EFFECTIVENESS OF SCHOOL-BASED PIT AND FISSURE SEALANT PROGRAMS IN DENTAL CARIES PREVENTION: A SYSTEMATIC REVIEW.

INTRODUCTION

- Dental caries is an important non-communicable disease (NCDs) affecting a significant proportion of the population in the world, particularly young children.¹
- Various public health measures such as using fluorides in both topical as well as systemic forms is employed in many parts of the world to prevent dental caries.2
- Despite the use of fluorides, the permanent molars are still susceptible to dental caries, and hence additional preventive programs are essential.3
- Among school-aged children, the majority of the increment in dental caries has been detected on pit and fissure surfaces of first and second molars.⁴
- In children or teeth susceptible to caries, pit and fissure sealants can be used as a preventive measure to prevent dental caries.5
- School-based pit and fissure sealant programs are one such public health initiative to prevent dental caries in molars.6
- The effectiveness of school-based pit and fissure sealant programs in preventing caries among young children has not been well documented, and hence the present systematic review was undertaken.



AIM & OBJECTIVES

- To investigate the effectiveness of school-based pit and fissure sealant programs in the prevention of dental caries in children.
- To document and report on data concerning the retention of sealants.
- To assess cost effectiveness of various school or community-based pit and fissure programs.
- To find out whether school-based pit and fissure sealant programs are implementable in India.

MATERIAL & METHODS

- A systematic literature survey carried out in October 2015 using electronic data bases such as PubMed, PubMed central and Google Scholar
- Criteria for considering studies for this review:

Types of studies:

Randomised of at least 12 months in duration included. The unit of randomisation could be individual, group (school, school class, etc.), tooth or tooth pair.

- **Types of participants** Children and adolescents under 20 years of age from the general population.
- **Types of interventions**
- Studies concerned with comparing children with sealant to a control group without sealant. Studies where fissure sealants were used concurrently with fillings were excluded.
- Types of outcome measures

Incidence of caries expressed in terms of caries or no caries on occlusal surfaces of permanent molar teeth. Caries was defined as caries in dentine. Enamel lesions were regarded as sound surfaces.



RESULTS

Table 1: Effectiveness of school-based pit and fissure sealant application in the				Table 2 : Cost effectiveness of school-based pit and fissure sealant programs				Table 3: Retention of pit & fissure s					
S. NO.	preve Author's Name	Study setting	dental carie Prevention of dental caries	ES Odd's Ratio Sealed	Odd's Ratio	S. No	Author's Name	Setting	Findings	S. No.	Author's name	Study setting	% ofcor retained
1	Dennison JB	Michigan	after sealant application 93.5%		Unsealed	1	Werner CWetal (2000) ¹⁶	Brazil	Cost of saving single teeth from decay within a 6yr period at school was estimated to be \$65 & \$42, with avg surface sealing time per tooth surface 18 & 12.5 minutes respectively.	1	Parnell CAetal (2003) ⁹	Ireland	56%
2 3	etal(2000) ⁷ Wendt LKetal(2001) ⁸ Parnell CAetal(2003) ⁹	Sweden Ireland	78% 97.1%							2	Tai Bjetal (2009) ¹¹	China	17.5%
4 5	Wyk P etal (2004) ¹⁰ Armfield JM etal (2007) ²	South Africa Australia	=50% 50%			2	Schrrer CRetal(2007) ¹⁷	US	over all of program sizes & travel distances ranges from 4.50% to 10.94%. The program is financially feasible in states where the ratio of Medicaid fees is 60.5% of mean national fees	3	Devlin Detal (2011) ¹⁹	Massachusetts	54%
6	Tai BJetal(2009) ¹¹ MemarpourM	China Iran	26.1% 77.1%							4	Memarpour M etal (2011) ¹²	Iran	57.5%
1	etal(2011) ¹²	nun	,,,,,,,			3	Bailitetal (2008)18	US		_	. ,	_	
8	OulisCJ etal(2011) ¹³	Greeke	24%	0.65-1.22	0.57-1.00					5	MullarBolla	France	52.7%
9	BaldiniV etal(2011) ¹⁴	Portugal	86.4%	1	1.81						etal (2013)6		
10	MullerBolla etal(2013) ⁶	France	74%	0.27 (0.14- 0.50)	1	4	Sakuma Setal (2010) ³	For 8yr olds - 1.84.	•	6	RafatjouR etal (2013) ²⁰	Iran	68.6%
11	Phippsetal(2013)15	Alaska	62.4%						For 11yr olds - 2.42				

DISCUSSION

- Dental caries is an important public health problem in the world, particularly in the developing and under-developed countries. Even though there is decline in dental caries in the world, largely due to use of fluorides, caries still affects 60-90% of children through out the world.²¹
- Results of this systematic review revealed that school-based pit and fissure sealant programs are effective in preventing dental caries in young children. The prevention ranged from 24% to 97.1% when compared to unsealed groups.^{9,13} School-based pit and fissure sealant programs are effective when targeted toward high risk individuals, who are 8 to 10 times more likely to develop dental caries than low risk children. 13

sealants

S .	Author's name	Study setting	% of completely	Follow-
No.			retained sealant	upat
1	Parnell CA etal (2003) ⁹	Ireland	56%	3yr
2	Tai Bjetal (2009) ¹¹	China	17.5%	3yr
3	Devlin Detal (2011) ¹⁹	Massachusetts	54%	6yr
4	Memarpour M etal (2011) ¹²	Iran	57.5%	1.5yr
5	Mullar Bolla etal (2013) ⁶	France	52.7%	1yr
6	Rafatjou Retal (2013) ²⁰	Iran	68.6%	1yr

CONCLUSIONS

- School-based pit and fissure sealant programs result in a significant reduction of dental caries and may be economically viable as the cost benefit ratio is high.
- Similar programs could be implemented in India if resources were available. The need should be ascertained before implementation.

REFERENCES

- The concept of a WHO health-promoting school project can be incorporated along with "School-based pit and fissure sealant programs" for promotion of oral health.²²
- A significant correlation has been found between sealant retention and its caries preventive effect; although sealant retention rates decline to 85% after 1 year and to 50% after 5 years. 20
- The present study revealed that a community-based pit and fissure sealant program is cost effective, with a cost-benefit ratio 1.84.³ Even though schoolbased pit and fissure sealant programs are effective, their implementation depends upon manpower, infrastructure, budgets with active community support, stake holders in government, NGOs and individual charities.
- School/community-based pit and fissure sealant programs are not feasible in India due to lack of budget and active support from government agencies. However, it could be implemented if resources were available.¹⁸

2		
.	1.	World Health Organization. Oral Health. Fact Sheet no 318. April 2012.
1	2.	Armfield JM, Spencer AJ. Community effectiveness of fissure sealants and the effect of fluoridated water consumption. Community Dent
		Health.2007;24(1):4-11.
;	3.	Sakuma S,Yoshihara A,Miyazaki H,Kobayashi S.Economic Evaluation of a School-based Combined Program with a Targeted Pit and Fisuure Sealant and
		Fluoride mouth Rinse in Japan. Open Dent J. 2010;4:230-6.
	4.	Brown LJ, Selwitz RH. The impact of recent changes in the epidemiology of dental caries on guidelines for the use of dental sealants. J Public Health
		Dent.1995;55(5):274–91.
1	5.	Beauchamp J, Caufield PW, Crall JJ, Donly K, Feigal R, Gooch B, etal. Evidence-based clinical recommendations for the use of pit and fissure sealants: a
' I	6.	report of the American Dental Association Council on Scientific Affairs. JAm Dent Assoc. 2008;139(3):257–68.
	о.	Muller-Bolla M, Lupi-Pe'gurier L, Bardakjian H, Velly AM. Effectiveness of school-based dental sealant programs among children from low-income
	7.	backgrounds in France: a pragmatic randomized clinical trial. Community Dent Oral Epidemiol 2013;41:232–41. Dennison JB, Straffon LH, Smith RC. Effectiveness of Sealant treatment: Over five years in an Insured population. J AmDent Assoc.2000 May;131(5):597-
	1.	Definition 35, Strahon ER, Shifti KC. Enectiveness of Sealaht treathent. Over nive years in an insured population. J Ambert Assoc.2000 Way, 131(5):337- 605.
1	8.	Wendt Lk, Koch G, Birkhed D, Long-term evaluation of fissure sealing programme in Public Dental Service clinics in Sweden. Swed dent J. 2001;25(2):61-5.
ł	9.	Parnell CA, O'Farrell M, Howell F, Hegarty M. Evaluation of a community fissure sealant programme in County Meath, Ireland. Community Dent Health. 2003
1		Sep:20(3):146-52
	10.	Wyk P, Kroon J, White J. Evaluation of a Fissure Sealant Program as Part of Community-Based Teaching and Training. J Dent Edu 2004 January;68(1).
	11.	Tai B-J, Jiang H, Du M-Q, Peng B. Assessing the effectiveness of a school-based oral health promotion programme in Yichang City, China. Community Dent
t		Oral Epidemiol 2009;37:391–8.
•	12.	Memarpour M, Shafiei F, Shaddel M. Evaluation of a school-based pit and fissure sealant programme in Iranian children. Oral Health Prev
.		Dent.2011;9(4):381-6.
	13.	Oulis CJ, Berdouses ED, Mamai-Homata E, Polychronopoulou A. Prevalence of sealants in relation to dental caries on the permanent molars of 12 and 15-
	14.	year-old Greek adolescents. Anational pathfinder survey. BMC Public Health 2011;11:100. Baldini V, Tagliaferro EP, Ambrosano GM, Meneghim MC, Pereira AC. Use of occlusal sealant in a community program and caries incidence in high- and low-
'	14.	balowini v, raginaero EF, Ambrosano owi, weregimini wu, Perena AC. Ose of occlusar searant in a community program and cartes incluence in high- and low- risk children. JAppI Oral Sci. 2011;19(4):396–402.
	15	Phips KR, Ricks TL, Blahut P, Permanent first molar eruption and caries patterns in American Indian and Alaska Native children: challenging the concept
,		of targeting second grade for school-based sealant programs. J Public Health Dent. 2013;73:175–8.
	16.	Werner CW, Pereira AC, Eklund SA. Cost-effectiveness study of a school-based sealant program. ASDC J Dent Child. 2000 Mar-Apr;67(2):93-7.
	17.	Scherrer CR, Griffin PM, Swann JL. Public health sealant delivery programs: optimal delivery and cost of practice acts. Med Decis Making 2007 Nov-
		Dec;27(6):762-71.
	18.	Bailit H, Beazoglou T, Drozdowski M. Financial feasibility of a Model School based Dental Program in different states. Public Health Reports 2008;123:761-7.
F	19.	Devlin D, Henshaw M. Improving access to preventive dental services through a school-based dental sealant program. J Dent hyg. 2011;85(3):211-9.
•	20.	Rafatjou R, Nobahar S, Nikfar M, Salehimehr G, Khateri D. Retention and Effectiveness of Dental Sealant After Twelve Months in Iranian Children. Avicenna J
	21.	Dent Res. 2013 December; 5(2). Lacerweii MD, van Loveren C. Declining Carles Trends: Are We Satisfied? Curr Oral Health Rep. 2015;2(4):212-17.
	21.	Lagerweij MU, van Loveren L. Decinning Lanes Trends: Are we sausiled 7 Curl Oral Health Rep. 20 15;(4):12-17. WHO Collaborating Centre for Community Oral Health Programmes and Research. Health Promoting Schools Project-Oral Health Promotion. Copenhagen:
	22.	University of Compages 1005

POST GRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK

AUTHOR: DR GEETA RANI; CO-AUTHORS: DR MANJUNATH BC, DR KUMAR A