

The Fallacy of the Fixed Dental Exam Schedule



LEGISLATION FORCING A DENTIST TO IGNORE THEIR CLINICAL JUDGMENT ABOUT WHEN TO EXAMINE A GIVEN PATIENT WOULD RESULT IN EXTREME WASTE AND STRAIN IN THE ORAL HEALTHCARE SYSTEM AND SADLY VIOLATE THE ETHICAL PRINCIPLE OF PATIENT AUTONOMY, I.E., THE RIGHT OF THE PATIENT TO MAKE HIS OR HER OWN DECISIONS REGARDING THE TREATMENT THAT HE OR SHE WILL RECEIVE.

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The **American Dental Association's Health Policy Institute** found that 52.3% of adults reported that they had visited the dentist every six months during the last few years, 15.4% reported once per year, and 11.0% reported once every two to three years. More than one in five (21.3%) reported that they had not visited the dentist in the last few years. Main reasons for not going are cost and convenience.

The **National Institute for Health and Care Excellence (NICE)** states: "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 patients, and people's lifestyles may change."

"As the story goes the "scientific" basis of the twice a year cleaning came not from bespectacled dentists in the lab or in the clinic, meticulously studying the issue with experimental groups, control groups, and double-blinding; no, it was actually the fabrication of an advertising genius named Claude Hopkins in the early 1900s. ... After World War II, Pepsodent – still the leading toothpaste brand – created a new marketing catchphrase: "Use Pepsodent every day – see your dentist twice a year." ¹

"The authors conclude that the evidence for using a one-recall-interval-fits-all protocol to reduce caries [tooth decay] incidence was weak. Studies that addressed the impact of recall interval on caries incidence were methodologically weak. The evidence was not strong enough to support using any specific one-recall-interval-fits-all protocol for all patients."²

"Determining whether a person develops a disease is based on an assessment of probabilities, which might be expressed as the proportion of people expected to experience the condition in a given time frame...Additionally, it is important that risk communication is tailored to the individual (so as not to overload them with information about risk factors which are not relevant for them), while at the same time addressing common risk factors for a number of oral diseases." ³

"There is no evidence to support or refute the practice of encouraging patients to attend for dental check-ups at six-monthly intervals." ⁴

"There is no existing high-quality evidence to support or refute the practice of encouraging six-monthly dental checks in adults and children." ⁵

1. Grant Ritchey, *The Six Month Dental Recall – Science or Legend? Science-Based Medicine*. Feb 23, 2018.

2. Patel S, Bay RC, Glick M. A systematic review of dental recall intervals and incidence of dental caries. *J Am Dent Assoc*. May 2010

3. Asimakopoulou K, Rhodes G, Daly B. Risk communication in the dental practice. *Br Dent J*. 2016 Jan 22;220(2):77-80.

4. Riley P, Worthington HV, Clarkson JE, Beirne PV. Recall intervals for oral health in primary care patients. *Cochrane Database Syst Rev*. 2013

5. Davenport C, Elley K, Salas C, Taylor-Weetman CL, Fry-Smith A, Bryan S, et al. The clinical effectiveness and cost-effectiveness of routine dental checks: a systematic review and economic evaluation. *Health Technol Assess* 2003;7(7).