Abstract for AADR Annual Meeting
Los Angeles, CA, March 16-19, 2016

Management of Dentin Hypersensitivity By National Dental PBRN Practitioners

Dorota T. Kopycka-Kedzierawski¹, Cyril Meyerowitz¹, Mark S. Litaker², Gregg H. Gilbert², Sidney Chonowski³, Marc W. Heft³, National Dental PBRN Collaborative Group⁵
¹ University of Rochester, Rochester, NY;
² University of Alabama at Birmingham, Birmingham, AL;
³ University of Florida, Gainesville, FL;
⁴ Private practice of general dentistry, Morristown, NJ;
⁵ The National Dental PBRN Collaborative Group comprises practitioner, faculty, and staff investigators who contributed to this network activity.
A list of these persons is at http://www.nationaldentalpbrn.org/collaborative-group.php; University of Alabama at Birmingham, Birmingham, AL.

Objectives: Dentin hypersensitivity (DH) is considered a problem commonly encountered in routine clinical practice. The primary objective of this study was to identify the many treatments used to manage DH among United States dentists by: characterizing methods of diagnosing DH in the practice setting, characterizing dentists’ selected treatment(s) for DH, and characterizing patient-reported pain outcomes at baseline and after treatment.

Methods: As an initial phase of a prospective, multicenter cohort study of patients with DH, 185 National Dental Practice-Based Research Network clinicians (www.NationalDentalPBRN.org) completed an on-line questionnaire to ascertain their preferred methods to diagnose and manage DH in the practice setting and to determine predisposing factors of DH.

Results: Most dentists (99%) reported using more than one method to diagnose DH. Most frequently, they reported using spontaneous patient reports coupled with excluding other causes by direct clinical examination (48%); followed by applying an air blast (26%), applying cold water (12%) and obtaining patient reports after dentist’s query (6%). When managing DH, the most frequent first choice of products used was desensitizing over-the-counter (OTC) potassium nitrate toothpaste (55%), followed by fluorides (41%) and glutaraldehyde/HEMA (3%). A total of 85% of respondents reported using a combination of products when treating DH, most frequently using fluoride varnish and desensitizing OTC potassium nitrate toothpaste (72%). The most frequent first choice of predisposing factors leading to DH, as reported by the practitioners, was recessed gingiva (45%), abrasion, erosion, abfraction/attrition lesions (37%) and bruxism (27%).

Conclusions: Based on the initial questionnaire, the majority of network practitioners use multiple methods to diagnose and manage DH. Desensitizing OTC potassium nitrate toothpaste and fluoride products are the most widely used products to manage DH in the practice setting. Support: U19-DE-22516.