



FDI DRAFT POLICY STATEMENT (revision)

Minimal Intervention Dentistry (MID) for Managing Dental Caries

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October 2002, Vienna, Austria**

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2 **CONTEXT**

3 Since the appearance of the first policy statement on MID in 2002, its understanding has
4 evolved and evidence-based outcomes of new and existing preventive and restorative
5 treatments have become available.

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7 **SCOPE**

8 Visual/tactile assessment instruments and electronically driven devices are available to
9 detect carious lesions and to assess caries risk and activity¹. The development and
10 progression of carious lesions can be controlled. The outcome of the caries activity
11 assessment, together with the usage of predictive power of validated caries risk
12 assessment tools, will guide the dental practitioner in deciding which evidence-based
13 carious lesion controlling measures to use and to determine the tailor-made recall
14 sessions.

15 The demineralisation process of dental caries can be halted largely by the patient
16 reducing the intake and frequency of sugar in the diet and removing the biofilm twice
17 daily with a toothbrush and fluoride-containing toothpaste and dental floss. Evidence-
18 based measures to prevent carious lesions include fluoride in water, in gel, in varnish
19 and paste, and in pits and fissures sealants. Some recently developed measures such
20 as resin infiltration and CPP-ACP paste are promising².

21
22 Minimally invasive operative interventions are limited to the removal of friable enamel
23 and soft dentine, which minimalises the cavity size. Sealing such a treated cavity with a
24 quality adhesive dental material will prolong tooth survival³. Evidence has shown that
25 the long-term survival of repaired defective restorations is as good as that of replaced
26 defective restorations. Replacement is therefore considered over-treatment in many
27 cases while refurbishment and repairing are considered an appropriate minimal invasive
28 operative intervention^{2,4}.

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30 **DEFINITIONS**

31 The concept of MID dental caries management is to conserve remineralisable and intact
32 tooth tissue to help retain teeth throughout life. Tooth tissue should not be removed
33 unnecessarily. The major MID components include: 1) early detection of carious lesions
34 and assessment of caries risk and activity; 2) remineralisation of demineralised enamel
35 and dentine; 3) optimal measurements to keep sound teeth sound; 4) tailor-made dental

36 recalls; 5) minimally invasive operative interventions to ensure tooth survival; 6)
37 repairing rather than replacing defective restorations¹.

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PRINCIPLES

40 The aim of MID is to maintain as much healthy tooth structure as possible and - keep
41 teeth functional for life. This has become all the more important as life expectancy is
42 increasing steadily. People should be able to continue enjoy the full function of a good
43 natural dentition in old age⁵⁻⁸.

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POLICY

46 FDI World Dental Federation supports Minimal Intervention Dentistry (MID) as the
47 contemporary manner to manage dental caries.

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KEYWORDS

50 Minimal Intervention Dentistry, dental caries, caries prevention, restoration, caries
51 assessment.

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DISCLAIMER

54 The information in this Policy Statement was based on the best scientific evidence
55 available at the time. It may be interpreted to reflect prevailing cultural sensitivities and
56 socio-economic constraints.

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