

Acknowledgements

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Correction to: A randomised controlled trial of a smartphone application for improving oral hygiene

The original article can be found online at <https://doi.org/10.1038/s41415-019-0202-1>

Author's correction note:

Clinical article *Br Dent J* 2019; **226**: 508–511.

The authors here provide a note to further explain some sections of the paper that may have caused confusion.

Proportional reduction

A decision was made that as this was a trial to compare the effectiveness of two interventions (oral health advice, with and without the Brushlink device) in promoting plaque control, that proportional reductions in plaque would be the most suitable comparator. Whilst there are issues with proportional, as opposed to absolute plaque reductions, if the clinical significance of the reduction is under test, in a trial which was solely examining plaque control in relation to use of the device, proportional reduction was considered appropriate. The conclusion drawn from the results is that the device improves toothbrushing. Further long term trials are required to examine the device's effect on gingival and periodontal health.

The conclusions drawn are limited to what is shown by the data. Firstly that tooth cleaning is improved when the device is employed and that this finding fits with behavioural theory, and, secondly, that the device (and others like it) offer a fundamentally important research tool to truly examine the relationship between toothbrushing and clinical outcomes.

Data analysis

Full mouth plaque scores and Brushlink scores of the test and control groups were compared using independent two sample t-tests. Comparisons between baseline scores and scores after two weeks, and comparisons between baseline scores and scores after four weeks were also made, again using Student's t-test.

Sample size calculation

A sample size of 49 in each group would allow differences in means of 20 to be detected at 90% power, assuming a common standard deviation of 30, using a 0.050 two-sided significance level.

The two key points derived from the analysis of the paper are that provision of instant feedback, such as the Brushlink device provides, fits with every behavioural change theory, and, most importantly, that devices like this have absolutely massive potential as research tools in both periodontology and oral health promotion.

The authors apologise for any confusion caused.