

Frequently Asked Questions About Dental Sealants



Although preventable, tooth decay is a chronic disease affecting all age groups. In fact, it is the most common chronic disease of childhood.¹ Tooth decay, left untreated, can cause pain, tooth loss, and difficulty eating. Untreated decay and tooth loss can also have negative effects on an individual's self-esteem.

What are dental sealants?

Sealants are thin, plastic coatings painted on the chewing (occlusal) surfaces of the back teeth. Sealants are put on in dentists' offices, clinics, and sometimes in schools. Getting sealants put on is simple and painless. Sealants are painted on as a liquid and quickly harden to form a shield over the tooth.²

Did You Know?

In the U.S., tooth decay¹ affects:

- 18% of children ages 2–4
- 52% of children ages 6–8
- 61% of teenagers age 15

Which teeth are suitable for sealants?

Dental studies show that permanent first and second molars are the most likely to benefit from sealant application.³ First molars usually come into the mouth when a child is about 6 years of age. Second molars appear at about age 12. The dentist will determine if sealants are recommended for the patient. If sealants are recommended, it is best if the sealant is applied soon after the molars have erupted, before the teeth are subject to decay.

Why should my child get sealants?

Sealants help prevent tooth decay by creating a barrier between a tooth and decay-causing bacteria. Properly applied and maintained, sealants usually stop cavities from growing and can prevent the need for expensive fillings. Sealants are 100 percent effective if they are fully retained on the tooth.⁴ According to the Surgeon General's 2000 report on oral health, sealants have been shown to reduce decay by more than 70 percent.⁵ The combination of sealants and fluoride has the potential to nearly eliminate tooth decay in school age children.⁶

Should adults get sealants too?

In most cases, by the time an individual reaches adulthood, the occlusal surfaces of the teeth have been worn smooth, thereby reducing the chances for occlusal decay. Also, the majority of adults have had long-term exposure to fluoride through water, mouth rinses, and toothpaste, which also help protect the teeth from decay. Lastly, oral hygiene and diet tend to be better in adults than in children. For these reasons, MetLife does not recommend including sealants for adults as a dental benefit. However, it is important to remember that the dentist may, regardless of the patient's age, recommend sealants, based on the patient's oral health history and his or her risk for tooth decay.

¹ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. National Institute of Dental and Craniofacial Research, 2000.

² National Institute of Dental and Craniofacial Research, *Seal Out Tooth Decay*.

<http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/Sealants/SealOutToothDecay.htm>

³ U.S. Department of Health and Human Services, *Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism and Enamel Fluorosis—United States, 1988–1994 and 1999–2002*. Rockville, MD: National Center for Chronic Disease Prevention and Health Promotion.

⁴ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S., National Institute of Dental and Craniofacial Research, 2000.

⁵ National Institutes of Health (NIH). *Consensus Development Conference on Diagnosis and Management of Dental Caries Throughout Life*. Bethesda, MD. March 26–28, 2001. *Conference Papers*. *Journal of Dental Education* 65 (2001): 935–1179.

⁶ Kim S, Lehman AM, Siegal MD, Lemeshow S. *Statistical model for assessing the impact of targeted, school-based dental sealant programs on sealant prevalence among third graders in Ohio*. *Journal of Public Health Dentistry* 63 (Summer 2003): 195–199.