Understanding Fluorosis: Implications for Dental and General Health

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Abstract: Fluorosis, a condition resulting from excessive fluoride intake during tooth development, presents a significant concern for dental and general health. This paper explores the multifaceted impact of fluorosis, encompassing its effects on dental health, such as enamel fluorosis and dental caries, as well as its potential systemic consequences, including skeletal fluorosis and neurotoxicity. Understanding the mechanisms underlying fluorosis and its interactions with various bodily systems is crucial for effective prevention and management strategies. Moreover, this paper highlights the importance of balancing the benefits of fluoride in dental health with the risks posed by excessive exposure. By examining the latest research findings, this paper aims to provide insights into the complexities of fluorosis and its implications for both dental and overall well-being.

Keywords: Fluorosis, Dental health, General health, Enamel fluorosis, Dental caries, Skeletal fluorosis, Neurotoxicity, Fluoride exposure, Prevention, Management strategies.

1. Introduction:

Fluorosis, a condition resulting from prolonged exposure to high levels of fluoride during tooth development, has long been recognized as a significant public health concern worldwide. While fluoride is well-known for its role in dental health, contributing to the prevention of dental caries and the promotion of enamel strength, excessive intake can lead to adverse effects on both dental and general health. This introduction provides an overview of fluorosis, its historical context, epidemiology, etiology, and the multifaceted impact it poses on dental and general health.

- Historical Context: The recognition of fluoride's role in dental health dates back to the early 20th century when studies found lower rates of dental caries in communities with naturally occurring fluoride in their water supplies. This discovery led to the implementation of community water fluoridation programs aimed at improving dental health on a population level. However, as the understanding of fluoride's effects deepened, concerns regarding potential adverse effects, particularly fluorosis, emerged.
- 2. Epidemiology: Fluorosis is prevalent globally, with varying degrees of severity observed in different regions depending on factors such as fluoride concentration in water sources, dietary habits, and fluoride exposure from other sources such as dental products and industrial pollutants. While mild forms of fluorosis are relatively common, severe cases are less prevalent but can have profound implications for affected individuals' quality of life.
- 3. Etiology: The primary cause of fluorosis is the excessive intake of fluoride during the critical period of tooth development, typically during childhood. Sources of fluoride exposure include drinking water, fluoridated dental products, certain foods and beverages, and environmental pollutants. The severity of fluorosis depends on the duration,

concentration, and timing of fluoride exposure, as well as individual factors such as age, nutritional status, and genetic predisposition.

- 4. Impact on Dental Health: Fluorosis manifests primarily as a cosmetic issue, with characteristic changes in tooth enamel ranging from white streaks or specks to brown discoloration and surface irregularities. While mild forms of fluorosis may have minimal impact on dental function, severe cases can compromise aesthetics, leading to psychological distress and social stigma. Moreover, fluorosis can increase susceptibility to dental caries due to alterations in enamel structure and reduced resistance to acid erosion.
- 5. Impact on General Health: Beyond its effects on dental health, fluorosis has been associated with systemic health implications, particularly in cases of chronic exposure to high levels of fluoride. Skeletal fluorosis, characterized by bone and joint abnormalities, is a well-documented consequence of long-term fluoride ingestion. Additionally, emerging evidence suggests potential neurotoxic effects of fluoride, raising concerns regarding its impact on cognitive function and neurodevelopment, especially in vulnerable populations such as children.
- 6. Research Objectives: Given the complex nature of fluorosis and its implications for both dental and general health, there is a critical need for further research to elucidate its mechanisms, risk factors, and optimal prevention and management strategies. This paper aims to review the current state of knowledge regarding fluorosis, synthesizing evidence from epidemiological studies, experimental research, and clinical observations to provide insights into its etiology, pathogenesis, clinical manifestations, and public health implications.

Fluorosis represents a complex interplay between dental health, environmental factors, and systemic health outcomes. By understanding the underlying mechanisms of fluorosis and its broader implications, healthcare professionals can develop targeted interventions to mitigate its impact on individuals and populations. This paper seeks to contribute to the ongoing discourse on fluorosis, fostering interdisciplinary collaboration and informing evidence-based approaches to prevention, diagnosis, and treatment.

2. Impact of Fluorosis

A. Impact on Dental Health

- 1. Clinical Manifestations
 - Changes in Enamel Appearance: Fluorosis primarily affects the appearance of teeth, with clinical manifestations ranging from white streaks or spots to brown discoloration and surface irregularities. These changes are often categorized based on severity, from mild to severe, depending on the extent of enamel damage.
 - Aesthetic Concerns: Severe cases of fluorosis can have significant aesthetic implications, leading to embarrassment, social stigma, and negative impacts on self-esteem and quality of life. Individuals may experience psychological distress and seek cosmetic interventions to improve the appearance of affected teeth.
 - Functional Implications: While mild fluorosis may have minimal impact on dental function, severe cases can compromise tooth structure and integrity, increasing susceptibility to mechanical wear, fracture, and dental decay. Enamel defects associated with fluorosis may also contribute to sensitivity and discomfort.

- 2. Relationship with Dental Caries
 - Enamel Structure and Caries Risk: Contrary to conventional wisdom, severe forms of fluorosis can paradoxically increase the risk of dental caries despite the presence of fluoride-induced enamel hypomineralization. Structural defects in fluorotic enamel, such as porous areas and surface irregularities, provide additional sites for bacterial adherence and plaque accumulation, promoting the development of carious lesions.
 - Complex Interactions: The relationship between fluorosis and dental caries is multifaceted, influenced by various factors such as fluoride exposure levels, individual susceptibility, oral hygiene practices, and dietary habits. While fluoride has well-established cariostatic properties at optimal concentrations, excessive fluoride intake leading to fluorosis may exacerbate caries risk in certain contexts.

B. Impact on General Health

- 1. Skeletal Fluorosis
 - Bone and Joint Abnormalities: Chronic exposure to high levels of fluoride can lead to skeletal fluorosis, a debilitating condition characterized by skeletal deformities, joint stiffness, and increased fracture risk. Fluoride accumulation in bone tissue alters bone metabolism and mineralization, resulting in structural abnormalities such as osteosclerosis, osteoporosis, and calcification of ligaments and tendons.
 - Functional Impairments: Skeletal fluorosis can cause significant pain, mobility limitations, and disability, impairing affected individuals' quality of life and

socioeconomic productivity. Severe cases may necessitate surgical interventions and supportive care to manage symptoms and prevent complications.

- 2. Neurotoxicity
 - Cognitive Impacts: Emerging evidence suggests potential neurotoxic effects of fluoride, particularly in cases of developmental exposure during early childhood. Animal studies have demonstrated adverse effects on cognitive function, learning, and memory following fluoride exposure, raising concerns about its impact on human neurodevelopment.
 - Neurobehavioral Outcomes: Epidemiological studies have reported associations between fluoride exposure and neurobehavioral outcomes, including reduced IQ scores, attention deficits, and behavioral abnormalities. While the mechanisms underlying fluoride-induced neurotoxicity remain incompletely understood, several hypotheses have been proposed, including alterations in neurotransmitter systems, oxidative stress, and disruption of thyroid hormone function.

III. Mechanisms of Fluorosis

A. Absorption and Metabolism of Fluoride

Gastrointestinal Absorption: Fluoride is primarily absorbed in the gastrointestinal tract, with absorption rates influenced by factors such as the chemical form of fluoride, gastric pH, and the presence of other dietary components. Ingested fluoride can readily cross the intestinal epithelium and enter the bloodstream, where it is distributed to various tissues and organs throughout the body.

- Renal Excretion: The kidneys play a crucial role in regulating fluoride levels in the body through urinary excretion. Excess fluoride not incorporated into bone or teeth is eliminated via the kidneys, with urinary fluoride excretion reflecting recent fluoride intake. Renal function and urinary pH can affect fluoride excretion rates, influencing systemic fluoride levels and susceptibility to fluorosis.
- Metabolic Fate: Once absorbed, fluoride undergoes metabolic transformations in the body, including binding to plasma proteins, accumulation in mineralized tissues such as bone and teeth, and incorporation into hydroxyapatite crystals during enamel and bone formation. However, excessive fluoride intake can overwhelm the body's capacity for metabolic clearance, leading to systemic accumulation and the development of fluorosis.

B. Effects on Enamel Development

- Enamel Formation: Fluoride plays a critical role in enamel development, promoting remineralization and enhancing enamel resistance to acid demineralization. During tooth development, fluoride ions interact with hydroxyapatite crystals in the developing enamel matrix, forming fluorapatite, which is more resistant to acid dissolution. This process strengthens the enamel structure and reduces susceptibility to dental caries.
- Disruption of Enamel Maturation: Despite its beneficial effects on enamel mineralization, excessive fluoride exposure during tooth development can disrupt the normal process of enamel maturation, leading to the formation of hypomineralized enamel with altered physical properties. Fluorotic enamel may exhibit defects such as porosity, hypoplasia, and surface irregularities, compromising its structural integrity and aesthetic appearance.

 Molecular Mechanisms: The molecular mechanisms underlying fluoride-induced enamel defects involve complex interactions between fluoride ions, enamel-forming cells (ameloblasts), and mineralization regulators. Fluoride interferes with enzymatic processes involved in enamel matrix formation and mineral deposition, disrupting the balance between mineralization and protein matrix organization, and leading to enamel hypomineralization characteristic of fluorosis.

C. Systemic Effects of Chronic Fluoride Exposure

- Skeletal Effects: Chronic exposure to high levels of fluoride can have systemic consequences beyond the oral cavity, particularly on skeletal health. Fluoride accumulates in bone tissue over time, altering bone metabolism and mineralization processes. Skeletal effects of fluoride include increased bone density (osteosclerosis), decreased bone strength, and increased fracture risk, particularly in weight-bearing bones.
- Endocrine Disruption: Fluoride has been implicated in disrupting endocrine function, particularly the thyroid gland, which plays a critical role in regulating metabolism and skeletal development. Fluoride-induced alterations in thyroid hormone levels and function can affect bone turnover, calcium homeostasis, and overall skeletal health, contributing to skeletal fluorosis.
- Systemic Toxicity: High levels of fluoride can exert toxic effects on various organs and tissues in the body, including the kidneys, liver, and central nervous system. Chronic fluoride exposure has been associated with renal dysfunction, hepatotoxicity, and neurotoxicity, raising concerns about its impact on overall health and well-being.

IV. Diagnosis and Assessment

A. Clinical Examination

- Visual Inspection: Clinical examination is the primary method for diagnosing fluorosis and assessing its severity. Dentists typically perform a visual inspection of the teeth, looking for characteristic signs of fluorosis, including white streaks, spots, or brown discoloration on the enamel surface. The extent and distribution of fluorotic lesions are evaluated to determine the severity of fluorosis.
- Classification Systems: Various classification systems have been developed to categorize fluorosis based on clinical appearance and severity. The Dean's Fluorosis Index and the Thylstrup and Fejerskov Index are commonly used to classify fluorosis lesions according to their extent, opacity, and surface texture, providing standardized criteria for clinical diagnosis and research purposes.
- Differential Diagnosis: Clinical examination also involves distinguishing fluorosis from other dental conditions that may present similar symptoms, such as dental caries, developmental enamel defects, and traumatic injuries. Careful examination and patient history help differentiate fluorosis from other etiologies and guide appropriate management decisions.

B. Diagnostic Imaging

 Radiographic Assessment: Diagnostic imaging techniques, such as dental radiography, can complement clinical examination by providing detailed information about the internal structure of teeth affected by fluorosis. Intraoral radiographs, including bitewing and periapical views, allow visualization of enamel defects, enamel thickness, and underlying dentin morphology, aiding in the diagnosis and assessment of fluorosis severity.

- Quantitative Methods: Advanced imaging modalities, such as micro-computed tomography (micro-CT) and quantitative light-induced fluorescence (QLF), offer quantitative assessments of enamel mineral density, porosity, and fluorescence characteristics associated with fluorosis. These techniques provide valuable insights into the structural and biochemical changes occurring in fluorotic enamel, facilitating objective measurement and monitoring of fluorosis progression.
- Limitations and Considerations: While diagnostic imaging can enhance the accuracy of fluorosis diagnosis and assessment, it has limitations, including radiation exposure, cost, and availability. Furthermore, imaging findings should be interpreted in conjunction with clinical findings and patient history to ensure accurate diagnosis and appropriate management.

C. Biomarkers of Fluoride Exposure

- Biological Samples: Biomarkers of fluoride exposure, such as urine, blood, and saliva samples, offer non-invasive methods for assessing systemic fluoride levels and monitoring fluoride intake. Urinary fluoride excretion reflects recent fluoride exposure, whereas blood fluoride levels provide information about systemic fluoride absorption and distribution. Salivary fluoride concentrations correlate with fluoride levels in oral fluids and can indicate topical fluoride exposure from dental products.
- Analytical Techniques: Biomarker analysis typically involves laboratory methods, such as ion-selective electrode (ISE) measurement, fluoride ion chromatography, and spectrophotometry, for quantifying fluoride concentrations in biological samples. These

analytical techniques provide sensitive and specific measurements of fluoride levels, allowing for precise assessment of fluoride exposure and its potential health implications.

 Clinical Utility: Biomarkers of fluoride exposure have clinical utility in epidemiological studies, occupational health monitoring, and individual risk assessment. By identifying populations with elevated fluoride exposure levels and assessing individual susceptibility to fluorosis, biomarker analysis informs targeted interventions for prevention and management of fluorosis, promoting oral and systemic health.

Prevention and Management Strategies

A. Community Water Fluoridation Community water fluoridation is a public health intervention aimed at optimizing fluoride levels in drinking water to prevent dental caries and promote oral health on a population level. Water fluoridation involves adjusting fluoride concentrations in public water supplies to reach optimal levels recommended for caries prevention (typically 0.7 to 1.2 parts per million). This preventive measure benefits individuals of all ages, regardless of socioeconomic status, education level, or access to dental care, by providing a continuous, low-cost source of fluoride exposure.

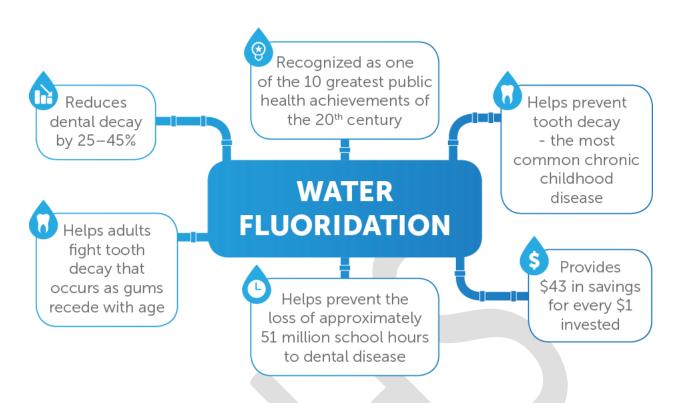


Figure 1 Water Fluoridation Community

Mechanism of Action: Fluoride in drinking water acts topically on tooth surfaces, enhancing remineralization and inhibiting demineralization of enamel, thereby reducing the risk of dental caries. Community water fluoridation also benefits underserved populations and communities with limited access to preventive dental care, contributing to health equity and reducing oral health disparities.

Public Health Impact: Community water fluoridation is recognized as one of the most effective public health measures for preventing dental caries, with substantial evidence supporting its safety, efficacy, and cost-effectiveness. Numerous studies have demonstrated significant reductions in caries prevalence and severity in fluoridated communities compared to non-fluoridated areas, resulting in substantial savings in dental treatment costs and improved oral health outcomes.

B. Dental Products and Fluoride Supplementation Dental products containing fluoride, such as fluoridated toothpaste, mouthwash, and professional fluoride treatments, play a crucial role in

preventing dental caries and maintaining oral health. Fluoride toothpaste is widely recommended for daily oral hygiene practices, providing topical fluoride exposure to strengthen enamel and inhibit bacterial acid production. Additionally, fluoride mouthwash and professionally applied fluoride varnishes or gels offer supplemental fluoride delivery for individuals at higher risk of caries, such as children, seniors, and individuals with compromised oral health.

Fluoride supplementation may be recommended for individuals residing in non-fluoridated areas or with inadequate fluoride exposure from drinking water sources. Fluoride supplements, typically in the form of tablets, drops, or lozenges, are prescribed by healthcare providers based on individual fluoride needs and risk factors for caries development. Proper dosage and administration of fluoride supplements are essential to prevent overdosing and minimize the risk of fluorosis.

C. Environmental Regulation and Public Health Policies Environmental regulation and public health policies play a critical role in ensuring safe and equitable access to fluoride for caries prevention while minimizing the risk of fluorosis and other adverse health effects. Regulatory agencies, such as the Environmental Protection Agency (EPA) in the United States, establish guidelines and standards for fluoride levels in drinking water, food, air, and consumer products to protect public health and environmental quality.

Monitoring and Surveillance: Continuous monitoring of fluoride levels in water supplies and environmental matrices is essential for assessing exposure levels, identifying sources of contamination, and implementing corrective measures as needed. Public health surveillance systems track dental caries prevalence, fluorosis rates, and other oral health indicators to evaluate the effectiveness of prevention programs and inform policy decisions. Stakeholder Engagement: Collaborative efforts involving government agencies, dental professionals, community organizations, advocacy groups, and the public are essential for promoting evidence-based fluoride policies, fostering public awareness, and addressing concerns about fluoride safety and efficacy. Stakeholder engagement facilitates transparent communication, community participation, and shared decision-making in fluoride-related initiatives, ensuring accountability and trust in public health interventions.

D. Treatment Approaches for Dental Fluorosis Dental fluorosis treatment aims to improve the aesthetic appearance of fluorotic enamel and restore dental function while preserving tooth structure and integrity. Treatment options vary depending on the severity and extent of fluorosis lesions, patient preferences, and clinical considerations.



"Moderate"

"Severe"

Figure 2 Treatment Approaches for Dental Fluorosis

Conservative Measures: Mild to moderate cases of fluorosis may be managed conservatively with non-invasive interventions such as microabrasion, enameloplasty, and tooth whitening procedures. Microabrasion involves removing superficial enamel stains using a mild abrasive agent, while enameloplasty reshapes and polishes affected enamel surfaces to improve aesthetics. Tooth whitening treatments, including professional bleaching agents or over-the-counter whitening products, can lighten intrinsic discoloration caused by fluorosis.

Restorative Techniques: Severe cases of fluorosis with significant enamel defects may require restorative interventions to rebuild tooth structure and enhance aesthetics. Restorative techniques such as composite resin bonding, veneers, crowns, or inlays/onlays can effectively mask discoloration, fill enamel defects, and restore tooth morphology. These procedures involve bonding tooth-colored restorative materials to affected enamel surfaces, providing durable and esthetic results.

Comprehensive Treatment Planning: Successful management of dental fluorosis involves comprehensive treatment planning tailored to individual patient needs, including considerations for long-term maintenance, oral hygiene practices, and preventive measures to prevent recurrence of fluorosis lesions. Dental professionals collaborate with patients to develop personalized treatment plans, educate them about available options, and address any concerns or expectations related to fluorosis treatment.

E. Public Health Education and Awareness Public health education and awareness initiatives play a crucial role in promoting oral health literacy, empowering individuals to make informed decisions about fluoride use, and fostering community support for preventive measures. Educational campaigns target diverse audiences, including parents, caregivers, educators, healthcare providers, policymakers, and the general public, to raise awareness about the benefits of fluoride in caries prevention, proper oral hygiene practices, and the importance of regular dental care. Key Messages: Public health education efforts emphasize evidence-based information about fluoride safety, efficacy, and recommended fluoride intake levels for different age groups. Messages highlight the importance of fluoride in strengthening enamel, reducing caries risk, and improving oral health outcomes, while dispelling myths and misconceptions about fluoride toxicity and fluorosis.

School-Based Programs: School-based oral health promotion programs integrate fluoride education into school curricula, providing students with age-appropriate resources, interactive activities, and preventive interventions to promote oral health behaviors and encourage positive attitudes toward fluoride use. These programs empower children and adolescents to adopt healthy habits, such as brushing with fluoride toothpaste, attending regular dental check-ups, and making healthy dietary choices to support optimal oral health throughout life.

Community Engagement: Community-based initiatives engage local stakeholders, community leaders, and grassroots organizations in collaborative efforts to address oral health disparities, promote equitable access to fluoride resources, and advocate for policies supporting water fluoridation and other evidence-based interventions. Community forums, workshops, and outreach events facilitate dialogue, knowledge sharing, and collective action to improve oral health outcomes and reduce the burden of dental disease across diverse populations.

Conclusion:

Fluorosis, stemming from excessive fluoride intake, poses significant challenges to dental and general health. This paper has provided a comprehensive examination of fluorosis, exploring its impact on dental health, general health, underlying mechanisms, diagnosis, prevention, and management strategies. Fluorosis manifests as enamel discoloration and structural defects,

impacting aesthetics, function, and susceptibility to dental caries. Beyond the oral cavity, fluorosis can lead to skeletal abnormalities and potential neurotoxic effects, highlighting the systemic implications of fluoride exposure. Understanding the mechanisms of fluorosis, including absorption, enamel development, and systemic effects, is essential for effective prevention and management.

Diagnosis of fluorosis relies on clinical examination, diagnostic imaging, and biomarker analysis to assess severity and guide treatment decisions. Prevention strategies encompass community water fluoridation, dental products, environmental regulation, and public health policies, emphasizing the importance of safe fluoride exposure levels and equitable access to preventive measures. Management approaches for dental fluorosis range from conservative techniques to restorative interventions, tailored to individual patient needs and preferences.

Public health education and awareness initiatives play a vital role in promoting oral health literacy, dispelling misconceptions about fluoride, and empowering individuals and communities to make informed decisions about fluoride use and preventive care. Collaborative efforts among stakeholders, including healthcare professionals, policymakers, educators, and community leaders, are essential for advancing evidence-based fluoride policies and initiatives to improve oral health outcomes and reduce the burden of fluorosis on populations worldwide. Addressing the complex challenges posed by fluorosis requires a multifaceted approach integrating research, education, policy, and community engagement. By working together to promote optimal fluoride exposure levels, enhance oral health literacy, and ensure access to quality dental care, we can mitigate the impact of fluorosis and promote oral and systemic health for all.

Future Work:

Despite significant progress in understanding fluorosis, several areas warrant further investigation to advance knowledge, improve prevention strategies, and enhance patient care. Future research efforts may focus on the following areas:

- Mechanistic Studies: Elucidating the molecular mechanisms underlying fluoride's effects on enamel development, bone metabolism, and systemic health is essential for developing targeted interventions and identifying novel therapeutic targets for fluorosis prevention and treatment.
- 2. Biomarkers of Susceptibility: Investigating genetic, epigenetic, and environmental factors influencing individual susceptibility to fluorosis can provide insights into personalized risk assessment, early detection, and tailored interventions for at-risk populations.
- 3. Risk Assessment and Management: Developing comprehensive risk assessment models and decision support tools for evaluating fluoride exposure levels, assessing fluorosis risk, and guiding preventive measures can inform public health policies and clinical practice guidelines.
- 4. Intervention Effectiveness: Evaluating the effectiveness, cost-effectiveness, and long-term outcomes of fluoride interventions, such as community water fluoridation, dental products, and educational programs, can provide evidence-based recommendations for optimizing fluoride use and improving oral health outcomes.
- 5. Health Equity and Access: Addressing disparities in fluoride access, utilization, and outcomes among underserved populations, including low-income communities, rural areas, and minority groups, requires targeted interventions, culturally sensitive approaches, and community-engaged research initiatives.

- 6. Environmental Monitoring: Enhancing environmental surveillance and monitoring systems to track fluoride levels in water, food, air, and consumer products can provide early warning signs of potential exposures and inform regulatory actions to protect public health and environmental quality.
- 7. Interdisciplinary Collaboration: Fostering interdisciplinary collaboration among researchers, clinicians, policymakers, educators, and community stakeholders is essential for translating research findings into practice, implementing evidence-based interventions, and addressing complex challenges posed by fluorosis.

By prioritizing these areas of future work and fostering collaboration across disciplines and sectors, we can advance scientific understanding, improve preventive strategies, and promote oral and systemic health for individuals and communities affected by fluorosis.

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