



Dental PBRN Newsletter

Spring 2009

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Welcome to the Dental PBRN quarterly newsletter! This newsletter is designed to provide you a synopsis of the contents of our website, <http://www.DentalPBRN.org>.

You can also view the projects for which we are currently recruiting dental practitioners, as well as suggest and view new research ideas.

When you visit our website you can complete your online training course that will provide the foundation for you to begin on a project if you have not already done so.

DPBRN Completed Its First Randomized Clinical Trial (RCT) - an RCT on Tobacco Cessation Counseling In Dental Practices – materials now publicly available

DPBRN completed its first randomized clinical trial last year and materials from the trial are now publicly available. This clinical trial was called the Dental Tobacco Control (DTC) Study. It was a randomized clinical trial of an internet-delivered intervention that encouraged and provided tools to dental practices from DPBRN to discuss tobacco use with their patients.

Past research has shown that brief provider-delivered advice -- applied within a clinical visit -- can be effective in increasing tobacco cessation. Dentists, dental hygienists, dental assistants, and other dental office staff are in a unique position to advise patients because of the frequency of dental patient appointments and because the effects of oral cancer and tobacco use can be seen so readily in a routine dental examination.

A total of 190 practices participated. Practices were provided a website that comprised educational cases, patient education and practice tools, a forum for chatting with other dentists, opportunities to ask questions, and a regular update of the literature regarding dental tobacco control. To evaluate the intervention, patients and providers were surveyed at baseline and at three separate follow-up periods. Compared to baseline, patients from the intervention practices reported being asked about tobacco use more and advised to quit more than the control group. More detail is provided in two DPBRN publications, which are listed in the "Publications" part of the DPBRN web site.

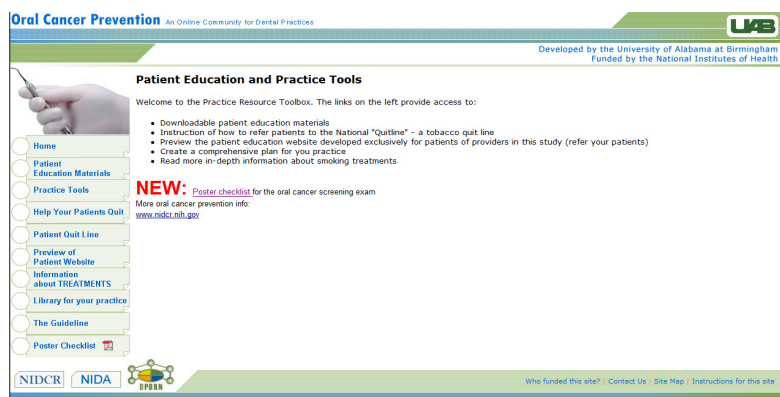
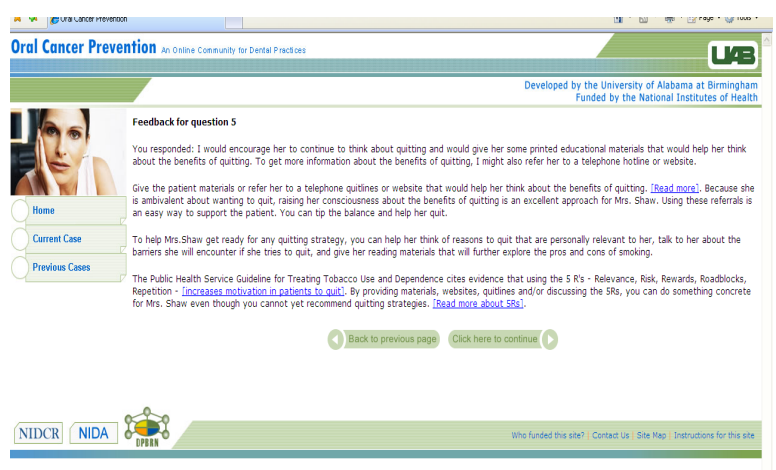
Now that the project's data collection period is over, we can open this educational opportunity to all practices in DPBRN. The website is located at www.oralcancerprevention.org. We hope that you will find the web site informative and useful in helping you counsel your patients on tobacco cessation – the DTC practices did. The DTC website contains a wealth of information to assist counseling your patients to quit tobacco. Specifically, the site offers opportunities to complete case-based learning modules, review practice tools and patient education, a forum to chat with other dental providers, testimonials, and the recent tobacco-related news articles.

The interactive *educational cases* give real-life scenarios related to tobacco counseling. Cases focus on: (1) How to approach tobacco screening during a routine visit; (2) How to assess a patient's readiness to quit and how to assist a patient in quitting; (3) How to encourage and assist a patient who is ready to quit tobacco; and (4) How to deal with a patient who wants to switch from smoking to smokeless tobacco to help quit. With each response, the provider receives tailored and instant feedback to maximize learning.

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The *Patient Education and Practice Tools* section of the site provides guidance for counseling patients to quit tobacco and handouts to share with patients who are interested in quitting smoking. Tools include: brochures on what the patient can expect when quitting, brochures describing how to use distraction and substitution as an aid to quit, and brochures that provide information on quitting smoking, a tobacco cessation follow-up card, information on how to access the toll-free patient quit line, and social contracts between the provider and patient.

The toolbox also includes a preview of the patient website, information about various medications available for cessation, a library that offers specific counseling techniques, and the Treating Tobacco Use and Dependence Guideline as published by the U.S. Department of Health and Human Services. Users of the site have found the information contained therein to be very helpful.



Dr. Mike Edwards of Wedowee, AL affirmed: *"I have enjoyed working with patients to help them quit smoking. My motto is 'visualization is the key.' We have chairside intra-oral cameras in each of our rooms. When I see a smoker, I take pictures, show them the pathology that is related to smoking, and let them take the pictures home with them. The same technique can be used in practices without intra-oral cameras using a mirror. I find that my patients appreciate my honesty when I counsel them about smoking. I enjoyed working on the DTC study. We used the patient education materials in our practice, and have had positive feedback from patients. I believe that the website will be a very helpful resource for oral cancer prevention."*

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Dr. Martha Wallace of Birmingham, AL asserted: *“One of the most gratifying and appreciated services that I provide for my smoking patients is motivation on the road to quitting. I recently received a letter from one of my patients who I advised to quit smoking. She said that she could no longer rationalize her use of tobacco after reading information I gave her on bone loss. Although she had been warned many times by physicians about the health hazards associated with smoking, discovering that her teeth would fall out “was the last straw.”... Many of my patients have told me that I have positively enhanced and changed their lives. Patients tell me that they are flattered that I care enough about them and their welfare to help them stop smoking. They also tell me that the role I played in helping them to stop smoking has bonded them to me for life.”*

Overall, the DTC site (www.oralcancerprevention.org) offers a wide array of information that can be used in everyday practice. This material has been shown to be effective in helping dental practices counsel their patients to quit smoking. Because evidence suggests that dental patients expect to receive counseling from their providers, dental providers who take the time to counsel their patients in tobacco cessation stand to improve the relationship with their patients. Although reimbursement has lagged behind the provision of such counseling, the U.S. Department of Health and Human Services still recommends that all patients be asked and advised about their tobacco use at every visit. The DTC site can be useful in helping dental practices meet this objective.

News Items

Sweden bans entry of all products that contain mercury effective June 2009

The Swedish government has decided to ban all use of mercury. The Swedish market is now closed to all products that contain mercury. In the future, Swedish dentists will have to use materials other than amalgam for tooth restorations. The ban means not only that Swedish dentists are not allowed to use mercury, but also means that the country will be closed to any products that contain mercury. The ban becomes effective June 1, 2009.

DPBRN presentation to dental hygienists in Minnesota

Dr. Brad Rindal, Principal Investigator of the DPBRN Minnesota region, DPBRN practitioner-investigator, and former DPBRN Executive Committee member, and Ms. Merry Jo Thoele, Regional Coordinator for the Minnesota region, spoke to a class of dental hygienists at Metro State University in Normandale, MN on December 6, 2008.

The students were practicing dental hygienists returning to school to complete their degrees. This class focused on evidence-based dental hygiene practice with this particular lecture focusing on the application of translational research and evidence-based clinical practice.

Dr. Rindal and Ms. Thoele lectured on evidence-based dentistry and how research impacts dental practices. Ms. Thoele talked about the differences and similarities between working with dental patients versus research subjects, the legal and ethical framework of federal regulatory policies, and history and development of the IRB. Dr. Rindal spoke about the important role that practice-based research, specifically the DPBRN, plays in evidence-based methodology. This lecture received strong positive feedback from both the students and course instructor.

Continued

Studies Update

- **Reasons for placing the first restoration on permanent tooth surfaces**

Data collection is now complete for all regions.

- **Reasons for replacement or repair of dental restorations**

Data collection is currently underway with an anticipated data collection end date of 2009.

- **Patient satisfaction with dental restorations**

Data collection is currently underway with an anticipated data collection end date of 2009. This study is in conjunction with “Reasons for replacement or repair of dental restorations”.

- **Longitudinal study of dental restorations placed on previously unrestored surfaces**

Data collection has begun with baseline enrollment completed December 2008 at the last enrolled practice.

- **Longitudinal study of repaired or replaced dental restorations**

Data collection will begin in 2009.

- **Development of a patient-based provider intervention for early caries management**

Phase I and II has been completed. The last phase should begin in 2009.

- **Prevalence of questionable occlusal caries lesions**

Pilot testing has been completed in one region, with pilot testing beginning in other regions shortly.

Publications

Have you considered being involved in writing a DPBRN publication? The Dental PBRN gives you a unique opportunity to participate. Your perspective as a practicing dentist adds significant value to manuscripts produced by The Dental PBRN. Some of your colleagues are already involved.

The Dental PBRN Publications & Presentations Policy states: “Each manuscript must include at least one DPBRN practitioner-investigator, as designated by the P&P Committee. DPBRN makes a point of engaging practitioner-investigators at every step of the research process, and this includes the publication process. For the purposes of this requirement, a practitioner-investigator is defined as a clinician who treats patients on a regular basis and who collects primary data on patients in DPBRN studies. All regions involved in data collection should be given the opportunity to have one author from the region, which can be a practitioner-investigator.”

If you have an interest or would like more information, contact Brad Rindal at d.brad.rindal@healthpartners.com