ADA updates X-ray guidance

Recommendations have new section on limiting exposure

In an effort to decrease radiation exposure to patients, the American Dental Association’s Council on Scientific Affairs collaborated with the U.S. Food and Drug Administration to update the ADA’s recommendations for dental X-ray examinations. And after extensive review, the updates have been released.

The ADA’s 27-page “Dental Radiograph Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure,” in the professional resources area of www.ada.org under “Oral Health Topics,” is intended to be used in conjunction with dentists’ professional judgment to determine whether and when dental X-rays are needed. The ADA recommends that dentists weigh the benefits of taking dental X-rays against the possible risk of exposing patients to the radiation, the effects of which can accumulate from multiple sources over time.

“As doctors of oral health, dentists are in the best position to make decisions on whether to prescribe dental X-rays after an oral examination and with consideration of the patient’s health history. Prescribing dental X-rays should be an individualized process,” said ADA President Robert A. Faiella, DMD, MMSc. Since 1989, the ADA has recommended the ALARA principle in relation to dental X-rays—that radiation exposure to patients be “as low as reasonably achievable.”

Changes to the recommendations include:
• Addition of a new section on limiting radiation exposure during radiographic examinations.
• Including new topics such as receptor selection, handheld X-ray units, technique charts and radiation risk communication.

The ADA’s Council on Scientific Affairs (CSA) consulted with dental radiology experts about a year ago to update the recommendations. The CSA then sent the recommendations for peer review and for review by non-dental organizations such as the Conference of Radiation Control Program Directors and the American Association of Physicians in Medicine. The recommendations are intended to serve as a resource for dentists and are not intended to be standards of care, requirements or regulations.

(Source: American Dental Association)