Appendix D – HTA Update
Key Study Characteristics

AUTHOR & DATE OF STUDY (ID)	DESIGN	COUNTRY OF ORIGIN	DATE OF DATA COLLECTION	POPULATION CHARACTERISTICS				ACCESS/ COVERAGE	INTERVENTION: FREQUENCIES COMPARED	OUTCOMES	FOLLOW UP
				N	Age	Dentition** D, M, P	Recruitment		Dental check:		
Boehmer *et al.*, 2001	Cross-sectional (CS)	United States (Boston)	April 1996 – May 1997	538	62 (mean) SD 11.9	P	Men who are participants in the Veterans Health Study – a longitudinal study of the health and functional status of male Veterans Administration ambulatory care patients.	Not stated	(*Subjective measure of dental check frequency)* **Self-reported time of last dental visit:** For analysis purposes, this was divided into 3 categories: 1) During the last year 2) Between 1 and 2 years ago 3) More than 2 years ago	Mucosa score Number of teeth Decayed coronal surfaces Root caries Periodontal treatment need	N/A
Title of Study: *Oral Health of Ambulatory Care Patients* **Aim of Study:** To assess Veterans Administration patients' clinical oral health status and its associations with sociodemographic characteristics and use of dental care.											
Bullock *et al.*, 2001	Case-control study	Stoke-on-Trent, North Staffordshire. UK.	Not stated	Cases (Ca) 100 Controls (Co) 100	Ca(n) Co(n) 18-29 (28) (23) 30-44 (45) (43) 45-59 (24) (22) ≥60 (3) (12)	P	Consecutive patients (18+ yrs) attending a general dental practice were recruited into the two study groups as they presented themselves for dental examination or for treatment in response to a dental problem.	Mixed private/NHS practice	(*Objective measure of dental check frequency*) **Regular Attenders** (Controls): Adult patients, aged 18 years or over, who had attended for at least two dental examinations in the course of the past two years **Casual Attenders** (Cases): Adult patients, aged 18 years or over, who had not had a dental examination during the course of the past two years and who had attended in response to a dental problem	**Primary outcome:** Subjects with dentinal caries on bitewing radiograph. **Secondary Outcomes:** Subjects with visual caries causing cavitation. Subjects with >30% tooth-bone loss Subjects with mobile teeth.	N/A
Title of Study: *A case-control study of differences between regular and casual adult attenders in General Dental Practice.* **Aim of Study:** To assess whether adults attending a dental practice for regular dental care have better oral health than adults attending casually in response to a dental problem and to explore the barriers to asymptomatic attendance.											

** D=deciduous dentition, M= Mixed dentition, P = Permanent dentition

AUTHOR & DATE OF STUDY (ID)	DESIGN	COUNTRY OF ORIGIN	DATE OF DATA COLLECTION	POPULATION CHARACTERISTICS				ACCESS/ COVERAGE	INTERVENTION: FREQUENCIES COMPARED	OUTCOMES	FOLLOW UP
				N	Age	Dentition** D, M, P	Recruitment		Dental check:		
Campus *et al.*, 2001	CS	Sardinia, Italy	Dec.1997 to March 1998	403	12 yr olds	P	Systematic cluster sampling of 1,250 12 yr old children attending school in study area. Excluded children without consent, those with fixed appliances	Italian population has access to dental care only on a private basis.	(*Subjective measure of dental check frequency*) **Reported dental check-ups:** *Less than once a year* *Once a year* *Twice a year* *More than twice a year*	Mean DMFS Mean no. of decayed surfaces Mean no of filled surfaces CPITN: healthy, bleeding, calculus	N/A
Title of Study: *Socio-economic and behavioural factors related to caries in twelve-year-old Sardinian children.* **Aim of Study:** 1) to determine caries prevalence among 12-year-old Sardinian children and 2) to investigate the relationships between oral clinical indices and various behavioural and social-demographic factors. A questionnaire concerning oral hygiene habits, the onset of toothbrushing habits, frequency of dental check-ups, sweet food and soft drink consumption and socio-economic background was filled out by children and parents/guardians.											
Carvalho *et al.*, 2001	CS	Belgium	1983 1998	533 496	12 year olds	P	Two samples were drawn in connection with children's compulsory regular medical check-up at the University School Health Centre in Brussels, responsible for 17 secondary schools. Eight out of these 17 schools were randomly selected to participate in the sample in 1983. Children from the same schools sampled in 1998.	In Belgium a partial public subsidy for health care is available. Partial refunds for dental and medical expenses are available for a list of selected treatments. In 1989, 'preventive procedures' included in list of reimbursable treatments included one annual clinical examination, one annual topical fluoride application and one sealant application on permanent teeth.	(*Subjective measure of dental check frequency*) **Reason for making dental appointment:** 1) *Never* 2) *discomfort or pain* 3) *Control visit at least once per year* **Comparisons made (in multiple linear regression model):** Appointment on pain (no =0; yes =1) Regular appointment (no = 0; yes =1).	DMFS	N/A
Title of Study: *The decline in dental caries among Belgian children between 1983 and 1998.* **Aim of Study:** To investigate cross-sectionally a possible dental caries decline among Belgian 12-yr-old children from 1993 to 1998 and to analyse some factors that may be related to dental caries during the study period.											

AUTHOR & DATE OF STUDY (ID)	DESIGN	COUNTRY OF ORIGIN	DATE OF DATA COLLECTION	POPULATION CHARACTERISTICS				ACCESS/ COVERAGE	INTERVENTION: FREQUENCIES COMPARED	OUTCOMES	FOLLOW UP
				N	Age	Dentition** D, M, P	Recruitment		Dental check:		
Chavers *et al.*, 2002	Longitudinal Study (LS)	United States (Florida)	Baseline (August 1993-April 1994) Telephone interview at 6,12, 18 months. Personal interview and clinical examination at 24 months (August 1995)	873 (by 24 months, 764 persons remained in study, of whom 723 participated in a clinical examination)	45 yrs or older	P	Sampling designed to ensure that a large no. of persons at hypothesized increased risk for oral health decrements would be included (namely African Americans, rural residents, persons 45 yrs or older & the poor). Random sample of dentate respondents stratified by nonmetropolitan and metropolitan counties	Not stated	(*Subjective measure of dental check frequency*) **Problem oriented attenders (POA)** Classified as POA if respondent described their approach to dental care as: "I never go to a dentist" and/or "I go to a dentist when I have a problem or when I know I need to get something fixed" **Regular attenders (RA)** Classified as RA if respondent described their approach to dental care as "I go to a dentist occasionally, whether or not I have a problem" or "I go to a dentist regularly"	Oral Disadvantage due to: 1)Disease/ Tissue damage 2) pain 3) function	Telephone interview at 6,12, 18 months. Personal interview and clinical examinatio n at 24 months
Title of Study: *Racial and socio-economic disparities in oral disadvantage, a measure of oral health-related quality of life: 24 month incidence.* (NOTE: Oral disadvantage is one component of 'oral health-related quality of life' (OHRQOL) and connotes a psychosocial state in which persons affected by oral disease, tissue damage, or functional limitation do not perform normal social activities, such as interpersonal contacts or employment, because of their mouth). **Aim of Study:** To estimate the incidence of oral disadvantage based on the subject's approach to dental care, sex, race, and financial status; to identify demographic and socio-economic characteristics associated with oral disadvantage; and to determine if these characteristics are differentially associated with the three domains of oral disadvantage.												
Freire *et al.*, 2002	Cross-sectional (CS)	Brazil	Not Stated	664	15 yr olds & their mothers	P	Randomly selected from public and private schools in a fluoridated area of Brazil	Not stated	(*Subjective measure of dental check frequency*) **Pattern of dental attendance:** Check-ups mainly In trouble mainly No dental visit Do not know	Caries severity	Not applicable
Title of Study: *Mothers' sense of coherence and their adolescent children's oral health status and behaviours* **Aim of Study:** To investigate the relationship between mothers' sense of coherence (SOC) and their adolescent children's oral health.											

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				N	Age	Dentition** D, M, P	Recruitment		Dental check:		
Lissowska *et al.*, 2003	Case-control study	Poland	March 1997-June 2000	Cases 122 (78 males, 44 females) Controls 124 (72 males, 52 females)	23-80 years	P	Men and women, aged 23 –80 yrs, diagnosed with histologically confirmed incident cancer of the oral cavity and pharynx in one of the biggest maxillofacial surgery clinics in the province of Warsaw. Controls were patients admitted for acute illnesses to major hospitals serving the same areas where the cases lived.	Not stated	(*Subjective measure of dental check frequency*) Every year Every 2-5 years <once every 5 years Never	Oral cavity and pharynx cancer	NA
Title of Study: *Smoking, alcohol, diet, dentition and sexual practices in the epidemiology of oral cancer in Poland* **Aim of Study:** The study was conducted within the framework of an international multicentre case-control study, coordinated by the International Agency for Research on Cancer, to assess risk factors for oral cancer, including the potential impact of HPV infection on oral cancer. The aim of the study was to assess a variety of lifestyle risk factors in Poland.											
Locker 2001	Longitudinal study	Ontario, Canada	Data collection at baseline (1989) and after 3 years	907 (baseline) 611 (follow-up)	Mean age at baseline 63 yrs	P	Randomly selected sample of adults aged 50 years and over living independently in four Ontario communities.	Not stated	(*Objective measure of dental check frequency*) Number of dental visits in the previous three years: 0 1–5 6–11 12–33	Reported oral health: Worse Same Better	3 years after baseline
Title of Study: Does dental care improve the oral health of older adults? **Objective of the study:** To assess the relationship between self-perceived change in oral health status and the provision of dental treatment in an older adult population.											

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				N	Age	Dentition** D, M, P	Recruitment		Dental check:		
Petersen et al., 2001	Cross sectional	Southern Thailand	Survey completed by 1997	1156 Grade I children 1116 Grade VI children	6 yrs 12 yrs	D P	Two stage random sampling of primary schools (urban and rural).	Not stated	(*Subjective measure of dental check frequency*) **Annual Dental Visit:** Yes No	DMFT (12 yr olds only)	NA
Title of Study: Oral health status and oral health behaviour of urban and rural school children in Southern Thailand **Aim of Study:** To describe the level of oral disease in urban and rural school-children in Southern Thailand; to analyse self-care practices and dental visiting habits of 12-year-olds, and to assess the effect of socio-behavioural factors on dental caries experience											
Richards and Ameen 2002	Case control	Swansea, South Wales	December 1998 – June 1999	643	18 years or older (Average age 41.3 years with standard deviation of 13.82.)	P	Opportunistic recruitment of consecutive patients (aged 18+ years) attending a general dental practice in an urban area of Swansea	Not stated	(*Objective measure of dental check frequency*) **Regular attenders** Last attendance ≤ 24 months **Irregular attenders** Last attendance >24 months	SOHSI variables; Overall description of oral health; Toothloss; mean number of teeth; (SOHSI = Subjective Oral Health Status Indicators – an oral health quality of life measure).	NA
Title of Study: The impact of attendance patterns on oral health in a general dental practice. **Aim of Study:** To examine the impact of attendance patterns on oral health in the context of government policy on dental care and registration in the UK.											

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				N	Age	Dentition** D, M, P	Recruitment		Dental check:		
Thomson 2001	Longitudinal study	New Zealand	Not stated	1037 in original cohort Dental exam data at age 26 available for 930. 748 of these living in NZ. Analyses based on sample of 748.	26 year olds	P	Longitudinal study of a cohort of children born at a hospital in Dunedin, New Zealand between 1st April 1972 and 31st March 1973. Periodic collections of health and developmental data, including dental examinations, undertaken since then. Data presented in this paper uses data collected at ages 5, 15,18 and 26.	School Dental Service up until age of 12-13 (free access). Transfer to General Dental Benefit (GDB) Scheme at age 12 or 13 – no out of pocket charge to the user of GDB care (nevertheless, transfer to GDB scheme associated with drop in utilisation from over 95 percent to less than 75 percent). Role of State in provision of dental care generally ceases at age 18.	(*Subjective measure of dental check frequency*) **Dental visit pattern:** Regular GDB user at age 15 Yes No (Regular GDB user identified as those who reported being on the Dental Benefit Scheme, had visited the dentist within the previous 18 months and reported that their most recent visit was for a check-up). **Usual reason for dental visit at age 26:** Check-up Problem	Oral health at age 26 rated 'among the worst/below average Number with 1+ teeth lost due to caries by age 26 Number with 1+ third molars removed by age 26 Mean DMFS at age 26 Mean DFS increment between aged 18 and 26 Mean plaque score at age 26	

Title of Study: *Use of dental services by 26-year-old New Zealanders*
Aim of Study: To describe the current characteristics of use of dental services and their oral health associations at age 26 among New Zealand-domiciled participants in a long-standing cohort study.

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				N	Age	Dentition** D, M, P	Recruitment		Dental check:		
Ugur *et al.*, 2002	Cross Sectional	Witten, Germany (Study of Turkish population)	1997	532	Older than 12 years of age (age groups studied: 13-14 15-24 25-34 35-44 45-54 55+)	P	Not random sample. Three stage sampling process. 1) sampling of Turkish clubs in city 2) schools with Turkish students 3) Residential area with large number of Turkish residents	Not stated	(*Subjective measure of dental check frequency*) Use of dental services: **Regular:** People who made regular visits every year to have their teeth examined **Irregular:** People going to the dentist only if there was a 'tooth problem'	DT MT FT PT (periodontally involved teeth)	NA
Title of Study: *Utilisation of dental services among a Turkish population in Witten, Germany* **Aim of Study:** To describe the oral health status and the dental service use pattern of a Turkish population in Witten, Germany, and to assess the factors affecting this use pattern.											
Ullah et al., 2002	Cross sectional	Bangladesh	2000	631	12 yr olds	P	Stratified random sample on basis of urban, semi-urban and rural residence. 14 schools selected to obtain a representative national sample.	Not stated	(*Subjective measure of dental check frequency*) **Dental visit pattern:** Regular (> once a year) Irregular (< once a year) Do not remember Never	DT, DMFT OHI-S scores	NA
Title of Study: *Oral health of 12 year old Bangladeshi children.* **Aim of Study:** To describe the experience of dental caries among 12-year-olds in Bangladesh 2) to assess their oral hygiene and periodontal conditions 3) to collect representative data on oral health habits and 4) to relate dental caries data, oral hygiene, and periodontal conditions to sex, residence (urban, semi-urban and rural), tooth cleaning habits and social factors.											

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).	SUBJECTS	% MUCOSA SCORES			% EDENT-ULOUS	% ANY DENTURE	NUMBER OF TEETH	DECAYED CORONAL SURFACES	ROOT CARIES		PERIO TX NEED
Boehmer et al., 2001	C/S	538	62 (mean) SD 11.9	**Self- reported time of last dental visit**	**n**	**0 or 1**	**2**	**3**					*untreated*	*untreated plus filled*	
				During Last 1 year	268	19.4	12.3	15.6*	10.1*	36.2*	Mean 20.25_a (n=241)	Mean 0.94_a (n=241)	Mean 0.09a (n=229)	Mean 0.15 (n=181)	Mean 1.84_a
				Between 1 and 2 years ago	65	69.8	76.9	64.3	24.6	52.3	18.02_b (n=49)	1.73_a (n=49)	$0.14a_b$ (n=44)	0.19 (n=38)	2.19_b
				2 years or more	199	10.8	10.8	20.1	49.8	63.3	16.22_b (n=100)	3.14_b (n=100)	0.18_b (n=91)	0.21 (n=72)	2.42b
					*p <0.05 (Chi2 test)						n =number of subjects. Different subscript letters indicate significant differences between groups at p<0.05 (Duncan tests)				

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).	NUMBER OF TEETH			SUBJECTS WITH DENTINAL CARIES ON BW RADIOGRAPH	SUBJECTS WITH VISUAL CARIES CAUSING CAVITATION	SUBJECTS WITH >30% TOOTH BONE LOSS	SUBJECTS WITH MOBILE TEETH
		200		**Dental visit pattern**	**Median**	**IQR**	**Range**				
Bullock *et al.*, 2001	Case Control	100 cases 100 controls	18-29 30-44 45-59 ≥ 60	**Regular Attenders (Controls)** At least two dental examinations in the course of the past two years	27	25-28	7-32	n (%) Absent: 78 82 Present: 17 18 N=95 (bw not taken for 5 subjects with no posterior teeth)	n (%) Absent: 81 81 Present: 19 19 N=100	n (%) Absent: 80 84 Present: 15 16 N=95	n (%) Absent: 92 92 Present: 8 8 N=100
				Casual Attenders (Cases): No dental examination in the past two years and who had attended in response to a problem.	27	24-29	14-32	Absent: 40 43 Present: 54 57 N=94 (bw not taken for 6 subjects with no posterior teeth)	Absent: 21 21 Present: 79 79 N=100	Absent: 67 71 Present: 27 29 N=94	Absent: 76 76 Present: 24 24 N=100
					p-value 0.154 (adjusted for age, gender and social class) p-value 0.409 (adjusted for age, gender, social class and smoking status)			p <0.001 (adjusted for age, gender and social class) p <0.001 (adjusted for age, gender, social class and smoking status)		p = 0.013 (adjusted for age, gender and social class) p = 0.046 (adjusted for age, gender, social class and smoking status)	p < 0.001 (adjusted for age, gender and social class) p 0.001 adjusted for age, gender, social class and smoking status).

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).	SUBJECTS	DECAY EXPERIENCE (DMFT/DFT/DMFS)	DECAYED SURFACES (DS)	FILLED TEETH (FT) FILLED SURFACES (FS)	CPItn		
				Dental check	n	Mean DMFS	Mean number of decayed surfaces	Mean number of filled sufaces	healthy	bleeding	calculus
Campus 2001	C.S.	Total 403	12 year olds	Less than once a year	98	3.3 ± 4.2	2.0 ± 2.8	1.3 ±2.9	34.7%	36.7%	28.6%
				Once a year	112	3.2 ±4.2	2.6 ± 4.0	0.6± 1.2	34.8%	34.8%	30.4%
				Twice a year	62	4.3 ±5.9	3.1 ±5.2	1.2 ± 2.9	17.8%	53.2%	29.0%
				More than twice a year	87	3.7 ±4.8	2.5 ± 4.3	1.2 ±2.3	34.5%	33.3%	32.2%
						p for ANOVA 0.4	p for ANOVA 1.0 (Note this value (1.0) is incorrect)	p for ANOVA 0.3		p for _26 0.1	
Carvalho 2001	C.S.	Total 533 (1983) 496 (1998)	12 year olds	Appointment on pain (no = 0; yes =1)	App. on pain 218 (1983) 99(1998)	Appointment on pain (no = 0 yes = 1) Comparing '0' to '1' '1'> mean DMFS 3.40 SE 0.80 (p-value 0.0001)					
				Regular appointment (no =0; yes =1)	Regular app. 272 (1983) 372(1998)	Comparing '0' to '1' '1'>mean DMFS 1.50 SE 0.77 (p-value 0.053).					

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).	SUBJECTS	ORAL DISADVANTAGE DUE TO.....		
				Dental check		**DISEASE/TISSUE DAMAGE**	**PAIN**	**FUNCTION**
Chavers *et al.*, 2002	Longitudinal	Total Baseline 873 Final 723	45 yrs or older	Approach to dental Care: Problem oriented attenders (POA)	1,598 (weighted person intervals)	Adjusted OR (95% CI): 2.0 (1.3, 3.1) [p <0.05]	Adjusted OR (95%CI): 1.3 (0.8, 2.1) N.S	Adjusted OR (95% CI): 1.5 (1.1,2.1) [p<0.05]
				Regular attenders (RA)	1,894 (weighted person intervals) Person intervals used as unit of analysis, not the individual.	(Adjusted for age, sex, race, area of residence and socio-economic variables)	(Adjusted for age, sex, race, area of residence and socio-economic variables)	(Adjusted for age, sex, race, area of residence and socio-economic variables)
						1.0	1.0	1.0

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).	SUBJECTS	DECAY EXPERIENCE (DMFT/DFT/DMFS)	ADJUSTED ODDS RATIOS
				Pattern of dental attendance	**n (%)**	**Caries severity**	
Freire 2002	C.S.	Total 664	15 yr olds	Check-ups mainly	41 (35) 123(53.7) 131(55.3) 59(72.8)	Zone 3 Zone2 Zone1 Zone0	Check-ups Mainly: 1
				In trouble mainly	71(60.7) 99(43.2) 91(38.4) 12(14.8)	Zone 3 Zone2 Zone1 Zone0	In trouble mainly 1.93 (1.42, 2.62))
				No dental visit	1 (0.9) 0 (0.0) 2(0.8) 5(6.2)	Zone 3 Zone2 Zone1 Zone0	No dental visit 0.09 (0.02, 0.42)
				Do not know	4(3.4) 7(3.1) 13(5.5) 5(6.2)	Zone 3 Zone2 Zone1 Zone0 Zones 3 to 0 indicate decreasing severity: Zone 3= approximal and labial anterior; Zone 2 = approximal posterior; Zone 1 = Pit and fissure posterior; Zone 0 = caries free.	Do not know 0.63 (0.31, 1.30)

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/ 12).				
				Dental Check	**No. of cases**	**No. of Controls**	**Odds Ratio**	**95% CI**
Lissowska et al., 2003	Case-Control Study	Cases 122 (78 males, 44 females) Controls 124 (72 males, 52 females)	23-80 years	Every year	28	8	1 (reference category)	
				Every 2-5 years	55	36	1.94	(0.70-5.34)
				< once every 5 years	29	40	4.67	(1.56-14.01)
				Never	11	33	11.89	(3.33-42.51)
					P for trend <0.01			

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/ 12).	SUBJECTS	REPORTED CHANGE IN ORAL HEALTH STATUS (ORAL HEALTH SELF RATING)
				Number of visits over three yr period	**n n = 518**	**Change in Oral health status over three years**
Locker 2001	Longitudinal	Baseline 907 Follow-up 611	Mean age at baseline 63 years	0	15.9% 80.4% 3.7%	Worse Same Better
				1–5	23.6 65.5 7.9	Worse Same Better
				6–11	15.5 74.1 10.4	Worse Same Better
				12–33	23.3 52.1 24.7	Worse Same Better
					P <0.0001; chi2 test	

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).	DECAY EXPERIENCE (DMFT)	
				Pattern of dental attendance	**12 year olds only**	
Petersen et al 2001	C.S.	1156 1116	6 yr olds 12 yr olds	Annual Dental Visit:	DMFT Regression Co-efficient	OR Odds Ratio
				YES	0.53 P< 0.01	1.35 P<0.05
				NO	–	–

AUTHOR STUDY DESIGN	N	AGE	INTER-VENTION FREQ (/12).	OVERALL DESCRIPTION OF HEALTH					TOOTHLOSS CHARACTERISTICS			MEAN NO OF TEETH	SOHSI VARIABLES				
													ABILITY TO SOCIALISE				
Richards and Ameen Cross Sectional	643	18 years +		Ex n (%)	V.good n(%)	Good n (%)	Fair n (%)	Poor n (%)	Edent n (%)	1-21 teeth n (%)	>21 teeth n (%)		AE n (%)	AS n (%)	D n (%)	W n (%)	S n (%)
			Regular attenders Last attendance ≤ 24 months	33 (89.2)	128 (88.3)	187 (77.9)	80 (52.6)	15 (28.3)	2 (100)	62 (84.4)	321 (75.3)	25.3 (SD 5.45) CI 24.8,25.9	333 (74)	399 (72)	211 (60.5)	446 (70.2)	327 (82.5)
			Irregular attenders Last attendance >24 months	2 (5.4)	5 (3.45)	11 (4.6)	14 (9.2)	13 (24.5)	0 (0)	0 (0)	23 (5.4)	27.69 (SD2.65) CI 26.5,28.8	30 (6.67)	35 (6.32)	33 (9.46)	45 (7.09)	14 (3.54)
													AE=ability to eat; AS=ability to speak; D=discontent; W=worried; S=Satisfied				

SOSHI variables dependence on attendance mode				DISEASE ACTIVITY n (%)					SEVERITY OF PAIN EXPERIENCE n (%)				SEVERITY OF OTHER SYMPTOMS EXPERIENCE		
	*	**		D	OS	GWB	HOC	AD	No	Mild	Mod	Severe	Lot n (%)	Little n (%)	None n (%)
AE	0.006	52.19	Regular attenders	169 (57)	273 (64.4)	387 (74.7)	218 (90)	161	219 (82)	109 (66)	43 (51.8)	16 (33.3)	30 (49.18)	146 (65.18)	159 (81.54)
AS	0.041	62.54													
D	0.000	37.3													
W	(0.53)	64.73													
S	0.000	51.25													
D	0.000	43.8	Irregular attenders	34 (11.5)	37 (8.7)	31 (6)	7 (2.89)	16 (6.2)	6 (2.25)	15(9.09)	11(13.2)	8(16.6)	8 (13.11)	24 (10.71)	6 (3.08)
OS	0.000	27.43													
GWB	0.000	60.5													
DS	0.000	43.69													
SP	0.000	38.9													
SOS	0.000	11.25													
ODH	0.000	68.38													
				D=discomfort;OS=other symptoms; GWB=general well being; HOC=healthy overall code; AD=active disease 2 and 3 overall code.											

*significance of dependence on patterns of attendance
**regular patients with satisfactory symptom (%overall)
SP=Severity of pain
SOS=Severity of other symptoms
ODH=Overall description of health

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).					
Thomson 2001	Longitudinal	748	26 yr olds	Use of dental services	Oral health at age 26 rated 'Among the worst/below average' n (%)	No. with 1+ missing teeth lost due to caries by age 26 n (%)	Mean DMFS at age 26 (sd)	Mean DFS increment between ages 18 and 26 (sd)	Mean plaque score (sd) at age 26
				Regular GDB user at age 15?					
				YES (n=423)	170(40.2)	41 (9.7)	12.3 (11.04)	4.95 (5.80)	0.84 (0.53)
				NO (n=325)	145 (44.6)	32 (9.8)	13.55 (11.91)	4.35 (5.49)	0.90 (0.57)
				Usual Reason for dental visit at age 26?					
				Check-up (n=341)	78 (22.9)	12(3.5)	11.18 (10.14)	4.22 (5.51)	0.78 (0.50)
				Problem (n-=407)	237(58.2) *	61 (15.0)*	14.23 (12.26) ¥	5.08 (5.77) ¥	0.94 (0.58)*
					* P<0.05	* P <0.05	¥ P<0.05. Mann-Whitney test	¥ P<0.05. Mann-Whitney test	* P<0.05

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).	DECAYED TEETH			MISSING TEETH			FILLED TEETH			PERIODONTALLY INVOLVED TEETH		
Ugur 2002	CS	532	13- 55+ yr olds	Use of dental services	Beta	Odds ratio (OR)	95% CI for OR	Beta	Odds ratio (OR)	95% CI for OR	Beta	Odds ratio (OR)	95% CI for OR	Beta	Odds ratio (OR)	95% CI for OR
				Regular	-0.26	**0.78** P<0.01	0.69, 0.87	-0.10	**0.90** P<0.05	0.83, 0.99	0.78	**1.11** P<0.05	1.00, 1.16	-0.06	**0.94** P<0.01	0.92, 0.98
				Irregular	–	–	–	–	–	–	–	–	–	–	–	–

AUTHOR & DATE OF STUDY (ID)	STUDY DESIGN	N	AGE	INTERVENTION FREQ (/12).	SUBJECTS	DT. MEAN +/- SD	DMFT MEAN +/- SD	OHI-S SCORES, MEAN +/- SD
					n	Dental caries prevalence related bivariately to independent variables		
Ullah 2002	CS	631	12 year olds	Dental visit pattern:		*	**	NS
				Regular (>1 a year)	51	1.08 (1.51)	1.20(1.52)	1.37 (0.26)
				Irregular (< 1 a year)	83	1.08 (1.18)	1.27(1.27)	1.32 (0.33)
				Do not remember	50	1.28 (1.44)	1.50(1.57)	1.25 (0.30)
				Never	447	0.79 (1.36)	0.83(1.39)	1.33 (0.30)
						*0.01<P< 0.05	** 0.001<p<0.01	NS: Not Significant
				Reasons for dental visit		**	***	
				Emergency	166	1.19 (1.40)	1.34 (1.45)	
				Check-up	14	0.71 (0.91)	1.21 (1.48)	
				No visit	451	0.79 (1.35)	0.82 (1.38)	
						** 0.001<p<0.01	*** p < 0.001	