Evidence-Based Clinical Recommendations for Pit and Fissure Sealants



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Overview

Background and rationale
Clinical questions
Methods
Timeline
Dissemination
Commonality with CDC process



Background

Healthy People 2010-- increasing the proportion of children who have received dental sealants on their molar teeth to 50%

Sealants are currently underutilized, particularly among those at high caries risk



Background

2003 survey of dentists

Clinical questions of importance to the practice of dentistry

2004 EBD symposium

Academia, Industry, Government Agencies, Professional Organizations

The effectiveness of dental sealants in managing or arresting carious lesions in permanent teeth.



Background

- Pit and fissure sealants for primary caries prevention
 - Large body of evidence for children, adolescents and young adults
- Pit and fissure sealants for secondary caries prevention
 - Concern about sealing over caries that is not clinically apparent
 - Effective secondary preventive measure



1. Under what circumstances should sealants be placed to prevent caries?



2. Does placing sealants over early (noncavitated) lesions prevent progression of the lesion?



3. Are there conditions that favor the placement of resin-based vs. glass ionomer sealants in retention or caries prevention?



4. Are there any placement techniques that could improve retention and caries prevention of sealant?

- 2 vs 4 handed
- Mechanical enamel preparation
- Adhesives



Methods

MEDLINE Search

- Systematic Reviews
- Clinical studies published since the systematic reviews were conducted

Panel of Experts

Evidence Statement

Level of Evidence



Level of Evidence

Grade	Category of evidence
la	Evidence from systematic reviews of randomized controlled trials
lb	Evidence from at least one randomized controlled trial
lla	Evidence from at least one controlled study with out randomization
llb	Evidence from at least one other type of quasi- experimental study
III	Evidence from non-experimental descriptive studies, such as comparative studies, correlation studies, cohort studies and case control studies
IV	Evidence from expert committee reports or opinions or clinical experience of respected authorities



Methods

Clinical recommendations based on the evidence statements

- Stratified by caries risk
- Stratified by age group

Determination of caries risk status is necessary before implementation of primary and secondary caries prevention strategies

Accept clinical sealant retention as a reasonable proxy for caries prevention

Strength of the Recommendation



Strength of the Recommendations

Classification	Strength of Recommendations
Α	Directly based on category I evidence
В	Directly based on category II evidence or extrapolated recommendation from category I evidence
С	Directly based on category III evidence or extrapolated recommendation from category I or II evidence
D	Directly based on category IV evidence or extrapolated recommendation from category I, II, or III evidence



Timeline

Spring/summer 2007- External review by scientific experts and stakeholders

Summer 2007- Comments considered by expert panel. Document revised accordingly.

Summer/Fall 2007- Presented to ADA Council on Scientific Affairs



Intended Use

Tool to assist practitioners in clinical decision-making

Dentist's expertise

Patient preferences



Dissemination

ADA.org

Submitted to the Journal of the American Dental Association

Submitted to the Journal of Dental Education

Submitted to the National Guideline Clearinghouse



Commonality with CDC Process

2004 EBD Symposium

The effectiveness of dental sealants in managing or arresting carious lesions in permanent teeth.

- **CDC Systematic Review**
- **CDC** representation on ADA expert panel

ADA representation on CDC panel

Develop parallel guidance for private practice settings and public health programs



Expert Panel on Pit and Fissure Sealants

Jean Beauchamp, DDS CAPIR

Page Caufield, DDS, PhD NYU College of Dentistry

James Crall, DDS, MS UCLA School of Dentistry

Kevin Donly, DDS, MS UTHSCSA Dental School AAPD representative

Robert Feigal, DDS, PhD University of Minnesota Barbara Gooch, DMD, MPH CDC

Amid Ismail, BDS, MPH, MBA, DrPH University of Michigan

William Kohn, DDS CDC

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Richard Simonsen, DDS, MS Midwestern University

