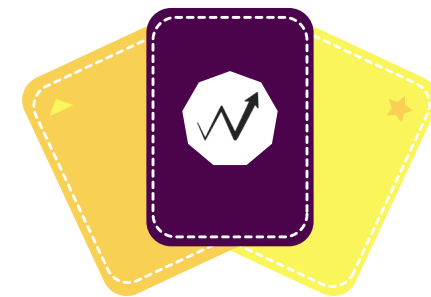


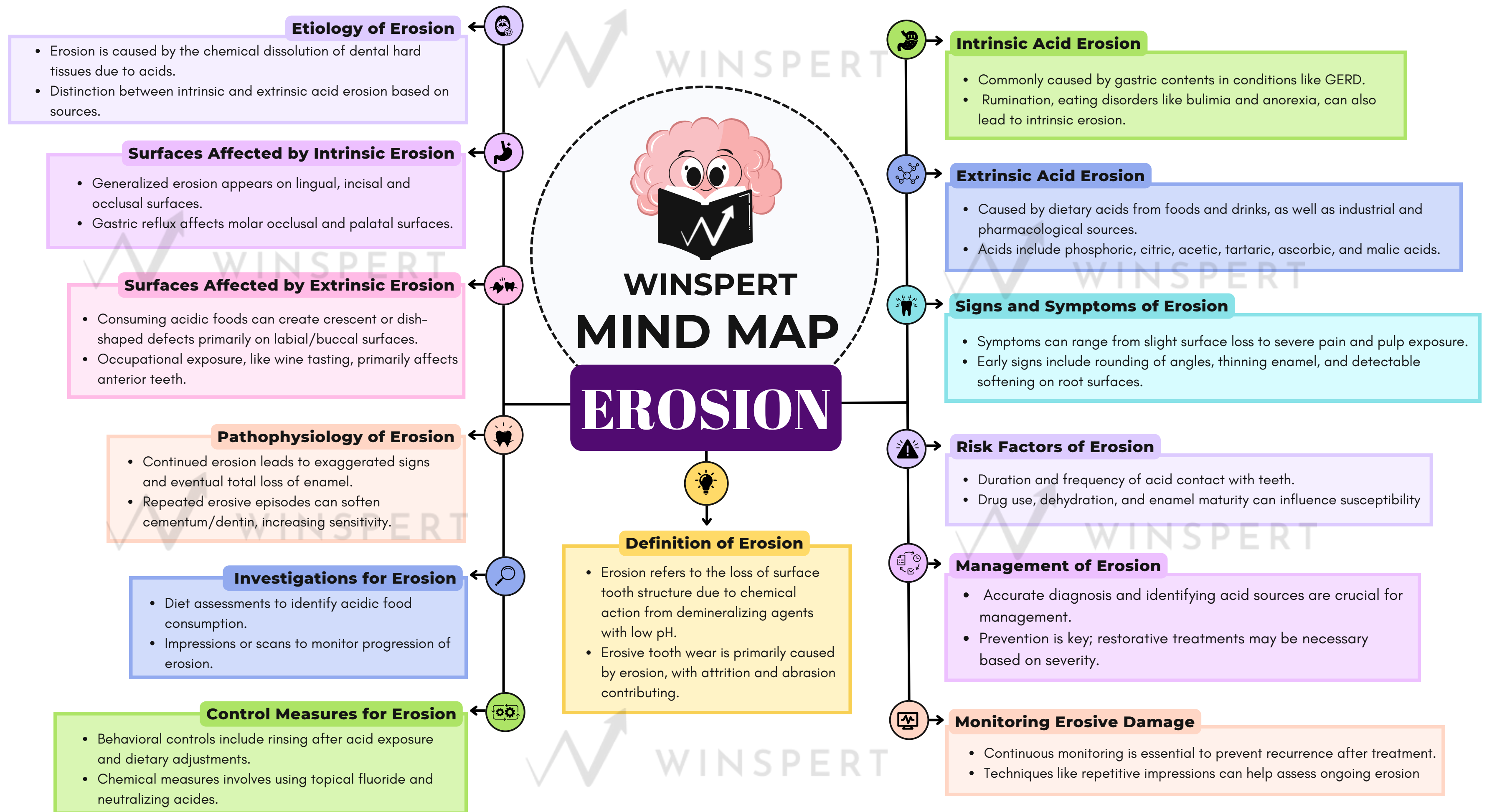
EROSION



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



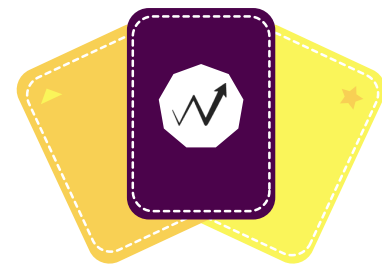


**WINSPERT
CUE CARDS**

EROSION

Question 1

What is the definition of erosion in dental terms?

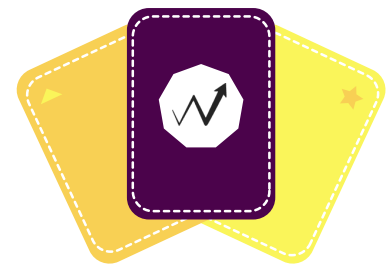


WINSPERT
CUE CARDS

EROSION

Answer 1

Erosion is defined as the loss of surface tooth structure by chemical action in the continued presence of demineralizing agents with low pH.

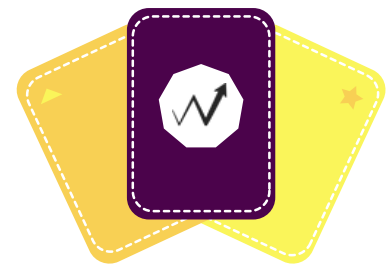


**WINSPERT
CUE CARDS**

EROSION

Question 2

What are the main processes involved in erosive tooth wear?



**WINSPERT
CUE CARDS**

EROSION

Answer 2

Erosive tooth wear involves the loss of dental hard tissues through the processes of erosion, attrition, and abrasion, with erosion being the dominant factor.



**WINSPERT
CUE CARDS**

EROSION

Question 3

**What is the primary cause
of intrinsic acid erosion?**



**WINSPERT
CUE CARDS**

EROSION

Answer 3

The primary cause of intrinsic acid erosion is the regurgitation of gastric contents into the mouth, commonly associated with gastroesophageal reflux disease (GERD), primarily involving hydrochloric acid.

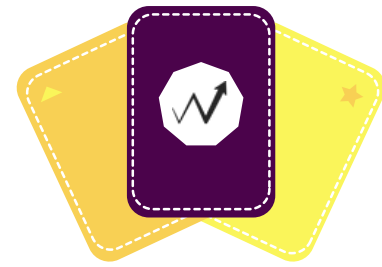


**WINSPERT
CUE CARDS**

EROSION

Question 4

What are some psychological disorders that can lead to intrinsic erosion?



**WINSPERT
CUE CARDS**

EROSION

Answer 4

Anorexia and bulimia nervosa are psychological disorders that can lead to intrinsic erosion, primarily due to regurgitation and self-induced vomiting.

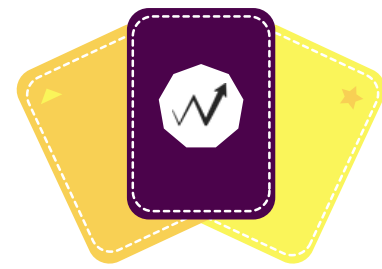


**WINSPERT
CUE CARDS**

EROSION

Question 5

How can extrinsic acid erosion occur?



**WINSPERT
CUE CARDS**

EROSION

Answer 5

Extrinsic acid erosion can occur from dietary sources, industrial exposure, or pharmacological means, involving the consumption of acidic foods, drinks, and medications.



**WINSPERT
CUE CARDS**

EROSION

Question 6

What surfaces are commonly affected by extrinsic erosion?



**WINSPERT
CUE CARDS**

EROSION

Answer 6

Extrinsic erosion commonly affects the labial or buccal surfaces of teeth exposed to acidic agents, as well as the occlusal surfaces of molars and palatal surfaces of upper molars due to medications.

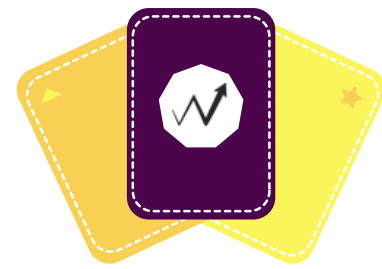


**WINSPERT
CUE CARDS**

EROSION

Question 7

What factors influence the risk of dental erosion?

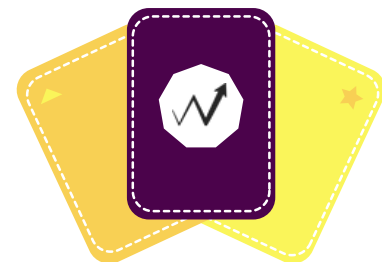


**WINSPERT
CUE CARDS**

EROSION

Answer 7

Factors influencing the risk of dental erosion include the duration of acid contact with teeth, frequency of contact, drug use, and the maturity of enamel.



**WINSPERT
CUE CARDS**

EROSION

Question 8

What is an important step in the management of dental erosion?



**WINSPERT
CUE CARDS**

EROSION

Answer 8

An important step in managing dental erosion is accurate diagnosis, identifying the acid source, and determining if the erosive process is ongoing.



**WINSPERT
CUE CARDS**

EROSION

Question 9

What should patients do immediately after an acid attack to control erosion?



**WINSPERT
CUE CARDS**

EROSION

Answer 9

Patients should rinse their mouths immediately after an acid attack with water, milk, or a fluoride mouth rinse, and avoid brushing for at least 30 minutes to allow salivary stabilization.



**WINSPERT
CUE CARDS**

EROSION

Question 10

**How can ongoing erosive
damage be monitored?**



**WINSPERT
CUE CARDS**

EROSION

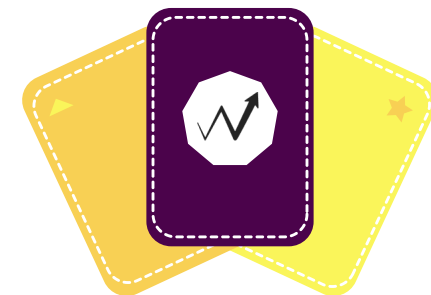
Answer 10

Ongoing erosive damage can be monitored through repetitive impressions of vulnerable teeth to assess loss of dimension with calipers, as well as placing a small circle of unfilled resin on the tooth surface to observe for enamel loss.

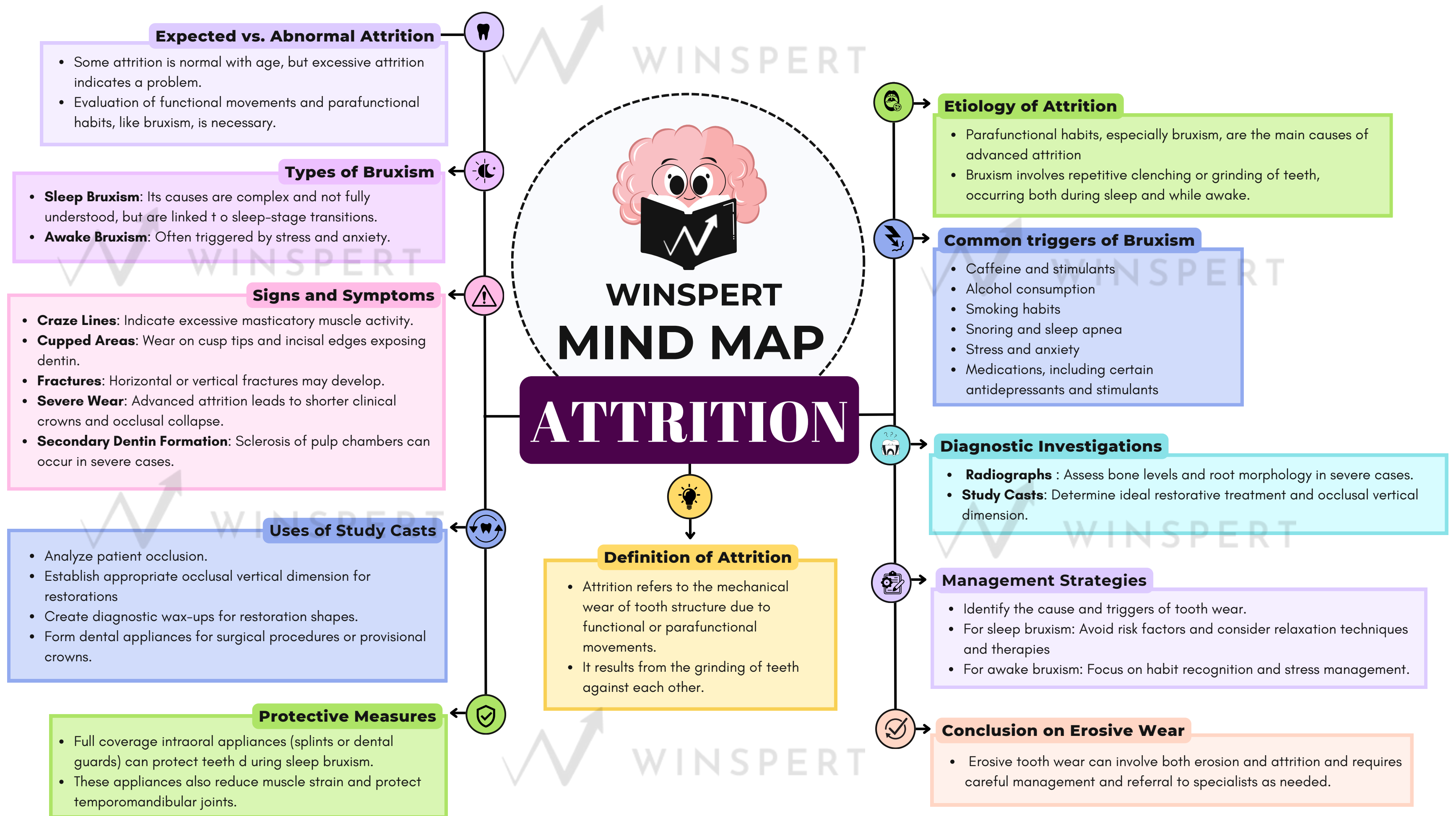
ATTRITION

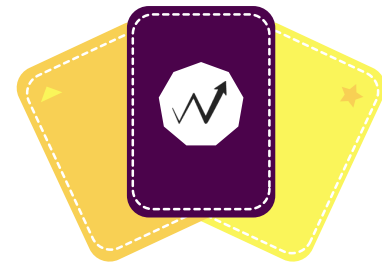


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



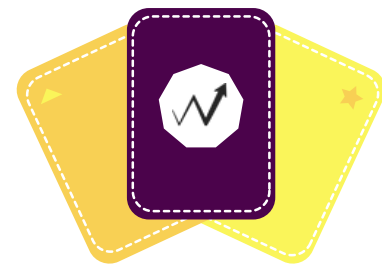


**WINSPERT
CUE CARDS**

ATTRITION

Question 1

**What is attrition in the
context of dental health?**



**WINSPERT
CUE CARDS**

ATTRITION

Answer 1

Attrition is the mechanical wear of occlusal or incisal tooth structure resulting from functional or parafunctional movements of the mandible, leading to the loss of dental hard tissues due to the grinding action of teeth against each other.



**WINSPERT
CUE CARDS**

ATTRITION

Question 2

**What are the main
causes of advanced
attrition?**



**WINSPERT
CUE CARDS**

ATTRITION

Answer 2

Advanced attrition is primarily caused by parafunctional habits such as tooth grinding, known as bruxism.



**WINSPERT
CUE CARDS**

ATTRITION

Question 3

**What is bruxism and when
does it occur?**



**WINSPERT
CUE CARDS**

ATTRITION

Answer 3

Bruxism is a repetitive activity involving teeth clenching, grinding, bracing, or thrusting of the mandible, which can occur both during sleep and while awake.



**WINSPERT
CUE CARDS**

ATTRITION

Question 4

**What are some common
triggers for bruxism?**



**WINSPERT
CUE CARDS**

ATTRITION

Answer 4

Common triggers for bruxism include caffeine, alcohol, smoking, snoring, obstructive sleep apnea, stress and anxiety, certain antidepressants, antipsychotics, and various stimulants like amphetamines and cocaine.

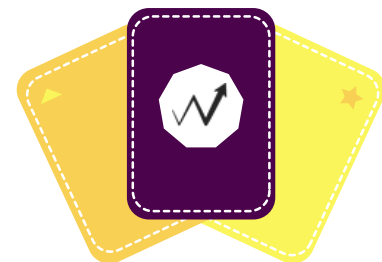


**WINSPERT
CUE CARDS**

ATTRITION

Question 5

**What signs and symptoms
might indicate the presence
of bruxism?**



**WINSPERT
CUE CARDS**

ATTRITION

Answer 5

Signs of bruxism may include craze lines in the enamel, cupped out areas on teeth, fractures, severe wear leading to reduced crown height, and signs of secondary dentine formation with pulp chamber sclerosis.

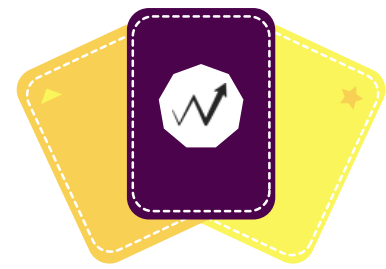


**WINSPERT
CUE CARDS**

ATTRITION

Question 6

**What types of investigations
can help assess erosive tooth
wear?**

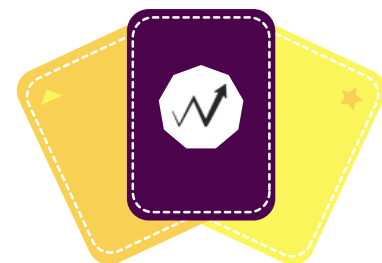


**WINSPERT
CUE CARDS**

ATTRITION

Answer 6

Investigations for erosive tooth wear may include radiographs to assess bone levels and root morphology, and maxillary and mandibular study casts to determine restorative treatment options.

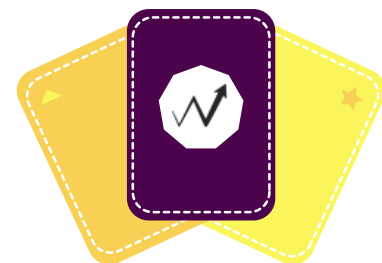


**WINSPERT
CUE CARDS**

ATTRITION

Question 7

**What is the first step in
managing cases of tooth
wear?**



**WINSPERT
CUE CARDS**

ATTRITION

Answer 7

The first step in managing tooth wear cases is to identify the cause and address any triggers related to the wear.



**WINSPERT
CUE CARDS**

ATTRITION

Question 8

How can sleep bruxism be managed?



**WINSPERT
CUE CARDS**

ATTRITION

Answer 8

Sleep bruxism can be managed by avoiding risk factors, utilizing relaxation techniques, hypnotherapy, biofeedback, cognitive behavioral therapy (CBT), and improving sleep hygiene.



**WINSPERT
CUE CARDS**

ATTRITION

Question 9

**What protective measures
can be taken against attrition
due to sleep bruxism?**

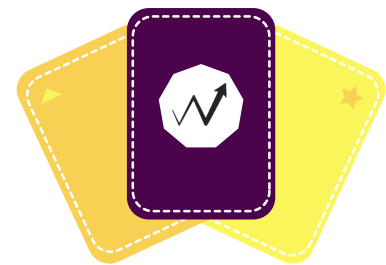


**WINSPERT
CUE CARDS**

ATTRITION

Answer 9

To protect against attrition during sleep bruxism, full coverage intraoral appliances (splints or dental guards) can be used, which help protect the teeth and reduce muscle strain on the temporomandibular joints.

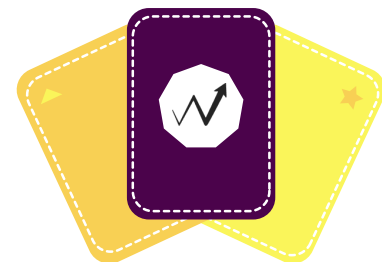


**WINSPERT
CUE CARDS**

ATTRITION

Question 10

**What should be done for
managing erosive tooth wear
with significant tooth
structure loss?**



**WINSPERT
CUE CARDS**

ATTRITION

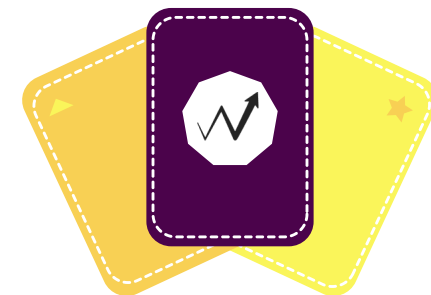
Answer 10

For managing erosive tooth wear with significant loss of tooth structure, it is recommended to refer to specific guidelines or notes on erosion management.

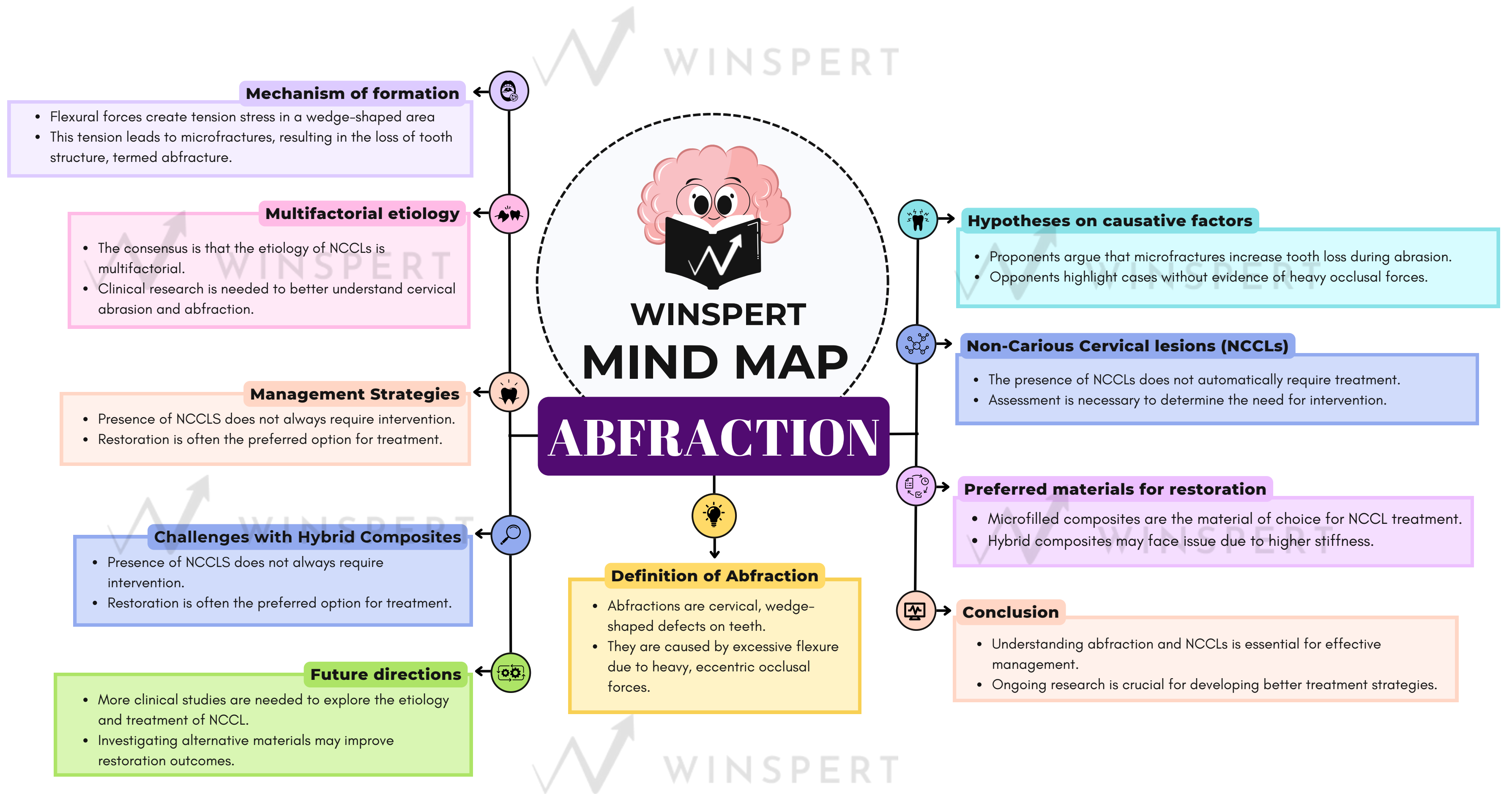
ABFRACTION



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





**WINSPERT
CUE CARDS**

ABFRACTION

Question 1

**What are abfractions
and what causes them?**

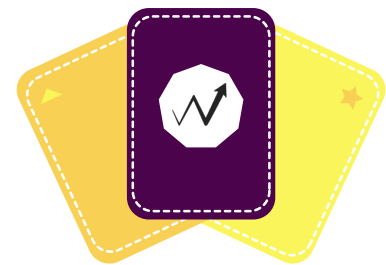


WINSPERT
CUE CARDS

ABFRACTION

Answer 1

Abfractions are cervical, wedge-shaped defects that are angular instead of rounded, unlike abrasions. The potential causative factor may include excessive flexure of the tooth due to heavy, eccentric occlusal forces.

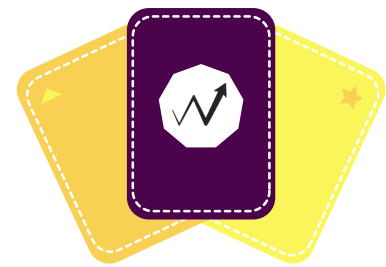


**WINSPERT
CUE CARDS**

ABFRACTION

Question 2

**What causes abrasion in
teeth?**



**WINSPERT
CUE CARDS**

ABFRACTION

Answer 2

It is hypothesized that the flexural force creates tension stress in the wedge-shaped area of the tooth away from the bending direction, resulting in loss of surface tooth structure through microfractures, termed abfraction.



**WINSPERT
CUE CARDS**

ABFRACTION

Question 3

What additional factors may contribute to the rate of tooth structure loss in abfraction cases?



**WINSPERT
CUE CARDS**

ABFRACTION

Answer 3

Microfractures may increase the rate of tooth structure loss during abrasion from tooth brushing and/or from acids in the diet or biofilm.

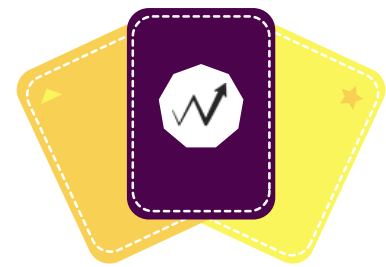


**WINSPERT
CUE CARDS**

ABFRACTION

Question 4

What is the general consensus among experts regarding the etiology of cervical lesions, including abfraction and abrasion?



**WINSPERT
CUE CARDS**

ABFRACTION

Answer 4

The general consensus is that the etiology of these lesions is multifactorial, and well-designed clinical research studies are needed to better understand the causes of noncarious cervical lesions (NCCCLs).

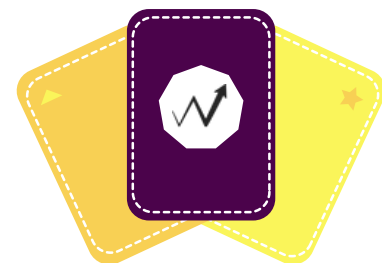


**WINSPERT
CUE CARDS**

ABFRACTION

Question 5

**Do the presence of NCCLs
always necessitate
intervention?**



**WINSPERT
CUE CARDS**

ABFRACTION

Answer 5

The presence of these lesions does not automatically warrant intervention; however, restoration is often the preferred option.



**WINSPERT
CUE CARDS**

ABFRACTION

Question 6

What type of materials are ideal for treating noncarious cervical lesions (NCCCLs)?

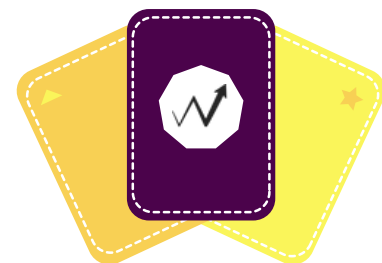


**WINSPERT
CUE CARDS**

ABFRACTION

Answer 6

Microfilled composites are the material of choice for treating NCCLs.



**WINSPERT
CUE CARDS**

ABFRACTION

Question 7

What issue is associated with hybrid composites when used for restorative treatments of NCCLs?



**WINSPERT
CUE CARDS**

ABFRACTION

Answer 7

Hybrid composites are associated with pop-off dislodgement of restorations because they have a higher modulus of elasticity, making them more rigid and less capable of withstanding pressure caused by tooth flexure.



**WINSPERT
CUE CARDS**

ABFRACTION

Question 8

What are NCCLs generally referred to?



**WINSPERT
CUE CARDS**

ABFRACTION

Answer 8

NCCLs are generally referred to as noncarious cervical lesions.



**WINSPERT
CUE CARDS**

ABFRACTION

Question 9

What different characteristics distinguish abfraction from abrasion?



**WINSPERT
CUE CARDS**

ABFRACTION

Answer 9

Abfraction features cervical, wedge-shaped defects that are angular, while abrasion typically presents as rounded defects.



**WINSPERT
CUE CARDS**

ABFRACTION

Question 10

What alternative views exist regarding the correlation of heavy occlusal forces with cervical lesions?



**WINSPERT
CUE CARDS**

ABFRACTION

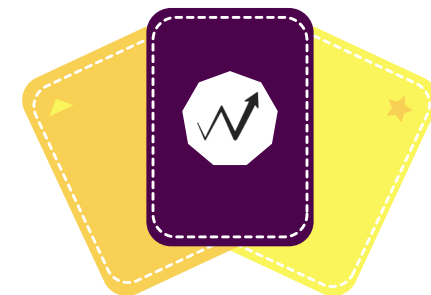
Answer 10

Opponents of the hypothesis suggest that cervical lesions have been found in individuals without apparent evidence of heavy occlusal forces, such as wear facets or fremitus.

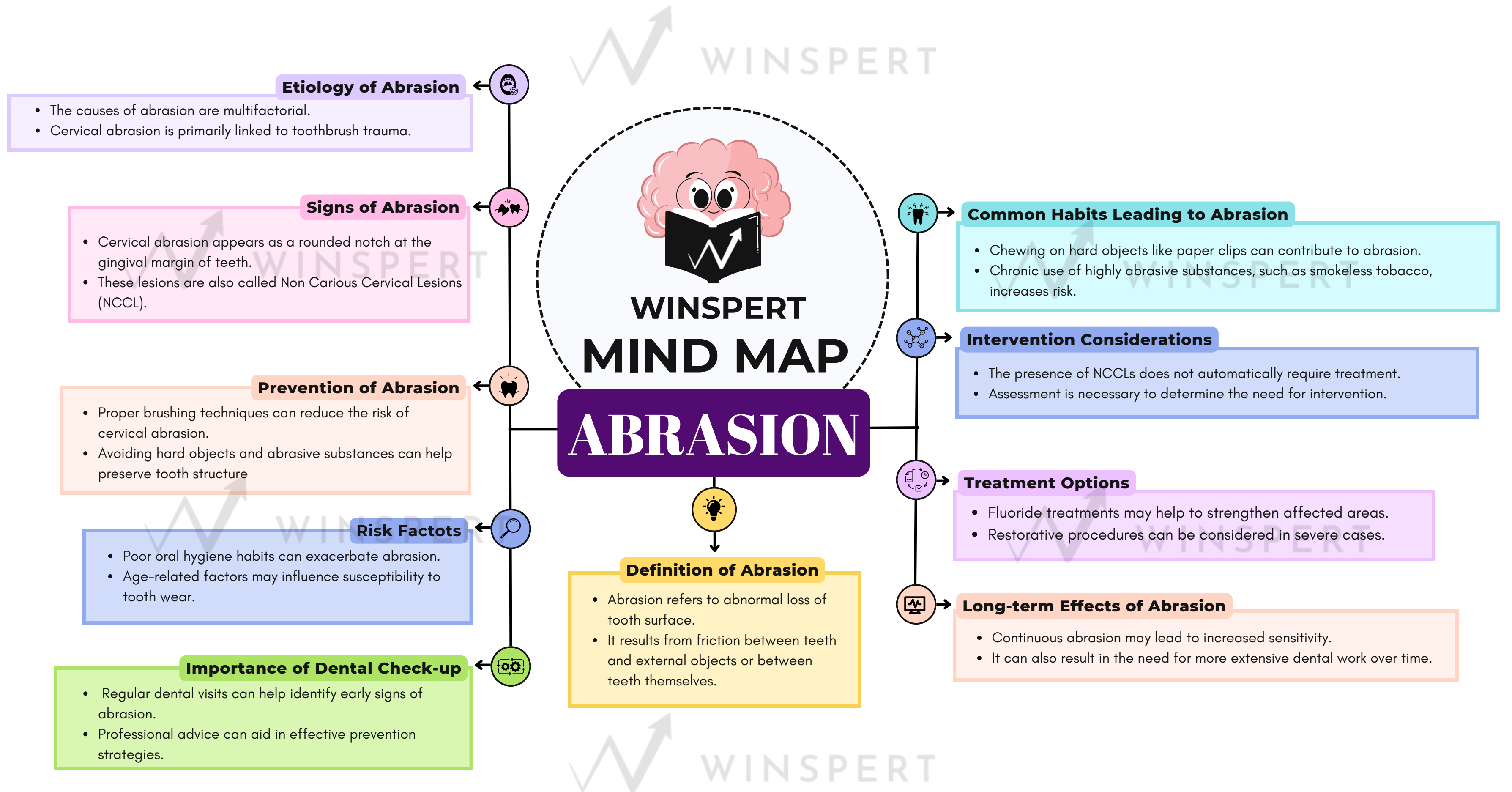
ABRASION



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



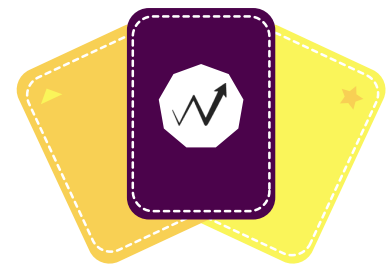


**WINSPERT
CUE CARDS**

ABRASION

Question 1

**What is abrasion in
dentistry?**

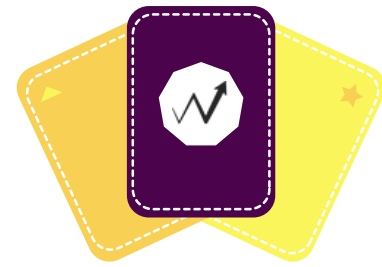


WINSPERT
CUE CARDS

ABRASION

Answer 1

Abrasion is abnormal tooth surface loss resulting from direct frictional force between teeth and external objects or from frictional forces between contacting teeth in the presence of an abrasive medium.



**WINSPERT
CUE CARDS**

ABRASION

Answer 2

Abrasion is caused by physical means other than teeth grinding together, and it has a multifactorial etiology.



**WINSPERT
CUE CARDS**

ABRASION

Question 3

**What is cervical abrasion
commonly associated
with?**



**WINSPERT
CUE CARDS**

ABRASION

Answer 3

Cervical abrasion is most commonly associated with toothbrush trauma.



**WINSPERT
CUE CARDS**

ABRASION

Question 4

What habits can lead to tooth structure loss due to abrasion?



**WINSPERT
CUE CARDS**

ABRASION

Question 5

**How is cervical abrasion
typically observed on teeth?**



**WINSPERT
CUE CARDS**

ABRASION

Answer 5

Cervical abrasion is commonly seen as a rounded notch in the gingival portion of the facial aspects of the teeth.



**WINSPERT
CUE CARDS**

ABRASION

Question 6

**What are Non-Carious
Cervical Lesions (NCCL)?**



**WINSPERT
CUE CARDS**

ABRASION

Answer 6

Non-Carious Cervical Lesions (NCCL) refer to lesions commonly associated with cervical abrasion.



**WINSPERT
CUE CARDS**

ABRASION

Answer 7

The presence of these lesions does not automatically warrant intervention.



**WINSPERT
CUE CARDS**

ABRASION

Question 8

What is the significance of the abrasive medium in tooth abrasion?



**WINSPERT
CUE CARDS**

ABRASION

Answer 8

The abrasive medium plays a crucial role in the frictional forces that contribute to the wear of dental hard tissues.

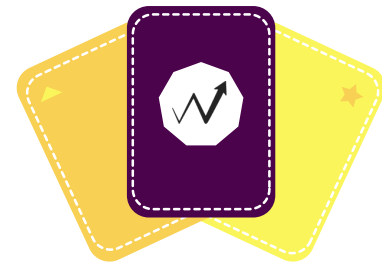


**WINSPERT
CUE CARDS**

ABRASION

Question 9

**Can abrasion occur between
contacting teeth?**



**WINSPERT
CUE CARDS**

ABRASION

Question 10

**What is a common
misconception about cervical
abrasion?**



**WINSPERT
CUE CARDS**

ABRASION

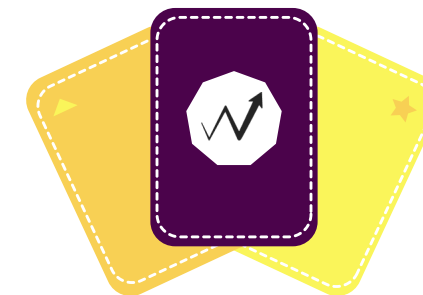
Answer 10

A common misconception is that the presence of cervical abrasion lesions always requires treatment or intervention.

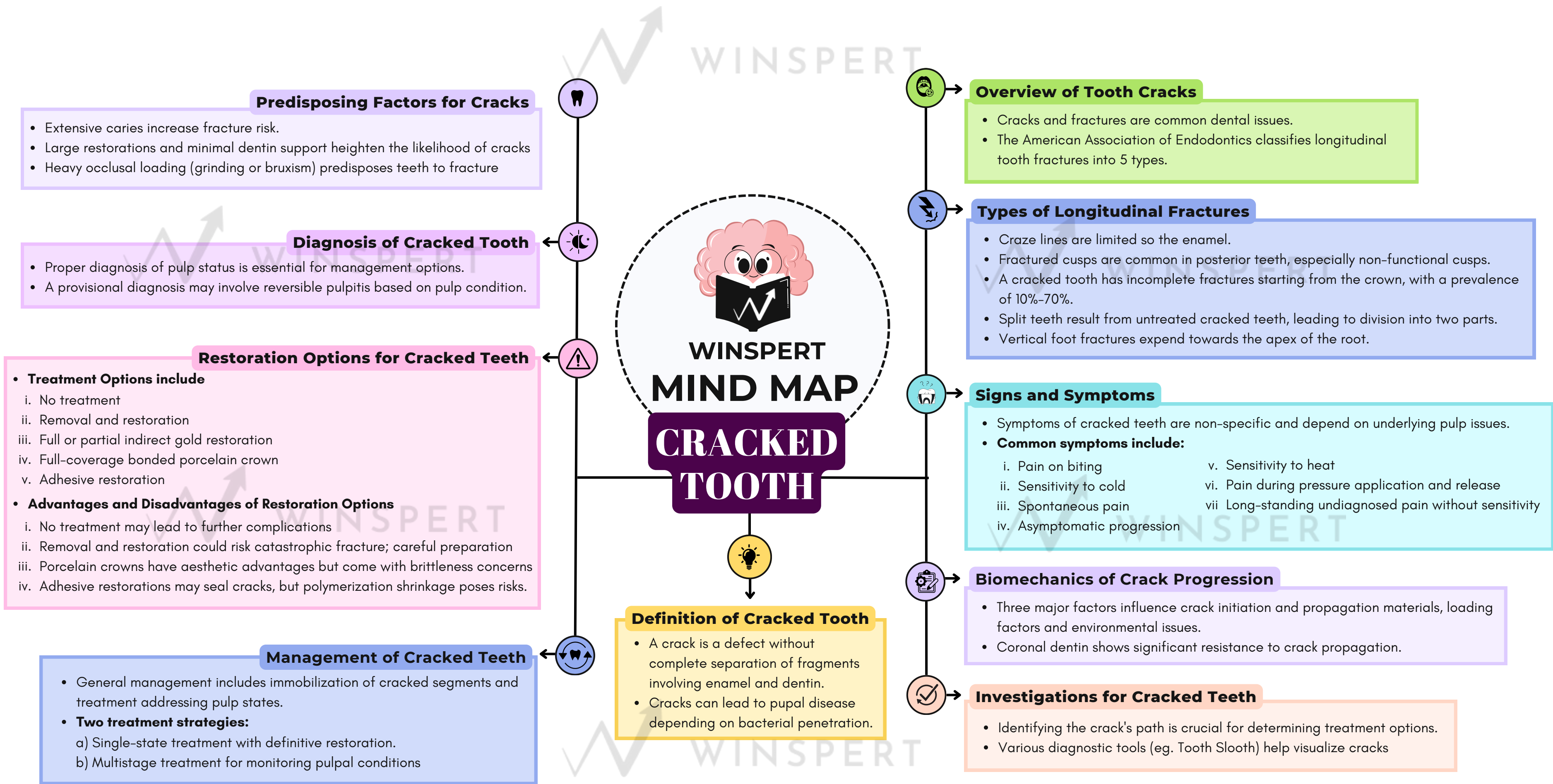
CRAACKED TOOTH



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 1

What are the five types of longitudinal tooth fractures according to the American Association of Endodontics classification?

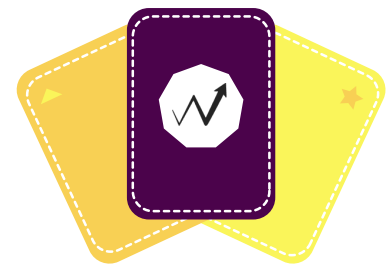


**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 1

The five types of longitudinal tooth fractures are: 1. Craze lines, 2. Fractured cusp, 3. Cracked tooth, 4. Split tooth, and 5. Vertical root fracture.

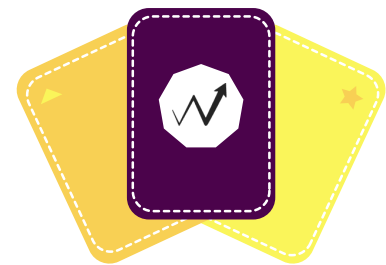


**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 2

What characterises craze lines in dental fractures?

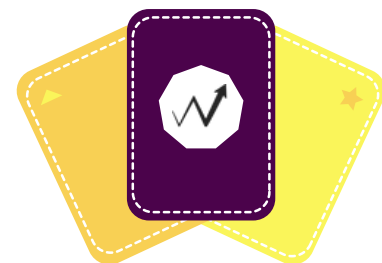


**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 2

Craze lines are limited to the enamel and do not progress through the DEJ into the dentin.



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 3

**How is a cracked tooth
defined?**

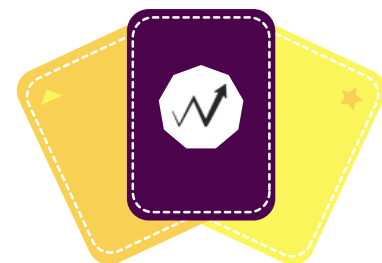


**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 3

A cracked tooth is defined as an incomplete fracture originating from the crown that sometimes extends subgingivally, with a prevalence of cracks varying from 10% to 70%.



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 4

**What happens in the case of
a split tooth?**



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 4

In a split tooth, the crack extends from the crown down the root surface, splitting the tooth into two parts, often due to an untreated cracked tooth.

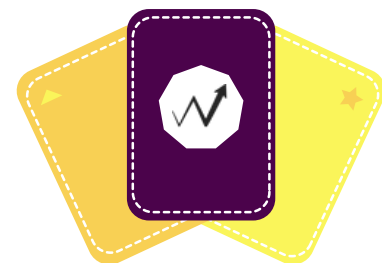


**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 5

**What are the signs and
symptoms of cracked teeth?**



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 5

The symptoms of cracked teeth can include: 1. Pain on biting, 2. Sensitivity to cold, 3. Spontaneous pain, 4. Asymptomatic with minimal clinical progression, 5. Sensitivity to heat, and 6. Pain on application and release of pressure.



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 6

What factors influence the biomechanics of crack progression in teeth?



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 6

The biomechanics of crack initiation and propagation are influenced by materials properties, loading factors, and environmental issues.



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 7

What are some predisposing factors for cracks and fractures in teeth?



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 7

Predisposing factors include: 1. Teeth with extensive caries, 2. Teeth with large restorations, 3. Teeth where remaining cusps have little dentin support, and 4. Anatomically deep developmental fissures.



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 8

What is the first step in the investigation of a cracked tooth?

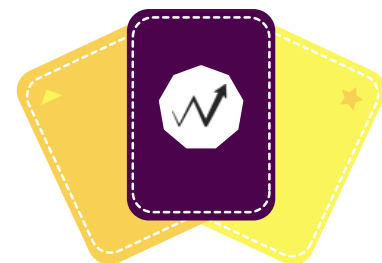


**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 8

The first step involves the removal of all restorations, caries, and cracks from the teeth for a thorough assessment.



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 9

**What treatment modalities
are typically proposed for
managing cracked teeth?**



**WINSPERT
CUE CARDS**

CRACKED TOOTH

Answer 9

Treatment modalities include: 1. Single stage treatment with definitive restoration, and 2. Multistage treatment involving an interim phase to monitor pulpal conditions.

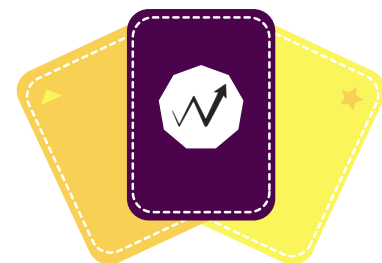


**WINSPERT
CUE CARDS**

CRACKED TOOTH

Question 10

What restoration options are available for cracked teeth, and what are their main disadvantages?



**WINSPERT
CUE CARDS**

CRACKED TOOTH

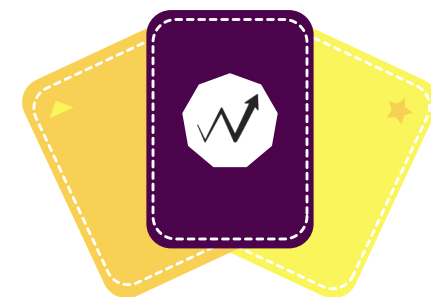
Answer 10

Restoration options include: 1. No treatment (not advisable), 2. Removal of the cracked portion followed by restoration (unsafe), 3. Full or partial coverage indirect gold restoration (prone to brittleness), 4. Full-coverage bonded porcelain crown (brittle), and 5. Adhesive restoration (can propagate cracks).

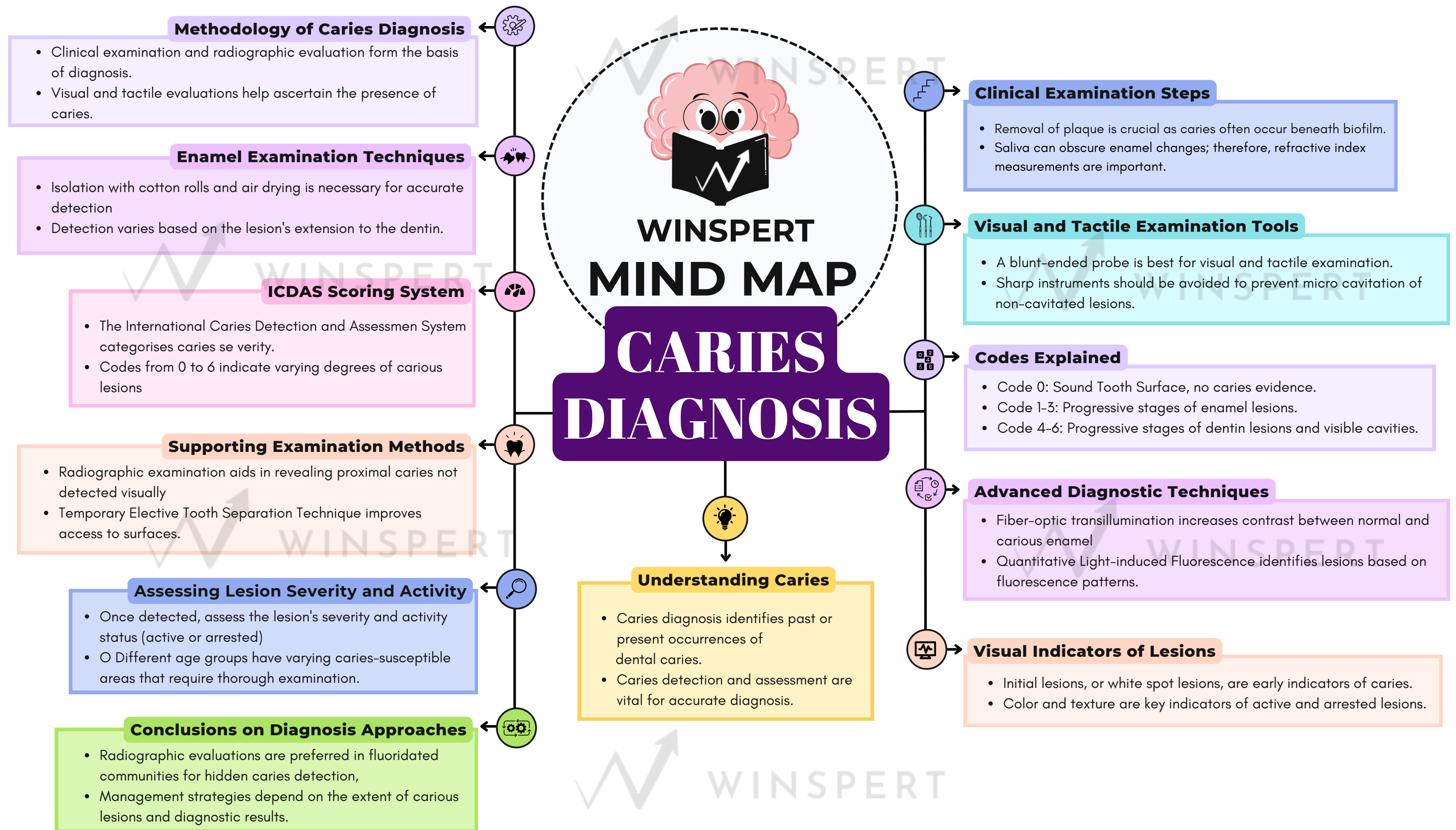
CARIES DIAGNOSIS



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



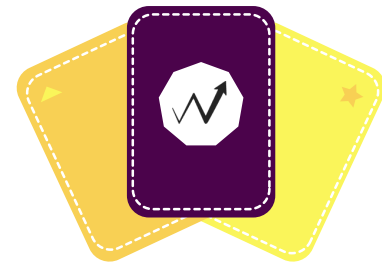


**WINSPERT
CUE CARDS**

CARIES DIAGNOSIS

Question 1

**What does caries
diagnosis involve?**



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CARIES DIAGNOSIS

Answer 1

Caries diagnosis involves the human professional summation of all signs and symptoms of the disease to identify past or present occurrences of caries.

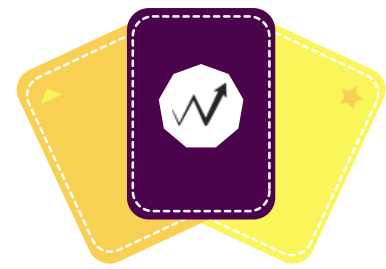


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CARIES DIAGNOSIS

Question 2

What is the purpose of caries detection and assessment?



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CARIES DIAGNOSIS

Answer 2

Caries detection aims to objectively determine whether the disease is present by observing changes in enamel, dentin, and cementum. Caries assessment characterises detected lesions as active, inactive, or arrested based on parameters such as colour, size, and surface integrity.

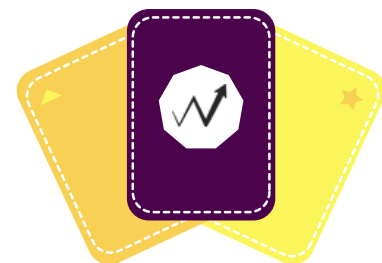


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CARIES DIAGNOSIS

Question 3

What steps are involved in clinical examination for caries diagnosis?



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CARIES DIAGNOSIS

Answer 3

The first step is the removal of the bulk of plaque, as caries often occur beneath biofilm. This is followed by visual and tactile examination of accessible surfaces to determine the presence of caries or sound surfaces.



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CARIES DIAGNOSIS

Answer 4

Drying enamel is necessary because sound enamel is translucent and has a refractive index that changes when wet, making it difficult to detect caries confined to enamel.



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CARIES DIAGNOSIS

Question 5

What does the ICDAS scoring system indicate?



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CARIES DIAGNOSIS

Answer 5

The ICDAS (International Caries Detection and Assessment System) scoring system is used to assess and score caries based on the severity of the lesion, with codes ranging from 0-6 indicating the progression of caries.

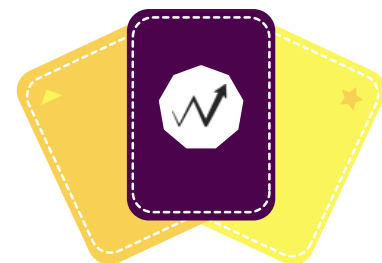


**WINSPERT
CUE CARDS**

CARIES DIAGNOSIS

Question 6

**What is described by ICDAS
Code 1?**

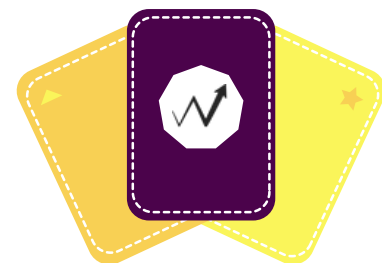


**WINSPERT
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CARIES DIAGNOSIS

Answer 6

ICDAS Code 1 indicates the first visual change in enamel, characterised by a white or brown opacity on the enamel surface or in pits and fissures, detectable only after drying the tooth surface.

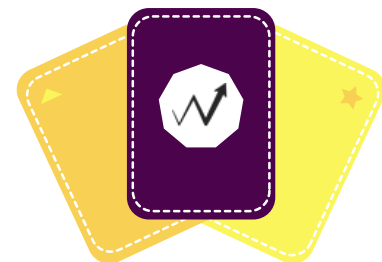


**WINSPERT
CUE CARDS**

CARIES DIAGNOSIS

Question 7

What role do radiographic examinations play in caries diagnosis?



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CARIES DIAGNOSIS

Answer 7

Radiographic examinations are critical for detecting proximal caries that may not be visible visually, estimating the depth of lesions, and monitoring disease progression.



**WINSPERT
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CARIES DIAGNOSIS

Question 8

How does qualitative light-induced fluorescence (QLF) assist in caries detection?

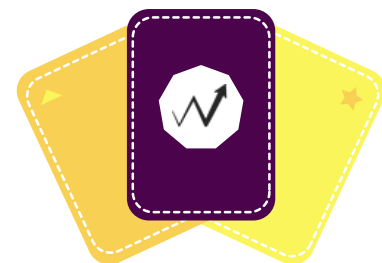


**WINSPERT
CUE CARDS**

CARIES DIAGNOSIS

Question 9

**What are the characteristics
of initial carious lesions?**



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CUE CARDS**

CARIES DIAGNOSIS

Answer 9

Initial carious lesions typically appear as white spot lesions. The colour and texture serve as indicators, with lighter brown denoting active lesions and soft texture being a sign of activity.



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CARIES DIAGNOSIS

Question 10

What factors influence the management of carious lesions?



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CARIES DIAGNOSIS

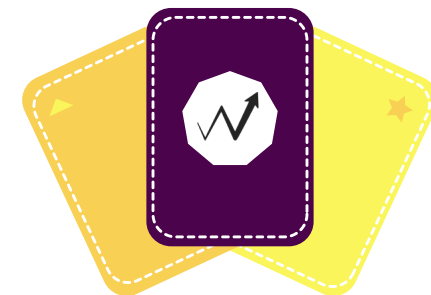
Answer 10

Management depends on the extent of the carious lesions following diagnostic criteria established through both clinical and radiographic examinations.

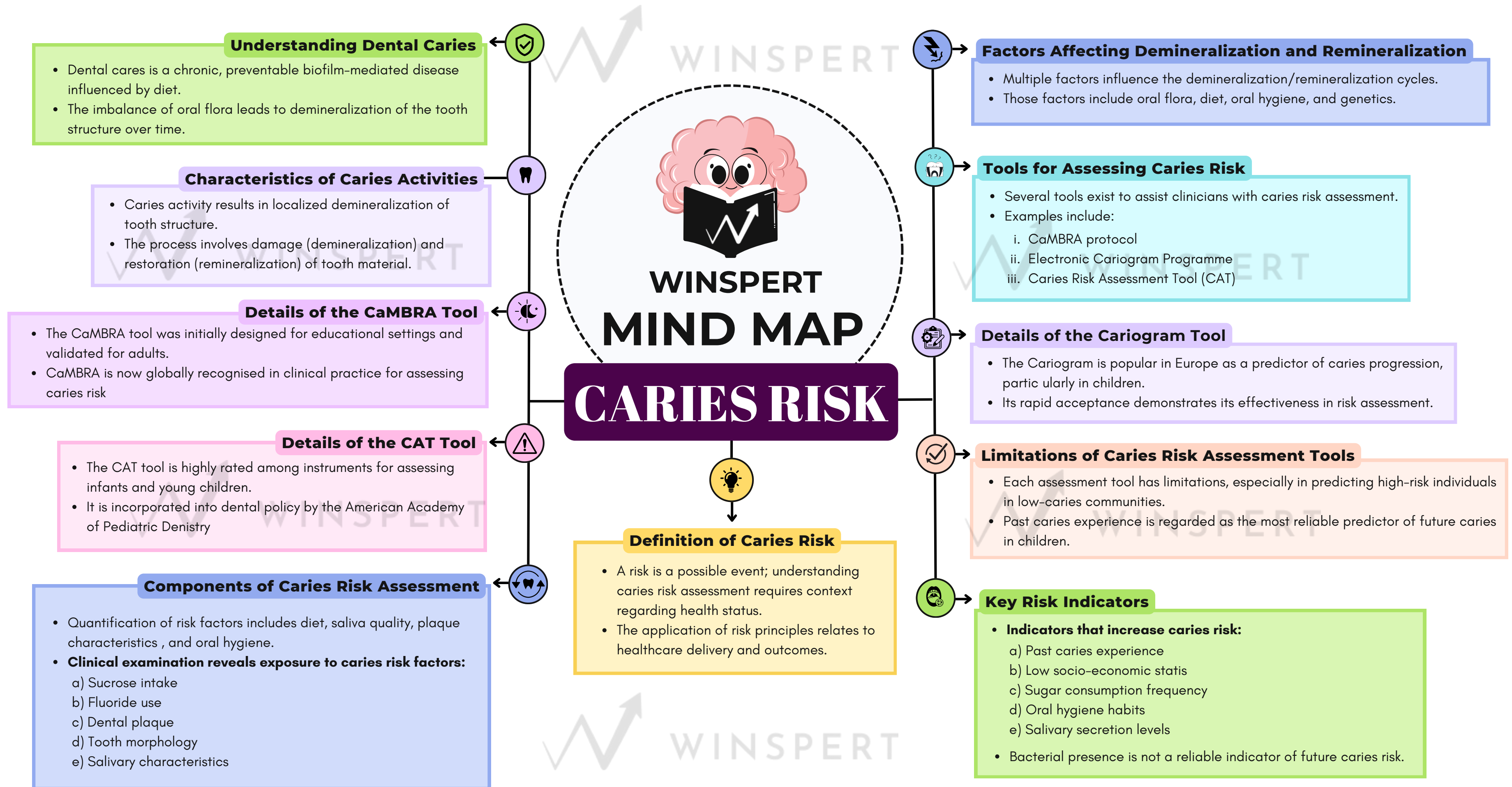
CARIES RISK

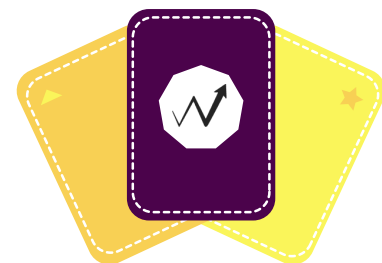


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





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CARIES RISK

Question 1

What is dental caries and what primarily causes this oral disease?

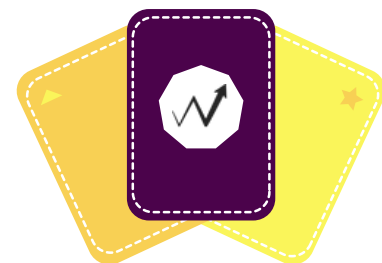


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CARIES RISK

Answer 1

Dental caries is a preventable, chronic, and biofilm-mediated disease primarily caused by an imbalance of the oral flora due to the presence of fermentable dietary carbohydrates on the tooth surface over time.

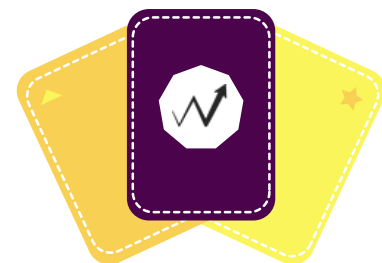


**WINSPERT
CUE CARDS**

CARIES RISK

Question 2

**What characterises
dental caries activity at
the tooth level?**



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CUE CARDS**

CARIES RISK

Answer 2

Dental caries activity is characterised by localized demineralization and loss of tooth structure.

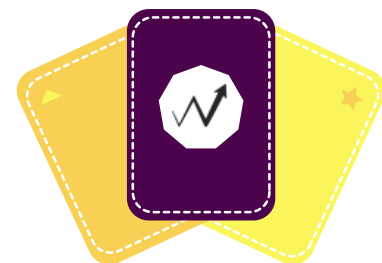


**WINSPERT
CUE CARDS**

CARIES RISK

Question 3

What are the two processes that occur in dental caries lesions at the tooth surface and subsurface level?

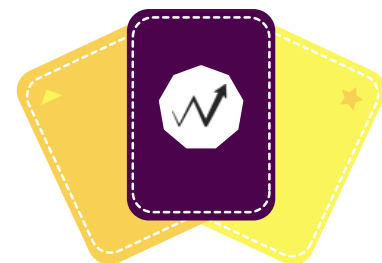


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CUE CARDS**

CARIES RISK

Answer 3

The two processes that occur are demineralization (damage) and remineralization (restitution) of the tooth matter.

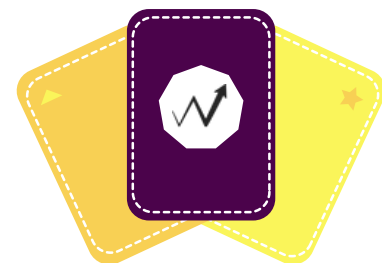


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CARIES RISK

Question 4

How often does the process of demineralization and remineralization occur over the life of a tooth?



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CARIES RISK

Answer 4

This process takes place several times a day over the life of the tooth.

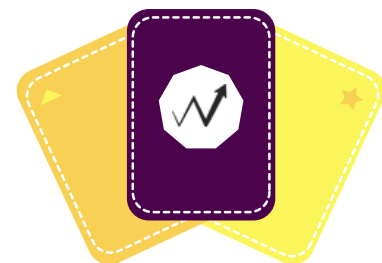


**WINSPERT
CUE CARDS**

CARIES RISK

Question 5

What are some factors that modulate the process of demineralisation and remineralisation?

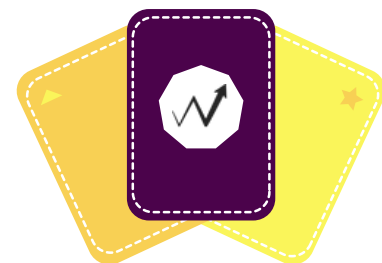


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CARIES RISK

Answer 5

Factors include the number and type of microbial flora in the biofilm, diet, oral hygiene, genetics, dental anatomy, dentin and enamel composition, use of fluorides and other chemotherapeutic agents, saliva composition, salivary flow, and buffering capacity.

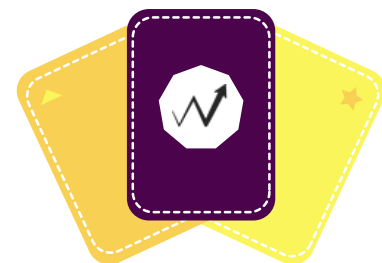


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CUE CARDS**

CARIES RISK

Question 6

**What is a caries risk
assessment (CRA)?**

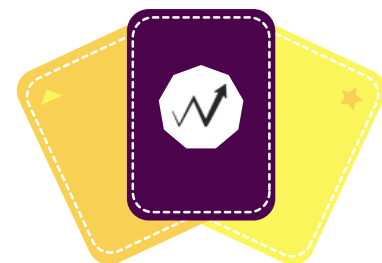


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CUE CARDS**

CARIES RISK

Answer 6

A caries risk assessment is an understanding and application of risk principles in the context of health status, health care delivery, and health care outcomes.

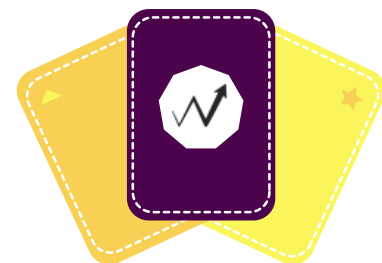


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CUE CARDS**

CARIES RISK

Question 7

Name the three caries activity tools mentioned in the text.

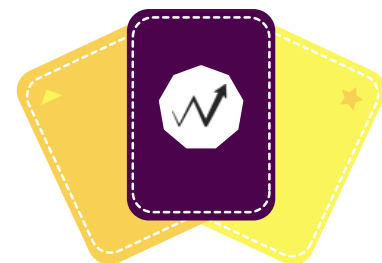


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CARIES RISK

Answer 7

The three tools are: 1) The Caries Management By Risk Assessment (CaMBRA) protocol, 2) The electronic online Cariogram Programme, 3) The Caries Risk Assessment Tool (CAT).



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CUE CARDS**

CARIES RISK

Question 8

What is the first step in the investigation of a cracked tooth?



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CARIES RISK

Answer 8

Each of these instruments has limitations, particularly in predicting high-risk individuals residing in low caries communities.

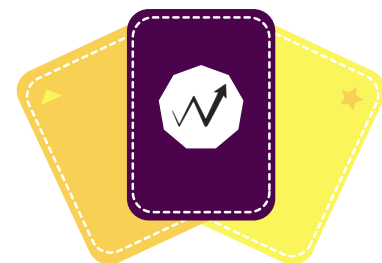


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CARIES RISK

Question 9

What are some key risk indicators for dental caries?

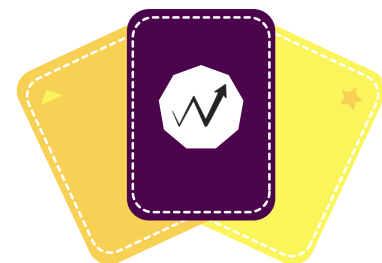


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CARIES RISK

Answer 9

Key risk indicators include past caries experience, low socio-economic status, sugar consumption frequency, oral hygiene habits, and saliva characteristics.



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CARIES RISK

Question 10

**How does poor oral hygiene
affect caries risk?**



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CARIES RISK

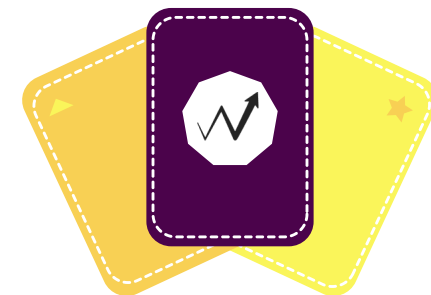
Answer 10

Frequency of brushing with fluoridated toothpaste is crucial; poor oral hygiene habits increase the risk of dental caries.

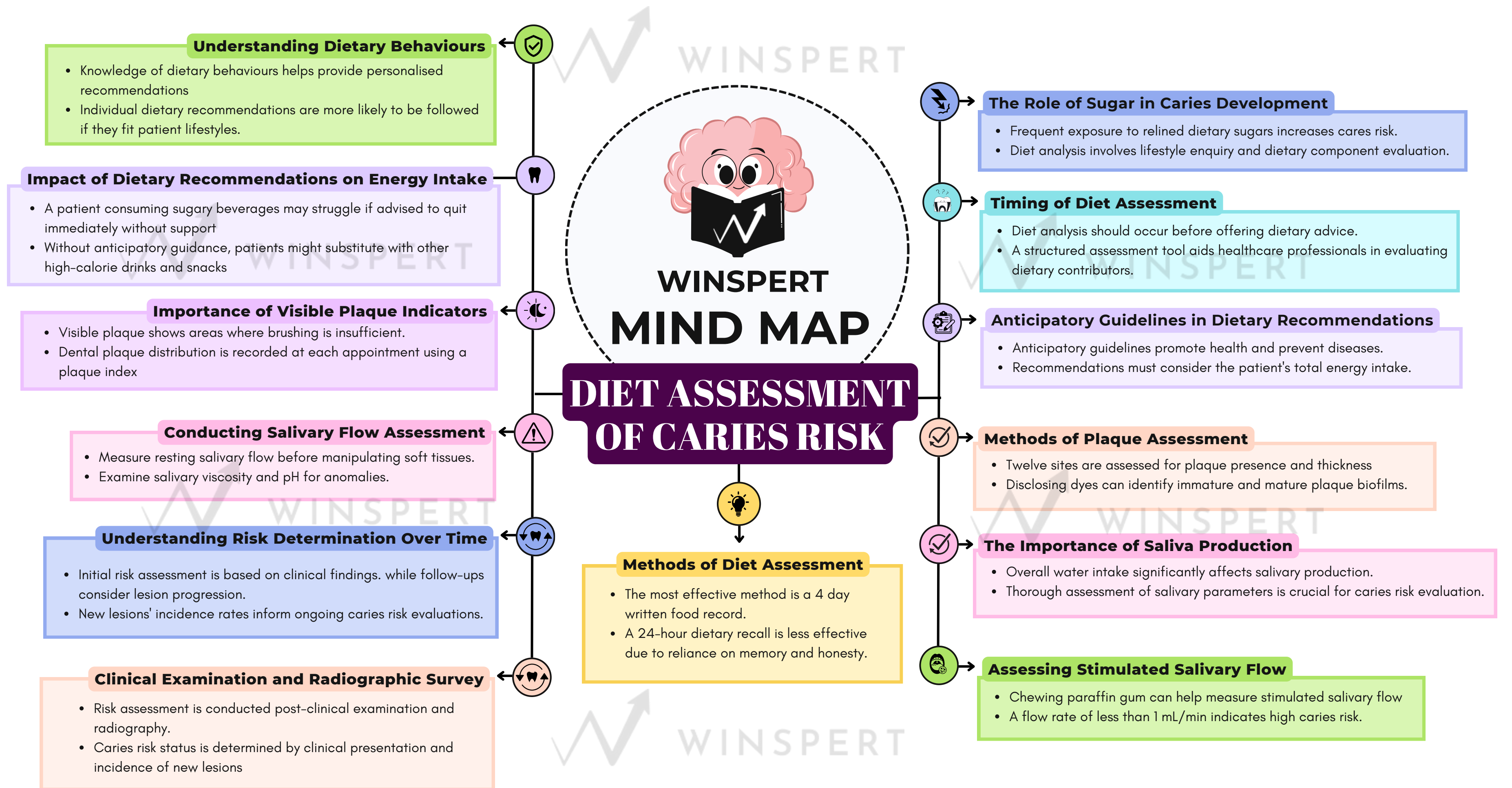
DIET ASSESSMENT OF CARIES RISK

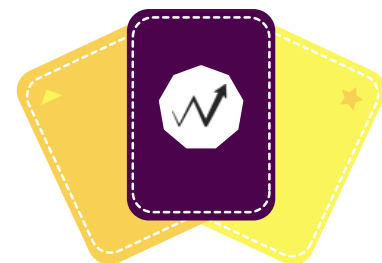


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





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DIET ASSESSMENT OF CARIES RISK

Question 1

What is one of the main risk factors for caries?



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DIET ASSESSMENT OF CARIES RISK

Answer 1

Frequent exposure to refined dietary sugar is one of the main risk factors for caries.

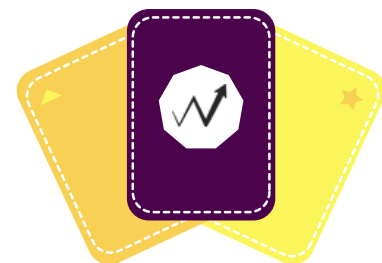


**WINSPERT
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DIET ASSESSMENT OF CARIES RISK

Question 2

**What are the two main
elements of diet
analysis?**



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DIET ASSESSMENT OF CARIES RISK

Answer 2

The two main elements of diet analysis are enquiry into lifestyle and into dietary components themselves.

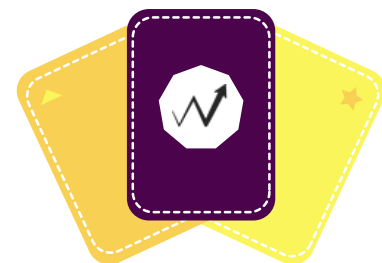


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DIET ASSESSMENT OF CARIES RISK

Question 3

What is the most effective method for diet analysis according to the text?



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DIET ASSESSMENT OF CARIES RISK

Answer 3

The most effective method is for the patient to keep a written record of their diet for 4 consecutive days, including 2 working and 2 leisure days.



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DIET ASSESSMENT OF CARIES RISK

Question 4

When should diet analysis ideally be performed?

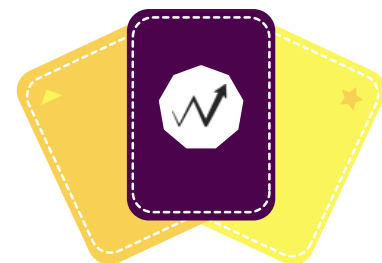


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DIET ASSESSMENT OF CARIES RISK

Answer 4

The analysis should ideally be performed before any dietary advice is given.



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DIET ASSESSMENT OF CARIES RISK

Question 5

**What is the purpose of the
Diet Assessment of caries risk
tool?**



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DIET ASSESSMENT OF CARIES RISK

Answer 5

The purpose of the Diet Assessment of caries risk tool is to help healthcare professionals efficiently assess dietary contributors to caries risk.

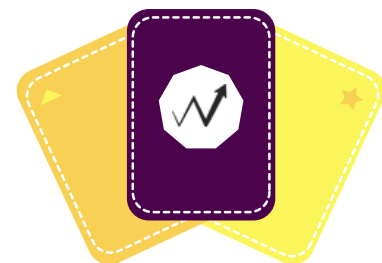


**WINSPERT
CUE CARDS**

DIET ASSESSMENT OF CARIES RISK

Question 6

Why is knowledge of a patient's dietary behaviours important for healthcare professionals?

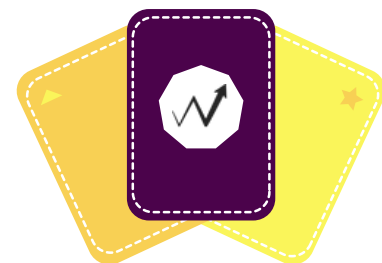


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DIET ASSESSMENT OF CARIES RISK

Answer 6

Having knowledge about the patient's dietary behaviours that are associated with caries risk is essential for providing specific individualised recommendations that may reduce caries risk.



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DIET ASSESSMENT OF CARIES RISK

Question 7

**How can anticipatory
guidelines assist healthcare
practitioners?**



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CUE CARDS**

DIET ASSESSMENT OF CARIES RISK

Answer 7

Anticipatory guidelines are designed to promote health and prevent diseases by providing health promotion guidance.



**WINSPERT
CUE CARDS**

DIET ASSESSMENT OF CARIES RISK

Question 8

**What does visible plaque
indicate according to the
text?**



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CUE CARDS**

DIET ASSESSMENT OF CARIES RISK

Answer 8

Visible plaque indicates that the toothbrush with the toothpaste has not reached that part of the mouth recently to disrupt the biofilm.



**WINSPERT
CUE CARDS**

DIET ASSESSMENT OF CARIES RISK

Question 9

**What is assessed to evaluate
salivary parameters for caries
risk?**



**WINSPERT
CUE CARDS**

DIET ASSESSMENT OF CARIES RISK

Answer 9

A thorough assessment of resting and stimulated salivary flow, viscosity, and pH should be conducted for caries risk assessment.



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DIET ASSESSMENT OF CARIES RISK

Question 10

How is the caries risk status of a patient determined?



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DIET ASSESSMENT OF CARIES RISK

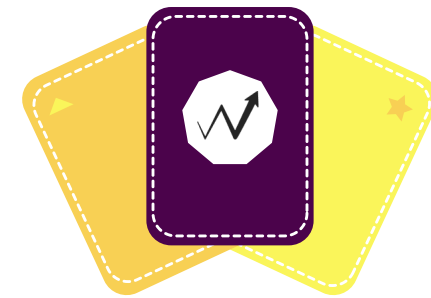
Answer 10

The caries risk status is determined pragmatically following the completion of the clinical examination and bitewing radiographic survey.

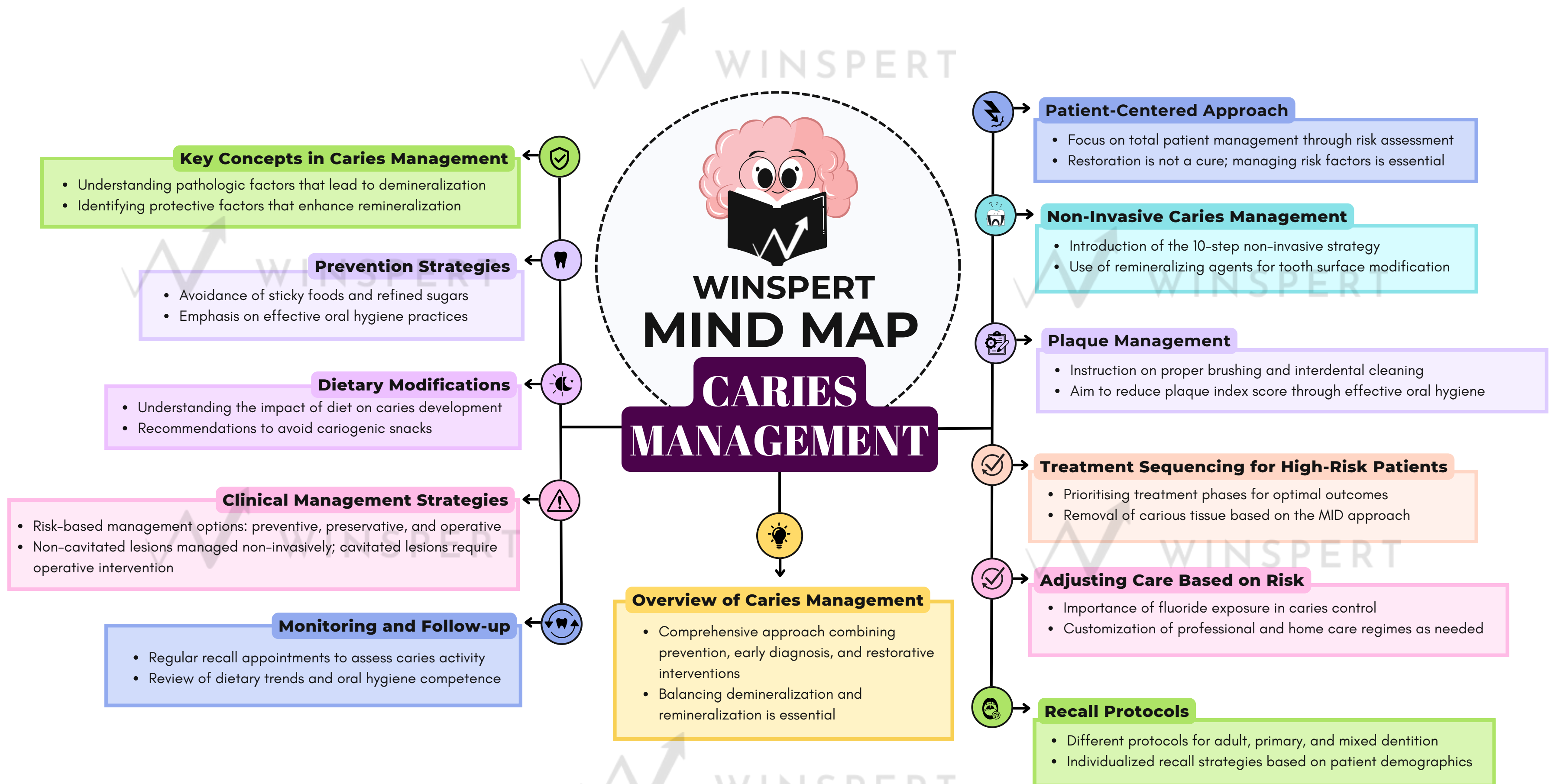
CARIES MANAGEMENT

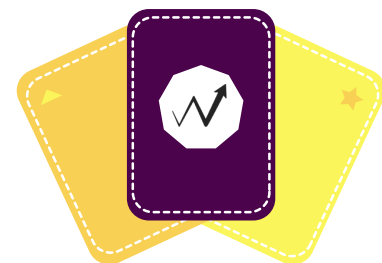


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



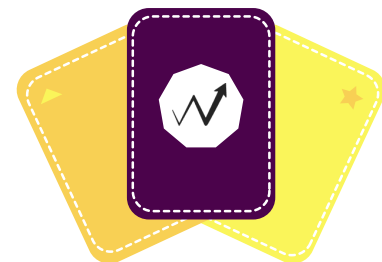


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CUE CARDS**

CARIES MANAGEMENT

Question 1

What is the overall approach to managing dental caries?

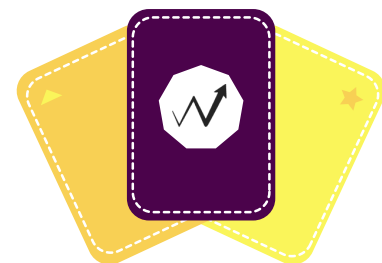


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CUE CARDS**

CARIES MANAGEMENT

Answer 1

The management of dental caries involves a comprehensive approach that combines preventive strategies, early diagnosis, and appropriate restorative interventions to combat tooth decay.



**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 2

What two main processes are involved in the caries management balance?



**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Answer 2

The balance between demineralization and remineralization is illustrated in terms of pathologic factors (favoring demineralization) and protective factors (favoring remineralization).



**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 3

What should caries management efforts focus on according to the text?

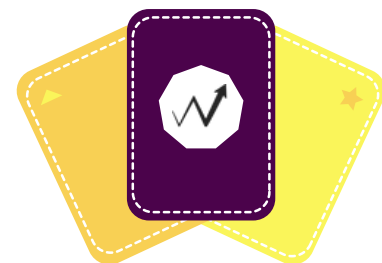


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CARIES MANAGEMENT

Answer 3

Caries management efforts must be directed not only at the tooth level (traditional or surgical treatment) but also at the total-patient level (caries management by risk assessment).



**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 4

What is the key to managing the caries process?

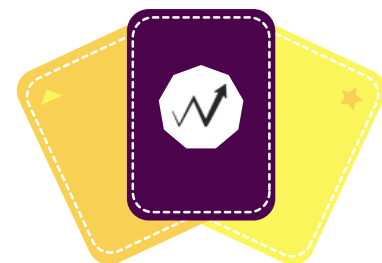


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CUE CARDS**

CARIES MANAGEMENT

Answer 4

Identifying and managing the risk factors for caries must be the primary focus, along with the restorative repair of damage caused by caries.

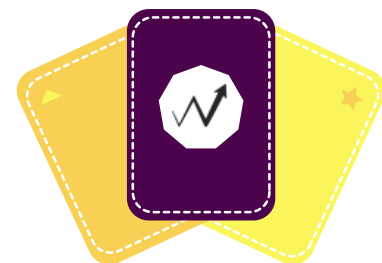


**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 5

**What are some early
intervention strategies in the
prevention of dental caries?**

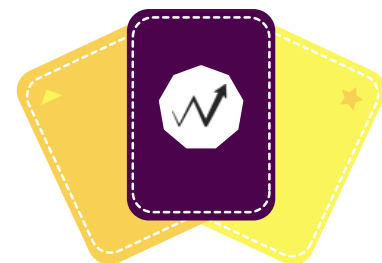


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CUE CARDS**

CARIES MANAGEMENT

Answer 5

Prevention and minimal intervention management of dental caries include strategies that promote remineralization and arrest further decay, often before cavitation occurs.

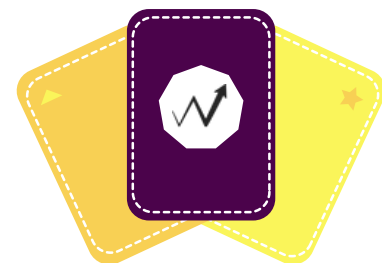


**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 6

What is a noninvasive strategy for early lesions in caries management?



**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Answer 6

The caries management system is a 10 step noninvasive strategy to arrest and remineralize early lesions.

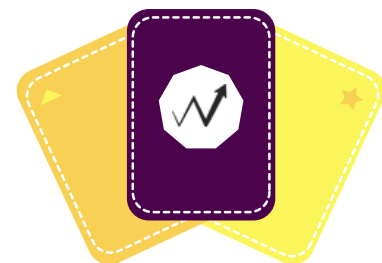


**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 7

What type of dietary advice should be given to patients at risk of caries?

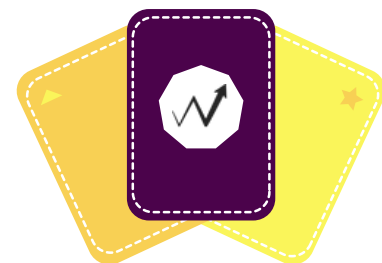


**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Answer 7

Patients should understand the diet-caries relationship and be advised to avoid sticky foods, high consumption of refined sugars, and between-meal snacks.

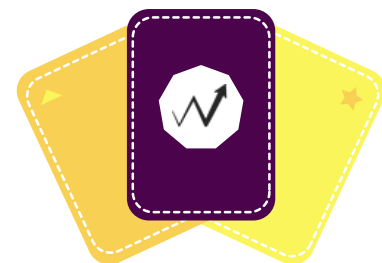


**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 8

How should non-cavitated lesions be managed according to the text?

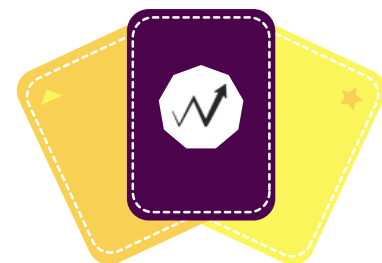


**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Answer 8

Non-cavitated lesions are managed by home care measures to control plaque, including tooth brushing twice with fluoridated toothpaste and professional fluoride varnish.

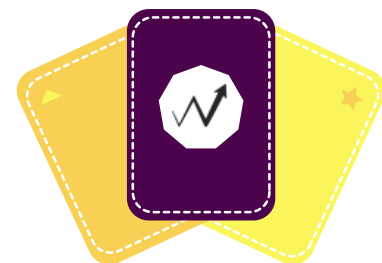


**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 9

What is the recommended method for removing carious dentine when restoration is required?

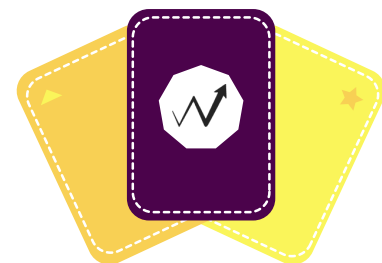


**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Answer 9

The removal of caries should follow the minimally invasive cavity preparation (MID) approach, which involves removing infected dentine while leaving behind affected dentin.



**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

Question 10

How is caries activity monitored during patient recalls?



**WINSPERT
CUE CARDS**

CARIES MANAGEMENT

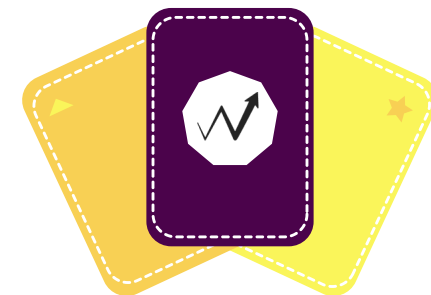
Answer 10

Caries activity is monitored through the review of bitewing radiolucency, with comparisons made between new and older radiographs at recall appointments.

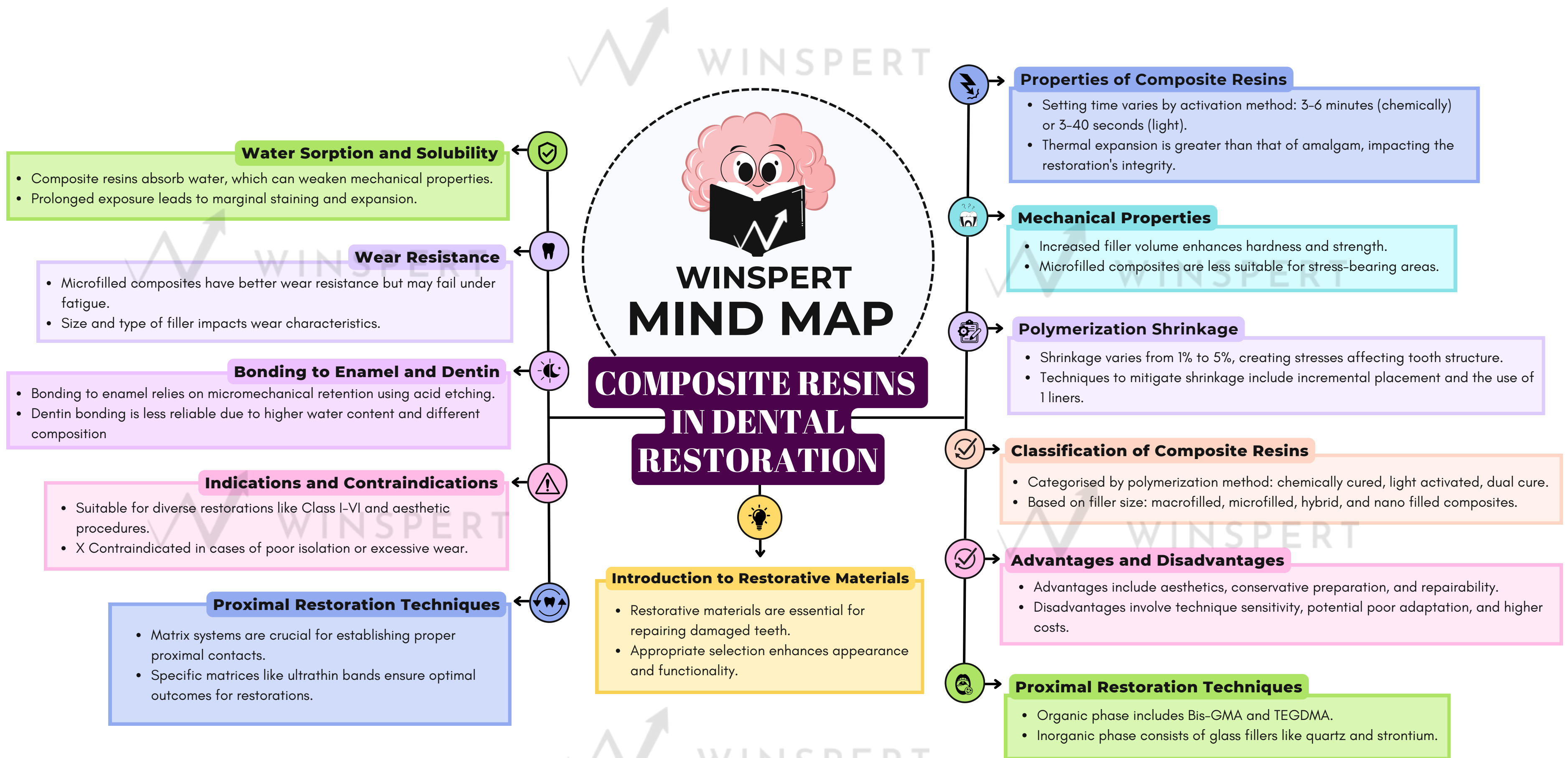
COMPOSITE RESINS IN DENTAL RESTORATION

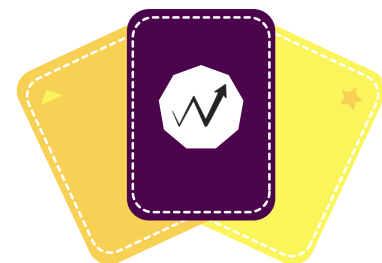


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



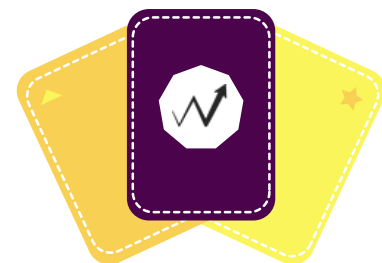


**WINSPERT
CUE CARDS**

COMPOSITE RESINS IN DENTAL RESTORATION

Question 1

What role do restorative materials play in dental practice?



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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 1

Restorative materials are critical for repairing and reconstructing damaged teeth, improving both appearance and functionality, which significantly contributes to overall oral health.



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COMPOSITE RESINS IN DENTAL RESTORATION

Question 2

**What are the major
components of a
composite resin?**



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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 2

The major components of a composite resin are the organic phase (typically Bis-GMA and TEGDMA), inorganic phase (filler particles like glasses and silica), interfacial phase (coupling agents), and miscellaneous phases (accelerators and initiators).

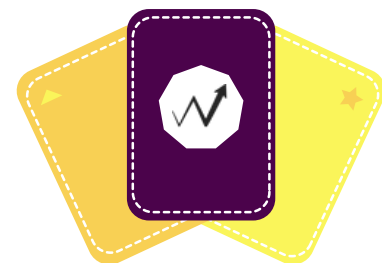


**WINSPERT
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COMPOSITE RESINS IN DENTAL RESTORATION

Question 3

**What affects the setting time of
composite resins?**



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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 3

The setting time of composite resins depends on the method of activation: for chemically activated composites, it ranges from 3-6 minutes, while for light-activated composites, curing time can range from 3-40 seconds based on light intensity.



**WINSPERT
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COMPOSITE RESINS IN DENTAL RESTORATION

Question 4

How does the coefficient of thermal expansion (CoTE) of composite resins compare to that of amalgam and tooth structure?

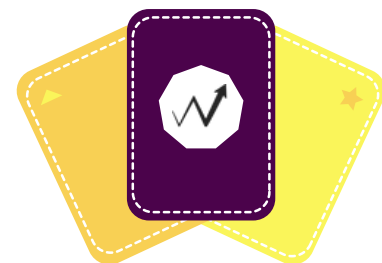


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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 4

The CoTE of composite resins is higher than that of amalgam and approximately three times greater than that of tooth structure, leading to increased risk of marginal gaps and microleakage over time.



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COMPOSITE RESINS IN DENTAL RESTORATION

Question 5

What impact does water sorption have on composite resins?



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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 5

Water sorption causes composite resins to absorb water and expand, which reduces their mechanical properties over time, such as hardness and wear resistance, and may lead to marginal staining.



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COMPOSITE RESINS IN DENTAL RESTORATION

Question 6

What are the mechanical properties of composite resins influenced by?



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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 6

The mechanical properties of composite resins vary with filler volume percent; increased filler loading improves hardness, stiffness, strength, and fracture toughness, while microfilled composites have less filler and should not be used in stress-bearing areas.

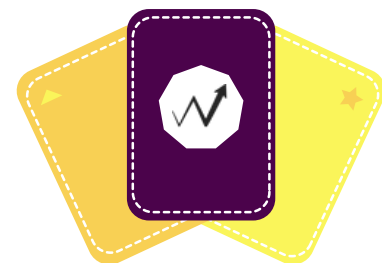


**WINSPERT
CUE CARDS**

COMPOSITE RESINS IN DENTAL RESTORATION

Question 7

**What are the advantages of
composite resins in dental
restorations?**



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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 7

Advantages of composite resins include excellent aesthetics, conservative tooth preparation, low thermal conductivity, universality of use, adhesion to tooth structure, and repairability.



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COMPOSITE RESINS IN DENTAL RESTORATION

Question 8

What are some challenges or disadvantages associated with composite resins?



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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 8

Disadvantages include potential poor marginal adaptation, the complexity of placement, longer time required for insertion, greater occlusal wear under stress, and higher costs compared to amalgam restorations.



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COMPOSITE RESINS IN DENTAL RESTORATION

Question 9

What is the bonding mechanism for composite to enamel and dentine?



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COMPOSITE RESINS IN DENTAL RESTORATION

Answer 9

Bonding to enamel is achieved through micromechanical retention via acid etching and resin bonding, while bonding to dentine involves hybridisation using acid etching, priming, and adhesive, making it less reliable due to dentine's higher water content.

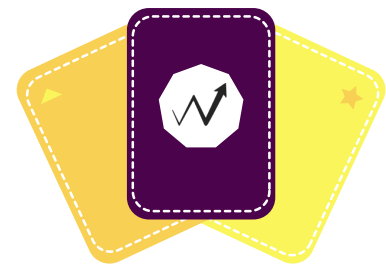


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COMPOSITE RESINS IN DENTAL RESTORATION

Question 10

What are the indications and contraindications for the use of composite restorations?



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COMPOSITE RESINS IN DENTAL RESTORATION

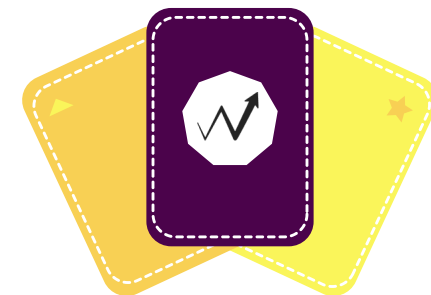
Answer 10

Indications include various classes of restorations, sealants, esthetic enhancements, and temporary restorations, while contraindications include issues with isolation, excessive wear, and operator factors affecting successful bonding.

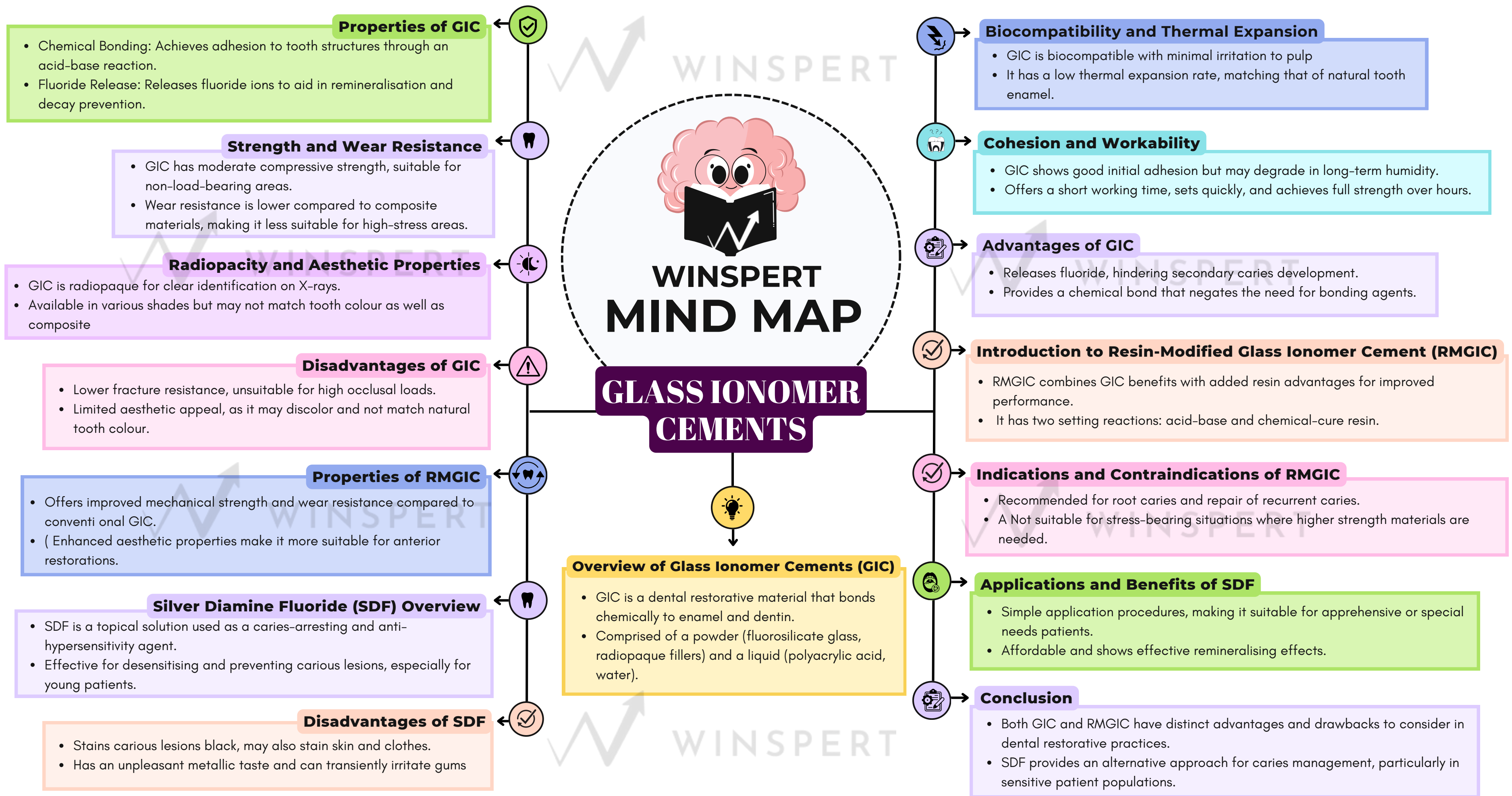
GLASS IONOMER CEMENTS



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



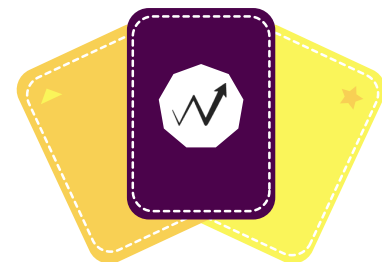


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CUE CARDS**

GLASS IONOMER CEMENTS

Question 1

What is glass ionomer cement (GIC) and its primary components?

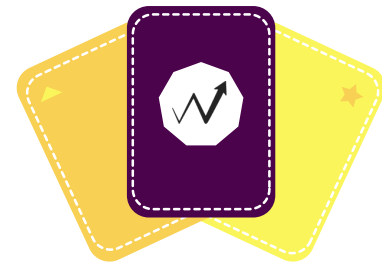


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CUE CARDS**

GLASS IONOMER CEMENTS

Answer 1

Glass ionomer cement (GIC) is a type of dental restorative material that can chemically bond to both enamel and dentin. It is made from two primary components: powder, which typically contains calcium-aluminium-fluorosilicate glass and radiopaque fillers, and liquid, which typically contains polyacrylic acid and water.



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**GLASS IONOMER
CEMENTS**

Question 2

What makes glass ionomer cement unique in terms of bonding?



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CUE CARDS**

GLASS IONOMER CEMENTS

Answer 2

One of the most distinctive features of GLC is its ability to bond chemically to tooth structure, achieved through an acid-base reaction between polyacrylic acid in the liquid and glass particles in the powder.



**WINSPERT
CUE CARDS**

GLASS IONOMER CEMENTS

Question 3

**How does glass ionomer cement
contribute to dental health?**



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GLASS IONOMER CEMENTS

Answer 3

GLC releases fluoride ions over time, which helps in remineralising adjacent tooth structures and preventing further decay, with the highest release occurring initially and continuing at a reduced rate for several months.



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**GLASS IONOMER
CEMENTS**

Question 4

What are the biocompatibility properties of glass ionomer cement?



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CUE CARDS**

GLASS IONOMER CEMENTS

Answer 4

GIC is biocompatible with dental tissues, minimising chances of adverse reactions when used appropriately, and it does not irritate the pulp or cause allergic reactions.



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CUE CARDS**

GLASS IONOMER CEMENTS

Question 5

What are some advantages of using glass ionomer cement?



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CUE CARDS**

GLASS IONOMER CEMENTS

Answer 5

Advantages of GLC include fluoride release to prevent secondary caries, chemical bonding to tooth structure that eliminates the need for bonding agents, good biocompatibility, moisture tolerance during placement, and ease of handling.



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CUE CARDS**

GLASS IONOMER CEMENTS

Question 6

What limitations are associated with glass ionomer cement?



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GLASS IONOMER CEMENTS

Answer 6

Limitations include relatively low fracture resistance, lower mechanical strength compared to composites or amalgam, wear resistance concerns in heavy occlusal areas, aesthetic limitations due to poor colour match, and susceptibility to dehydration after placement.



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GLASS IONOMER CEMENTS

Question 7

What distinguishes resin-modified glass ionomer cement (RMGIC) from traditional GIC?



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GLASS IONOMER CEMENTS

Answer 7

RMGIC is a hybrid material that combines traditional GIC advantages with resins to improve mechanical properties, providing higher compressive and flexural strength, better wear resistance, and improved aesthetic properties.



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**GLASS IONOMER
CEMENTS**

Question 8

What are the applications of silver diamine fluoride (SDF)?



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CUE CARDS**

GLASS IONOMER CEMENTS

Answer 8

SDF is used as a topical solution for caries-arresting and anti-hypersensitivity, effectively blocking open dentinal tubules, arresting carious lesions, managing dental caries in young children, and serving as a root canal disinfectant.

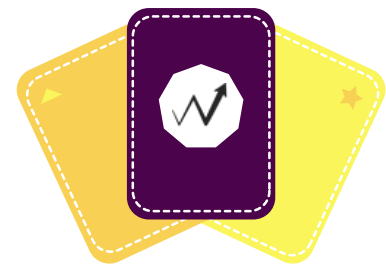


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**GLASS IONOMER
CEMENTS**

Question 9

What are the benefits and drawbacks of using silver diamine fluoride (SDF)?



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CUE CARDS**

GLASS IONOMER CEMENTS

Answer 9

Benefits of SDF include antimicrobial activity, remineralising effects from fluoride, simple application procedures, and low cost. However, drawbacks include staining of caries lesions and skin, an unpleasant metallic taste, transient gingival erythema, and potential fluorosis in young children.

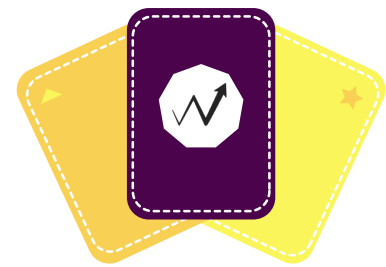


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CUE CARDS**

**GLASS IONOMER
CEMENTS**

Question 10

In what situations is resin-modified glass ionomer cement contraindicated?



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GLASS IONOMER CEMENTS

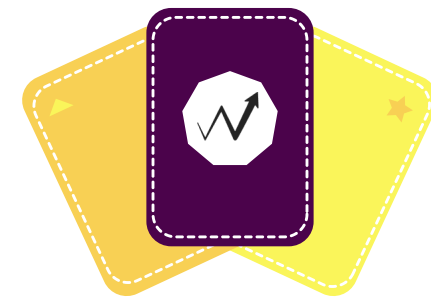
Answer 10

RMGIC is contraindicated in stress-bearing situations, where composite resin is preferred for restorative needs such as radiation caries, dry mouth cases, and subgingival caries extending more than 0.5 mm.

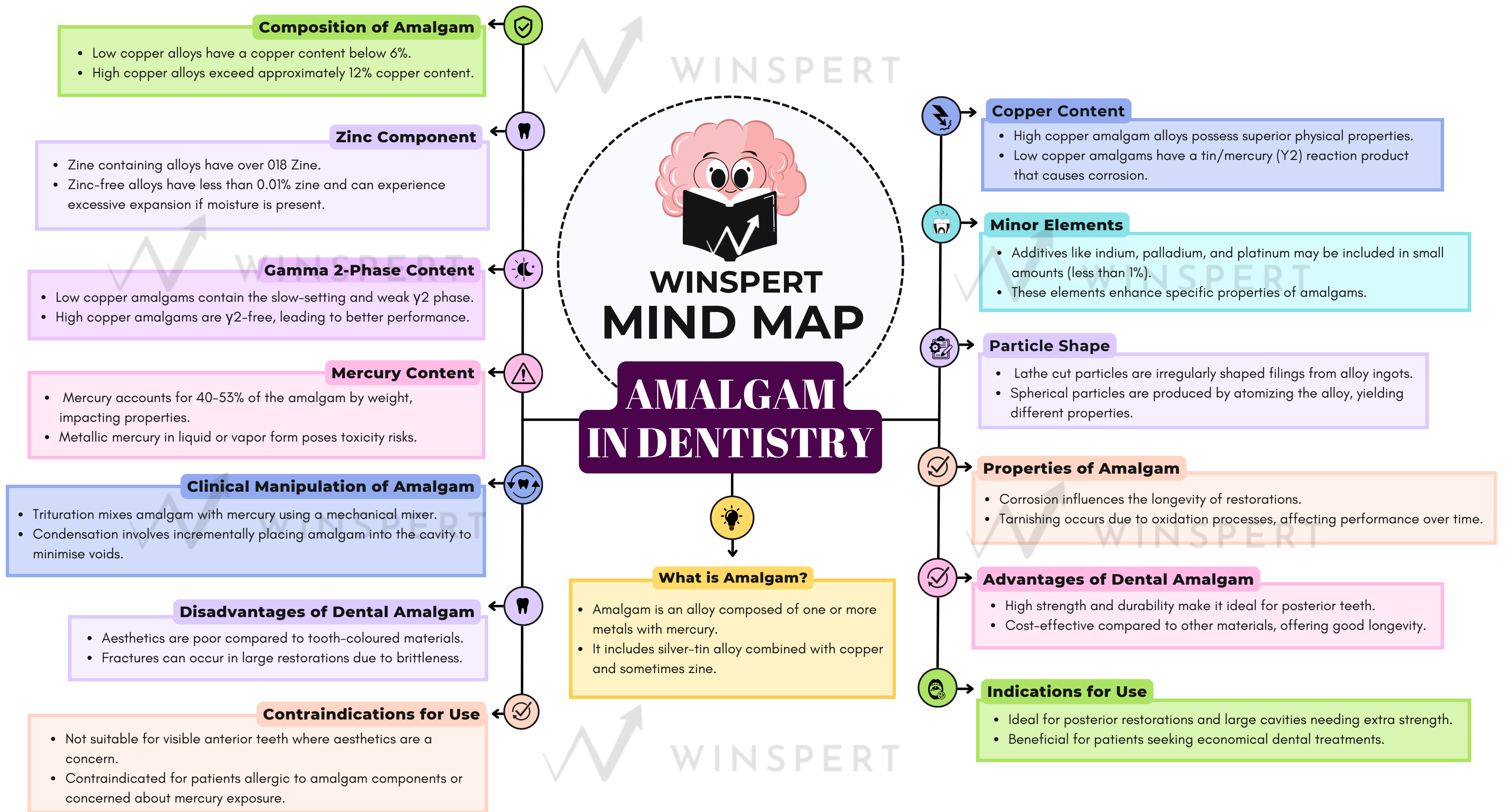
AMALGAM IN DENTISTRY



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





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CUE CARDS**

AMALGAM IN DENTISTRY

Question 1

What is amalgam and what are its main components?



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AMALGAM IN DENTISTRY

Answer 1

Amalgam is an alloy of one or more metals with mercury. The amalgam alloy is a silver-tin alloy to which varying amounts of copper (Cu) and small amounts of zinc (Zn) have been added.



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**AMALGAM
IN DENTISTRY**

Question 2

What distinguishes low copper amalgam alloys from high copper amalgam alloys?



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AMALGAM IN DENTISTRY

Answer 2

Low copper amalgam alloys have a total copper content of less than 6%, while high copper amalgam alloys have a total copper content greater than approximately 12%. High copper amalgams possess superior physical properties and clinical performance due to the absence of the tin/mercury (γ_2) reaction product.



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**AMALGAM
IN DENTISTRY**

Question 3

**What effect does zinc have in
amalgam?**



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CUE CARDS**

AMALGAM IN DENTISTRY

Answer 3

Zinc-containing alloys contain more than 0.01% zinc and may exhibit a lower rate of margin fracture under clinical loading. However, if contaminated with moisture during placement, these amalgams can experience excessive delayed expansion.



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CUE CARDS**

AMALGAM IN DENTISTRY

Question 4

What is the significance of gamma 2-phase content in amalgams?



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AMALGAM IN DENTISTRY

Answer 4

Amalgams may be classified as γ_2 -containing or γ_2 free. Low copper amalgams contain the weak and easily corroded γ_2 phase, while correctly manipulated high copper amalgams are γ_2 free and thus more stable.



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**AMALGAM
IN DENTISTRY**

Question 5

**How does the shape of
amalgam particles affect
their properties?**



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AMALGAM IN DENTISTRY

Answer 5

Lathe cut particles refer to irregularly shaped filings produced by cutting alloy on a lathe, while spherical particles are created by atomizing liquid alloy into an inert gas. The shape and type of particles influence the amalgam's performance and physical characteristics.



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**AMALGAM
IN DENTISTRY**

Question 6

What range of mercury content is typically required for good amalgamation?



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AMALGAM IN DENTISTRY

Answer 6

The amount of mercury required for effective amalgamation can vary from 40-53% by weight, depending on the shape, size, and composition of the alloy particles.

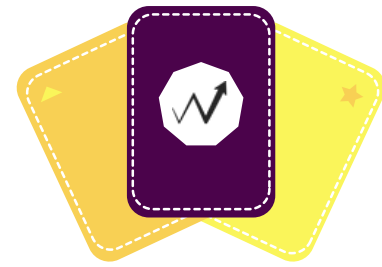


**WINSPERT
CUE CARDS**

**AMALGAM
IN DENTISTRY**

Question 7

What are the main properties of dental amalgam that influence its clinical longevity?

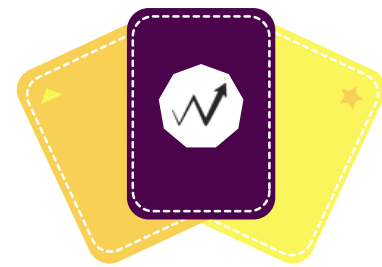


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CUE CARDS**

AMALGAM IN DENTISTRY

Answer 7

Corrosion, tarnishing, crevice corrosion, creep, and galvanic corrosion are key properties that affect the clinical longevity of dental amalgam restorations.



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**AMALGAM
IN DENTISTRY**

Question 8

What are the advantages of using dental amalgam for restorations?



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AMALGAM IN DENTISTRY

Answer 8

The advantages of dental amalgam include high strength and durability, cost-effectiveness, long-lasting restorations, ease of placement, and a self-sealing property that reduces microleakage.



**WINSPERT
CUE CARDS**

AMALGAM IN DENTISTRY

Question 9

**What are some contraindications
for the use of dental amalgam?**

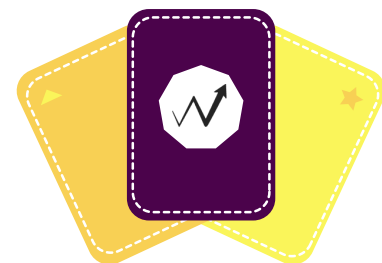


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CUE CARDS**

AMALGAM IN DENTISTRY

Answer 9

Contraindications for dental amalgam include aesthetic areas where tooth-coloured materials are preferred, allergies to amalgam components, small cavities in low-stress areas, concerns about mercury exposure, and extremely large cavities with thin tooth structure.



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AMALGAM IN DENTISTRY

Question 10

What clinical manipulation techniques are important for handling amalgam?



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**AMALGAM
IN DENTISTRY**

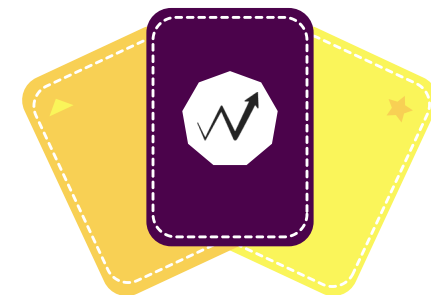
Answer 10

Key manipulation techniques include trituration (mixing), condensation (incremental placement), pre-carve burnishing, carving, post-carve burnishing, and finishing the amalgam restoration at a later appointment.

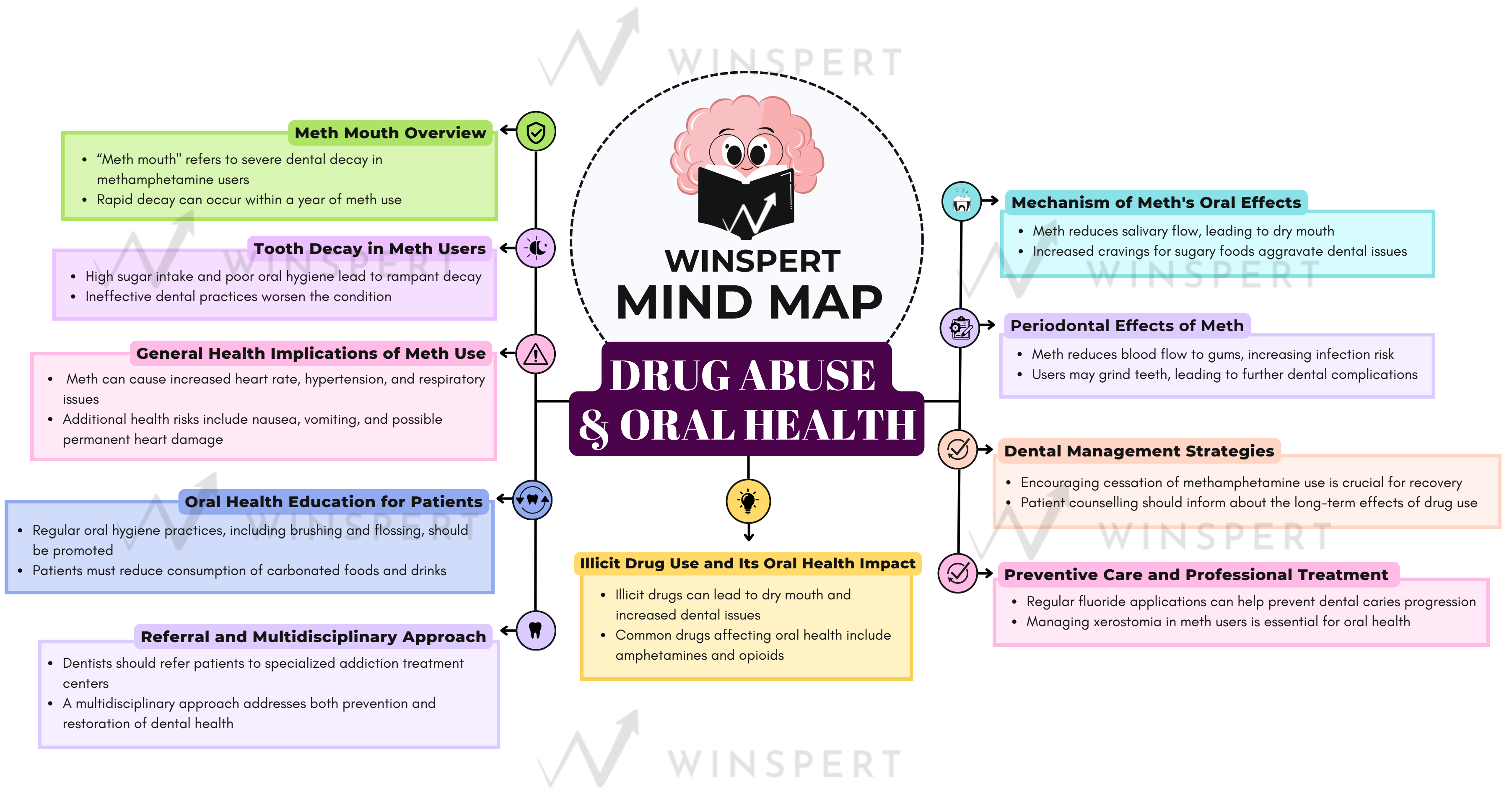
DRUG ABUSE & ORAL HEALTH



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





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CUE CARDS**

DRUG ABUSE & ORAL HEALTH

Question 1

**What are the adverse effects
of illicit drug use on oral
health?**



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DRUG ABUSE & ORAL HEALTH

Answer 1

Illicit drug use can lead to dry mouth, dental caries, oral candidiasis, and other oral infections, particularly when combined with a cariogenic diet and poor oral hygiene.



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DRUG ABUSE & ORAL HEALTH

Question 2

Which drug is most commonly associated with dental implications?



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DRUG ABUSE & ORAL HEALTH

Answer 2

Amphetamine (Methamphetamine) is the most common drug associated with dental implications.



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CUE CARDS**

DRUG ABUSE & ORAL HEALTH

Question 3

What is "meth mouth"?



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CUE CARDS**

DRUG ABUSE & ORAL HEALTH

Answer 3

"Meth mouth" refers to the typical caries pattern seen in methamphetamine users, characterised by severe tooth decay and loss.



**WINSPERT
CUE CARDS**

**DRUG ABUSE
& ORAL HEALTH**

Question 4

**What are the effects of
methamphetamine on salivary
production?**



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CUE CARDS**

DRUG ABUSE & ORAL HEALTH

Answer 4

Methamphetamine reduces salivary production, leading to dry mouth, which increases cravings for sugary foods and drinks, ultimately damaging teeth and gums.



**WINSPERT
CUE CARDS**

**DRUG ABUSE
& ORAL HEALTH**

Question 5

What is the sequence of effects that contributes to "meth mouth"?

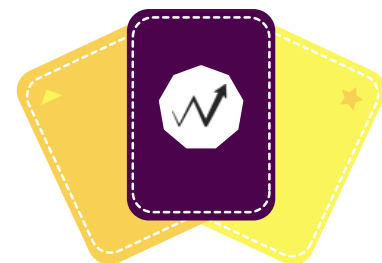


**WINSPERT
CUE CARDS**

DRUG ABUSE & ORAL HEALTH

Answer 5

**The sequence is: poor salivary flow (SSP),
cravings for sugary drinks and food, and poor
oral hygiene.**

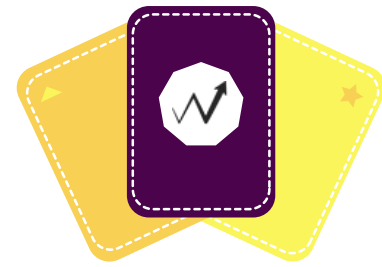


**WINSPERT
CUE CARDS**

**DRUG ABUSE
& ORAL HEALTH**

Question 6

**How does methamphetamine
use impact periodontal
health?**



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CUE CARDS**

DRUG ABUSE & ORAL HEALTH

Answer 6

Meth use causes a reduction in blood supply to the gums, increasing susceptibility to infection and gum disease, while weakening the immune system.

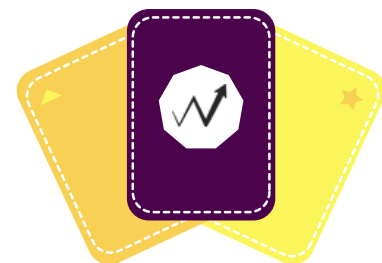


**WINSPERT
CUE CARDS**

**DRUG ABUSE
& ORAL HEALTH**

Question 7

**What are some general
health effects of
methamphetamine use?**



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CUE CARDS**

DRUG ABUSE & ORAL HEALTH

Answer 7

Methamphetamine use can lead to increased hypertension, respiratory issues, nausea, vomiting, hyperthermia, diarrhoea, irregular heartbeat, and even permanent heart damage.



**WINSPERT
CUE CARDS**

**DRUG ABUSE
& ORAL HEALTH**

Question 8

What is a critical aspect of dental management for methamphetamine users?



**WINSPERT
CUE CARDS**

**DRUG ABUSE
& ORAL HEALTH**

Answer 8

Encouraging the patient to stop abusing methamphetamine is a critical aspect of dental management.



**WINSPERT
CUE CARDS**

**DRUG ABUSE
& ORAL HEALTH**

Question 9

What oral hygiene practices should be recommended to patients using methamphetamine?



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CUE CARDS**

DRUG ABUSE & ORAL HEALTH

Answer 9

Patients should be advised to brush twice a day with fluoridated toothpaste, floss regularly, and reduce their consumption of carbonated foods and drinks.

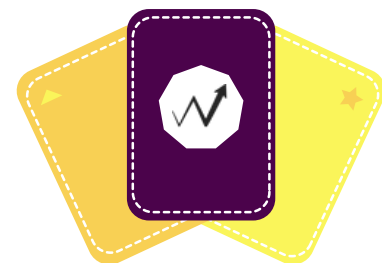


**WINSPERT
CUE CARDS**

**DRUG ABUSE
& ORAL HEALTH**

Question 10

What should dentists do if they suspect a patient is using illicit drugs?



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DRUG ABUSE & ORAL HEALTH

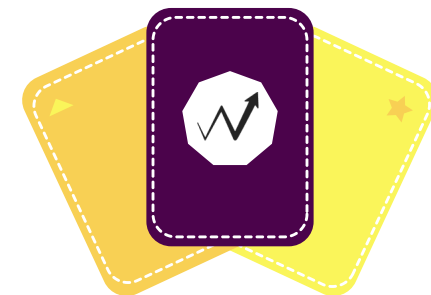
Answer 10

Dentists should refer suspected patients to a specialised addiction treatment centre and provide education on the effects of drug use.

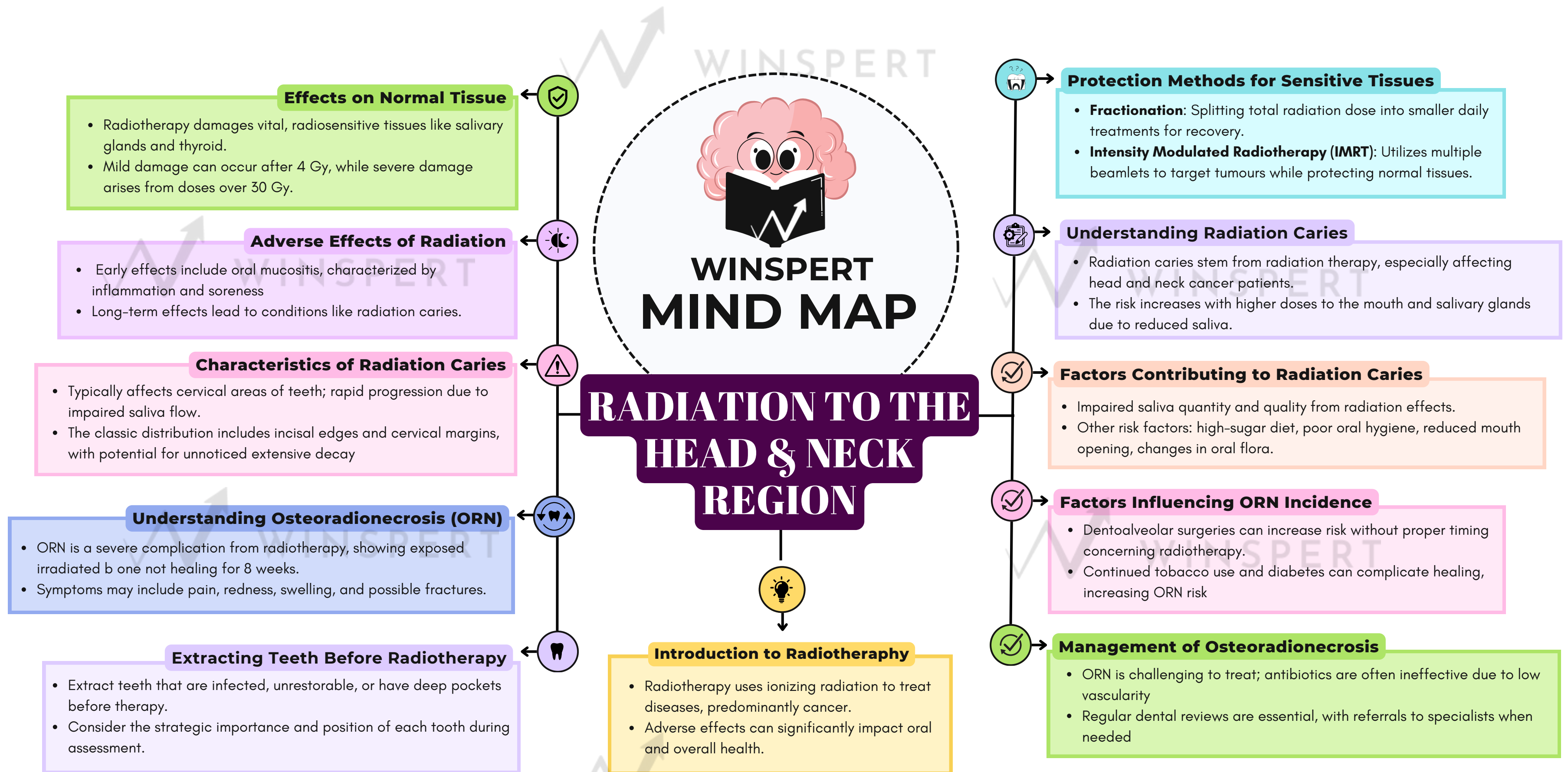
RADIATION TO THE HEAD & NECK REGION

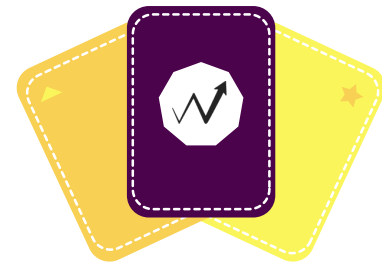


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 1

What is radiotherapy and what are its general effects on oral health in patients?

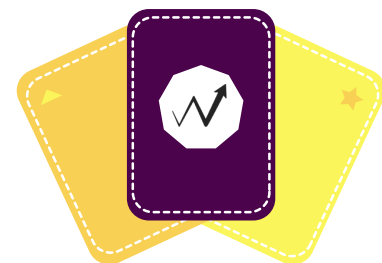


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CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Answer 1

Radiotherapy is the use of ionising radiation to treat diseases, typically using x-rays for cancer treatment. It has many adverse effects on oral and general health, particularly damaging normal tissues in the head and neck region, such as the salivary glands, eyes, spinal cord, and thyroid gland.

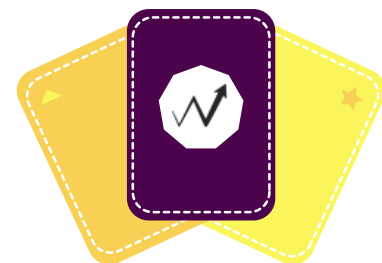


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 2

What is the full curative dose for most head and neck cancers, and what dose leads to mild and severe salivary gland damage?

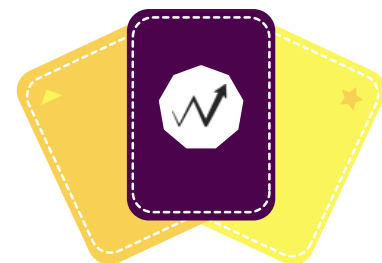


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Answer 2

The full curative dose for most head and neck cancers is 60–65 grays (Gy). Mild salivary gland damage can be detected after only 4 Gy, while severe permanent damage occurs with doses above 30 Gy to the glands.

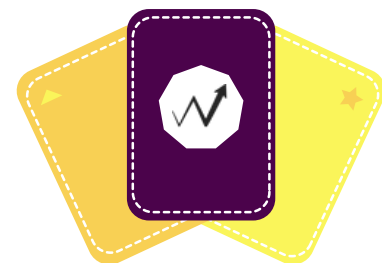


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 3

What is fractionation in radiotherapy, and how does it help reduce toxicity?



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CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Answer 3

Fractionation in radiotherapy involves delivering the total dose in small daily amounts or fractions, usually 2 Gy each weekday for 6 weeks. This method allows some recovery time between treatments, thus reducing toxicity to normal tissues.

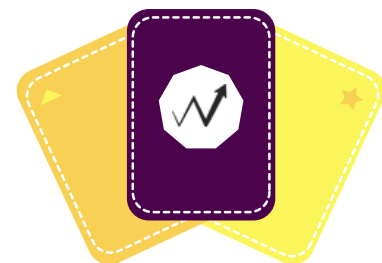


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 4

How does intensity-modulated radiotherapy (IMRT) minimise damage to normal tissues while treating cancer?

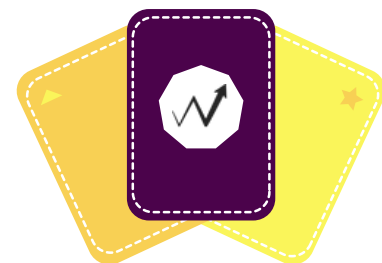


**WINSPERT
CUE CARDS**

**AMALGAM
IN DENTISTRY**

Answer 4

IMRT uses multiple smaller 'beamlets' to converge on the cancer from different directions. The intensity and shape of the beams are adjusted at each fraction to match the size of the tumour, ensuring a high dose to the tumour while greatly reducing the dose to the sensitive surrounding normal tissues.

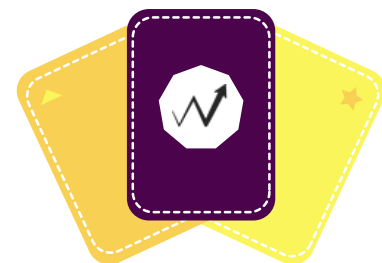


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 5

**What is oral mucositis, and
what are its primary
symptoms?**

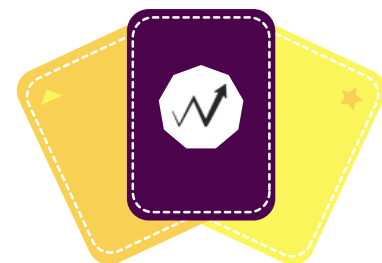


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Answer 5

Oral mucositis is the inflammation of the mouth that affects all patients undergoing radiotherapy initially. Its symptoms include erythema, ulceration, swelling, atrophy, and extreme soreness, which can prevent eating.

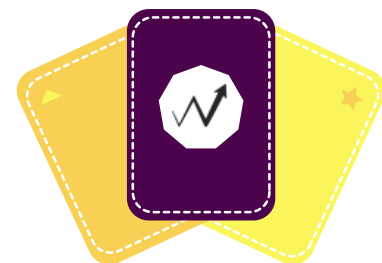


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 6

What is radiation caries, and who is most at risk for this condition?

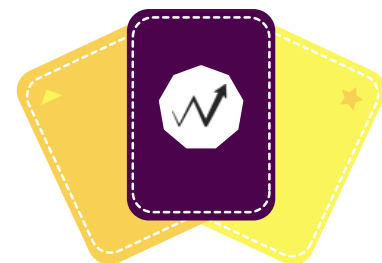


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Answer 6

Radiation caries is a type of dental decay that occurs as a complication of radiation therapy, particularly in patients undergoing treatment for head and neck cancers. The risk increases for patients who receive high doses of radiation to the mouth, salivary glands, and surrounding tissues.

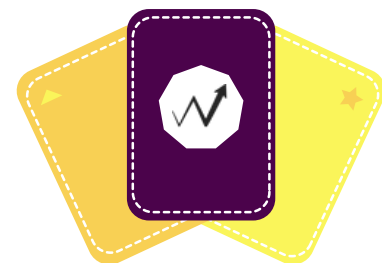


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 7

**What factors contribute to
the development of radiation
caries?**

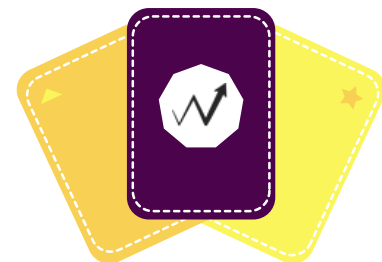


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Answer 7

Contributing factors to radiation caries include reduced saliva quantity and buffering capacity caused by radiation effects on the salivary glands, a high-sugar diet, poor oral hygiene, limited mouth opening, and sore mouth. Changes in oral flora may also play a role.

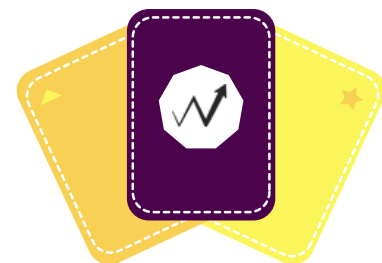


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 8

What is osteoradionecrosis (ORN), and what are its common symptoms?

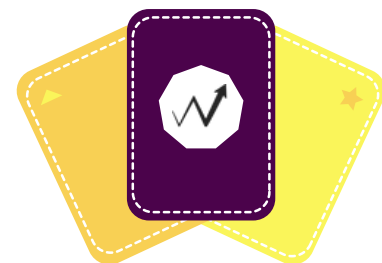


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Answer 8

Osteoradionecrosis (ORN) is a serious complication of radiotherapy, defined as the clinical or radiographic presence of exposed and devitalised irradiated bone without healing for at least 8 weeks. Common symptoms include pain, redness, swelling, altered sensation, discharge, skin fistula, or a pathological fracture.



**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 9

What measures can be taken to prevent the incidence of ORN in patients receiving radiotherapy?

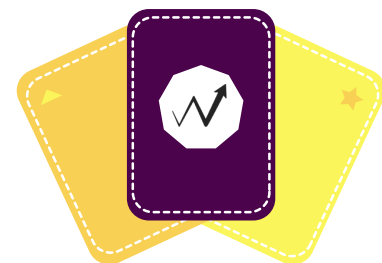


**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Answer 9

To prevent ORN, it is recommended to allow sufficient healing time after dental extractions before starting radiotherapy, avoid extractions during radiotherapy without consulting the multidisciplinary team, and consider the effects of continued tobacco use, diabetes mellitus, and total radiation dose.



**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

Question 10

What should be done with teeth deemed at risk before a patient undergoes radiotherapy?



**WINSPERT
CUE CARDS**

RADIATION TO THE HEAD & NECK REGION

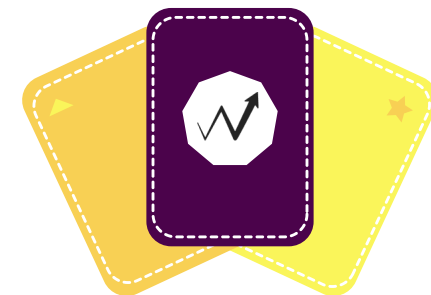
Answer 10

Teeth that should be extracted before radiotherapy include those that are infected, unrestorable, have pockets greater than 5 mm depth, are partially erupted third molars, or those likely to become inaccessible after cancer treatment. Each tooth's position, volume of radiation, strategic importance, and patient choice must be assessed.

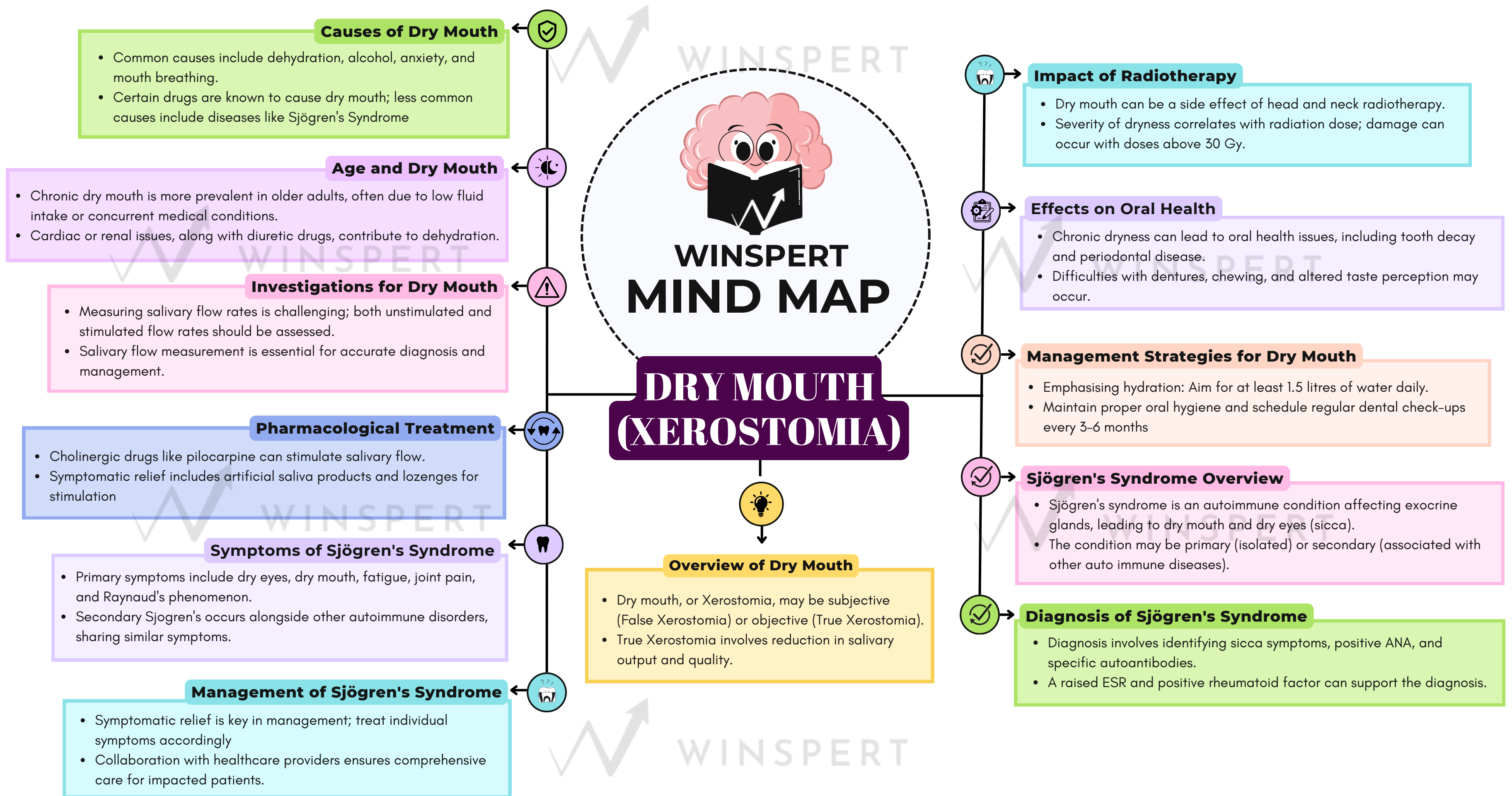
DRY MOUTH (XEROSTOMIA)



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



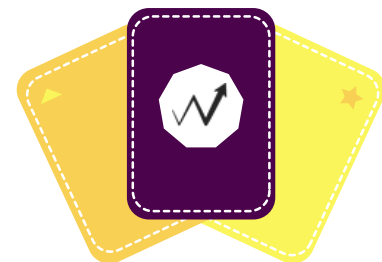


**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Question 1

What is dry mouth, and how is it classified?

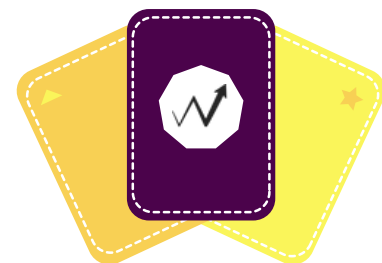


**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Answer 1

Dry mouth, also known as Xerostomia, is a relatively common condition that can be classified as either False Xerostomia, where there is a subjective feeling of dryness with normal salivary flow, or True Xerostomia, which involves a reduction in salivary quantity and quality, known as Salivary Gland Hypofunction (SGH).



**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 2

**What are the common
causes of dry mouth?**



**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Answer 2

Common causes of dry mouth include dehydration, alcohol consumption, anxiety, mouth breathing, and certain medications. Less common causes can include diseases such as Sjögren's syndrome.

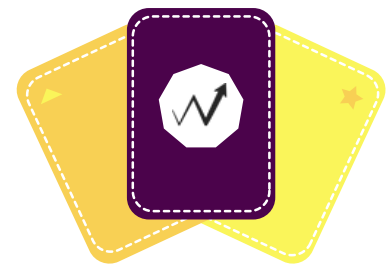


**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 3

What debilitating effect does head and neck radiotherapy have on salivary flow?



**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Answer 3

Head and neck radiotherapy can significantly reduce salivary flow, with the degree of reduction depending on the dose and region of radiation. Mild damage can occur after 4 grays (Gy) of radiation, while severe permanent damage is noted with doses above 30 Gy.



**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 4

Why is dry mouth more common in older individuals?



**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Answer 4

Dry mouth is more prevalent in older individuals due to factors such as habitual low fluid intake, especially in institutionalized settings, as well as the effects of cardiac or renal failure and diuretic drug usage.



**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 5

**What are the effects of
chronic dry mouth on oral
tissues?**



**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Answer 5

Chronic dry mouth can lead to several oral health issues, including tooth decay and erosion, periodontal disease, oral mucosal diseases, oral candidiasis, difficulty retaining dentures, challenges with chewing and swallowing, and an altered sense of taste.



**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 6

What investigations are conducted to measure salivary flow?



**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Answer 6

To measure salivary flow, investigations typically include the assessment of both Unstimulated Salivary Flow Rate (USFR) and Stimulated Salivary Flow Rate (SFR), which should be performed separately, starting with USFR.

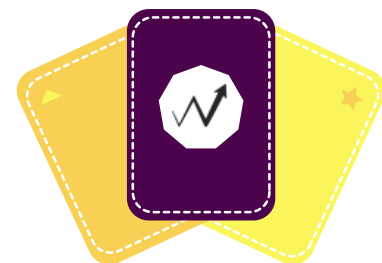


**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 7

What initial management steps are recommended for dry mouth?

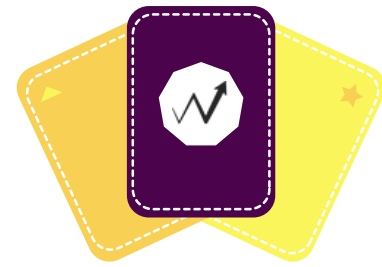


**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Answer 7

Initial management for dry mouth includes reviewing the patient's medications to discontinue any non-essential ones causing dryness, ensuring adequate hydration by drinking at least 1.5 litres of water daily, and maintaining proper oral hygiene while avoiding caffeine, cigarettes, and alcohol.



**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 8

**What pharmacological
agents can help stimulate
salivary flow?**

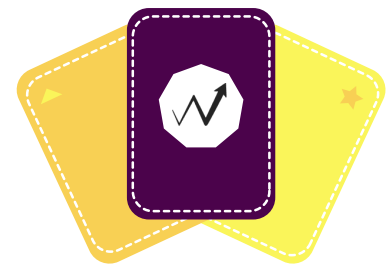


**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Answer 8

Cholinergic drugs, such as pilocarpine, can be used to stimulate salivary flow in patients experiencing dry mouth.



**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 9

What characterises Sjögren's syndrome?



**WINSPERT
CUE CARDS**

DRY MOUTH (XEROSTOMIA)

Answer 9

Sjögren's syndrome is an autoimmune disease characterised by inflammatory infiltration of the exocrine glands, especially salivary and lacrimal glands, leading to dysfunction and symptoms of dryness (sicca), including dry eyes and dry mouth.



**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

Question 10

**How is Sjögren's syndrome
diagnosed?**



**WINSPERT
CUE CARDS**

**DRY MOUTH
(XEROSTOMIA)**

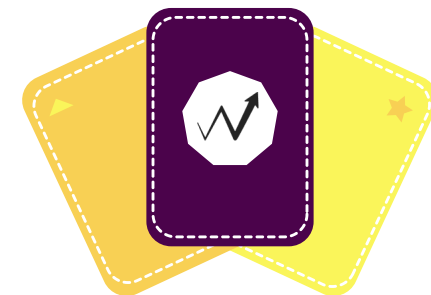
Answer 10

Diagnosis of Sjögren's syndrome is suggested by sicca symptoms, positive Anti-nuclear antibodies (ANA), along with autoantibodies to Ro and La, typically seen in affected individuals, as well as laboratory findings such as a raised erythrocyte sedimentation rate (ESR) and positive rheumatoid factor.

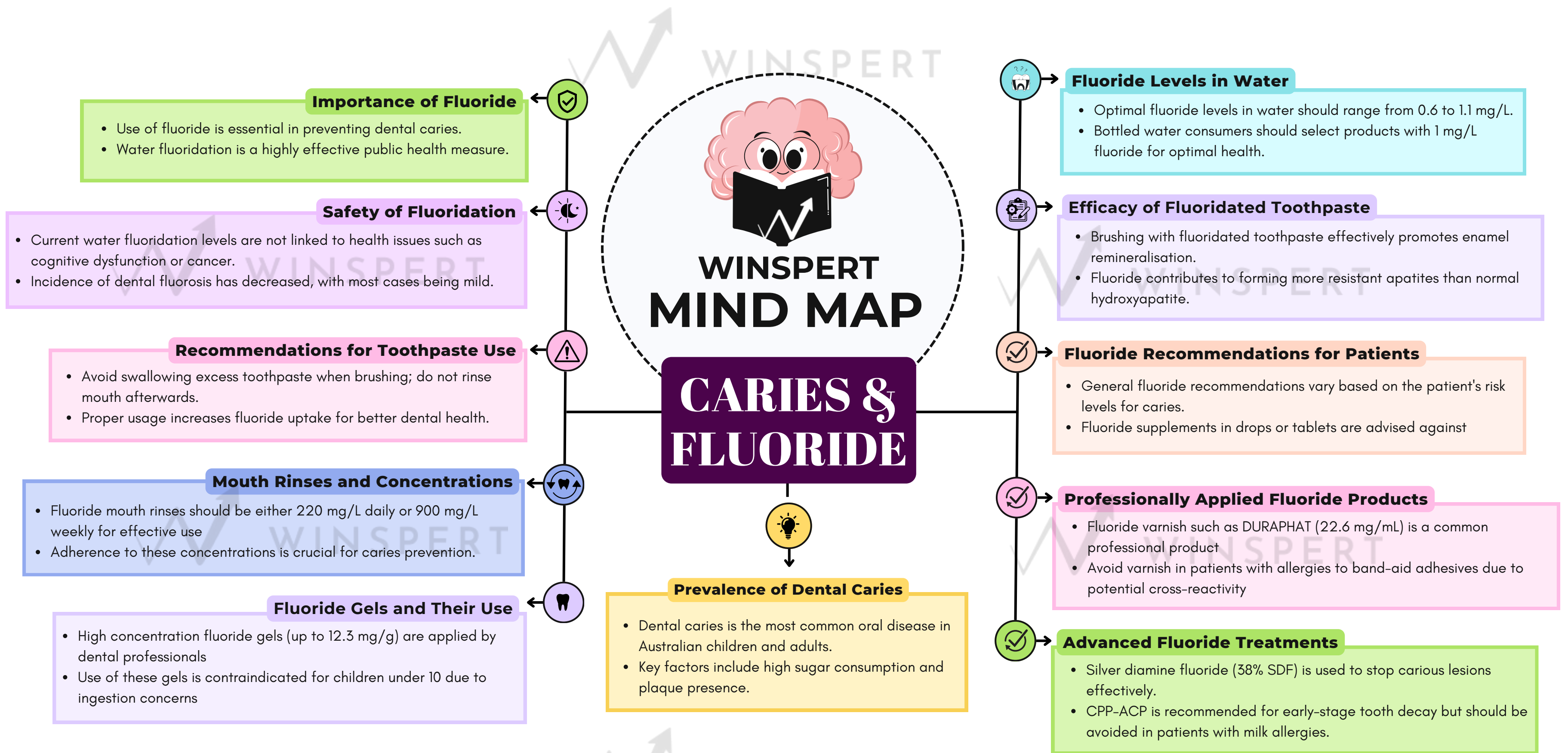
CARIES & FLUORIDE



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



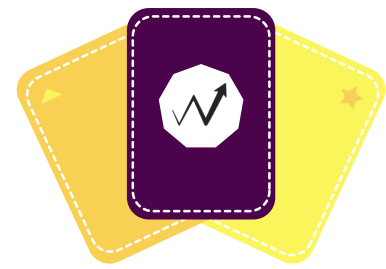


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 1

What is the most prevalent oral disease among Australian children and adults?

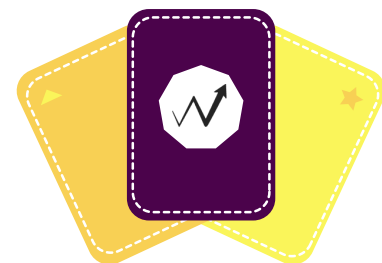


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 1

Dental caries is the most prevalent oral disease among Australian children and adults.

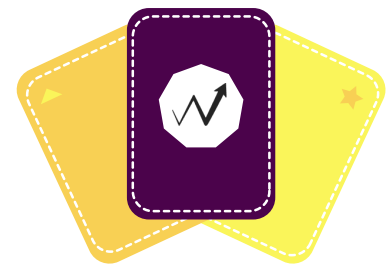


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 2

**What are the key
etiological factors for
dental caries?**



**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 2

The frequency of sugar consumption and plaque are the key etiological factors for dental caries.

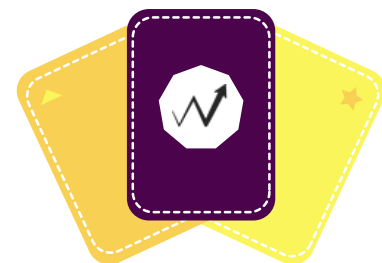


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 3

What is considered one of the most effective public health interventions for caries prevention?



**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 3

Water fluoridation is considered one of the most effective public health interventions for caries prevention.



**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 4

What is the recommended level of fluoride in water to prevent dental caries?

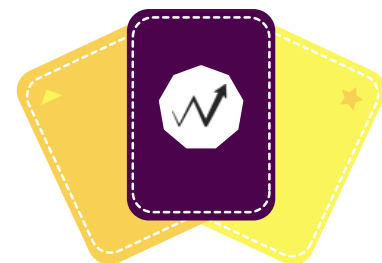


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 4

The recommended level of fluoride in water is within the range of 0.6 - 1.1 mg/L.

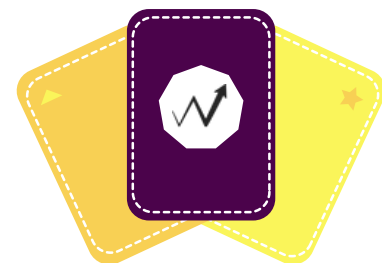


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 5

**What should people who
consume bottled water be
encouraged to do?**



**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 5

People who consume bottled water should be encouraged to drink labelled drinking water with 1 mg/L of fluoride.



**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 6

What type of dental condition has declined over time in Australia related to fluoride use?



**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 6

Dental fluorosis has declined over time in Australia, and those reported are very mild or mild.

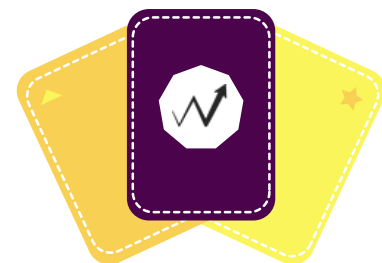


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 7

What is the effect of tooth brushing with fluoridated toothpaste?

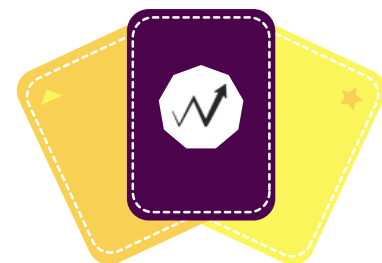


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CUE CARDS**

CARIES & FLUORIDE

Answer 7

The efficacy of tooth brushing with fluoridated toothpaste is widely established in promoting enamel remineralisation.

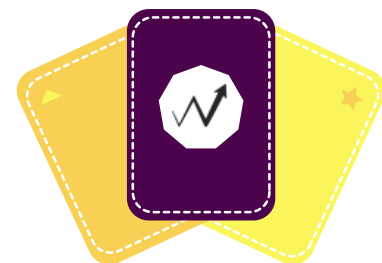


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 8

What should individuals do after brushing their teeth with fluoride toothpaste?

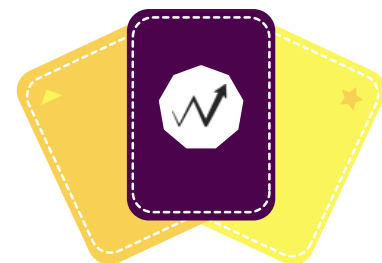


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 8

Individuals should remove excess toothpaste by spitting it out (do not swallow) and should not rinse their mouth after using fluoride toothpaste to increase uptake.

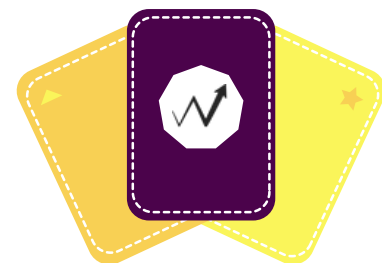


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 9

What concentration of fluoride should mouth rinses contain for daily and weekly use?



**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 9

Fluoride mouth rinses should contain a concentration of 220 mg/L for daily use or 900 mg/L for weekly use.

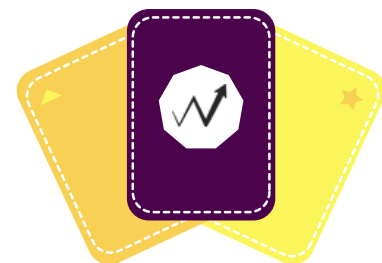


**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Question 10

What is a common fluoride varnish product applied by dental professionals?



**WINSPERT
CUE CARDS**

CARIES & FLUORIDE

Answer 10

The most common fluoride varnish product applied by dental professionals is DURAPHAT.