ICDAS CLINICAL REPORT: CARIES EXPERIENCE AND RESTORATIVE INTERVENTIONS BY VISUAL EXAMINATION



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INTRODUCTION: The International Caries Detection and Assessment System (ICDAS) categorize dental caries/restorations and can be applied in Dental Medicine (DM) education, clinical practice, clinical and epidemiology research.

OBJECTIVE: This trial evaluated dental caries experience/severity and restorative interventions by ICDAS, in a population of university DM services.

MATERIAL AND METHODS: Observational, transverse and descriptive study; random sampling: 284 individuals aged \geq 18 years, attending the 1st dentistry appointment at the Faculty of Health Sciences, University Fernando Pessoa, over a period extending from September-2008 to July-2010. The intra-oral (visual/tactile) ICDAS record was validated by four examiners trained/calibrated (ICC=0.963) to identify the restorative and dental caries clinical (non-cavitated and cavitated carious lesion) conditions. Descriptive/inferential statistical analysis (alpha=0.05) was conducted.

RESULTS: In the sample the majority of the participants (70.1%) were aged between 20 and 59 years old (**Table 1**), 64.8% were female and the overall average (±St.Dev) age was 44.3 (±16.4) years with no significant differences (t-test, p=0.110) between genders (**Table 2**).

TABLE 1 – Sample distribution regarding age and gender.							TABLE 3 – Descriptive analysis of the dental caries lesions (dental tissues affected) / denta hard tissues restoration, using ICDAS scores.			
	GENDER						Classification on caries		Clinical diagnosis of dental	
			l	Female		ale	lesions, severity stages and	Surfaces/person	hard tissues regarding	Sample Prevalenc
AGE							affected structure, and dental restorations (ICDAS scores)	Average (±St.Dev)	caries lesions and dental restorations	%
< 20 years	29) 1	0.2 18	9.8	11	11.0	Primary caries, non-cavitated		Non-cavitated decayed	
20-39 years	98	3 3	34.5 57	31.0	41	41.0	lesions in enamel (01-03)	5.6 (± 8.5)	surfaces	49.3
40-59 years	10	1 3	35.6 70	38.0	31	31.0	Primary caries, cavitated lesions in dentin (04-06)	3.6 (± 4.3)	Cavitated decayed surfaces	51.8
≥ 60 years	56	6 1	9.7 39	21.2	17	17.0	Primary caries, lesion in enamel	9.1 (± 11.8)	Non-cavitated and cavitated decayed surfaces	52.5
All	28	284 10	00.0 184	100.0	100	100.0	and/or dentin (01-06)			
							Surfaces restored with definitive material (30, 40, 50, 60, 80)	9.2 (± 13.2)	Restored dental surfaces	53.2
GABLE 2 – Sample age and gender characterization AGE (years)							Secondary caries lesion in enamel	0.7 (± 2.1)	Secondary caries in enamel surfaces (non-cavitated)	31.0
SENDER			Average (±St.Dev)	Median (P25- P75)	Min-Max	р (t- test)	Secondary caries lesion in dentin	1.0 (± 1.2)	Secondary caries in dentin surfaces (cavitated)	33.5
emale	184	64.8	45.5 (±16.2)	44 (34-58)	18-84	0.110	Secondary caries lesion in enamel and/or dentin	1.7 (± 2.9)	Secondary caries surfaces	^{is} 42.6
lale	100	35.2	42.1 (±16.6)	40 (28-56)	18-76				(enamel and dentin)	
	284	100.0	44.3 (±16.4)	, ,	18-84		Dental surfaces present in the oral cavity	118.7 (± 81.7)	Total number of observed dental surfaces	n = 3370

In average, 118.7 (\pm 81.7) tooth surfaces/individual were observed (**Table 3**). Decayed surfaces were: 9.1(\pm 11.8) with primary caries, of which 5.6 (\pm 8.5) were non-cavitated lesions (enamel); of those 0.15 (\pm 0.97) had fissure sealants and 3.6 (\pm 4.3) were cavitated (dentin). Surfaces restored with definitive material: 9.2 (\pm 13.2). There were secondary caries in 1.7 (\pm 2.9) surfaces; Secondary caries in enamel and dentin occurred at 0.71 (\pm 2.11) and 1.0 (\pm 1.2) surfaces, respectively. The population dental surfaces' condition was: 56.3% healthy, 52.5% with caries (51.8% cavitated lesions (dentin) and 49.3% non-cavitated lesions (enamel)), 53.2% restored, but 42.6% had secondary caries (33.5% cavitated and 31% non-cavitated lesions).

DISCUSSION AND CONCLUSIONS

The ICDAS clinical report revealed high experience/severity of dental caries and restorative interventions, but variable values when analyzing the individual and the population. Trials that include registration of caries activity are needed in order to define individual/population risk. The ICDAS assessment allows the definition of more accurate preventive/restorative decisions in clinical practice and clinical and epidemiological investigations.

