



Department of Health,
P.O. Box 5013,
Wellington.

14 September 1983.

CLINICAL SERVICES LETTER NO. 222

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

FLUORIDES AND THE PREVENTION OF DENTAL CARIES

In the light of recent research, the Department of Health has reviewed its recommendations for the use of fluoride preparations in preventing dental decay.

The recommendations now being adopted have followed consultation with the Fluoridation Advisory Committee, the New Zealand Dental Association, the University of Otago School of Dentistry, and the New Zealand Plunket Society.

The increasing use of fluorides, and particularly the use of toothpastes containing fluoride, for the prevention of dental caries, has prompted the review. Fluoridation of water was established as a means of preventing decay in New Zealand in the 1950s. Fluoride tablets were introduced for use in areas where fluoridated water is not available. In addition to these measures, the use of fluoride toothpaste has become widespread in recent years.

Because of the increased availability of fluoride from toothpastes, the Department is recommending smaller dosages of fluoride tablets for young children. It is emphasised however, that at the dosage levels previously recommended, there is no suggestion of any problem other than the possibility of some mild enamel opacities.

Recommendations

Fluoridated Water

The Department of Health endorses the fluoridation of public water supplies as a proven health measure and the most effective single known means of preventing dental caries on a community basis.

Fluoride Tablets

For children living in areas without water fluoridation, the Department recommends the use of fluoride tablets where the water supply is known to contain less than 0.3 parts per million of fluoride:

6 months– 2 years—0.25 mg fluoride daily

2 years– 4 years—0.5 mg fluoride daily

4 years–14 years—1.0 mg fluoride daily

There is no proven benefit to nursing infants or their mothers, or to infants under 6 months of age and fluoride tablets are not advocated for these groups.

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(Explanatory note: there is no firm evidence of benefit from use of fluoride tablets by pregnant women, and in line with the Department's general advice that unnecessary tablets should be avoided during gestation, it is considered fluoride tablets should not be taken during pregnancy.)

Fluoride Toothpastes

The Department recommends the use of fluoride toothpastes by all dentate individuals. For young children 5 mm of toothpaste (the size of a small pea) is all that is required.

Other Fluoride Preparations

The use of fluoride preparations in a variety of forms for topical application, is an effective means of reducing the incidence of tooth decay. It is desirable that dentists and school dental nurses should consider appropriate fluoride measures for their individual patients. For school dental nurses these may include the professional use of preparations containing fluoride and advice on the use of tablets. Dentists may in addition, prescribe other fluoride preparations for home use by the patient.

The home use of fluoride preparations other than tablets or toothpastes is undesirable unless prescribed by a dentist.

Use of Fluoride Tablets

Manufacturers of fluoride tablets have been informed of the recommended dosages. It is understood that tablets containing 0.5 mg fluoride should be available in October. These tablets may be cut in half to provide 0.25 mg fluoride.

Fluoride tablets are not considered necessary for children living in homes where the water supply contains 0.3 ppm or more fluoride. They are therefore not recommended in such cases. It is suggested that families with domestic bore water supplies should be advised to consult the local district health office to ascertain the fluoride levels of their water.

BREAST PROSTHESIS BENEFIT

The subsidy payable on an initial breast prosthesis has been increased from \$40 to \$80 in respect of those women who have undergone a mastectomy on or after 1 August 1983. This change should enable the purchase of a higher quality prosthesis. The annual benefit for a replacement prosthesis remains at \$40 and, as before, may be accumulated.

ELIGIBILITY FOR HEALTH BENEFITS—TEMPORARY RESIDENTS

Some problems have arisen recently concerning temporary residents of New Zealand, who must demonstrate the ability as well as the intention to remain in New Zealand for 2 years in order to be eligible for any health benefits. Examples of such persons would be overseas tradesmen, engineers or students.

The following policy has been established after consultation with the Department of Labour.

"Eligibility for New Zealand health benefits exists only where a person can demonstrate both the ability and intention to remain in New Zealand for a minimum period of 2 years. Temporary residents of New Zealand

or visitors to New Zealand are not ordinarily eligible for health benefits (except for persons who are nationals of the United Kingdom). Most people admitted on a temporary basis remain in New Zealand for less than 2 years. In the few cases where temporary residence is permitted for 2 years or more, there will have been negotiation on the matter with the Department of Labour, and documentary evidence of the person's intention and likely ability to remain in the country for 2 years will be available."

A certificate from the employing company, educational institute, etc., showing the date of arrival in New Zealand and the length of employment or stay envisaged would be acceptable as evidence that the patient is entitled to health benefits.

In any case where doubt exists, a request to confirm eligibility for health benefits should be sent to the Medical Officer of Health.

Doctors are reminded that the term health benefits does not refer only to GMS; it means all benefits—pharmaceutical, laboratory, hospital, etc.

DALKON SHIELD IUCD

The risk of pelvic inflammatory disease with a Dalkon Shield has been shown to be five times higher than with other IUCDs.

Medical practitioners were advised by letter in 1980 that the manufacturer recommended removal of all Dalkon Shields and testing of the removed device for actinomyces infection. If recent United States experience is anything to go by, there will still be some women who have not yet had the device removed.

Although few women will now have a Dalkon Shield in situ, if any patient is found to be still using one she should be persuaded to have it removed and the risks explained.

PAYMENT OF HEALTH BENEFITS

The Department has recently reviewed the administration of health benefits. As a result it has been decided to consolidate the clerical processing and payment functions which are now undertaken in district health offices. The initial step will be to process the claims of all South Island practitioners in Christchurch. This will be progressively achieved through the period 1 September 1983 to 31 March 1984.

Similar moves for the processing of the claims of North Island practitioners will be implemented during 1984–85 once the experience gained in Christchurch has been evaluated.

Medical officers of health and Principal Dental officers will retain a controlling role in the administration of health benefits. The local district health office will, therefore, continue to be the point of reference and decision for both practitioners and the public in respect of any queries about entitlements, policies and procedures.

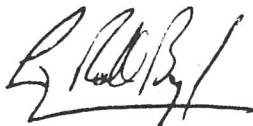
No firm timetable has been set for achieving these changes and practitioners will be advised individually about any changes affecting them. In the meantime practitioners should continue to submit claims to their local office in the usual way.

In addition, because of the particular nature of laboratory services benefits, the payment of this benefit for all laboratories will be centred on Wellington.

The New Zealand Medical Association and the New Zealand Dental Association have been advised of these changes.



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