



Surveillance report 2018 – Dental checks: intervals between oral health reviews (2004) NICE guideline CG19

Surveillance report

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Surveillance decision

This 2018 surveillance review has taken into account 4 NICE guidelines on the theme of oral health:

- [Dental checks: intervals between oral health reviews](#) (2004) NICE guideline CG19
- [Oral health: local authorities and partners](#) (2014) NICE guideline PH55
- [Oral health promotion: general dental practice](#) (2015) NICE guideline NG30
- [Oral health for adults in care homes](#) (2016) NICE guideline NG48

We will not update the guideline on [dental checks](#) at this time.

During surveillance editorial or factual corrections were identified, which will be addressed through [editorial amendments](#).

Reason for the decision

No new evidence was identified which suggested NICE guideline CG19 should be updated. An important ongoing trial was identified – Investigation of NICE Technologies for Enabling Risk-Variable-Adjusted-Length Dental Recalls Trial ([INTERVAL Dental Recalls Trial](#)). We will monitor the progress of this trial and assess the results for any impact on the guideline when available.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether [dental checks: intervals between oral health reviews](#) (NICE guideline CG19) remains up to date. The 2018 surveillance for NICE guideline CG19 followed the static list review process, consisting of:

- Feedback from topic experts and voluntary and community sector organisations via a questionnaire.
- A search for new or updated Cochrane reviews and national policy.
- A search for ongoing research.
- Examining related NICE guidance and quality standards.
- Examining the NICE event tracker for relevant ongoing and published events.
- Consultation on the decision with stakeholders.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Published evidence

We searched for new Cochrane reviews related to the guideline. One relevant Cochrane review^[1] was identified which compared different recall intervals for scale and polish treatment. There was evidence that a 3-month recall interval for scale and polish improved oral health outcomes compared with a 12-month recall interval. This evidence was based on a single study of low quality with unclear risk of bias. As recall intervals for scale and polish are not currently recommended in NICE guideline CG19, this evidence is not likely to impact the guideline.

Topic experts highlighted 1 relevant study, suggesting that behaviours including smoking, chewing tobacco, alcohol use, family history of upper aerodigestive tract cancer, diet and oral hygiene behaviour were risk factors for oral cancer^[2]. However, these risk factors are

included in the checklist in the guideline for use when choosing recall intervals, therefore this evidence supports the current guideline.

A stakeholder highlighted evidence^[3] which indicates there's an increased risk of dental disease in people with diabetes who have poor glycaemic control. However, as diabetes is included in the risk factors which should be considered when choosing a recall interval, this evidence is not considered to impact the guideline.

Five relevant policies and guidelines^{[4],[5],[6],[7],[8]} were identified which all supported the recommendations in NICE guideline CG19. The policies include advice on how often children should visit the dentist, recall intervals being based on peri-implant and periodontal health and the risk factors which influence oral health.

Ongoing research

A relevant ongoing trial (Investigation of NICE Technologies for Enabling Risk-Variable-Adjusted-Length Dental Recalls Trial [INTERVAL Dental Recalls Trial]) was identified. This trial will compare the effectiveness of a fixed 6-month recall interval, an individualised recall interval based on risk of dental disease and a fixed 24-month recall interval. This trial will be assessed for its impact on the guideline upon publication.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. Three topic experts agreed with the decision not to update NICE guideline CG19, and 2 disagreed. The importance of the INTERVAL Dental Recalls Trial was highlighted. Topic experts also highlighted a national campaign (Dental Check by One), potential need to consider the ageing population, an increased awareness of HPV related oropharyngeal cancer and the value practitioners place on frequent dental recall. However, this intelligence is not sufficient to prompt an update of the guideline at this time. Other topic expert intelligence supports current recommendations.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline. Overall, 4 stakeholders commented. Two stakeholders agreed with the decision not to update the guideline. Two disagreed with the decision, however the importance of the results of the

INTERVAL trial was noted. Stakeholders highlighted that there is a bidirectional association between diabetes and periodontal disease. However, as diabetes is included in the risk factors which should be considered when choosing a recall interval, this is not considered to impact the guideline. It was also highlighted that the frequency of individual aspects of an oral health review (for example dental radiography) should be considered in the guideline. However this is outside the referral of NICE guideline CG19, which focuses on the overall recall interval for dental checks.

See [appendix A](#) for stakeholders' comments and our responses.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

- A cross reference to NICE's guideline on [oral health promotion: general dental practice](#) should be added to [recommendation 1.1.3](#). Also the second bullet should be corrected to point to [appendix G](#) instead of appendix E.
- The introduction to the guidance in [section 1](#) should be corrected to point to [appendix G](#) instead of appendix E.
- In [section 3](#) on implementation in the NHS, paragraph 3 should be corrected to point to [appendix G](#) instead of appendix E. In addition in paragraph 4 the reference to appendix D should be removed.
- [Section 6](#) on related NICE guidance should be removed.
- [Section 7](#) on review date should be removed.
- Sections for [appendix D](#) and [appendix E](#) should be removed.
- In information for the public, [where can I find out more?](#), the heading NHS dentistry and your dental health and the subsequent text should be removed.

Overall decision

After considering all the evidence and views of topic experts and stakeholders, we

decided that no update is necessary for this guideline.

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^[1] Worthington H V, Clarkson JE, Bryan G, Beirne P V (2013) Routine scale and polish for periodontal health in adults. Cochrane Database of Systematic Reviews (11).

^[2] Krishna Rao S, Mejia GC, Logan RM, Kulkarni M, Kamath V, Fernandes DJ, et al. (2016) A screening model for oral cancer using risk scores: development and validation. Community dentistry and oral epidemiology 44(1):76–84.

^[3] Costa F, Cota L, Pereira E, Oliveira A, Oliveira P, Cyrino R, et al. (2012) Progression of Periodontitis and Tooth Loss Associated with Glycemic Control in Individuals Undergoing Periodontal Maintenance Therapy: A 5-Year Follow-Up Study.

^[4] Public Health England (2018) Child oral health: applying All Our Health.

^[5] Public Health England (2017) Delivering better oral health: an evidence-based toolkit for prevention.

^[6] Public Health England (2016) Oral health of older people in England and Wales.

^[7] Public Health England (2015) Oral health of 5 and 12 year old children attending special support schools in England: 2014.

^[8] Department of Health and Social Care (2015) Dental reform: next step.