

Study shows traditional six-month dental check-ups not necessary for healthy adults

October 23 2020, by Michael Addelman



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A new review provides reassurance to patients who have missed routine dental check-ups due to COVID-19 restrictions by showing that six-monthly check-up appointments do not improve oral health.

A Dundee team, led by the School of Dentistry's Patrick Fee, in collaboration with the University of Manchester and Cochrane Oral Health, have conducted a [systematic review](#) to identify the best time interval between dental check-ups for maintaining good [oral health](#).

There is a longstanding international debate about the optimal frequency of dental check-ups. Traditionally, dentists recommend their patients visit for a check-up twice per year, even though the risk of developing dental disease is different for each individual.

A personalized risk-based recall interval between check-ups (where time between check-ups depends on an individual's risk of developing dental disease), varying between three and 24 months, has been recommended by the National Institute for Health and Care Excellence since 2004. Despite this, most practices continue to encourage adults to schedule appointments at regular intervals of six months.

To investigate the issue, the [review](#) group looked at the most current and robust evidence available, including two randomized controlled trials involving 1736 patients which looked at how different intervals between check-ups affected: how many people had tooth decay, how many tooth surfaces were affected by decay, gum disease, and wellbeing.

"The review shows that [current practice](#) of scheduling six-monthly check-up appointments for all patients does not improve oral [health](#) compared to a personalized risk-based check-up approach or compared to check-ups every two years where patients are at low risk of [dental disease](#)," explained Patrick Fee, review lead.

"The absence of any difference between check-up frequency indicates a risk-based check-up frequency can be supported, as it is not detrimental to oral health and is acceptable to patients. But it should be emphasized this is about adults having routine check-ups, not those who need to seek

emergency treatment or children. Current practice of six-monthly check-ups could be considered an inefficient use of NHS resources, adding unnecessary patient and health service costs for no gain in dental health outcomes. This research is also valuable when considering the significant impact of the COVID-19 global pandemic and its effect on dental services worldwide, limiting patient access to dental treatment. Patient access to [dental care](#) may remain limited for some time, however the results of this review provide reassurance to those providing and seeking dental treatment that intervals between check-ups can be extended beyond six months without detriment to the oral health of patients. Six-monthly check-ups are highly valued by the general population and moving towards personalized risk-based check-ups will require the cooperation of health care policy makers, clinician knowledge and patient involvement."

One of the [clinical trials](#) the review looks at, the INTERVAL Dental Recalls Trial, was sponsored by the University and conducted to add to existing evidence to help answer the research question.

The review, titled "Recall intervals for oral health in primary care patients," concludes that in adults, there was little to no difference between six-monthly and risk-based check-ups for number of tooth surfaces with decay, gum disease and well-being after four years, and probably little to no difference in how many people had moderate-to-extensive [tooth decay](#).

The review group also found moderate-high evidence that there is little to no difference between either 24-monthly, six-monthly or risk-based check-ups in the number of tooth surfaces with decay, gum disease and wellbeing.

More information: undefined undefined et al. Recall intervals for oral health in primary care patients, *Cochrane Database of Systematic*

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