



Prevention—The (sometimes-forgotten) key to success

Imagine a patient comes to the doctor's office. The doctor peeks at his blood test results, diagnosis diabetes mellitus, and promptly takes measurements for a prosthetic wooden leg. Seems irrational. However, this quite resembles cases in which we drill, file, and extract following a short dental checkup.

Treating disease starts with and is based on prevention. There are several levels of prevention: primary prevention (the avoidance of pathology development), secondary prevention (early diagnosis and treatment of the pathology before significant morbidity occurs), tertiary prevention (reduction of adverse effects and complications of pre-established disease and restoration of function), and quaternary prevention (avoidance of the consequences of over-treatment and overmedication for the specific condition).

Caries and periodontitis, the main pathologies we encounter, should be treated with the same guidelines as other diseases, including prevention.

Extracting a periodontally affected tooth and replacing it with an implant or performing a root canal on a deeply decayed tooth without further prevention intervention are the same as amputating a diabetic person's leg, as described earlier, without referring to his diabetic condition.

Our profession is sometimes too busy dealing with improving our treatment results and too often abandons the preventive interventions that

should be our main goal. Each and every patient should be engaged in a comprehensive and well-organized prevention program. Since most of the population will experience some form of oral disease (caries or periodontal disease), everyone deserves prevention.

Explaining the disease, its etiology, risk factors, and ways for intervention and prevention of all types to patients is our primary role, not filling teeth or placing implants immediately after extractions.

Success in dental treatment is the ability to bring patients to a stable condition in which they come for regular checkups with no need for further treatment. This is success, not just a perfect color match or a stable bone level around an implant. A patient who needs ongoing dental treatment, again and again for years, should be considered our failure, even though he gets the highest level of technical treatment with the best materials and laboratory work.

Our job is to educate patients and give them the appropriate tools to control their disease and prevent further deterioration. Indeed, this requires hours of teaching, explanation, demonstration, and reinforcement. However, this is our duty and the basis upon which our profession should be based. As in all fields of medicine, prevention is the most important key for success.

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