



S I G N

**PROPOSED REVIEW OF SIGN GUIDELINE 2005
CONSULTATION FORM**

Title of guideline	SIGN 47: Preventing Dental Caries in Children at High Caries Risk – Targeted prevention of dental caries in the permanent teeth of 6-16 year olds presenting for dental care
Date of publication	2000
SIGN scoping search – sources	<p>MeSH headings for the condition specified, plus any common variations as free text</p> <p>Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane library. Other good quality systematic review: UK HTA database (Southampton); DARE. Individual studies: Embase and Medline, date of publication - 2005.</p>
SIGN scoping search - summary	<p>Guidelines – 2 HTAs – 1 Cochrane reviews – 12 Other good quality systematic reviews – 8 Individual RCTs - ~ 250</p>
Other guidelines/HTAs	<ul style="list-style-type: none"> ▪ Recommendations for using fluoride to prevent and control dental caries in the United States. Centers for Disease Control and Prevention. MMWR Recomm Rep 2001 Aug 17;50(RR-14):1-42. ▪ Recommendations on selected interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries. Am J Prev Med 2002 Jul;23(1 Suppl):16-20. ▪ Agency for Healthcare Research and Quality Diagnosis and management of dental caries throughout life. Bethesda MD: Office of Medical Applications of Research (OMAR); 2001.
<p>Main conclusions from new evidence</p> <p><i>current guideline content given in italics</i></p>	<p>NB Most of the reviews are not specific to children at high caries risk</p> <ul style="list-style-type: none"> ▪ Use of topical fluoride prevents decay. Brushing once a day with fluoride toothpaste reduces decay. 250ppm fluoride dentifrice not as effective as 1000ppm. <i>Guideline recommends twice daily brushing with 1000ppm minimum fluoride toothpaste (A).</i> ▪ Benefit from additional forms of topical fluoride is not great. Fluoride gels could benefit but other possible harms are not clear. Mouthwashes reduce decay. Topical fluorides such as mouth rinses and gels do not appear to be more effective than toothpaste in reducing decay. <i>The guideline doesn't discuss rinses or gels but recommends fluoride tablets for high risk children (B)</i> ▪ Use of resin based sealant prevents decay in molars. <i>Guideline recommends sealants for high risk children (A)</i> ▪ Fluoride varnishes could substantially reduce decay (Marinho 2003, Strohmenger 2001). Inconclusive evidence for varnish treatment (Pettersson 2004). <i>Guideline recommends varnishes for high risk children (B)</i> ▪ Benefits from powered toothbrushes (not specific to target population of guideline). <i>Not discussed.</i> ▪ Evidence for use of xylitol or invert sugar is inconclusive. <i>Guideline recommends use of xylitol in food, drink and chewing gum (B).</i> ▪ No evidence for effectiveness of ozone therapy. <i>Not discussed.</i>
New areas that could be added to	<ul style="list-style-type: none"> ▪ Use of gels or mouth rinses, powered toothbrushes

the guideline	
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> ▪ Recommendations on xylitol may need to be reviewed. ▪ There is additional supporting evidence for many of the recommendations.
Results of consultation	
Contributions from:	<ul style="list-style-type: none"> ▪ General dental practitioner x2 ▪ Director of Dental Services ▪ Paediatric Endocrinologist
1(a) Is there still a requirement for an evidence-based guideline on this topic?	
Yes -4	
1(b) If no, should the guideline be withdrawn?	
2(a) Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>	
<ul style="list-style-type: none"> ▪ No -3 ▪ There would appear to have been a significant amount of research papers and guidelines published since SIGN 47 was released. I feel this warrants a review of the guideline which may result in a revision 	
2(b) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?	
Surprised at new evidence on xylitol – would need to consider this carefully given strength of previous papers reviewed.	
3 Please list any additions to the remit of the guideline that you think would be beneficial	
Don't feel powered toothbrushes have a place in this guideline, although might be mentioned in relation to patients who have reduced manual ability.	
4 Please tick your preferred option for reviewing this guideline	
a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	2
b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	1
c. the entire guideline should be reviewed	