

## Oral health assessment in clinical practice

New perspectives on the need for a comprehensive and evidence based approach

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This paper highlights one aspect of a presentation to be given at the BDA Conference and is written in the context of dentistry in primary care. Careful oral health assessment as a foundation to good treatment planning and quality dentistry is not new, but there are a number of important new perspectives emerging across countries and healthcare systems in terms of the content and role of such an assessment in modern dental practice.

An oral health assessment should: facilitate the provision of care which is both appropriate and clinically effective; help effective communication both within and from the dental team; provide ready-made material for self-audit, clinical governance and research activities, and structure sound medico legal records.

As the profession of dentistry embraces more evidence based healthcare and a wider focus on prevention while being confronted with a widening range of new treatment approaches and technologies, it is timely to review the oral health assessment as a clinical and communication tool.

### THE EBD APPROACH TO CLINICAL PRACTICE & ORAL HEALTH ASSESSMENT

The ADA has produced an excellent definition of *Evidence Based Dentistry (EBD)*: 'an approach to oral healthcare that requires the judicious integration of:

- systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history,
- with the dentist's clinical expertise and
- the patient's treatment needs & preferences'

This definition makes clear that EBD is not an isolated scientific subject, but is a tool to help plan care for each patient, depending upon the dentist as health professional, integrating up-to-date scientific evidence, where it exists, with his/her clinical expertise and individual patient factors.

There is not space to explore fully the first part of this here, but Figure 1 summarises the key elements of the EBD matrix. This shows

the elements and how the findings from research, synthesised objectively through systematic reviews, should be both disseminated to influence research and education and then implemented in clinical practice.<sup>1</sup>

### ASSEMBLING & USING COMPREHENSIVE ORAL HEALTH ASSESSMENTS

The process of sifting through all published and 'grey' evidence and distilling current best evidence is a daunting task which takes time and resources. Fortunately this part of the EBD agenda is increasingly being addressed by organisations and bodies within the profession and health services which collate and publish objective clinical guidelines. In this area the late Malcolm Pendlebury took a lead and the FGDP *Guideline on clinical examination and record keeping* collated a host of information on best evidence and practice related to oral health assessment.<sup>2</sup> It is important to also detail areas of uncertainty (ie gaps in the current evidence base) in order that best practice recommendations can be made and future research may be identified and commissioned.

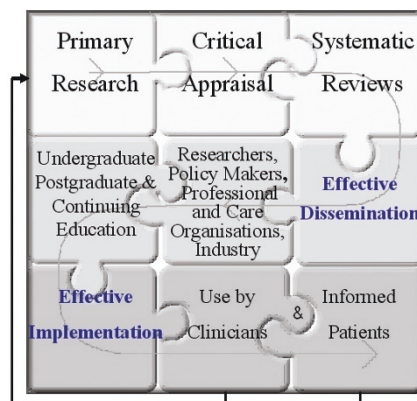


Fig. 1 Evidence-Based Dentistry – how findings from research should influence research, education and clinical practice

In recent years this work has been taken forward via the clinical pathways format envisaged in *NHS Options for Change*. A clinical advisory group has helped identify what is appropriate for oral health assessments in primary dental care, and pilot work is underway which links to the recent NICE guideline on dental recall intervals.<sup>3</sup> An update on this work and how it could be taken forward in the UK will be provided at the conference.

### ORAL HEALTH ASSESSMENTS & PATIENT COMMUNICATION

In addition to underpinning treatment planning and clinical care, another key perspective has emerged from these activities: the need to provide a framework to support more communication with patients. This relates to communication about their state of oral health, preventive and interventional healthcare needs, and progress with maintaining oral (and general) health. The information obtained at an oral health assessment can provide a platform for shared decision making, ensuring informed consent, optimising prevention, clinical risk management and the evaluation of care,<sup>4</sup> as well as helping to build effective, informed long term relationships with patients.

1. Pitts N B. Understanding the jigsaw of evidence based dentistry 3: Implementation of research findings in clinical practice. *Evid Based Dent* 2004; **5**: 60-64.
2. Pendlebury M, Pitts N B, Clarkson J E C. (Eds.) *Clinical examination and record keeping*. London: Faculty of General Dental Practitioners (UK), 2001.
3. Clinical Guideline 19. *Dental recall: recall interval between routine dental examinations*. London: NICE, Department of Health, 2004.
4. Pitts N B. 'ICDAS' - an international system for caries detection and assessment being developed to facilitate caries epidemiology, research and appropriate clinical management. *Community Dent Health* 2004; **21**: 193-198.

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