NICE National Institute for Health and Care Excellence

NICE Pathways

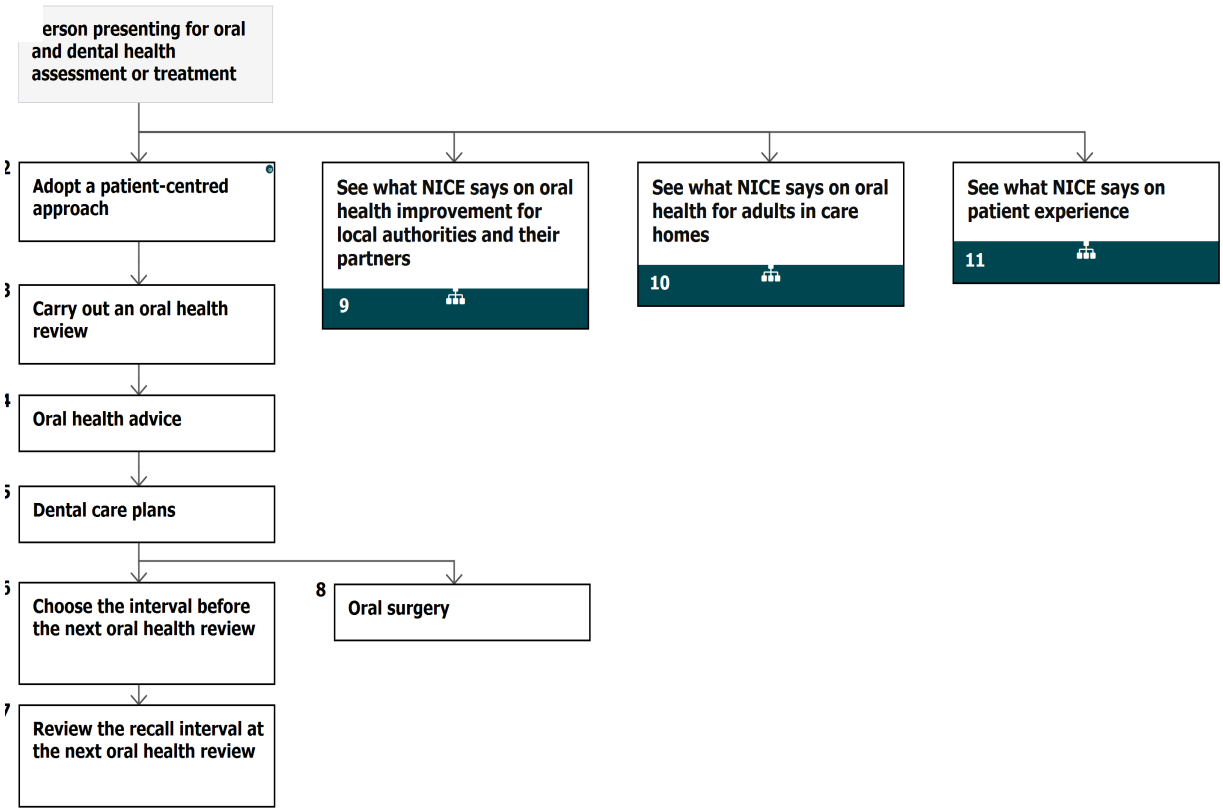
Oral and dental health overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

http://pathways.nice.org.uk/pathways/oral-and-dental-health
Pathway last updated: 08 June 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Person presenting for oral and dental health assessment or treatment

No additional information

2 Adopt a patient-centred approach

Encourage the dental practice team to develop a good relationship with patients so they can help them maintain good oral health. All staff, including reception and support staff, should understand the importance of creating a welcoming environment for everyone. This includes:

- families with babies or very young children
- children and adults with a physical or sensory impairment.

Recognise that contact with those who do not attend regularly (for example, when they attend for emergency care) provides an important opportunity to establish a positive relationship.

Provide information about how people can find a local dentist or find out if they qualify for free or subsidised NHS dental care. If they do qualify for free or subsidised care, tell them where they can find out how to make a claim (see NHS Choices information on dental costs).

Listen to patients' needs and offer tailored advice, without judging them if their oral health is poor or if some of their behaviours adversely affect their health (see what NICE says on patient experience in adult NHS services).

Be aware of the personal, cultural, social, environmental and economic barriers to good oral health. This includes:

- the links between poor oral health and socioeconomic deprivation
- recognising that some people may not think it is important to go to the dentist regularly
- understanding that some parents or carers may not realise that it is important to keep children's primary teeth healthy
- being aware that people may need help to use dental services.

For help with implementation: getting started see the NICE guideline on oral health promotion: general dental practice.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Routine attendance after emergency care

3 Carry out an oral health review

During an oral health review, the dental team (led by the dentist) should ensure that comprehensive histories are taken, examinations are conducted and initial preventive advice is given. This will allow the dental team and the patient (and/or his or her parent, guardian or carer) to discuss, where appropriate:

- the effects of oral hygiene, diet, fluoride use, tobacco and alcohol on oral health
- the risk factors (see the checklist of modifying factors [See page 9]) that may influence the patient's oral health, and their implications for deciding the appropriate recall interval
- the outcome of previous care episodes and the suitability of previously recommended intervals
- the patient's ability or desire to visit the dentist at the recommended interval
- the financial costs to the patient of having the oral health review and any subsequent treatments.

For information about referral for suspected oral cancer see head and neck cancers in suspected cancer recognition and referral.

4 Oral health advice

Give all patients (or their parents or carers) advice during dental examinations based on the oral health messages in Public Health England's Delivering better oral health. This includes:

- advice on oral hygiene practices and the use of fluoride
- advice about diet, smoking, smokeless tobacco and alcohol intake.

Ensure the advice is tailored to meet individual needs. (See adopt a patient-centred approach [See page 3] and providing interventions and programmes in NICE's recommendations on behaviour change.)

Ask and record whether the person uses tobacco. Follow NICE's recommendations on stopping smoking in everyone and, if necessary, offer brief advice and offer to refer them to the local stop smoking service.

Consider asking people about their alcohol use, following NICE's recommendations on alcohol-use disorders.

Consider delivering oral health improvement messages in a variety of formats and using different media to meet the needs of different groups.

For help with implementation: getting started see the NICE guideline on oral health promotion: general dental practice.

See NICE's recommendations on diet and smokeless tobacco cessation: South Asian communities.

NICE has published a clinical knowledge summary on halitosis. This practical resource is for primary care professionals (it is not formal NICE guidance).

5 Dental care plans

Create an individually tailored dental care plan with the patient or their parent or carer. This should combine strategies to prevent, as well as to treat, oral health problems. To develop the preventive part of the plan, ask about the patient's:

- personal circumstances and their oral health (in the past and now) to gauge their risk of poor oral health
- oral hygiene practices and how often they use fluoride
- behaviours that may affect their oral health in the short or long term, including their diet, smoking, or using smokeless tobacco or alcohol
- existing health conditions or any disabilities or other difficulties that might prevent them from maintaining or improving their own oral health, or the oral health of someone they care for.

Ensure the patient, or their parent or carer, understands the plan to maintain or improve their oral health.

For help with implementation: getting started see the NICE guideline on oral health promotion: general dental practice.

HealOzone

The following recommendation is from NICE technology appraisal guidance on HealOzone for the treatment of tooth decay.

HealOzone is not recommended for the treatment of tooth decay (occlusal pit and fissure caries and root caries), except in well-designed randomised controlled trials.

NICE has written information for the public explaining its guidance on HealOzone.

6 Choose the interval before the next oral health review

The recommended interval between oral health reviews should be determined specifically for each patient and tailored to meet his or her needs, on the basis of an assessment of disease levels and risk of or from dental disease.

This assessment should integrate the evidence presented in the guideline with the clinical judgement and expertise of the dental team, and should be discussed with the patient.

Choose the interval before the next oral health review, either at the end of an oral health review if no further treatment is indicated, or on completion of a specific treatment journey.

For practical reasons, the patient should be assigned a recall interval of

- 3, 6, 9 or 12 months if he or she is younger than 18 years old, or
- 3, 6, 9, 12, 15, 18, 21 or 24 months if he or she is aged 18 years or older.

Discuss the recommended recall interval with the patient and record this interval, and the patient's agreement or disagreement with it, in the current record-keeping system.

Recommended shortest and longest intervals between oral health reviews

The recommended shortest and longest intervals between oral health reviews are as follows.

Shortest interval (all patients)

The shortest interval between oral health reviews for all patients should be 3 months.

A recall interval of less than 3 months is not normally needed for a routine dental recall. A patient may need to be seen more frequently for specific reasons such as disease management, ongoing courses of treatment, emergency dental interventions, or episodes of specialist care, which are outside the scope of an oral health review.

Longest interval (younger than 18 years)

The longest interval between oral health reviews for patients younger than 18 years should be 12 months.

There is evidence that the rate of progression of dental caries can be more rapid in children and adolescents than in older people, and it seems to be faster in primary teeth than in permanent teeth. Periodic developmental assessment of the dentition is also required in children.

Recall intervals of no longer than 12 months give the opportunity for delivering and reinforcing preventive advice and for raising awareness of the importance of good oral health. This is particularly important in young children, to lay the foundations for life-long dental health.

Longest interval (older than 18 years)

The longest interval between oral health reviews for patients aged 18 years and older should be 24 months.

Recall intervals for patients who have repeatedly demonstrated that they can maintain oral health and who are not considered to be at risk of or from oral disease may be extended over time up to an interval of 24 months. Intervals of longer than 24 months are undesirable because they could diminish the professional relationship between dentist and patient, and people's lifestyles may change.

7 Review the recall interval at the next oral health review

Review the recall interval again at the next oral health review, to learn from the patient's responses to the oral care provided and the health outcomes achieved. Use this feedback and the findings of the oral health review to adjust the next recall interval chosen. Inform patients that their recommended recall interval may vary over time.

8 Oral surgery

Wisdom tooth extraction

The following recommendations are from NICE's technology appraisal guidance on the extraction of wisdom teeth.

The practice of prophylactic removal of pathology-free impacted third molars should be discontinued in the NHS.

The standard routine programme of dental care by dental practitioners and/or paraprofessional staff, need be no different, in general, for pathology free impacted third molars (those requiring no additional investigations or procedures).

Surgical removal of impacted third molars should be limited to patients with evidence of pathology. Such pathology includes unrestorable caries, non-treatable pulpal and/or periapical pathology, cellulitis, abscess and osteomyelitis, internal/external resorption of the tooth or adjacent teeth, fracture of tooth, disease of follicle including cyst/tumour, tooth/teeth impeding surgery or reconstructive jaw surgery, and when a tooth is involved in or within the field of tumour resection.

Specific attention is drawn to plaque formation and pericoronitis. Plaque formation is a risk factor but is not in itself an indication for surgery. The degree to which the severity or recurrence rate of pericoronitis should influence the decision for surgical removal of a third molar remains unclear. The evidence suggests that a first episode of pericoronitis, unless particularly severe, should not be considered an indication for surgery. Second or subsequent episodes should be considered the appropriate indication for surgery.

Mini/micro screw implantation for orthodontic anchorage

NICE has published interventional procedures guidance on mini/micro screw implantation for orthodontic anchorage with **normal arrangements** for consent, audit and clinical governance.

9 See what NICE says on oral health improvement for local authorities and their partners

See Oral health improvement for local authorities and their partners

10 See what NICE says on oral health for adults in care homes

See Oral health for adults in care homes

11 See what NICE says on patient experience

See Patient experience in adult NHS services

Checklist of modifying factors

Patient name:	Date of birth:
Oral health review date:	Date:
Medical history	**Yes/ No**
Conditions where dental disease could put the patient's general health at increased risk (such as cardiovascular disease, bleeding disorders, immunosuppression)	
Conditions that increase a patient's risk of developing dental disease (such as diabetes, xerostomia)	
Conditions that may complicate dental treatment or the patient's ability to maintain their oral health (such as special needs, anxious/nervous/phobic conditions)	
Social history	
High caries in mother and siblings	
Tobacco use	
Excessive alcohol use	
Family history of chronic or aggressive (early onset/juvenile) periodontitis	
Dietary habits	

High and/or frequent sugar intake	
High and/or frequent dietary acid intake	
Exposure to fluoride	
Use of fluoride toothpaste	
Other sources of fluoride (for example, lives in a water-fluoridated area)	
Clinical evidence and dental history	
Recent and previous caries experience	
New lesions since last check-up	
Anterior caries or restorations	
Premature extractions because of caries	
Past root caries or large number of exposed roots	
Heavily restored dentition	
Recent and previous periodontal disease experience	
Previous history of periodontal disease	
Evidence of gingivitis	

Presence of periodontal pockets (BPE code 3 or 4) and/or bleeding on probing	
Presence of furcation involvements or advanced attachment loss (BPE code: attachment loss is at least 7mm and/or furcation involvements are present)	
Mucosal lesions	
Mucosal lesion present	
Plaque	
Poor level of oral hygiene	
Plaque-retaining factors (such as orthodontic appliances)	
Saliva	
Low saliva flow rate	
Erosion and tooth surface loss	
Clinical evidence of tooth wear	
Recommended recall interval for next oral health review:	months
Does patient agree with recommended interval? (If 'No', record reason for disagreement in notes)	Yes/No

General dental practice

general dental practices are commonly known as 'high street dentists' and provide primary care dental services; wherever we refer to dentists, dental care professionals and dental practice teams, we mean those working in general dental practices

Sources

Oral health promotion: general dental practice (2015) NICE guideline NG30

Dental checks: intervals between oral health reviews (2004) NICE guideline CG19

HealOzone for the treatment of tooth decay (occlusal pit and fissure caries and root caries) (2005) NICE technology appraisal guidance 92

Guidance on the extraction of wisdom teeth (2000) NICE technology appraisal guidance 1

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7781