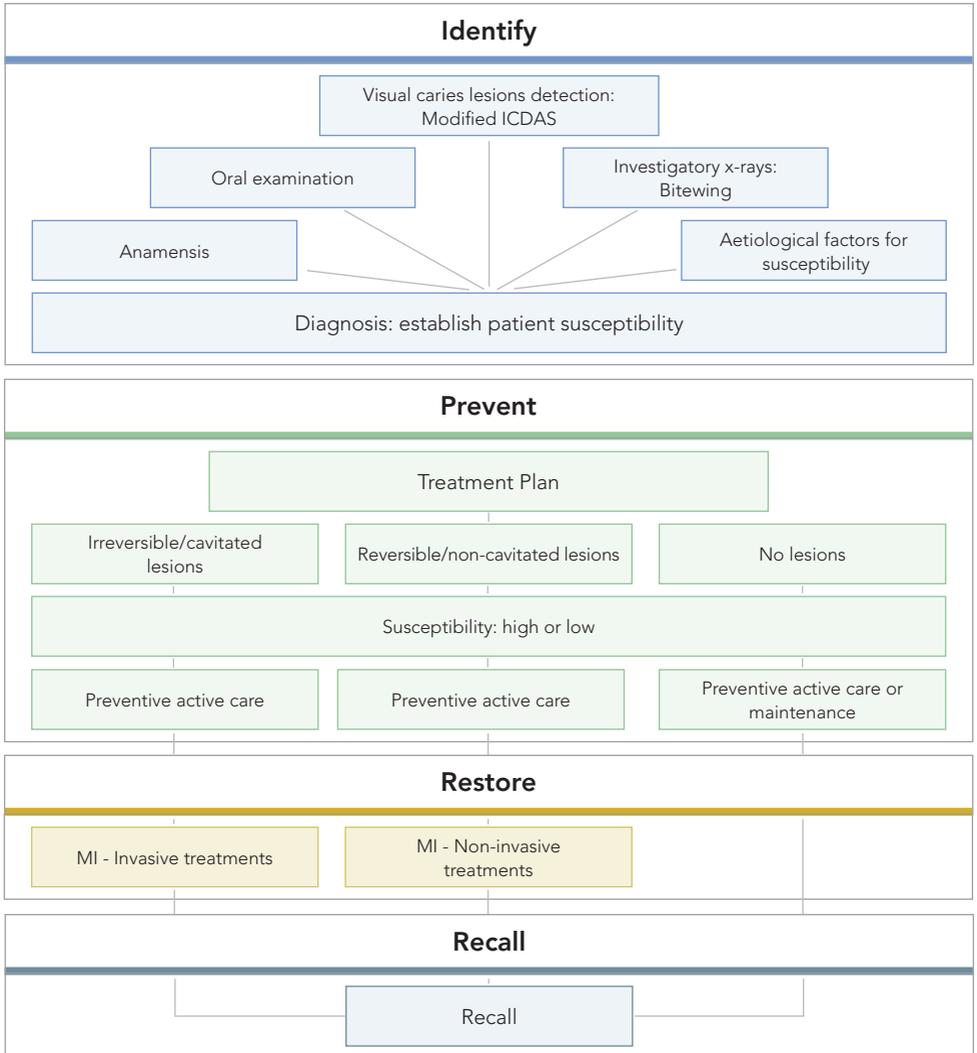
A Vision of the Future

As our understanding of caries disease and management improves, so dentistry is moving from the surgical to the medical MI approach. Within a few years, surgical restoration of caries may be the last course of treatment rather than the first. It's possible too, that one day many dental practices may be designated as 'Minimum Intervention' practices. With their emphasis on identification and prevention, and the caring 'dentist-patient' relationship this tends to foster, so more patients should be attracted to the practice. Patients who are happy to undergo regular tests and simple preventive procedures against caries, rather than face frequent surgical intervention. Indeed, caries prevention rather than surgical intervention may become a major income stream in the future.



MI Treatment Plan (MITP)

A generic flowchart of the practical implementation of MITP. Its primary objective is to clarify and simplify patient-centered management pathways which a dental team could follow together with the patient.



“In the 21st century, greater emphasis must be placed on **assessing caries risk**, shifting patients to a low caries risk status, remineralising non-cavitated lesions, abandoning the surgical approach to caries management and **repairing rather than replacing** defective restorations. There is a clear **need for research** to improve the sensitivity of diagnostic methods, to develop site-specific indicators of future caries risk, and to establish **clear guidelines on management of caries** as an infectious disease.”¹

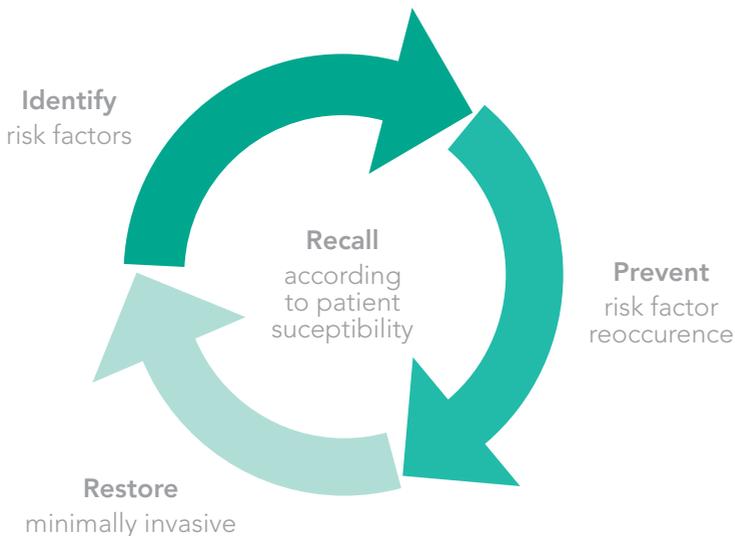
¹FDI Commission Project 1-97

Phases Cycle

The GC Europe MI Advisory Board presents an evidence-based, patient-centred MI treatment approach for use in routine dental practice, based on four phases of treatment planning: MI Identify, MI Prevent, MI Recall and MI Restore.

These four key phases of patient-centred treatment interlinking with each other:

- **MI Identify**
Disease experience, aetiology and risk of individual patient
- **MI Prevent**
Prevention of loss of tooth surface integrity or of further disease
- **MI Restore**
Non-invasive and minimally invasive restorative therapies
- **MI Recall**
Vital in order to maintain oral health at a level suitable for the patient's needs. This stage can be inserted at any point in the cycle, dependent on the individual's requirements for maintenance of oral health



MI Identify

- Case history
- Oral examination
- Visual caries lesions detection (Table 2 - Modified ICDAS)
- Investigatory x-rays: Bitewing
- Anamensis
- Aetiological factors
- Factors affecting susceptibility
- Diagnosis

To prevent caries you need to identify whether a patient's saliva is capable of protecting the oral environment and if not, why not, so you can specifically address the problem. A good starting point is to take a clinical history to identify any medical conditions that may affect caries risk. Ask the patient too, about their lifestyle, dietary habits and oral hygiene practices.

Next the oral exam should identify any existing caries and teeth at particular risk such as recent eruptions and eroded teeth, as well as any infections etc. Diagnostic tests make it possible to quickly check for cariogenic bacteria. Saliva also can be tested to assess its pH level and buffering capacity, as well as its 'flushing' and ion replenishing capability by measuring its quantity and viscosity at rest, and quantity when stimulated. Since oral conditions can change, such an examination should be carried out on a regular basis.



Clinical: **MI Identify** - Examination

With the Plaque Indicator Kit, it's amazing for both patient and dentist to see how they are able to change the balance of the mouth within a few weeks.



First appointment



After 6 weeks



5 months later - no more acidogenicity

Tools like Plaque Indicator Kit, Saliva-Check Buffer and Saliva-Check Mutans Test are a good indicator for practitioners and an excellent motivational tool for patient compliance. Patients can witness results for themselves and are increasingly likely to accept the treatment plan.

Clinical: **MI Identify** - Examination:

Plaque control and tooth surface improvement by using Tooth Mousse



Before first Professional Mechanical Tooth Cleaning (PMTTC) a lot of 'old' plaque can be observed



Tooth Mousse™ application after PMTC



10 weeks later, post Tooth Mousse™ application

Regular use of Tooth Mousse (as advised by the Dentist) helps to decrease the quantity of bacteria, improve the overall pH of the mouth, remineralise the tooth, reduce hypersensitivity and reduce the caries risk of the patient.

Table 1: **Diagnosis**

Use this checklist to establish the susceptibility of your patient and monitor their progress at subsequent Recalls

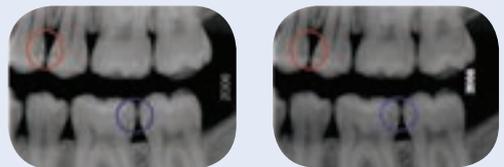
Status	"YES" ANSWER UNFAVOURABLE	"NO" ANSWER FAVOURABLE
Lesions	> = 2 new / progressing / restored lesions in the last 2 to 3 years	< = 1 new /progressing / restored lesion in the past 2 to 3 years
General factors		
Diet Frequent snacks between meals? Anorexia? Bulimia?		
Fluoride No fluoride (toothpaste/rinse daily, fluoridated community)?		
Health Sjögrens's Syndrome, chemotherapy, radiation to head and neck?		
Medications Hyposalivatory medication?		
Social Low socio-economic status?		
Age Adolescent? Elderly?		
Oral factors		
OHI		
Saliva Stimulated saliva flow < 0.7ml/min?		
Plaque Readily visible, heavy plaque?		
Bacterial balance		

Table 2: **MI Identify** - Examination:
Visual Detection (Modified ICDAS)

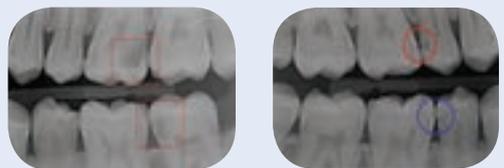
0:		No or slight change in enamel translucency after prolonged air drying (>5 secs). No enamel demineralisation or a narrow surface zone of opacity.
1:		Opacity or discolouration hardly visible on a wet surface but distinctly visible after air drying. Enamel demineralisation limited to the outer 50% of the enamel layer.
2:		Opacity or discolouration distinctly visible without air drying. No clinical cavitation detectable. Demineralisation involving between 50% of the enamel and outer third of the dentine.
3:		Localised enamel breakdown in opaque or discoloured enamel. +/- greyish discolouration from underlying dentine. Demineralisation involving the middle third of dentine.
4:		Cavitation in opaque or discoloured enamel exposing the underlying dentine. Demineralisation involving the inner third of dentine.

Clinical: **Identify** - Examination: Bitewing Radiographs

Enamel Lesions		ICDAS
E1	Outer half of enamel	0, 1
E2	Inner half of enamel	1
Dentine Lesions		ICDAS
D1	Outer third of dentine	2
D2	Middle third of dentine	3
D3	Inner third of dentine	4



Control over 2 years for initial lesions D-1 (blue) and D-2 (red)



D-3

D-1 and D-2

MI Prevent

Once any potential caries risk factors have been specifically identified, it should then be possible to advise on and implement the optimal preventive measures. Depending on the diagnosis these could involve:

- Encouraging change in diet and lifestyle
- Educating on oral hygiene, particularly the use of fluoride-containing products, plaque disclosure products and antibacterial mouthwashes etc
- Encouraging attendance for regular check-ups including bacteria and saliva tests
- Professional tooth cleaning
- Correcting mineral imbalance in the oral environment. This is a new preventive option made possible by the introduction of CPP-ACP (RECALDENT™). A complex of Casein Phosphopeptide (CPP) and Amorphous Calcium Phosphate (ACP), RECALDENT™ delivers extra freely available calcium and phosphate ions to the enamel which reform into calcium phosphate crystals. Products such as Tooth Mousse and MI Paste Plus which contain CPP-ACP and CPP-ACP plus 900ppm Fluoride respectively are already available and more are expected in future
- Using high fluoride releasing Glass Ionomer Cements (like Fuji Triage) to protect the fissures of erupting molars. The process of repairing cavities can also be used as a simultaneous opportunity for protecting the restored tooth by using such high fluoride releasing GIC



Offer a Personalised Preventive Regime

Care regimes are developed according to susceptibility and risk factors of the patient. Preventive standard care is indicated for patients with low susceptibility to reduce the risk of further disease. Individuals with a high susceptibility to caries would be instructed to use active care which consists of the standard care regimes together with extra professional maintenance.



Standard Care

- Tooth brushing
- Fluoride tooth paste
- Inter-dental flossing
- Diet advice
- Patient motivation
- Maintenance therapy: Tooth Mousse

Active Care

Standard care plus:

- Decontamination
- Remineralisation
- Treatment of aetiological factors
- Sealants



Table 1: **Prevention** - MI Treatment Plan

Depending on the susceptibility (risk factors) of your patients, use this flowchart to classify them in the respective categories and plan the MI treatment accordingly.

MI Identify	Lesion			No Lesion	
	Cavitated (Irreversible)	Non Cavitated (Reversible)		High Susceptibility	Low Susceptibility
	Lesion Score: 3, 4 High Susceptibility	Lesion Score: 0-2 High Susceptibility	Lesion Score: 0-2 High Susceptibility		
MI Prevent	Active Care PLUS Fissure Sealants + Motivation	Active Care Remineralisation products: Fluoride, CPP-ACP, RECALDENT™, MI Paste Plus Motivation	Active Care Remineralisation products: Fluoride, CPP-ACP, RECALDENT™ Motivation	Active Care MI Paste Plus Motivation	Standard Care Tooth Mousse (Desensitizing)
MI Restore	Transitional restorations: GIC Long term restorations (Equia GCC, Tokyo, Japan, Composites)	Fissure Sealants	Fissure Sealants		
MI Recall	2-6 months	3-6 months	6 months	6-12 months	12-18 months

Clinical Case - Remineralisation

Clinical application and results of GC MI Paste Plus after one month. Notice the marked reduction in the intensity of the white spot lesions.



Case by Dr. Ivana Miléć, Croatia



Case by Dr. Matteo Basso, Italy



MI Restore

Whether carious lesions need to be restored after the MI Identify stage or it has arisen after the preventive measures have been taken, the MI Restore approach is quite different from the traditional approach as it aims to restore the natural tooth structure as much as possible without damaging the surrounding healthy tooth structure.

This has largely been made feasible by the introduction of new restorative materials that are ideally suited to MI and more of such products are expected soon.

Firstly, the adhesive properties of the new restoratives mean that large box cavities, previously required to retain amalgam, are no longer necessary. Even small micro-cavities are adequate when these materials are used and so this allows for only the disease itself to be removed, the healthy tooth structure can be left untouched.

Secondly, the adhesive power of the new materials, some of which chemically adhere to enamel and dentin, provides increased protection against further bacterial ingress by improving their sealing ability. In the future, bioactive restorative materials may also help to remineralise enamel and protect against further damage, by supplying apatite forming ions such as calcium, phosphate, strontium and fluoride. Already available for dentine replacement are high strength glass ionomers, reinforced by aesthetic resin composite veneer materials.

An exciting prospect for restoration at a very early stage of caries damage, has also opened up with the use of CPP-ACP (RECALDENT™) which may help to eliminate white spot lesions.



Clinical Case - **Restoration** with EQUIA Restorative System



Before



Cavity preparation



Cavity conditioning



Bulk placement of EQUIA



Application of G-Coat Plus



Light cure of G-Coat Plus for 20 secs



Final EQUIA restoration

Case by Dr. Lassocinski, Poland

MI Non-Invasive Treatment

- Remineralisation products
 - Tooth Mousse
 - MI Paste PLUS
 - Fluoride Gels
 - Fluoride Varnishes
- Comfort Products
 - Dry Mouth Gel

MI Restorative Treatment

- Long term restoration
 - EQUIA
 - Resin Modified GIC (Fuji II LC)
 - Composites



MI Recall

Once a patient's susceptibility has been established, it is important to develop a recall schedule to maintain the preventive and restorative regime in place.

Patients identified with low susceptibility need only attend recall sessions once a year although those with high susceptibility may need to attend sessions as regularly as every 2 months.

During recall sessions it is important to reassess the patient and, where necessary, adjust the regime according to the patient's ongoing susceptibility and risk factors. Should significant changes have taken place, recall sessions may also need to be rescheduled.



Table 1: **Recall** - Examination Structure

Factors	What? Why?	How?
General Health	<ul style="list-style-type: none"> • Update of medical history 	<ul style="list-style-type: none"> • Patient's interview • Questionnaire
Oral Health Review	<ul style="list-style-type: none"> • Update of dental history 	<ul style="list-style-type: none"> • Patient's interview • Questionnaire
Comprehensive Oral Environment	<ul style="list-style-type: none"> • Plaque control 	<ul style="list-style-type: none"> • Plaque indicator • Plaque pH test
	<ul style="list-style-type: none"> • Bacteria assessment 	<ul style="list-style-type: none"> • Bacteria test
	<ul style="list-style-type: none"> • Saliva assessment 	<ul style="list-style-type: none"> • pH test • Buffer capacity test
Tooth Surface Integrity	<ul style="list-style-type: none"> • Interception of: <ul style="list-style-type: none"> - Incipient lesions - Defective sealants - Defective restorations (fracture, open margins, sensitivity) 	<ul style="list-style-type: none"> • Visual exam • Use of magnification • 'Gentle' probing as recommended by the ICDAS committee (ball-ended probe) • Bitewing radiographs
Effectiveness of the Preventive Regime	<ul style="list-style-type: none"> • Remineralisation control • Early lesions stabilisations 	<ul style="list-style-type: none"> • Visual exam • Bitewing radiographs • QLF (Quantative Light Fluorescence) for mineral content assessment • Dietary habit questionnaire
Reassessment of the Caries Susceptibility	<ul style="list-style-type: none"> • Pathological factors • Protective factors 	<ul style="list-style-type: none"> • Same procedure as the baseline susceptibility assessment
Reassessment of the Patient's Motivation and Compliance	<ul style="list-style-type: none"> • Patient education 	<ul style="list-style-type: none"> • Patient's interview • Comparison with previous results
Readjustment of the MITP	<ul style="list-style-type: none"> • Readjustment of: <ul style="list-style-type: none"> - The preventive regime - The restorative regime - The recall frequency 	<ul style="list-style-type: none"> • According to: <ul style="list-style-type: none"> - The updated patient's susceptibility - The patient's demand - The clinical judgement of the dental team - The Health System which the practitioner is working through

GC is committed to the concept and principles of Minimum Intervention dentistry. As part of this commitment, GC offers a range of MI products such as diagnostic tests for bacteria and saliva that can identify patients at risk from caries. Preventive measures such as CPP-ACP based products (RECALDENT™) help to maintain a mineral balance, and Bioactive restorative materials can restore and protect.



MI Products: Identify

GC Saliva-Check Mutans

The *Streptococcus mutans* bacterial species plays a leading role in the initiation of dental caries. When used with other clinical information, salivary level of this bacterium is useful for caries risk assessment in patients.

GC Saliva-Check Mutans uses a very specific immunochromatography process. Not reliant on bacteria growth, this means incubators or other devices are not needed. Therefore, the traditional culture test is no longer necessary and accurate results are available in just 15 minutes. Accuracy is possible as the test strip contains 2 monoclonal antibodies that selectively detect only the *S.mutans* species, meaning no other bacteria contaminates the results.



GC Saliva-Check Buffer

GC's Saliva-Check Buffer kit is divided into 5 different steps with the first 3 steps involving unstimulated saliva while the last 2 steps involve the stimulated saliva. As the functions and characteristics of these two forms of saliva are different, by evaluating both, the test results will become very useful diagnostic and powerful communication tools to the patients.



Testing can be carried out as part of a routine examination and the results explained to the patient as part of the discussion about prevention and treatment. Together, the dentist and patient will be able to agree on a plan to bring the saliva back into balance.

GC Plaque Indicator Kit



GC takes a step further in the Minimum Intervention concept with an identification tool: Plaque Indicator Kit. Plaque formation is something that is very often normal for most of the population; however, how potentially damaging the plaque is and exactly which plaque sites are problem sites is more difficult to identify. Plaque Indicator Kit is a simple and inexpensive test that quickly identifies and visually communicates the problem.

Advantages

- Within 5 minutes the caries risk of a patient is identified
- Clearly visualised in red, orange and green
- Provides a total picture of sites where plaque accumulation exists
- Differentiating between mature plaque blue whereas newly formed plaque is disclosed red

MI Products: Prevent

GC Dry Mouth Gel

Dry Mouth Gel is a unique, sugar free product that comes in four delicious flavours. It is designed to help relieve dry mouths and provide long lasting comfort and a soothing effect for patients.

This transparent gel comes in a compact tube that will easily fit into either a pocket or handbag, meaning it can be used whenever and wherever it is needed. All that is required is for the patient to apply a generous amount of the gel with a clean finger over the buccal and lingual surfaces of the teeth and oral mucosal tissues.

Uniquely, unlike most saliva substitutes, Dry Mouth Gel has a neutral pH, meaning that effective symptomatic relief can be provided, whilst preserving oral pH within the safe range to prevent demineralisation.



GC Tooth Mousse

Tooth Mousse contains RECALDENT™, a CPP-ACP formula (Casein Phosphopeptide-Amorphous Calcium Phosphate) that provides plenty of freely available Calcium and Phosphate ions.

This exceptional tasting Tooth Mousse doesn't just protect teeth; it also restores the oral mineral balance. Available in five different flavours: mint, melon, strawberry, vanilla and tutti frutti, this mousse tastes great and makes teeth feel smoother and cleaner.

Indications

- Before and after bleaching
- Reduces any type of dentine hypersensitivity
- After professional tooth cleaning, root planing or curettage
- During any orthodontic treatment
- Enhances the natural flow of saliva



GC MI Paste Plus

Water based, sugar free dental topical crème containing RECALDENT™ CPP-ACP (Casein Phosphopeptide - Amorphous Calcium Phosphate) and fluoride.

Advantages

All the benefits of Tooth Mousse, with 900ppm of a unique, patented form of fluoride in a product designed for high-risk patients.

Indications

- For patients who suffer from aggressive caries and loss of tooth structure, from dental erosion and accelerated tooth wear following head and neck radiotherapy
- For pregnant women
- During and/or after orthodontics
- For patients with an acidic oral environment and gastric reflux
- For patients with poor plaque control and high caries risk



GC Fuji TRIAGE

Fuji TRIAGE is ideal for patients who need fast, effective protection. Redeveloped from Fuji VII, Fuji TRIAGE already has a strong track record of preventing caries in erupting teeth. Fuji TRIAGE is self-adhesive, insensitive to moisture and has a low enough viscosity to penetrate pits and fissures.

Advantages

- Very high level of fluoride release
- 6 times higher than any other glass ionomer
- Can be applied when saliva control is not possible
- To treat newly erupted molars (partially) covered by tissue
- Chemical adhesion to tooth structure
- No etching, no bonding



MI Products: Restore

GC Gradia® Direct LoFlo



Gradia® Direct LoFlo achieves excellent stability thanks to the unique High-Density Radiopaque (HDR) Technology. Wear resistance and fracture toughness can easily keep up with modern posterior composites and, on top of that, offer up to 55% less shrinkage than the leading flowable composite on the market.

The HDR Pre-polymerised Filler with Nano-silica filler technology significantly increase durability, polishability and radiopacity. In addition, the incorporation of fluoro-aluminosilicate glass brings you protection against secondary decay.

Gradia® Direct LoFlo wettability allows for perfect adaptability and adapts without slumping while moving easily with any instrument or brush of your choice. Due to its unique composition, similar to Gradia® Direct, the 7 available shades of Gradia® Direct LoFlo blend invisibly into the surrounding tooth structure.

EQUIA



The name EQUIA stands for “Easy - Quick - Unique - Intelligent - Aesthetic” and denotes a totally new approach to filling therapy: restorations based on glass ionomer technology have never been so aesthetic and translucent, high-performing and economical! This is because Fuji IX GP EXTRA and G-Coat PLUS are the first to combine quick and easy handling with perfect physical and incomparably aesthetic properties, which means double the power, double the performance and natural optical characteristics.

- **Easy:** The restorative is moisture tolerant - there’s no need for rubber dam and the self adhesive properties allow a chemical adhesion without the use of bonding agents
- **Quick:** The restorative can be placed in bulk and only one application of the coat is required
- **Unique:** The infiltration and dispersion of the nano fillers of the coating will protect the restoration and the margin over a very long period
- **Intelligent:** The restorative matures over time reaching a hardness comparable to that of a modern composite material. Together with a high fluoride release this adds up to a secure longevity
- **Aesthetic:** Never seen before aesthetics for a glass ionomer based restoration, reinforced by the application of the coating

Economics of EQUIA

Time saved is money earned!

When adopting a new restorative system in your practice, time remains an important factor in your choice. If you are considering investing in the advanced restorative system EQUIA by GC, you will be pleasantly surprised to find that when compared with standard composites, EQUIA presents the best cost advantage. When factoring in all the elements of restorative treatment, including the number of visits, techniques involved and clinician time spent, EQUIA proves to be the superior option.

With high risk patients, you can offer all the benefits of glass ionomer cement and for anxious patients you can offer an excellent restoration in minimal chair-time, thanks to EQUIA. If you are looking for a dependable alternative to amalgam, with increased legislation against mercury products and patient demand, EQUIA is an elegant and practical solution.

When considering the options, it becomes evident that EQUIA is not only the best alternative but the obvious choice.

The table opposite compares the average time taken to complete a restorative treatment with amalgam, composites and EQUIA.



Table 1: **EQUIA** - Time Comparison Table

Time (min)	Amalgam	Composite	EQUIA
	2 surface cavity		
1. Visit			
Set-up time dental unit	0.85	0.9	0.85
Conversation/consultation	1.64	1.74	1.64
Application of rubber dam		2.94	
Caries removal preparation	2.49	3.67	2.49
Application of liner and matrix	1.72	1.82	1.72
Conditioning		1.67	1,67
Mixing of restoration material	0.65		0.65
Primer/adhesive		1.43	
Filling of cavity (if applicable layering technique)	1.63	3.32	1.85
Removal of matrix, contouring	1.50	2.65	2.65
Application G-Coat + light curing			1
Polishing		2.34	
Fluoridation		0.79	
Conversation documentation	1.75	1.53	1.75
Clean-up time dental unit	0.97	1.06	0.97
2. Visit			
Set-up time dental unit	0.80		
Conversation	0.93		
Contouring/polishing	3.44		
Conversation documentation	1.36		
Clean-up time dental unit	0.77		
Σ Time (min)	20.50	25.86	17.24
Compared in percentage	118.91%	150%	100%

Source: The modified table has been made by Prof.Dr.K.H. Friedl based on the original published work at 'Materialien zur Beanspruchungsdauer und Beanspruchungshöhe ausgewählter Behandlungsanlässe', Deutscher Zahnärzte Verlag DÄV 2002

The Business of MI Dentistry

Adopting a more holistic approach to dentistry by considering the patient's dental needs as a whole can be very beneficial for both the dental team and the patient.

Most practices would benefit from offering all patients Plaque PH Tests, Saliva Buffer Tests and bacterial tests. Using the results from these the patient can be given the relevant oral health lifestyle advice, leading to a thorough understanding of the dental problem both by dental team and patient.

This approach can help improve patient communication and motivation, encouraging patients to attend the practice on a regular basis without the fear of pain and discomfort. Additionally, if this approach is embraced, the whole dental team can become intrinsically involved in patient welfare, offering diagnostic tests whilst clinicians work on restorative treatments. Together with regular recall sessions, practices can ensure appointment times are always occupied, increasing chair time and adding significantly to practice profitability.



Simulating the Business Model of a Regular MI Dental Practice

Dentist Examination	Identify	Prevent
Duration	15-20 Minutes	
Products/Treatment	GC Saliva Tests GC Plaque Indicator Tests Diagnodent/CarieScan Exam, Perio	Oral Prophylaxis Tooth Mousse
Recall	9-12 Months	
Patient Record	Software Records Diet Advice	
Fee	Standard Consultancy Fee Plus Restoration(s) Fee Reception Sales	

Dental Hygienist/ Dental Care Professionals	Identify	Prevent
Duration	15-20 Minutes	
Products/Treatment	GC Saliva Tests	Fluoride Varnish Tooth Mousse
Recall	9-12 Months	
Patient Record	Software Records Maintenance Advice	
Fee	Standard Consultancy Fee Plus Restoration(s) Fee Reception Sales	

Completing the picture of Minimum Intervention

GC is committed to the concept and principles of Minimum Intervention dentistry. As part of this commitment, GC already offers, or will do so in the future, a range of MI products such as diagnostic tests for bacteria and saliva that can identify patients at risk from caries. Preventative measures such as CPP-ACP based products (RECALDENT™) help to maintain a mineral balance and bioactive restorative materials can restore and protect.

Educational material for the dental team as well as patients will also be forthcoming. GC offers the complete picture of Minimum Intervention for caries management in the 21st century.

For more information please visit <http://mi.gceurope.com>



CPP-ACP was developed at the School of Dental Science at the University of Melbourne Victoria Australia. RECALDENT™ is used under licence from RECALDENT™ Pty Limited. RECALDENT™ CPP-ACP is derived from milk casein and should not be used on patients with milk protein and/or hydroxybenzoates allergy.





“To apply MI to general practice takes some organising and has to be properly financed. If it is well coordinated MI can be a huge practice builder as well as an enormous benefit to patients.”

Meredith Bell MBE
BDS MFGDP RCS

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