Dentists are being reminded of their duty to adhere to the National Institute for Health Clinical Excellence guidelines for dental appointment recalls. One point that has caused debate is that dentists in England are reportedly seeing patients more than they need to. According to the briefing, this recall intervals represented a significant change for dentists and patients alike. Six-monthly check-ups have been the backbone of NHS dentistry since its formation.

The opportunity to see healthy patients to detect disease before it was serious enough to produce symptoms and to institute a regular programme of preventive advice was the norm; therefore it has taken time for patients and the profession to adjust to this change.

Some patients still have an expectation to be seen six-monthly. As you know, the guidance states that the appropriate interval will depend on an individual’s clinical and risk factors – and according to CDO’s letter, the dentist will take a patient’s views on board before making a final decision, so there is an element of agreeing this between patient and dentist.

“Many patients want to see a dentist more frequently (either to pick up problems early, such as gum disease, or for reassurance about their oral health) and dentists have to change patient habits as well.

“The BDA agrees that recall intervals need to be tailored to the individual and based on the risk status of the patient. There are a wide range of risk factors to decide upon the recall interval, including the following major ones: Smoking or tobacco use, excessive alcohol use, cardiovascular disease, bleeding disorders, anti-coagulants, immuno-suppression, diabetes, glucose medications, phenytoin, acid reflux, lack of fluoride, high caries in mothers and siblings, recent and previous periodontal disease, high sugar intake, high acid intake, new decay, anterior fillings, root caries, heavily restored dentition, mucosal lesions, poor oral health, plaque reten-

T time for a re-call

See low risk patients every two years, dentists are reminded

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- Smoking or tobacco use
- Excessive alcohol use
- Cardiovascular disease
- Bleeding disorders
- Anti-coagulants
- Immuno-suppression
- Diabetes
- Glucose medications
- Phenyo-
- Acid reflux
- Lack of fluoride
- High caries in mothers and siblings
- Recent and previous periodontal disease
- High sugar intake
- High acid intake
- New decay
- Anterior fillings
- Root caries
- Heavily restored dentition
- Mucosal lesions
- Poor oral health
- Plaque retention
- Factors, low saliva flow
- Tooth wear
- No fluoride
- Poor attendance pattern
- People with special needs.

“The guidance doesn’t necessarily clarify, ‘how many?’ of the risk factors or ‘how bad,’ these need to be to achieve an ‘at risk’ status, so interpreting what is an appropriate recall period for a given patient may not always be clear.”

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