Why the Fluoride Supplement Chart?

APPENDICES

DIETARY FLUORIDE SUPPLEMENTATION SCHEDULE FOR CHILDREN AND ADOLESCENTS AT HIGH RISK FOR DEVELOPING CARIES

	Fluoride Ion Level in Drinking Water[a]		
Age	**< 0.3 ppm**	**0.3–0.6 ppm**	**> 0.6 ppm**
Newborn–6 months	None	None	None
6 months–3 years	0.25 mg/day[b]	None	None
3–6 years	0.50 mg/day	0.25 mg/day	None
6–16 years	1.0 mg/day	0.50 mg/day	None

[a]1.0 ppm = 1 mg/L.
[b]2.2 mg sodium fluoride contains 1 mg fluoride ion.
Reproduced with permission from the American Dental Association from *ADA Guide to Dental Therapeutics* (2nd ed.).

Absurdity of the Fluoride Supplementation Chart

Dietary Fluoride Supplementation is the ingestion of *sodium fluoride* in pill form using a pharmaceutical grade drug. The CDC has stated that fluoride's action is primarily *topical* or on the *surface* of the tooth – *so why swallow it in pill form?* This type fluoride can only be administered by a doctor or dentist qualified to write prescriptions for drugs. Fluoride has never been tested and approved by the Food and Drug Administration for safety or effectiveness. That includes the types of fluoride used for water fluoridation. Strangely, you do not need a prescription or a dentist's advice to drink fluoridated tap water. But, you do if you use fluoride pills. Why?

The **chart** is basically a *recommendation* for parents who may live in areas that are not fluoridated to the *optimal level* recommended by the Oral Health Division of the Centers for Disease Control (CDC). The current recommendation for *optimal fluoridation* is .7 parts per million to 1.2 parts per million (ppm) depending on average local weather temperatures. It assumes that most people will drink about two liters of tap water per day (*simple logic will tell us that all individuals drink different amounts of tap water during the day*). So, local drinking water that is fluoridated above .6 ppm is optimally fluoridated and the CDC *does not* recommend any supplementation according to the chart.

However, if a parent checks and finds the local level of fluoride in drinking water is below .6 ppm (not optimal), they are then obligated to *supplement their child's fluoride intake* according to the schedule on the chart along with advice from their dentist. It is left up to the dentist or parent to check the local level of fluoride.

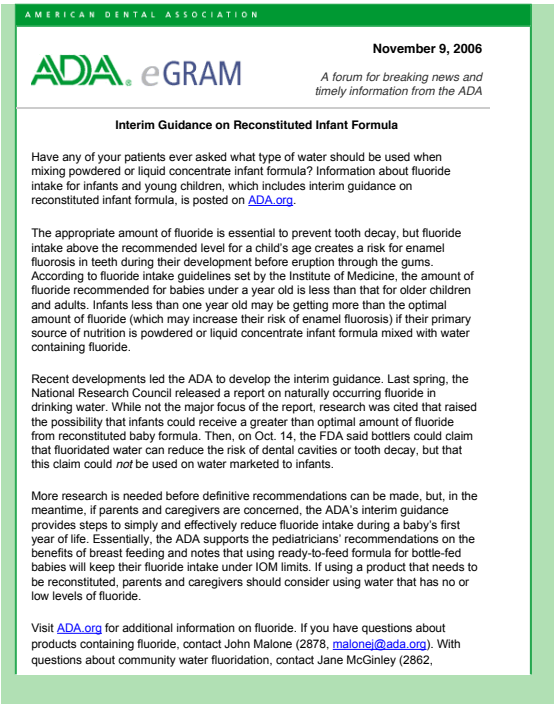
Chart example: if the local level of fluoride is *.3 to .6 ppm (not optimal)*, and the age of the child is *6 months to three years*, *NO supplementation* is recommended. But, if the child is *three to six years,* the chart recommends supplemental sodium fluoride pills equaling *.25 parts per million per day*. This is about the same amount of fluoride as in a glass of optimally fluoridated tap water.

Relatively few parents would go to the trouble to follow the chart or even understand it. And, poor parents are less likely to bring their child to a dentist for professional advice or service due to the cost.

Fluoridation really makes no sense. Before the science had even been proven, the policy was heavily promoted and put into practice by the early 1950's. Maintained by heavy investment in advertising, propaganda, ceaseless endorsements and lobbying of Congress and state legislatures using tax money from every state health department in the U.S. Most people in this country do not understand nor are they aware of the *adverse long-term health effects of fluoride on the human body*. Fluoride is actually a drug that is not approved by the FDA. It is a highly toxic pollution by product of the fertilizer and metal smelting industries placed into the drinking water of entire populations, *supposedly to prevent tooth decay*, with no informed consent, no prescription and no follow up by qualified medical personnel. Fluoridation is a bad medical practice and it is unethical. It is even more so when the practice is expected to have the same outcome for everyone regardless of age, gender, health condition, social environment or sensitivity to medications. So, why is that chart included on page 86?

On the face of it, the chart contained in **Bright Futures in Practice: Oral Health Pocket Guide** seems straightforward and logical until you look at why it came to be used by the dental industry in the first place. Although the practice of fluoridation has been in effect for over 70 years on a large percentage of the American population, the recommendation has always been controversial and the science does not support it. There are increasing numbers of communities and counties that simply do not fluoridate due to the expense or the recognition by informed public officials that fluoridation is not a good approach to the *nationwide epidemic of tooth decay*. The **supplementation chart** was developed as a solution for areas that have low or no fluoridation. In theory, the proponents claim that exposure to fluoride during the tooth development years reduces cavities later in life. In practice, the policy doesn't work. Further absurdity can be found by knowing ---------

In November 2006, the CDC and ADA issued a *warning about fluoride intake by infants*. The warning was difficult to find on their websites and not advertised nationally. So, most mothers never even heard about it.



AMERICAN DENTAL ASSOCIATION

ADA. eGRAM

November 9, 2006

A forum for breaking news and timely information from the ADA

Interim Guidance on Reconstituted Infant Formula

Have any of your patients ever asked what type of water should be used when mixing powdered or liquid concentrate infant formula? Information about fluoride intake for infants and young children, which includes interim guidance on reconstituted infant formula, is posted on ADA.org.

The appropriate amount of fluoride is essential to prevent tooth decay, but fluoride intake above the recommended level for a child's age creates a risk for enamel fluorosis in teeth during their development before eruption through the gums. According to fluoride intake guidelines set by the Institute of Medicine, the amount of fluoride recommended for babies under a year old is less than that for older children and adults. Infants less than one year old may be getting more than the optimal amount of fluoride (which may increase their risk of enamel fluorosis) if their primary source of nutrition is powdered or liquid concentrate infant formula mixed with water containing fluoride.

Recent developments led the ADA to develop the interim guidance. Last spring, the National Research Council released a report on naturally occurring fluoride in drinking water. While not the major focus of the report, research was cited that raised the possibility that infants could receive a greater than optimal amount of fluoride from reconstituted baby formula. Then, on Oct. 14, the FDA said bottlers could claim that fluoridated water can reduce the risk of dental cavities or tooth decay, but that this claim could *not* be used on water marketed to infants.

More research is needed before definitive recommendations can be made, but, in the meantime, if parents and caregivers are concerned, the ADA's interim guidance provides steps to simply and effectively reduce fluoride intake during a baby's first year of life. Essentially, the ADA supports the pediatricians' recommendations on the benefits of breast feeding and notes that using ready-to-feed formula for bottle-fed babies will keep their fluoride intake under IOM limits. If using a product that needs to be reconstituted, parents and caregivers should consider using water that has no or low levels of fluoride.

Visit ADA.org for additional information on fluoride. If you have questions about products containing fluoride, contact John Malone (2878, malonej@ada.org). With questions about community water fluoridation, contact Jane McGinley (2862,

The ADA warning essentially stated,

"If using a product (baby food) that needs to be reconstituted, parents and caregivers should consider using water that has no or low levels of fluoride."

In other words, parents should not use fluoridated tap water to prepare reconstituted baby food in order to avoid *excess exposure to fluoride* (fluorosis).

The **chart** establishes advice on how to supplement fluoride intake for parents who feel it is *absolutely necessary* to give their children fluoride.

The **chart** *does not give advice to parents who feel it is absolutely necessary to take fluoride out of their children's diet*. Those parents have NO CHOICE. They simply cannot use fluoridated tap water.

Further; On January 7th of 2011, the Department of Health and Human Services (HHS) announced that it would *propose a change in the recommendation for optimal fluoridation additive from the current .7 ppm to 1.2 ppm to a flat .7 ppm*. This was a response to a CDC report that *41 percent of children in the U. S. had some level of fluorosis*, a sign of excess exposure to fluoride (and internal damage as a result). Since HHS made that announcement, the "proposal" has not yet been instituted or made official.

Please contact: www.FluorideAlert.org for further information