

Dental checks: intervals between oral health reviews

Clinical guideline

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Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the [Yellow Card Scheme](#).

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

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Overview

This guideline covers assigning recall intervals between oral health reviews that are appropriate to the needs of individual patients. The guideline takes account of the effect of dental checks on: people's wellbeing, general health and preventive habits; caries incidence and avoiding restorations; periodontal health and avoiding tooth loss; and avoiding pain and anxiety. It aims to improve or maintain patients' quality of life and reduce morbidity associated with oral and dental disease.

Who is it for?

- Dentists and dental teams
- People visiting the dentist and their families and carers

Introduction

Six-monthly dental check-ups have been customary in the General Dental Service in the UK since the inception of the NHS. In recent years there has been significant debate over the timing of recall intervals for dental check-ups, and this has coincided with a move towards making NHS dental services in England and Wales more oriented to prevention and more clinically effective in meeting patients' needs.

The Department of Health's strategy document NHS Dentistry: Options for Change (2002) and subsequent legislation are bringing about changes in the organisation of dental services and the way in which oral health is assessed. Under the new arrangements, a comprehensive oral health assessment will be conducted when a patient first visits a dental practice and will involve taking full histories, carrying out thorough dental and head and neck examinations and providing initial preventive advice. The dentist and patient will discuss the findings and agree a personalised care plan and a 'destination' for this journey of care. The dental team and patient will then work through this first personal care plan.

After an agreed interval, the patient will return for an oral health review, during which the histories and examination will be updated and any changes in risk factors noted. The dental team will also assess the effectiveness of the treatment and preventive advice provided previously, and will give more advice as necessary. The patient and dentist will discuss the findings of the review and agree the next, refined, personalised care plan and a specific 'destination' for this new journey of care.

The purpose of this guideline is to help clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients. The recommendations apply to patients of all ages (both dentate and edentulous) receiving primary care from NHS dental staff in England and Wales. The guideline takes into account the potential of the patient and the dental team to improve or maintain the patient's quality of life and to reduce morbidity associated with oral and dental disease.

The recommendations take account of the impact of dental checks on: patients' wellbeing, general health and preventive habits; caries incidence and avoiding restorations; periodontal health and avoiding tooth loss; and avoiding pain and anxiety.

This guideline does not cover:

- recall intervals for scale and polish treatments
- the prescription and timing of dental radiographs
- intervals between examinations that are not routine dental recalls; that is, intervals between examinations relating to ongoing courses of treatment
- emergency dental interventions or intervals between episodes of specialist care.

The following guidance is based on the best available evidence. There is evidence relating to risk factors for oral disease and on the effectiveness of dental health education and oral health promotion, and this was used to inform the guideline recommendations. However, the research evidence on many aspects of dental recall intervals was limited, and recommendations were based on the clinical experience of the guideline development group and advice received during the consultation process.

Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in [NICE's information on making decisions about your care](#).

[Making decisions using NICE guidelines](#) explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

- 1.1.1 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.
- 1.1.2 This assessment should integrate the evidence presented in this guideline with the clinical judgement and expertise of the dental team, and should be discussed with the patient.
- 1.1.3 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 (see [NICE's guideline on oral health promotion: general dental practice](#)). 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 in appendix G of the full guideline](#)) 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.

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

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

- 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.

- 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 (see the [full guideline](#)). 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.

- 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.

- 1.1.6 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.
- 1.1.7 The dentist should 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.
- 1.1.8 The recall interval should be reviewed again at the next oral health review, to learn from the patient's responses to the oral care provided and the health outcomes achieved. This feedback and the findings of the oral health review should be used to adjust the next recall interval chosen. Patients should be informed that their recommended recall interval may vary over time.

The interval may be maintained at the same level if it is achieving its aims. For someone with low disease activity, it may be possible to gradually extend the interval towards the 24-month maximum period – once the patient and the dental team are confident that this is satisfactory. Patients whose disease activity continues unabated may need a shorter interval and may need more intensive preventive care and closer supervision.

Patients should be encouraged to seek advice from a dentist before their next scheduled review if there are any significant changes in their risk factors. They also need to understand that (as is the case with the current 6-month recall regimen) there is no guarantee that new disease will not develop between recall visits.

Implementation in the NHS

In general

Local health communities should review their existing practice for dental recall against this guideline. The review should consider the resources required to implement the recommendations, the people and processes involved, and the timeline over which full implementation is envisaged. It is in the interests of patients that the implementation timeline is as rapid as possible.

Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised accordingly.

This guidance contains tools and suggestions to facilitate implementation and review (see appendix G of the full guideline). These are designed to help NHS dental practices and their patients get used to what will be for many a new way of planning and receiving routine NHS dental care.

NHS clinical care pathways

NHS clinical care pathways are being developed to further the aims outlined in the Department of Health's strategy document NHS Dentistry: Options for Change (2002). The first clinical care pathway for NHS dentistry is being developed by the Dental Health Services Research Unit at the University of Dundee and deals with the initial oral health assessment and subsequent oral health reviews. It is being tested by NHS Options for Change field sites, which include dental practices, primary care trusts and strategic health authorities who volunteered to test the modernisation proposals outlined in Options for Change. The pathway accommodates the NICE recommendations on recall intervals and this should help a seamless move into modernised, preventive NHS dental care.

Audit

Patient records should show that appropriate recall intervals have been identified, based on the assessment of risk in discussion with the patient. The following criteria can be used to audit adherence to the guideline recommendations:

- At the end of each oral health review there is a record for each patient of an assessment of disease and disease risk.
- At the end of each oral health review, or at completion of treatment, there is a record for each patient of the recall interval recommended by the dentist for the next oral health review.
- The interval agreed each time, for each patient is:
 - 3, 6, 9 or 12 months for patients younger than 18 years, **or**
 - 3, 6, 9, 12, 15, 18, 21 or 24 months for patients aged 18 years or older.
- Where there is disagreement between the dentist and the patient over the recall interval, the reason for this is recorded.

Further information on local and national audit is available in the [full guideline](#).

Recommendations for research

While developing this guideline, the research evidence in a number of areas was found either to be inconclusive or not to exist. Research in the following areas would help in updating this guideline and implementing it in general dental practice. Research designs will need to accommodate the mix of arrangements (NHS, private and mixed configurations) under which dental primary care is provided.

1 Dental attendance patterns

Dental attendance patterns should be examined for changes after the publication of the guideline.

2 Agreed intervals

After publication of the guideline, information will be needed on whether patients visit the dentist at the agreed interval, and their reasons for this.

3 One-to-one oral health advice

Research is needed on the long-term clinical and cost effectiveness of one-to-one oral health advice and whether this may depend on:

- the frequency with which it is delivered
- the physical or oral health of the patient
- other characteristics of the patient (for example, age, sex, social class, occupation)
- the medium used to deliver the advice
- who delivers the advice.

4 Varying dental recall intervals

Research is needed to examine the effects of varying dental recall intervals on oral health,

and on which aspects of the oral health review influence oral health.

5 Oral health impact on quality of life

Research is needed to examine the impact of oral health (relating to gingivitis, caries, periodontal disease and mucosal disease) on quality of life.

6 Effects on periodontal health of routine scale and polish treatment

Research is needed to examine the effects on periodontal health of routine scale and polish treatment (in conjunction with oral hygiene instruction) in different populations. Specifically, research is needed to examine the clinical effectiveness and cost effectiveness of providing this intervention at different time intervals.

Finding more information and committee details

To find NICE guidance on related topics, including guidance in development, see the [NICE topic page on oral and dental health](#).

For full details of the evidence and the guideline committee's discussions, see the [full guideline and appendices](#). You can also find information about [how the guideline was developed](#), including [details of the committee](#).

NICE has produced [tools and resources to help you put this guideline into practice](#). For general help and advice on putting our guidelines into practice, see [resources to help you put NICE guidance into practice](#).

Update information

Minor changes since publication

September 2018: After a surveillance review some links and information have been updated.

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