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Review Article

From Pediatric to General Practice: Translating Child-Centered Dental Protocols into Adult Care: A Narrative Literature Review

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Abstract

Background: Modern dentistry has shifted toward preventive, patient-centered and minimally invasive care. Pediatric dentistry has led this evolution by emphasizing early prevention, behavioral management, tissue preservation and individualized risk assessment. Although developed for children, these principles may apply to adults, where recurrent caries, dental anxiety and inconsistent preventive behaviors remain common. To explore how child-centered dental principles may be translated into general dental practice across different life stages. A narrative review was conducted through PubMed, Scopus and Google Scholar, organized into four thematic areas: minimally invasive caries management, behavioral guidance, pulp therapy and risk-based prevention. Silver diamine fluoride, the Hall Technique, behavioral guidance strategies, bioactive pulp therapy materials and individualized preventive protocols showed relevant applicability in adult populations, particularly in high-risk or medically complex patients. Several pediatric dentistry principles extend meaningfully beyond childhood. Further long-term evidence in adult patients is needed and standardized protocols should be developed to support their clinical integration.

Keywords: Minimally Invasive Dentistry; Pediatric Dentistry; Silver Diamine Fluoride; Hall Technique; Behavior Guidance; Dental Anxiety; Anticipatory Guidance; Caries Risk Assessment; Vital Pulp Therapy; General Dental Practice; Holistic Care

Introduction: The Pediatric Dentistry Paradigm and Its Relevance Beyond Childhood

The current landscape of oral health calls for a paradigm shift, moving away from a reactive approach toward a holistic view of the patient and pediatric dentistry stands as an essential pillar in that transition. The foundational principles of this discipline are not limited to childhood; rather, they represent a set of concepts applicable to general dental practice and to adult patients across different stages of life [1]. The rationale behind this shift rests on the understanding that oral health is a dynamic process influenced by biological, psychological and social factors that persist throughout the entire lifespan [2]. By incorporating these principles into general practice, the clinician achieves a more humane and effective approach, grounded in scientific evidence and the individualization of care [3]. The pediatric model is fundamentally characterized by a care philosophy that emphasizes proactive prevention and respects the integrity of dental tissue. This approach relies on behavioral management and holistic care, aiming not only for physical health but also for the emotional well-being of the individual [4]. Minimally invasive intervention becomes the standard of care, employing techniques that reduce patient anxiety

and preserve the original dental structure [1]. Comprehensive care within this model also recognizes social and behavioral determinants that, if overlooked, could jeopardize long-term clinical success [2].

Despite these advantages, there remains a significant gap between pediatric dentistry and general adult practice, which typically centers on a technical approach that prioritizes repair over prevention. In pediatric care, anticipatory guidance is a fundamental tool, while adult care often tends to be episodic and lacks strong preventive strategies [5]. This disconnect is clinically meaningful, as many adult patients experience dental trauma or severe anxiety that could benefit from behavioral management strategies more routinely applied in pediatric settings [6]. The absence of structured communication approaches and tailored guidance in adult practice continues to hamper treatment adherence and long-term outcomes [7].

The clinical importance of this shift is underscored by the persistent rates of recurring caries and the well-documented impact of dental anxiety on adults worldwide [8]. Many of the preventive gaps found in older patients could be addressed by employing the systematic diagnostic and educational practices typical in pediatric settings [4]. Managing anxiety through positive reinforcement and structured communication not only improves the patient experience but also enhances the quality and accuracy of clinical procedures [1]. Incorporating these approaches allows general dentistry to progress toward a multidisciplinary model that addresses the full spectrum of patient needs [9].

The purpose of this narrative review is, therefore, to support the inclusion of the pediatric model in general dentistry to enhance care and prevention standards. The paper is intentionally structured to provide theoretical justification and contextual grounding for these principles, leaving specific technical protocols to the clinical sections that follow. The review is organized around the following thematic areas: minimally invasive caries management and the use of silver diamine fluoride and the Hall Technique; behavioral guidance and anxiety management strategies; pulp therapy concepts and their analogues across dentitions; and preventive protocols and risk-based assessment applied to adult populations. A concluding section integrates the findings and discusses clinical implications for general dental practice.

Minimally Invasive Caries Management: From Silver Diamine Fluoride to Hall Technique in Adult Patients

Minimally invasive management of dental caries has established itself as a key approach within modern dentistry, particularly within the pediatric setting. This paradigm is grounded in prevention and the preservation of as much healthy tooth tissue as possible, while simultaneously reducing the trauma associated with traditional treatments [10]. This approach is especially important in the primary dentition, as primary teeth play essential roles in craniofacial development, mastication, swallowing, phonation and the maintenance of space for the permanent dentition [11].

Based on these principles, various therapeutic alternatives have emerged aimed at controlling caries without resorting to invasive procedures. Among these, Silver Diamine Fluoride (SDF) has gained prominence due to its effectiveness, ease of application and low cost [12]. It is generally used at a concentration of 38%, in which the silver acts as an antimicrobial agent against caries-associated bacteria, while the fluoride component contributes to strengthening the dental structure [13].

SDF belongs to a group known as cariostatic agents, which act through several biological mechanisms. Its primary effect consists of inhibiting bacterial activity, thereby reducing the production of acids responsible for dental demineralization. Furthermore, it promotes tissue remineralization through the incorporation of fluoride ions, which increases the tooth's resistance to subsequent acid attacks. It also contributes to preserving the organic matrix of dentin by limiting collagen degradation and may reduce dentinal sensitivity by decreasing the permeability of the dentinal tubules [12].

Available scientific evidence, based on numerous clinical studies and systematic reviews, supports the effectiveness of SDF in the prevention and arrest of caries in both children and adults [14]. In the pediatric population, its use is particularly advantageous for posterior molars, in patients at high caries risk or in those with limited cooperation, as its application is rapid, painless and requires no anesthesia [10]. In adults, particularly older individuals or those with medical or cognitive conditions that limit conventional treatment, SDF is employed to control lesion progression, especially in cases of root caries and as a method for reducing dentinal sensitivity [15].

Another alternative within this approach is the Hall Technique, which aligns closely with the principles of minimally invasive dentistry. This technique involves placing a preformed stainless-steel crown over the affected tooth without removing carious tissue or performing any tooth preparation [16]. Its objective is to seal the lesion, preventing bacterial access to nutrients and halting caries progression. In the primary dentition, multiple studies have demonstrated that this technique yields high rates of clinical success, with less discomfort, reduced anxiety and shorter treatment times compared to conventional methods [17].

Although the Hall Technique was developed primarily within pediatric dentistry, its underlying principles may be considered for certain adult patients, particularly those with special needs or limitations that make more complex restorative treatment difficult. In such cases, crowns requiring no extensive preparation can serve as a pragmatic alternative for controlling disease and preserving dental function [16].

Both SDF and the Hall Technique represent effective strategies within minimally invasive caries management. Both aim to control the disease by modifying the lesion environment rather than by completely removing the affected tissue. However, they do present certain limitations, primarily related to aesthetics, as SDF causes darkening of treated lesions and the stainless steel crowns used in the Hall Technique may be visually conspicuous [18]. Nevertheless, their clinical benefits, including reduced invasiveness, shorter operative times and applicability in patients with special needs, make them valuable tools in contemporary dental practice [11,13,14,16].

Behavior Guidance and Anxiety Management: Adapting Child-Tested Strategies for Adult Dental Phobia

Dental anxiety in adult patients is not only a reaction to pain, but also to other factors such as fear, uncertainty, previous negative experiences and loss of control during treatment. It can be perceived before, during and after dental care and it is frequently accompanied by physiological changes such as increased heart rate, blood pressure and respiratory rate. When patients experience severe dental anxiety, they tend to avoid dental visits, miss appointments and delay planned treatments, causing a progressive deterioration of oral conditions. This process affects not only oral health but also general health and the patient's capacity to engage with dental care services [19]. Dental anxiety and dental phobia share a multifactorial basis and are commonly related to traumatic experiences, fear of pain, personality traits, coping mechanisms and the way dental services are delivered [20].

The behavioral guidance techniques commonly used in pediatric dentistry should not be understood as strategies limited to child patients. They are, more accurately, structured communication tools that provide the opportunity to reduce fear, increase predictability, build trust and improve the patient's sense of control [20]. Providing adult patients with these tools, allowing them to feel part of the clinical team rather than passive recipients of treatment, can meaningfully improve their engagement and cooperation during care [14,20].

The tell-show-do technique can be adapted for adult patients by explaining each procedure in accessible language, demonstrating the instruments or sensations involved and then proceeding step by step. Voice control, in the adult context, does not mean an authoritarian approach; rather, it refers to a calm, clear and steady tone that provides structure and predictability to the appointment. Positive reinforcement can be used to acknowledge cooperative behaviors, such as using a hand signal for a pause, maintaining position during treatment or completing a specific phase of care [11,20].

Distraction is also a well-established technique in pediatric practice that translates effectively to adult settings. Options include music or ambient soundscapes, guided breathing, guided imagery and virtual reality, all of which may help redirect the patient's attention away from fear or discomfort during treatment. Virtual reality, in particular, has shown promising results in reducing dental anxiety, although current evidence demonstrates stronger effects in pediatric patients than in adults [21].

Assessment tools such as the Modified Dental Anxiety Scale, the Dental Anxiety Scale and the Dental Fear Survey can be valuable for identifying the intensity and severity of anxiety before treatment planning. Despite this, formal anxiety screening remains uncommon in routine dental practice. A survey of dentists in New Zealand found that only 2.8 percent relied on a formal tool to identify the degree of dental anxiety or phobia before initiating treatment [22]. This gap represents an opportunity for improvement in how general practitioners approach adult patients with dental fear.

When behavioral strategies alone are insufficient, nitrous oxide, oral sedation or intravenous conscious sedation may serve as useful pharmacological adjuncts. However, pharmacological sedation should not immediately replace communication and trust-building, because it does not address the underlying cause of fear. Current evidence supports adjusting the intervention to the clinical objective, including cognitive behavioral therapy or psychotherapy for patients with severe dental anxiety or phobia [23]. Adapting pediatric behavior guidance to adult care, therefore, requires therapeutic communication, formal assessment, gradual exposure and selective pharmacological support when clinically indicated.

Pulp Therapy Concepts in Primary Teeth and Their Analogues in Permanent Dentition

Pulp therapy in pediatric dentistry plays an important role in maintaining the integrity and function of primary teeth until their natural exfoliation. The main objective is to preserve pulp vitality whenever possible, prevent infection and support normal oral development. Over the years, advances in bioactive materials and minimally invasive approaches have transformed pulp therapy from traditional devitalization techniques toward biologically driven treatments focused on healing and regeneration.[24] Many of the concepts initially developed for primary teeth are now influencing contemporary vital pulp therapies in permanent dentition, especially in immature permanent teeth with open apices and understanding these principles is essential for improving clinical outcomes and preserving tooth structure in both pediatric and adult patients [25].

Biological Principles of Pulp Therapy in Primary Dentition

Primary teeth present anatomical and biological characteristics that make pulp preservation especially important. Compared to permanent teeth, they have larger pulp chambers, thinner dentinal walls and greater vascularity, all of which increase the risk of rapid pulpal involvement during caries progression [25].

Pulpotomy

Pulpotomy is a vital pulp therapy procedure in which the coronal pulp tissue is removed while preserving the vitality of the radicular pulp. It is commonly indicated in primary teeth with deep carious lesions and reversible pulpitis without radiographic signs of pathology [24]. The biological goal is to maintain healthy radicular pulp tissue and preserve the tooth until natural exfoliation.

Pulpectomy

Pulpectomy involves complete removal of necrotic or irreversibly inflamed pulp tissue, followed by canal disinfection and obturation with resorbable materials. This procedure is indicated when pulpal infection extends beyond the coronal pulp or when abscesses and radiographic pathology are present [25].

Apexogenesis

Apexogenesis is a vital pulp therapy performed in immature permanent teeth to allow continued root development and apical closure. Maintaining pulp vitality is essential because continued dentin formation improves root strength and long-term prognosis [24].

Materials Used in Primary Teeth and Their Evidence-Based Evolution

Historically, formocresol was considered the gold standard for pulpotomy in primary teeth because of its high clinical success rates and ease of use. However, concerns regarding cytotoxicity and potential systemic effects have reduced its use in recent years [25]. Ferric sulfate emerged as an alternative due to its hemostatic properties and lower toxicity, though it does not stimulate dentin regeneration [24].

The introduction of Mineral Trioxide Aggregate (MTA) significantly improved pulp therapy outcomes, owing to its excellent sealing ability, high biocompatibility and capacity to stimulate dentin bridge formation. Current evidence supports MTA as one of the most effective materials for vital pulp therapy in both primary and permanent teeth [26]. More recently, Biodentine has gained wide acceptance as a bioactive calcium silicate material with improved handling properties and faster setting time compared to MTA. Studies have shown favorable clinical and radiographic success rates, making it an important alternative in contemporary pulp therapy [26].

Application of These Concepts to Permanent Teeth

Many of the biological principles used in pediatric pulp therapy are now applied to immature permanent teeth. Modern vital pulp therapy procedures aim to preserve pulp vitality and support continued root maturation whenever possible [24]. Bioactive materials such as MTA and Biodentine are commonly used in young permanent teeth for pulpotomy procedures and apexification techniques. In cases involving immature apices, apical plug techniques provide an artificial barrier that promotes sealing and improves treatment predictability [25]. These conservative approaches represent a meaningful shift in endodontics toward preserving natural tissues and supporting biological regeneration rather than complete pulpal removal.

Clinical Implications for the General Dentist

Understanding pulp therapy concepts is essential for general dentists because early diagnosis and appropriate case selection directly influence prognosis. The use of bioactive materials has improved treatment predictability and expanded conservative options for both pediatric and permanent dentition [24]. Clinicians must recognize when pulp vitality can still be preserved and when more extensive treatment becomes necessary. Evidence-based pulp therapy supports minimally invasive dentistry while promoting long-term tooth preservation and improved patient outcomes [27].

Preventive Protocols and Risk-Based Assessment: A Pediatric Model for Lifelong Oral Health

Pediatric dentistry has traditionally approached prevention as a continuous and individualized process rather than a series of isolated clinical interventions. Concepts such as anticipatory guidance, caregiver education, risk-based recalls and behavior-centered prevention are routinely integrated into pediatric care and adjusted according to changes in disease activity, oral hygiene practices, dietary habits and social factors. Although these strategies were initially developed for children, several of their underlying principles may also be relevant in the management of high-risk adult populations [27,28].

In recent decades, both caries and periodontal disease have increasingly been understood as chronic, behaviorally influenced conditions rather than exclusively restorative problems. Risk assessment models such as Caries Management by Risk Assessment (CAMBRA) support individualized preventive planning based on biological, environmental and behavioral risk factors rather than age alone [25]. These models consider variables including previous caries experience, salivary dysfunction, fluoride exposure, dietary habits, oral hygiene practices and socioeconomic determinants that may influence disease progression. Contemporary evidence supports the use of risk-based approaches to improve preventive decision-making and promote earlier intervention in susceptible patients [27,28].

Despite greater recognition of individualized prevention, preventive care in adult dentistry often continues to rely on relatively standardized recall systems and episodic treatment patterns. This limitation is particularly evident in underserved populations with irregular attendance, low oral health literacy and high rates of untreated disease [28]. Many of these patients present with chronic behavioral and preventive challenges including inconsistent home care, delayed treatment-seeking, frequent sugar exposure and limited understanding of disease progression, all of which complicate long-term disease control. From a clinical perspective, these patterns often require repetitive reinforcement, simplified preventive communication and structured follow-up strategies similar to those emphasized in pediatric preventive models [29].

Anticipatory guidance represents one pediatric principle that may have broader relevance across the lifespan. In pediatric dentistry, preventive counseling is commonly adapted according to developmental stage, expected behavioral changes and disease risk over time. Although adult patients differ significantly in autonomy and clinical presentation, individualized counseling and repetitive reinforcement may still play an important role in improving adherence to preventive recommendations, particularly among patients with chronic disease patterns or inconsistent attendance [22]. Motivational interviewing has gained increasing attention within dentistry as a patient-centered communication strategy aimed at improving oral hygiene behaviors and increasing patient engagement without relying solely on directive instruction. Systematic reviews suggest that motivational interviewing may contribute to modest improvements in oral health behaviors and periodontal outcomes, especially when incorporated into long-term preventive care [29,30].

Risk-based prevention also extends to professional preventive protocols. Fluoride varnish applications, prescription-strength fluoride toothpaste, shortened recall intervals, salivary management strategies and supportive periodontal therapy may be particularly valuable in adults with xerostomia, root caries, extensive restorative histories or medically compromising conditions.

Evidence supports the use of professionally applied fluoride therapies in older and high-risk adults for reducing caries progression and improving root caries management [31]. Similarly, individualized periodontal maintenance intervals have been associated with improved long-term periodontal stability in susceptible patients [32].

While important differences exist between pediatric and adult care, pediatric dentistry has long emphasized individualized prevention, behavioral reinforcement and continuous risk reassessment as central components of disease management. These principles offer valuable perspectives for improving long-term preventive care in high-risk adult populations, particularly in settings where disease burden is strongly influenced by behavioral and social factors.

Conclusion and Clinical Implications: Integrating Pediatric Evidence into General Dental Practice

The evidence reviewed throughout this paper highlights how several principles traditionally associated with pediatric dentistry may also have an important role in adult dental care. Although the clinical approaches discussed were originally developed for children, many of them share concepts that are increasingly relevant in modern general practice, including prevention, minimally invasive treatment, preservation of oral tissues and individualized patient management.

The different sections of this review collectively support a more conservative and patient-centered approach to oral healthcare. The discussion on minimally invasive caries management demonstrated how pediatric techniques, particularly silver diamine fluoride and the Hall Technique, may provide practical alternatives for adult patients in selected clinical situations, especially those who are elderly, medically compromised or have limited tolerance for invasive procedures. The section on behavior guidance showed that communication strategies routinely used in pediatric dentistry can also improve the management of adult patients with dental anxiety, helping to increase treatment acceptance and cooperation. The review of pulp therapy concepts reinforced the importance of maintaining pulpal vitality through biologically conservative procedures whenever clinically feasible, supported by the growing body of evidence on bioactive materials such as MTA and Biodentine. Finally, the preventive and risk-based approaches discussed highlighted the importance of early intervention and individualized care planning as essential components of long-term oral health management.

Taken together, these findings suggest that pediatric dentistry should not be viewed only as a specialty limited to childhood care, but also as an important source of evidence and clinical concepts that may be adapted to general dentistry. Many pediatric protocols are grounded in prevention, patient comfort and minimally invasive decision-making, which closely aligns with current trends in adult dental care.

At the same time, the literature reviewed also revealed important limitations. Although several pediatric-derived approaches appear promising when applied to adult populations, long-term evidence evaluating their effectiveness, predictability and patient-centered outcomes in general practice settings remains limited. Additional clinical studies are needed to better define standardized protocols and to assess the long-term applicability of these strategies in adult patients.

The findings of this review also carry implications for dental education and professional training. Greater emphasis on minimally invasive dentistry, behavioral management and risk-based preventive care may help future general dentists adopt a more comprehensive and prevention-oriented philosophy. Strengthening the integration between pediatric and general dentistry concepts during clinical training may also improve the ability of clinicians to manage patients using individualized and biologically conservative approaches.

From a clinical perspective, incorporating routine caries-risk assessment, preventive strategies, conservative restorative decision-making and effective communication techniques may contribute to better patient experiences and improved long-term oral health outcomes. These approaches may be especially valuable in patients with high treatment anxiety, extensive restorative needs or increased caries risk.

Overall, the integration of pediatric evidence into general dental practice reflects the ongoing shift toward a more preventive, patient-centered and risk-based model of care. Applying these principles throughout different stages of life may help support more conservative, individualized and sustainable oral healthcare for patients of all ages.

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The project did not meet the definition of human subject research under the purview of the IRB according to federal regulations and therefore was exempt.

Informed Consent Statement
Not applicable.

Authors' Contributions
All authors contributed equally to this paper.

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