

## Appendix A: Stakeholder consultation comments table

### 2018 surveillance of CG19 [Dental checks: intervals between oral health reviews](#) (2004)

Consultation dates: 29 March to 13 April 2018

Do you agree with the proposal to keep the guideline on the static list?			
Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery at the Royal College of Surgeons of England	Yes	The guideline encourages a personalised and evidence-based approach to planning intervals between oral health reviews and remains sufficiently broad, current and relevant.	Thank you for your comment.
British Dental Association	No	<p>CG19 Dental checks: intervals between oral health reviews</p> <ul style="list-style-type: none"> <li>- We have fundamental concerns about the evidence base upon which this guidance was produced and therefore believe that NICE should re-consider this guidance. Nonetheless, we appreciate that it may be more appropriate for this to take place once the INTERVAL study is published.</li> </ul>	<p>Thank you for your comment.</p> <p>During guideline development, comprehensive literature searches were conducted in order to identify the best available evidence, which was used to inform the guideline recommendations. This, and previous surveillance reviews have not identified any new evidence which is likely to impact the recommendations, therefore we are not proposing to update the guideline at this time.</p>

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		<p>We would hope to be involved in this review and the development of any new guidance on recall intervals.</p>	<p>We are monitoring the status of the INTERVAL trial and will consider the impact this has on the guideline when results are available.</p> <p>Thank you for expressing interest in any future reviews and updates of this guideline. Information about ongoing surveillance reviews and guideline updates is listed on the NICE website.</p>
British Society of Periodontology	No	<p>1) BSP feels that each guideline should be considered for removal from the static list.</p> <p>2) This is based upon an enlarging body of evidence confirming the presence of a bi-directional relationship between periodontal disease (periodontitis) and metabolic status in individuals with diabetes, particularly type II.</p> <p>Taylor GW. Bidirectional interrelationships between diabetes and periodontal diseases: an epidemiologic perspective. <i>Ann Periodontol</i> 6: 99-112, 2001.</p> <p>D'Autio F. et al. Association of the Metabolic Syndrome with Severe Periodontitis in a Large U.S. Population-Based Survey <i>J Clin Endocrinol Metab</i> 93: 3989-3994, 2008</p> <p>Lakschevitz F., Aboodi G., Tenenbaum H., Glogauer M. Diabetes and periodontal diseases: interplay and links. <i>Curr Diabetes Rev</i> 7 433-439 2011.</p> <p>Fukui N., Shimazaki Y., Shinagawa T. &amp; Yamashita Y. Periodontal Status and Metabolic Syndrome in Middle-Aged Japanese <i>J Periodontol</i> 83: 1363-1371 2012.</p> <p>Costa FO. et al. Progression of Periodontitis and Tooth Loss Associated with Glycemic Control in Individuals</p>	<p>Thank you for your comments. It is understood that there is an association between periodontal disease and metabolic status, particularly for people with diabetes. This was identified in the guideline, which highlighted diabetes as one of the main risk factors associated with the development of periodontal disease. Subsequently, diabetes was included in the risk factor checklist, as a condition which should be considered when determining a recall interval. This checklist is referred to in recommendation 1.1.3, which suggests that the dental team and patient should discuss the risk factors that may influence the patient's oral health and their implications for deciding the appropriate recall interval.</p> <p>CG19 does not cover the effectiveness of dental treatment in any population, including people with diabetes. However, NICE has published guidelines on diabetes management, including <a href="#">Diabetes (type 1 and type 2) in children and young people: diagnosis and management</a> (NG18); <a href="#">Type 1 diabetes in adults: diagnosis and management</a> (NG17) and <a href="#">Type 2 diabetes in adults: management</a> (NG28). The concerns highlighted here will be added to the issues logs for those guidelines so they can be considered during the next surveillance reviews of these 3 guidelines, where they can be considered for the specific population of interest.</p> <p>Please see below for consideration of the references provided:</p> <p>Taylor GW. Bidirectional interrelationships between diabetes and periodontal diseases: an epidemiologic perspective. <i>Ann Periodontol</i> 6: 99-112, 2001.</p>

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		<p>Undergoing Periodontal Maintenance Therapy: A 5-Year Follow-Up Study <i>J Periodontol</i> 84:595-605 2013.</p> <p>Garcia D., Tarima S. &amp; Okunseri C. Periodontitis and Glycemic Control in Diabetes: NHANES 2009-2012 <i>J Periodontol</i> 86: 499-506 2014 .</p> <p>3) The potential impact of periodontitis on diabetic status has been illustrated in a range of publications including primary research, systematic reviews and expert workshops</p> <p>Collin HL. et al. Periodontal findings in elderly patients with non-insulin dependent diabetes mellitus. <i>J Periodontol</i> 69: 962-966 1998.</p> <p>Taylor GW. &amp; Borgnakke WS. Periodontal disease: associations with diabetes, glycemic control and complications. <i>Oral Dis</i> 14:191-203 2008</p> <p>Borgnakke WS., Ylostalo PV., Taylor GW. &amp; Genco RJ. Effect of periodontal disease on diabetes: systematic review of epidemiologic observational evidence. <i>J Clin Periodontol</i> 40 (Suppl. 14): S135-S152. 2013.</p> <p>Negrato CA, Tarzia O, Jovanovic L, Chinellato LE. Periodontal disease and diabetes mellitus. <i>J Appl Oral Sci</i> 21:1-12 2013.</p> <p>4) In addition there is now significant evidence outlined below supporting the concept that successful periodontal treatment can result in statistically and clinically significant</p>	<p>Collin HL. et al. Periodontal findings in elderly patients with non-insulin dependent diabetes mellitus. <i>J Periodontol</i> 69: 962-966 1998</p> <p><i>These studies will not be considered in surveillance, as they were published before the guideline publication date.</i></p> <p>Lakschevitz F., Aboodi G., Tenenbaum H., Glogauer M. Diabetes and periodontal diseases: interplay and links. <i>Curr Diabetes Rev</i> 7 433-439 2011.</p> <p>Garcia D., Tarima S. &amp; Okunseri C. Periodontitis and Glycemic Control in Diabetes: NHANES 2009-2012 <i>J Periodontol</i> 86: 499-506 2014 .</p> <p>Taylor GW. &amp; Borgnakke WS. Periodontal disease: associations with diabetes, glycemic control and complications. <i>Oral Dis</i> 14:191-203 2008</p> <p>Borgnakke WS., Ylostalo PV., Taylor GW. &amp; Genco RJ. Effect of periodontal disease on diabetes: systematic review of epidemiologic observational evidence. <i>J Clin Periodontol</i> 40 (Suppl. 14): S135-S152. 2013.</p> <p>Fukui N., Shimazaki Y., Shinagawa T. &amp; Yamashita Y. Periodontal Status and Metabolic Syndrome in Middle-Aged Japanese <i>J Periodontol</i> 83: 1363-1371 2012.</p> <p>Hayes, A.J. et al. UKPDS Outcomes Model 2: a new version of a model to simulate lifetime health outcomes of patients with type 2 diabetes mellitus using data from the 30 year United Kingdom Prospective Diabetes Study: UKPDS 82 <i>Diabetologia</i> 56: 1925-1933 2013</p> <p><i>These studies will not be considered in surveillance, as they contain insufficient statistical data in their abstracts.</i></p>
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	<p>improvements in markers of metabolic status such as HbA1C.</p> <p>Simpson TC., Needleman I., Wild SH., Moles DR. &amp; Mills EJ. Treatment of periodontal disease for glycaemic control in people with diabetes. <i>Cochrane Database of Systematic Reviews</i> 2010, Issue 5. Art.No.:CD004714.</p> <p>Teeuw WJ., Gerdes VEA., &amp; Loos BG. Effect of Periodontal Treatment on Glycemic Control of Diabetic Patients <i>Diabetes Care</i> 33:421-427, 2010</p> <p>Merchant AT., Georgantopoulos P., Howe CJ. et al. Effect of Long-Term Periodontal Care on Hemoglobin A1c in Type 2 Diabetes <i>J Dent Res</i> 95: 408-415 2016</p> <p>5) These changes may be expected to be associated with a reduction in complications caused by diabetes.</p> <p>References above and</p> <p>Hayes, A.J. et al. UKPDS Outcomes Model 2: a new version of a model to simulate lifetime health outcomes of patients with type 2 diabetes mellitus using data from the 30 year United Kingdom Prospective Diabetes Study: UKPDS 82 <i>Diabetologia</i> 56: 1925-1933 2013</p> <p>Solowiej-Wedderburn J., Ide M. &amp; Pennington M. Cost-effectiveness of non-surgical periodontal therapy for patients with type 2 diabetes in the UK <i>J Clin Periodontol</i> 44, 700-707, 2017</p>	<p>Costa FO. et al. Progression of Periodontitis and Tooth Loss Associated with Glycemic Control in Individuals Undergoing Periodontal Maintenance Therapy: A 5-Year Follow-Up Study <i>J Periodontol</i> 84:595-605 2013.</p> <p><i>This study will be summarised, including its impact on the guideline, in the surveillance report.</i></p> <p>D'Autio F. et al. Association of the Metabolic Syndrome with Severe Periodontitis in a Large U.S. Population-Based Survey <i>J Clin Endocrinol Metab</i> 93: 3989-3994, 2008</p> <p><i>This study will not be considered in surveillance, as the abstract describes outcomes regarding the risk of metabolic syndrome, not dental disease.</i></p> <p>Negrato CA, Tarzia O, Jovanovic L, Chinellato LE. Periodontal disease and diabetes mellitus. <i>J Appl Oral Sci</i> 21:1-12 2013.</p> <p><i>This study will not be considered in surveillance, as the abstract describes outcomes regarding the risk of gestational diabetes mellitus, not dental disease.</i></p> <p>Teeuw WJ., Gerdes VEA., &amp; Loos BG. Effect of Periodontal Treatment on Glycemic Control of Diabetic Patients <i>Diabetes Care</i> 33:421-427, 2010</p>
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		<p>6) These findings have already led to a commissioned rapid review workshop and impacts of these findings on care pathways are currently under consideration.</p> <p>7) Consequently given these findings and the established association between diabetic control and periodontal susceptibility, BSP feels that the importance of oral health care for individuals with diabetes should be reconsidered within these guidelines, and that as a result each guideline should be reviewed again in order to offer the most appropriate care for this patient group, in terms of both metabolic control and oral health.</p>	<p>Merchant AT., Georgantopoulos P., HoweCJ. et al. Effect of Long-Term Periodontal Care on Hemoglobin A1c in Type 2 Diabetes <i>J Dent Res</i> 95: 408–415 2016</p> <p><i>These studies will not be considered in surveillance, as the abstracts describe outcomes regarding glycaemic control, not dental disease.</i></p> <p>Simpson TC., Needleman I., Wild SH., Moles DR. &amp; Mills EJ. Treatment of periodontal disease for glycaemic control in people with diabetes. <i>Cochrane Database of Systematic Reviews</i> 2010, Issue 5. Art.No.:CD004714.</p> <p>Solowiej-Wedderburn J., Ide M. &amp; Pennington M. Cost-effectiveness of non-surgical periodontal therapy for patients with type 2 diabetes in the UK <i>J Clin Periodontol</i> 44, 700-707, 2017</p> <p><i>These studies will not be considered in surveillance, as the intervention (dental treatment) is not relevant to this guideline, which aims to determine the appropriate dental recall interval only.</i></p>
NHS England	Yes	No comments provided	Thank you for your response.

**Do you have any comments on areas excluded from the scope of the guideline?**

Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery at the Royal College of Surgeons of England	Yes	Each review of the guideline should consider making reference to other aspects of the Oral Health Review, such	Thank you for your comments. The referral for NICE guideline CG19 is limited to describing the most effective and cost effective dental recall interval based on the risk from oral disease. The consideration of specific aspects of the oral health review is outside the referral, including the consideration of dental radiography. It is understood

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		<p>as the frequency of dental radiography as just one example. Two references below:</p> <p>Adherence to NICE guidelines on recall intervals and the FGDP(UK) Selection Criteria for Dental Radiography.</p> <p>K Davies and N Drage Primary Dental Journal 2013; Jan; 2(1):50-6.</p> <p>Guidelines on the timing and frequency of bitewing radiography: a systematic review.</p> <p>T. L. Goodwin, H. Devlin, A. M. Glenny, L. O'Malley and K. Horner British Dental Journal 2017; 222: 519-526</p>	<p>from the reference provided (Goodwin et al., 2017) that there are conflicting guidelines available on the frequency of repeat radiographs, and how this is influenced by age and caries risk. However, as the referral for CG19 is limited, it is anticipated that this NICE guideline is used alongside other guidance, which can provide recommendations on the frequency that specific oral health review procedures should be conducted.</p> <p>Please see below for consideration of the references provided:</p> <p>Adherence to NICE guidelines on recall intervals and the FGDP(UK) Selection Criteria for Dental Radiography.</p> <p>K Davies and N Drage Primary Dental Journal 2013; Jan; 2(1):50-6.</p> <p><i>This study describes the uptake of CG19 and the abstract does not describe evidence which suggests an impact on current recommendations. This information will be passed onto the NICE Adoption and Impact Team.</i></p> <p>Guidelines on the timing and frequency of bitewing radiography: a systematic review.</p> <p>T. L. Goodwin, H. Devlin, A. M. Glenny, L. O'Malley and K. Horner British Dental Journal 2017; 222: 519-526</p> <p><i>This study has been considered for context, however it will not be included in the surveillance report as it is not an intervention based study.</i></p>
British Dental Association	No	No comments provided	Thank you for your response.

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British Society of Periodontology	No	No comments provided	Thank you for your response.
NHS England		<p>[There is new NICE guidance for third molars.] It includes new comments about surveillance (including radiographs) for impacted third molars with certain defined impactions. It would be appropriate for a cross reference or link to be placed in the CG19 document.</p> <p>I would advise liaising with the Chair of the Consultation for the Third Molar NICE review.</p>	Thank you for your comments. We have discussed your comments with the NICE team developing the guidance on <a href="#">prophylactic removal of impacted third molars</a> (GID-TAG525). As this technology appraisal covers prophylaxis, the scope of the guidance does not cross with the remit of NICE guideline CG19, which does not cover treatment. Therefore, we do not think it is appropriate to add a cross reference between this technology appraisal and NICE guideline CG19.

### Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery at the Royal College of Surgeons of England	No	Response is based on the response and comments to ID Q1 above.	Thank you for your comment, please see the response above.
British Dental Association	No	No comments provided	Thank you for your response.
British Society of Periodontology	No	No comments provided	Thank you for your response.
NHS England	No	No comments provided	Thank you for your response.

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