

All patients	<ul style="list-style-type: none"> • Enhanced prevention as per local or national guidelines • Multi-disciplinary care, for example with orthodontics, may be necessary in the mixed or permanent dentition • Patient will need regular reviews in primary care, with the expectation that any restorations placed will need more frequent adjustment / replacement compared to patient without AI • Patient may require transitioning to adult dental services at 16-18 years
Primary dentition	<ul style="list-style-type: none"> • Monitor • Fissure sealants (<i>e.g. sensitive molars</i>) • Pre-formed metal crowns (<i>e.g. molars with post-eruptive breakdown, symptoms, or caries</i>) • Composite restorations (<i>e.g. incisors/canines with post-eruptive breakdown, symptoms, or caries</i>)
Mixed & permanent dentition	<p>Posterior teeth</p> <ul style="list-style-type: none"> • Fissure sealants • Stabilise teeth with direct restorations or pre-formed metal crowns (<i>e.g. molars with post-eruptive breakdown, symptoms, or caries</i>) • Definitive restorations (<i>e.g. cast metal onlays for previously stabilised molars, direct or indirect composite for premolars with hypoplastic defects or post-eruptive breakdown</i>) <p>Anterior teeth</p> <ul style="list-style-type: none"> • Monitor (<i>e.g. asymptomatic and not concerning patient</i>) • Microabrasion (<i>e.g. to improve aesthetics of superficial opacities</i>) • Resin infiltration (<i>e.g. to improve aesthetics of diffuse and superficial white opacities</i>) • Direct composite restoration (<i>e.g. to protect or restore post-eruptive breakdown</i>) • Vital bleaching (<i>e.g. to improve dark enamel and/or blend opacities</i>) • Definitive restorations (<i>e.g. direct or indirect composite to address tooth shape, colour, or breakdown. Composite is the indirect material of choice in patients with immature gingival margins</i>)