

NICE Health Technology Appraisal

Tooth Decay – HealOzone

BDA Submission

The British Dental Association (BDA) is the professional association representing 20,000 dentists and dental students in the UK. The BDA has considered the final scope of and the final protocol for the proposed NICE Health Technology Appraisal of HealOzone and would like to make some specific comments about these:

Final scope:

1. Background section:

- Paragraph 1, second sentence

Currently reads: “It is a multifactorial, multistage process that extends from infection to demineralisation and cavitation”

Could this be replaced with: “It is a multifactorial, multistage process that extends from demineralisation and cavitation to infection.”

- Paragraph 3, last sentence

Currently reads: “For root caries, the root is debrided and fluorides, glass ionomers, chlorhexidine and sealants are applied.”

Could this be replaced with: “For root caries, treatments include root debridement and application of fluoride, chlorhexidine, glass ionomer and sealants.”

2. “Other considerations” section in table states that outcomes to be considered include:

- Progression of dental caries

How will this be measured? There is no method of accurately measuring caries progression which is generally accepted as valid and there are great problems connected with the use of radiographs in this respect.

- Incidence of symptoms associated with pulpal pathology

Pulpal pathology is only ever recognised via the presenting symptoms. There is no way of knowing that pulpal pathology exists other than through symptomology. It is not possible to have an outcome measure such as this as there is no method

available to measure the presence or absence of pulpal pathology, other than by microscopy of the pulp, which would require removal and sectioning of the teeth.

- Adverse effects of treatment

When measuring adverse effects, will both tangible and intangible "costs" be taken into account?

Final protocol

Any statistical analysis of trials comparing ozone to other treatments must take into account that teeth are "clustered" in mouths and each mouth has a different level of risk. Thus normal statistical techniques for comparing groups are not necessarily valid.

British Dental Association
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