

# Preliminary Findings of Systematic Review of Effectiveness of Sealants in Managing Caries

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# Tasks

1. Develop objective, search strategy, and criteria for ordering articles\*
  2. Run search and establish criteria for first screening of articles\*
  3. Screen articles and finalize abstraction form and criteria for eligibility into body of evidence\*
  4. Abstract studies and prepare preliminary report\*
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5. **Finalize summary of evidence and implications for practice**

\*Feedback from Expert Work Group

# **OBJECTIVES AND INCLUSION CRITERIA**

# Objective

- **Examine the effectiveness of dental sealants in managing caries in the pits and fissures of permanent teeth**
  - **Preventing progression of caries**
  - **Reducing bacteria levels in lesions**

# Inclusion criteria

- **Cast “wide net”**
  - **Any sealant material applied over carious lesion in human tooth without prior removal of carious tissue**
  - **In vivo**

# **SEARCH AND ARTICLE RETRIEVAL**

# Search Strategy

- MEDLINE, EMBASE, and Cochrane Controlled Trial Register: 1966 to June, 2005
- Key search terms (NIH Caries Consensus Conference):
  - Pit and fissure sealants
  - Dental cements (not including pit and fissure sealants)
  - Dental caries



# Search Results

- **4000+ citations screened by 3 reviewers**
  - **Medline (n = 4350)**
  - **Embase (n=71)**
  - **Cochrane (n = 79)**

# Screening Results

- 311 articles ordered and screened
- 25 qualifying studies were deemed eligible for abstraction

# **ABSTRACTION AND DESCRIPTION OF STUDIES**

# Abstraction

- **Adopted form used in NIH Caries Consensus Conference**
- **25 studies abstracted**
  - **2 independent reviewers**
  - **Consensus reached**

# **Final body of evidence – 22 studies**

- **Caries progression – 12 studies**
- **Caries progression and bacteria activity – 3 studies**
- **Bacteria activity – 7 studies**

# 15 studies examined caries

- Non comparative (n=2)
- Sealant vs. no sealant (n=12)
  - % lesions progressing (n=10)
  - Other outcome (n=2)
- Other comparisons (n=1)

# **% Carious lesions progressing**

- Before after – 4 studies
- **Concurrent controls – 6 studies**

# **SUMMARIZING EVIDENCE**



# Assessing quality

- Used USPSTF grading criteria
  - “Good” – meets all criteria
  - “Fair” – does not meet all criteria but no fatal flaw that invalidates results
  - “Poor” – fatal flaw

# Effect measure - % change in caries progression

$$\frac{\% \text{ lesions progressing}_{\text{SEALED}}}{\% \text{ lesions progressing}_{\text{NOT SEALED}}} - 1$$

# Data did not support meta-analysis

- Studies conducted analysis at tooth level without adjusting for intra-oral correlation
- Number of subjects not reported
- Studies varied in design
  - Parallel groups - 3
  - Split mouth -1
  - Parallel/split - 2

# Summary measure

Median % reduction in caries  
progression among 6 studies

# FINDINGS – 6 STUDIES

# Characteristics

# Sample size - 1219 teeth

<b>Study</b>	<b>#persons</b>	<b>#teeth</b>	<b>#sites</b>
<b>Florio</b>	31	98	--
<b>Frenken</b>	NR	511	--
<b>Gibson</b>	NR	79	111
<b>Going</b>	NR	67	-
<b>Heller</b>	71	436	--
<b>M-F 1986</b>	14	28	--

# Subjects

- Ages ranged from 6 to 19 years
- Background prevention exposure
  - Water fluoridation – Heller
  - Prophylaxis every 3 months – Florio
  - Negative control – Going
  - Not reported – Mertz-Fairhurst, Frenken, Gibson



# Baseline caries severity

Author; year; location	Baseline caries
<b>Florio; 2001; Brazil</b>	<b>Non-cavitated</b>
<b>Frenken; 1998; Zimbabwe</b>	<b>Non-cavitated</b>
<b>Gibson; 1980; Canada</b>	<b>Non-cavitated</b>
<b>Heller; 1995; USA</b>	<b>Non-cavitated</b>
<b>Going; 1976; USA</b>	<b>Probably both</b>
<b>Mertz-Fairhurst; 1986; USA</b>	<b>Cavitated</b>

# Sealant material

Studies	Material; repaired
Florio	GIC: No
Frenken	GIC; No
Heller	RB3; Yes
Mertz-Fairhurst	RB3; NR
Gibson	RB2; NR
Going	RB1: No

# Quality – “Fair”

<b>Study</b>	<b>Quality score</b>
<b>Florio</b>	Fair
<b>Frenken</b>	Fair
<b>Gibson</b>	Fair
<b>Heller</b>	Fair
<b>Going</b>	Fair
<b>Mertz-Fairhurst</b>	Fair

# RESULTS – 6 STUDIES

# % Caries reduction

Study	Months	No Seal	Seal	% reduction
M-F	11	1.00	0.29	71
Florio	12	0.06	0.00	100
Going	12	0.19	0.07	62
Going	24	0.34	0.24	29
Gibson	30	0.77	0.19	76
Frenken	36	0.31	0.08	73
Heller	60	0.52	0.11	79
<b>Median</b>		<b>0.34</b>	<b>0.11</b>	<b>73</b>

# **% Reduction in caries progression - sealant material**

<b>Material (#observations; #studies)</b>	<b>Median (range)</b>
All (6; 7)	73 (29-100)
All RB (4; 5)	71 (29-79)
RB2 and RB3 (3; 3)	76 (71-79)
GIC (2; 2)	87 (73-100)

# % Reduction in caries progression - time

<b>Time (# studies; #observations)</b>	<b>Median (range)</b>
All (6; 7)	73 (29-100)
1 year (3; 3)	71 (62-100)
1 to 2 years (1; 1)	29
2 to 3 years (2; 2)	74 (73-76)
5 years (1; 1)	79

# **% Reduction in caries progression**

No matter how studies were grouped,  
effect of sealants was strong and  
consistent



# CONCLUSIONS

# Limitations

- **No studies met current definitions of high quality**
- **Notable differences in sealant materials, study design and duration, and study methods over time**

# Main findings

- Sealed lesions consistently had better outcomes than not sealed lesions
- % of sealed carious surfaces progressing was low
- Median reduction = 74% (30%, 100%)
- Evidence for frank, cavitated lesions limited to:
  - Mertz-Fairhurst: 14 persons; 28 teeth

# Implications for practice

**Findings suggest that sealing non-cavitated lesions results in better outcomes than not sealing.**

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