| All patients | • 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 | • Monitor  
• Fissure sealants (*e.g. sensitive molars*)  
• Pre-formed metal crowns (*e.g. molars with post-eruptive breakdown, symptoms, or caries*)  
• Composite restorations (*e.g. incisors/canines with post-eruptive breakdown, symptoms, or caries*) |
| Mixed & permanent dentition | Posterior teeth  
• Fissure sealants  
• Stabilise teeth with direct restorations or pre-formed metal crowns (*e.g. molars with post-eruptive breakdown, symptoms, or caries*)  
• Definitive restorations (*e.g. cast metal onlays for previously stabilised molars, direct or indirect composite for premolars with hypoplastic defects or post-eruptive breakdown*)  
Anterior teeth  
• Monitor (*e.g. asymptomatic and not concerning patient*)  
• Microabrasion (*e.g. to improve aesthetics of superficial opacities*)  
• Resin infiltration (*e.g. to improve aesthetics of diffuse and superficial white opacities*)  
• Direct composite restoration (*e.g. to protect or restore post-eruptive breakdown*)  
• Vital bleaching (*e.g. to improve dark enamel and/or blend opacities*)  
• Definitive restorations (*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*) |