

UK National Screening Committee
Screening for dental disease in children aged 9 years and under
08 November 2019

Aim

1. To ask the UK National Screening Committee (UK NSC) to make a recommendation, based on the evidence presented in this document, whether or not screening for dental disease in children aged 9 years and under meets the UK NSC criteria for a systematic population screening programme.

Current recommendation

2. Currently, the UK NSC does not recommend screening for dental disease in children aged 9 years and under. This is based on the 2006 UK NSC recommendation following the publication of a cluster RCT which concluded that ‘School dental screening delivered according to 3 different models was not effective at reducing levels of active caries and increasing attendance in the population under study’. The UK NSC recommendation was reaffirmed in 2014, following a 2013 UK NSC review which concluded that the 2006 recommendation should be maintained as no new evidence was found that screening children for dental disease between the ages of 6 and 9 by the school dental service in England is effective; that screening test for dental caries had a low sensitivity; that there was evidence that measures to prevent dental caries work if accessed; and that the rate of dental caries in children was falling.

Evidence Summary

3. The 2019 review was undertaken by Costello Medical in accordance to the UK NSC evidence review process <https://www.gov.uk/government/publications/uk-nsc-evidence-review-process/uk-nsc-evidence-review-process>
4. This review update aims to evaluate is whether the evidence is available to support population-based screening for dental disease in children aged 9 years and under. This was assessed through UK NSC screening criterion 11. The prior UK NSC reviews focused on evidence for screening for dental caries, but the scope of the current rapid review was broadened to include other dental disease and conditions.



5. The review considered a single question '*Is there evidence that screening children aged 9 and under for dental disease is effective at reducing the level of untreated dental disease in the population?*'. Studies considered relevant were randomised controlled trials (RCTs) and systematic reviews of these in the first instance, or comparative prospective or retrospective observational studies in case no RCTs were identified, comparing screening to no screening and reporting levels of untreated dental disease in children aged 9 and younger.
6. This review found no evidence to support a change to the current recommendation on screening for dental disease in children aged 6 to 9 years. **Criterion 11 was not met**

Consultation

7. A three-month consultation ending on the 9 September 2019 was hosted on the UK NSC website. Direct emails were sent to 13 stakeholder organisations. (See **Annex A**)
8. Only one set of comments was received following the public consultation from the Royal College of Paediatrics and Child Health. The College acknowledged that introducing dental screening for all children could be a starting point to address this serious problem. However, they noted that a national screening programme for dental disease in children, not in combination with an effective prevention programme, is a flawed approach because a screening programme alone will not address the needs of children from disadvantaged families. They suggest that there is evidence that fluoridation of water at 1 ppm is a safe and effective intervention that will decrease dental cases in under 9 years of age children in these communities. (See **Annex B** for comments)

Recommendation

9. The Committee is asked to approve the following recommendation:
A population screening programme for dental disease in children aged 9 years and under is not recommended in the UK.



Criteria (only include criteria included in the review)	Met/Not Met
Section 1 - Criteria for appraising the viability, effectiveness and appropriateness of a screening programme	
The screening programme	
11. There should be evidence from high quality randomised controlled trials that the screening programme is effective in reducing mortality or morbidity. Where screening is aimed solely at providing information to allow the person being screened to make an “informed choice” (such as Down’s syndrome or cystic fibrosis carrier screening), there must be evidence from high quality trials that the test accurately measures risk. The information that is provided about the test and its outcome must be of value and readily understood by the individual being screened	Not Met

List of organisations contacted:

1. The British Association for the Study of Community Dentistry
2. British Dental Association
3. British Dental Health Foundation
4. Faculty of General Dental Practice (UK)
5. Faculty of Public Health
6. Institute of Child Health
7. Royal College of General Practitioners
8. Royal College of Paediatrics and Child Health
9. Royal College of Physicians
10. Royal College of Physicians and Surgeons of Glasgow
11. Royal College of Physicians of Edinburgh
12. Royal College of Surgeons
13. PHE; Dental Public Health



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Annex A — Consultation comments

Name:	Comments received on behalf of Eugene Strehle, John Furness and Sam Oddie	Email address:	XXXX XXXX
Organisation (if appropriate):	Royal College of Paediatrics and Child Health		
<p>Do you consent to your name being published on the UK NSC website alongside your response?</p> <p style="text-align: center;">Yes <input checked="" type="checkbox"/></p>			
Section and / or page number	Text or issue to which comments relate	Comment	
		<i>Please use a new row for each comment and add extra rows as required.</i>	
		The health of children in the UK is the worst in Europe. Therefore, introducing dental screening for all children could be a starting point to address this grave problem.	
	Basis of screening	Screening does not work because the poorest children are not taken to the dentist for the intervention even if there was screening in place. There is a safe and effective intervention that will decrease dental cases in under 9s this is community water fluoridation 1 ppm.	
		Screening for dental disease in children is a flawed approach unless it is combined with effective prevention. Time and again health professionals promote approaches to harm minimisation that might work for their own children but neglect that deprived families don't always engage in health promoting behaviours that are more commonly observed among well-educated families.	



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		Fluoridation of water at 1 ppm is an example of an evidence based effective intervention which reduces decay and need for dental extractions.
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