

Dental Practice-Based Research Network
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DPBRN 22: Assessing the impact of participation in dental practice-based research networks on patient care (PIRG)

Results: Overall and by Region

Date prepared: March 26, 2012

Overview Table: Distribution of DPBRN practitioner-investigators according to DPBRN region¹

	AL/MS		FL/GA		MN		PDA		US-Other ²		SK		TOTAL	
	N	% ³	N	%	N	%	N	%	N	%	N	%	N	%
Participating practitioners	251	40.6	160	25.8	54	8.7	42	6.8	49	7.9	63	10.2	619	100

¹AL/MS: Alabama/Mississippi; FL/GA: Florida/Georgia; MN: includes HealthPartners and private practitioners in Minnesota and Wisconsin; PDA: Permanente Dental Associates and Kaiser Permanente's Center for Health Research (in WA and OR); and SK: Scandinavia countries of Denmark, Norway and Sweden.

²US-other: NC-28, SC-8, TN-3, NY-2, NJ-2, and one each from CA, MA, ME, NE, NM, OH, PA, and TX.

³Percentages for this table only are within row.

Results that follow are of 619 participating practitioners.

Data collection for this study began September 2, 2011 and ended January 9, 2012.

Note: Unless otherwise indicated, percents that follow are among non-missing.

Caries Diagnosis and Treatment

1. When you examine patients to determine if they have a **primary occlusal caries** lesion, on what percent of these patients do you use a **dental explorer** to help diagnose the lesion?
- ₀ Never or 0%
 - ₁ 1 – 24%
 - ₂ 25 – 49%
 - ₃ 50 – 74%
 - ₄ 75 – 99%
 - ₅ Every time or 100%

Table Q1: Use of a dental explorer by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
When you examine patients to determine if they have a primary occlusal caries lesion, on what percent of these patients do you use a dental explorer to help diagnose the lesion?														
Never or 0%	3	1.2	2	1.3	1	1.9	0	0.0	0	0.0	2	3.2	8	1.3
1 - 24%	7	2.8	3	1.9	7	13.2	0	0.0	2	4.1	5	8.1	24	3.9
25 - 49%	5	2.0	1	0.6	1	1.9	0	0.0	0	0.0	5	8.1	12	2.0
50 - 74%	9	3.6	13	8.2	5	9.4	5	11.9	2	4.1	7	11.3	41	6.7
75 - 99%	65	25.9	34	21.5	18	34.0	17	40.5	13	26.5	16	25.8	163	26.5
Every time or 100%	162	64.5	105	66.5	21	39.6	20	47.6	32	65.3	27	43.6	367	59.7

- Overall, approximately 60% used a dental explorer “every time” and about 27% used one 75-99%.

2. When you examine patients to determine if they have a **primary caries** lesion, on what percent of these patients do you use **air-drying** to help diagnose the lesion?
- ₀ Never or 0%
 - ₁ 1 – 24%
 - ₂ 25 – 49%
 - ₃ 50 – 74%
 - ₄ 75 – 99%
 - ₅ Every time or 100%

Table Q2: Use of air drying by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
When you examine patients to determine if they have a primary occlusal caries lesion, on what percent of these patients do you use air-drying to help diagnose the lesion?														
Never or 0%	3	1.2	2	1.3	0	0.0	0	0.0	0	0.0	0	0.0	5	0.8
1 - 24%	11	4.4	13	8.2	4	7.6	3	7.1	6	12.2	1	1.6	38	6.2
25 - 49%	18	7.2	9	5.7	9	17.0	7	16.7	4	8.2	1	1.6	48	7.8
50 - 74%	48	19.1	31	19.6	10	18.9	7	16.7	6	12.2	3	4.8	105	17.1
75 - 99%	89	35.5	61	38.6	17	32.1	18	42.9	19	38.8	15	24.2	219	35.6
Every time or 100%	82	32.7	42	26.6	13	24.5	7	16.7	14	28.6	42	67.7	200	32.5

- Almost 33% of respondents used air drying every time and nearly 36% used it for 75 – 99% of these caries.

- 2.1 If you air-dry at least some, approximately how long do you dry the tooth surface?
- 1 1 to 2 seconds
 - 2 3 to 4 seconds
 - 3 5 seconds
 - 4 More than 5 seconds

Table Q2.1: Time involved in air drying by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
If you air-dry at least some, approximately how long do you dry the tooth surface?														
1 to 2 seconds	114	46.0	60	39.0	27	50.9	15	35.7	15	30.6	13	21.0	244	40.1
3 to 4 seconds	113	45.6	75	48.7	24	45.3	23	54.8	28	57.1	31	50.0	294	48.4
5 seconds	16	6.5	11	7.1	2	3.8	2	4.8	6	12.2	13	21.0	50	8.2
> 5 seconds	5	2.0	8	5.2	0	0.0	2	4.8	0	0.0	5	8.1	20	3.3

- 48% of respondents let the tooth air-dry for 3 to 4 seconds, and 40% for 1 to 2 seconds.

3. Do you assess caries risk for individual patients in any way?

- 1 Yes
 - A I record the assessment on a special form that is kept in the patient chart.
 - B I do not use a special form to make the assessment.
- 2 No

Table Q3: Assess caries risk by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Do you assess caries risk for individual patients in any way?														
Yes	186	74.1	116	73.0	51	94.4	42	100.0	37	75.5	60	96.7	492	79.7
A. Use special form	20	11.2	17	15.0	32	65.3	42	100.0	5	13.9	18	31.6	134	28.2
B. Not on special form	158	88.8	96	85.0	17	34.7	0	0.0	31	86.1	39	68.4	341	71.8

- Overall, approximately 80% of respondents assess caries risk for patients, ranging from 73% (FL/GA) to 100% (PDA).
- Of respondents who indicated they assessed caries risk, 28% use a special form to make the assessment, but this differed substantially across regions, from 11% in AL/MS to 100% in PDA.

For the following questions (4 and 5): We are interested in your opinion on the following case:

The patient is a 30-year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years.

Indicate how you would treat the tooth shown if the patient has no other teeth with dental restorations or dental caries and is not missing any teeth.

If treatment code “other” is used, please specify. You may check more than one treatment code per case.



4. How would you treat the tooth shown at the left?

- No treatment today, follow the patient regularly
- In-office fluoride
- Recommend non-prescription fluoride
- Prescription for fluoride
- Use sealant or unfilled resin over tooth
- Chlorhexidine treatment
- Minimal drilling and sealant
- Minimal drilling and preventive resin restoration
- Air abrasion and a sealant
- Air abrasion and preventive resin restoration
- Amalgam restoration
- Composite restoration
- Indirect restoration
- Other treatment

Table Q4: Treatment for tooth shown in picture by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
How would you treat the tooth shown at the left?														
No treatment	92	36.7	55	34.4	26	48.2	11	26.2	9	18.4	34	54.0	227	36.7
In-office fluoride	20	8.0	9	5.6	5	9.3	14	33.3	7	14.3	14	22.2	69	11.2
Non-rx fluoride	11	4.4	8	5.0	6	11.1	2	4.8	2	4.1	3	4.8	32	5.2
Rx fluoride	11	4.4	8	5.0	2	3.7	5	11.9	8	16.3	2	3.2	36	5.8
Sealant/unfilled resin	14	5.6	10	6.3	6	11.1	13	31.0	3	6.1	10	15.9	56	9.1
Chlorhexidine tx	2	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.3
Min. drilling/sealant	21	8.4	21	13.1	5	9.3	8	19.1	7	14.3	0	0.0	62	10.0
Min. drilling/prev. resin	51	20.3	42	26.3	10	18.5	6	14.3	21	42.9	0	0.0	130	21.0
Air abrasion/sealant	6	2.4	6	3.8	1	1.9	0	0.0	1	2.0	1	1.6	15	2.4
Air abrasion/prev. resin	9	3.6	8	5.0	1	1.9	0	0.0	3	6.1	0	0.0	21	3.4
Amalgam restoration	9	3.6	3	1.9	1	1.9	0	0.0	0	0.0	0	0.0	13	2.1
Composite restoration	27	10.8	12	7.5	3	5.6	0	0.0	6	12.2	0	0.0	48	7.8
Indirect restoration	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other treatment	22	8.8	11	6.9	1	1.9	1	2.4	7	14.3	8	12.7	50	8.1

- Almost 37% of respondents indicated “no treatment.” The most common specified treatment was minimal drilling and preventive resin restoration at 21% overall.



5. How would you treat the tooth shown at the left?

- No treatment today, follow the patient regularly
- In-office fluoride
- Recommend non-prescription fluoride
- Prescription for fluoride
- Use sealant or unfilled resin over tooth
- Chlorhexidine treatment
- Minimal drilling and sealant

- Minimal drilling and preventive resin restoration
- Air abrasion and a sealant
- Air abrasion and preventive resin restoration
- Amalgam restoration
- Composite restoration
- Indirect restoration
- Other treatment

Table Q5: Treatment for tooth shown in picture by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
How would you treat the tooth shown at the left?														
No treatment	25	10.0	15	9.4	10	18.5	1	2.4	2	4.1	18	28.6	71	11.5
In-office fluoride	17	6.8	9	5.6	6	11.1	11	26.2	5	10.2	15	23.8	63	10.2
Non-rx fluoride	10	4.0	6	3.8	8	14.8	1	2.4	2	4.1	4	6.4	31	5.0
Rx fluoride	6	2.4	7	4.4	2	3.7	5	11.9	6	12.2	2	3.2	28	4.5
Sealant/unfilled resin	7	2.8	5	3.1	4	7.4	2	4.8	0	0.0	8	12.7	26	4.2
Chlorhexidine tx	2	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.3
Min. drilling/sealant	22	8.8	11	6.9	6	11.1	10	23.8	6	12.2	2	3.2	57	9.2
Min. drilling/prev. resin	78	31.1	55	34.4	13	24.1	21	50.0	20	40.8	6	9.5	193	31.2
Air abrasion/sealant	7	2.8	3	1.9	1	1.9	0	0.0	1	2.0	1	1.6	13	2.1
Air abrasion/prev. resin	13	5.2	7	4.4	2	3.7	0	0.0	3	6.1	0	0.0	25	4.0
Amalgam restoration	23	9.2	8	5.0	9	16.7	3	7.1	1	2.0	0	0.0	44	7.1
Composite restoration	77	30.7	47	29.4	11	20.4	6	14.3	20	40.8	14	22.2	175	28.3
Indirect restoration	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
Other treatment	19	7.6	14	8.8	4	7.4	1	2.4	5	10.2	10	15.9	53	8.6

- The most common indicated treatments were “minimal drilling and preventive resin restoration” at 31% and “composite restoration” at 28%.
- Least common were “chlorhexidine treatment” and “indirect restoration” each at <1%.

Deep Caries Treatment and Diagnosis

6. In a patient with deep caries (occlusal) and a possible mild pulpitis on a posterior tooth where the caries radiographically appears to extend to the pulp, what percentage of the time do you:

(Percentages should add to 100%)

Stop before removing all caries and perform an indirect pulp cap: _____

Remove all caries and proceed with a direct pulp cap: _____

Remove all caries and proceed with endodontic related procedures: _____

Table Q6: Caries treatment and diagnosis by DPBRN region

	AL/MS	FL/GA	MN	PDA	US-Other	SK	TOTAL
In a patient with deep caries (occlusal) and a possible mild pulpitis on a posterior tooth where the caries radiographically appears to extend to the pulp, what percentage of the time do you:							
Stop before removing all caries and perform an indirect pulp cap							
mean	28.7	27.0	38.2	29.8	29.6	51.8	31.6
(± sd)	(±33.9)	(±34.0)	(±32.7)	(±30.9)	(±30.9)	(±40.6)	(±34.8)
Remove all caries and proceed with a direct pulp cap							
mean	31.6	26.8	27.0	17.0	23.8	5.2	25.7
(± sd)	(±31.3)	(±32.0)	(±28.9)	(±20.8)	(±28.5)	(±9.8)	(±29.9)
Remove all caries and proceed with endodontic related procedures							
mean	37.3	41.2	31.1	53.1	46.6	27.1	38.6
(± sd)	(±34.9)	(±37.2)	(±29.0)	(±33.6)	(±37.6)	(±34.5)	(±35.6)

- Overall, at a mean of about 39%, slightly more removed all caries and proceeded with endodontic related procedures, this was followed by 32% stopping before removing all caries and performed indirect pulp cap, and 26% removing all caries and proceeding with a direct pulp cap.
- This pattern varied considerably by region.

Deep Caries Patient Scenario

Patient Edwards is a 25 year-old male with a visible cavitation into the dentin in the central fossa of tooth #30 (right mandibular first molar according to the ADA coding system). Overall patient Edwards has just two enamel lesions on smooth surfaces, in addition to the lesion on #30, which the bitewing radiograph indicates is deep. The tooth responds to cold and the pain lasts < 3 seconds.

Bitewing radiograph of patient Edward's tooth #30:



7. Upon opening the tooth and during excavation of the caries you realize that the lesion is deeper than anticipated and may involve the mesial buccal pulp horn. You would usually:

- _A Continue and remove all the decay
- _B Stop removing decay near the pulp horn and remove it elsewhere
- _C Temporize and treat or refer the tooth for endodontics

Table Q7: Caries Treatment Scenario by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Upon opening the tooth and during excavation of the caries you realize that the lesion is deeper than anticipated and may involve the mesial buccal pulp horn. You would usually:														
Continue/remove														
All decay	115	46.2	58	36.5	14	26.9	21	50.0	16	32.7	7	13.2	231	38.3
Stop/remove decay elsewhere														
	72	28.9	44	27.7	32	61.5	19	45.2	17	34.7	41	77.4	225	37.3
Temporize or refer for endodontics														
	62	24.9	57	35.9	6	11.5	2	4.8	16	32.7	5	9.4	148	24.5

- Overall, about the same percent 37-38% of practitioners either “continue and remove all the decay” or “stop removing decay near pulp horn and remove elsewhere,” fewer (24%) “temporize and refer or treat for endodontics.”
- This pattern varied considerably across region.

Pulp Capping

8. Which of the following pulp capping materials do you use **most often** in your practice (choose one)?

- ₁ Mineral Trioxide Aggregate (MTA)
- ₂ Calcium Hydroxide (CaOH)
- ₃ Glass Ionomer
- ₄ Dentine Bonding System
- ₅ Other

Table Q8: Pulp Capping by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Which of the following pulp capping materials do you use most often in your practice (choose one)?														
Mineral Trioxide Agg.	10	4.0	10	6.4	1	1.9	6	14.3	1	2.0	0	0.0	28	4.7
Calcium Hydroxide	121	48.6	71	45.5	18	34.6	16	38.1	30	61.2	49	92.5	305	50.8
Glass Ionomer	89	35.7	41	26.3	30	57.7	19	45.2	11	22.5	1	1.9	191	31.8
Dentine Bonding	22	8.8	23	14.7	1	1.9	0	0.0	4	8.2	3	5.7	53	8.8
Other	7	2.8	11	7.1	2	3.9	1	2.4	3	6.1	0	0.0	24	4.0

- Calcium hydroxide and glass ionomer were the two most common pulp capping materials used, at about 51% and 32%, respectively. There was considerable variation across regions, e.g., SK, at 92%, used CaOH almost exclusively, and in MN, a slight majority, about 58%, used glass ionomer.

Third Molar Extraction

9. What percentage of your patients do you refer for third molar extraction *by the age of 20?*

- ₁ < 20%
- ₂ 20 – 40%
- ₃ 40 – 60%
- ₄ 60 – 80%
- ₅ > 80%
- ₈ No pediatric patients
- ₉ Cannot provide a meaningful estimate

Table Q9: Third molar extraction referrals by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
What percentage of your patients do you refer for third molar extraction by the age of 20?														
<20%	23	9.2	15	9.5	4	7.7	3	7.1	3	6.1	36	61.0	84	13.8
20 - 40%	23	9.2	19	12.0	17	32.7	5	11.9	6	12.2	7	11.9	77	12.6
40 - 60%	39	15.5	31	19.6	16	30.8	14	33.3	10	20.4	3	5.1	113	18.5
60 - 80%	75	29.9	37	23.4	6	11.5	6	14.3	14	28.6	0	0.0	138	22.6
>80%	76	30.3	43	27.2	6	11.5	5	11.9	13	26.5	1	1.7	144	23.6
No pediatric pts	2	0.8	1	0.6	2	3.9	0	0.0	0	0.0	1	1.7	6	1.0
Can't estimate	13	5.2	12	7.6	1	1.9	9	21.4	3	6.1	11	18.6	49	8.0

- Between 12-14% of practitioners referred <20% and 20-40% of their patients for third molar extraction by age of 20; slightly increasing proportions, from about 19% to 24% referred each increasing incremental proportion of their patients (40-60%, 60-80%, and >80%).
- This pattern varied considerably by region with SK referring fewest (nearly 63% referred less than 40% of their patients), MN and PDA intermediate, and AL/MS, FL/GA, US-other referring more frequently, specifically, over 50% of practitioners referred over 60% of their patients.

10. Which statement best describes your philosophy on third molar referrals?

- ₁ I recommend removal of most third molars for preventive reasons.
- ₂ I recommend removal of third molars if they are asymptomatic but have a poor eruption path (e.g., full/partial impaction), or do not appear to have sufficient space for eruption.
- ₃ I recommend removal of third molars only if a patient presents with symptoms or pathology associated with third molars.

Table Q10: Philosophy on third molar extraction referrals by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
What statement best describes your philosophy on third molar referrals? I recommend removal of														
.... most third molars for preventive reasons.	46	18.3	31	19.8	3	5.8	1	2.4	8	16.3	0	0.0	89	14.5
.... third molars if asymptomatic but have poor eruption path or not sufficient space for eruption.	184	73.3	115	73.3	32	61.5	34	81.0	36	73.5	9	14.8	410	67.0
... third molars only if symptomatic or have associated pathology.	21	8.4	11	7.0	17	32.7	7	16.7	5	10.2	52	85.3	113	18.5

- The philosophy of majority of practitioners, 67%, was to recommend removal of third molars if asymptomatic but have a poor eruption path or not sufficient space for eruption. This was true for all regions except SK for which 85% recommended removal of third molars **only if** symptomatic.

Hypersensitivity

11. What types of dentin hypersensitivity treatments do you routinely use or recommend for your patients? (check all that you use)

- Dentin bonding agents
- Oxalate or bioglass containing material
- Fluoride containing material
- Chemical treatment (e.g. potassium nitrate)
- Toothpaste or rinse
- Other
- Nothing

Table Q11: Hypersensitivity treatments used by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
What types of dentin hypersensitivity treatments do you routinely use or recommend for your patients?														
Dentin	163	64.9	100	62.5	26	48.2	18	42.9	29	59.2	42	66.7	378	61.1
Oxalate/bioglass	36	14.3	17	10.6	6	11.1	4	9.5	6	12.2	3	4.8	72	11.6
Fluoride	198	78.9	134	83.8	47	87.0	36	85.7	45	91.8	51	81.0	511	82.6
Chemicals	77	30.7	70	43.8	18	33.3	12	28.6	23	46.9	6	9.5	206	33.3
Toothpaste/rinse	187	74.5	129	80.6	41	75.9	33	78.6	35	71.4	41	65.1	466	75.3
Other	10	4.0	10	6.3	6	11.1	12	28.6	4	8.2	0	0.0	42	6.8
Nothing	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2

- The most common hypersensitivity treatment recommended for patients was use of fluoride at about 83%, followed by toothpaste/rinse at 75% and then use of dentin bonding agents at 61%.
- This pattern was consistent across regions.

12. Do you use any in-office tests to assess caries risk?

- ₁ Yes
₂ No

Table Q12: In-office tests for assessing caries risk by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Do you use any in-office tests to assess caries risk?														
Yes	34	13.6	20	12.7	18	34.0	13	31.0	10	20.4	14	23.3	109	17.8
No	216	86.4	138	87.3	35	66.0	29	69.1	39	79.6	46	76.7	503	82.2

- Overall, about 18% respondents used an in-office test to assess caries risk, higher in MN (34%) and PDA (31%).

Endodontic Treatment and Restoration Outcome

13. One of your regular patients presents with pain in tooth #13. Upon clinical inspection the lingual cusp has fractured to just below the gingival margin and there is extensive decay beneath the large MOD composite restoration. You are able to diagnose a condition of irreversible pulpitis but there is no radiographic evidence of periapical pathosis.

- ₁ Initiate endodontic treatment leading to placement of a post and core followed by a full crown.
₂ Extirpate the pulp, temporize and **refer** for endodontic treatment and later you would place a post and core followed by a full crown.
₃ Extract the tooth and place an immediate implant fixture that you would later restore with an implant crown.
₄ Extirpate the pulp, temporize and **refer** the patient to an oral surgeon or periodontist for extraction and placement of an implant fixture that you would later restore with an implant crown.
₅ Extract the tooth and **refer** the patient to an oral surgeon or periodontist for placement of an implant fixture that you would later restore with an implant crown.

You would at this point recommend to your patient that **you**:

Table Q13: Endodontic treatment by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
One of your regular patients presents with pain in tooth #13. Upon clinical inspection the lingual cusp has fractured to just below the gingival margin and there is extensive decay beneath the large MOD composite restoration. You are able to diagnose a condition of irreversible pulpitis but there is no radiographic evidence of periapical pathosis.														
You would at this point recommend to your patient that you:														
Endo Tx/Crown	166	66.7	100	64.1	40	78.4	25	59.5	28	57.1	42	79.3	401	66.8
Extir pulp/endo tx/crown	47	18.9	35	22.4	4	7.8	11	26.2	13	26.5	11	20.8	121	20.2
Extract/implant	7	2.8	6	3.9	0	0.0	0	0.0	1	2.0	0	0.0	14	2.3
Extir pulp/refer surg	13	5.2	6	3.9	3	5.9	4	9.5	5	10.2	0	0.0	31	5.2
Extract/refer surg	16	6.4	9	5.8	4	7.8	2	4.8	2	4.1	0	0.0	33	5.5

- A majority of practitioners, about 67%, would recommend endodontic treatment leading to placement of a post and core followed by a full crown.
- 20% of the practitioners would recommend extirpating the pulp, temporize and refer endodontic treatment and later you would place a post and core followed by a full crown.
- Each of the other procedures was recommended by fewer than 6% of respondents.

Where do you get information?

In the next series of questions, we would like to assess where you look for information and updates on dentistry.

14. Which of the following dental journals do you regularly read (check all that you regularly read)?

- American Dental Association (ADA) News
- J American Dental Association (JADA)
- Compendium
- Dentistry Today
- J Esthetic & Restorative Dentistry
- General Dentistry
- Inside Dentistry
- Operative Dentistry
- J Prosthetic Dentistry
- Quintessence
- Other state or local publication (US, Canadian or European):
- Other US or Canadian publication:
- Other European publication:

15. Where do you most frequently read journals?

- ₁ Print
- ₂ Online

Table Q14-15: Sources of information by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Which of the following dental journals do you regularly read (check all that you regularly read)?														
Am Dent Assoc News	166	66.1	109	68.1	37	68.5	13	31.0	36	73.5	3	4.8	364	58.8
J Am Dent Assoc	176	70.1	107	66.9	36	66.7	27	64.3	39	79.6	3	4.8	388	62.7
Compendium	155	61.8	91	56.9	24	44.4	12	28.6	22	44.9	1	1.6	305	49.3
Dentistry Today	139	55.4	95	59.4	19	35.2	9	21.4	21	42.9	1	1.6	284	45.9
J Esthetic/Rest Dent	37	14.7	23	14.4	4	7.4	1	2.4	4	8.2	2	3.2	71	11.5
General Dentistry	125	49.8	73	45.6	15	27.8	21	50.0	27	55.1	1	1.6	262	42.3
Inside Dentistry	42	16.7	46	28.8	6	11.1	1	2.4	13	26.5	0	0.0	108	17.5
Operative Dentistry	7	2.8	6	3.8	1	1.9	2	4.8	2	4.1	0	0.0	18	2.9
J Prosthetic Dentistry	15	6.0	14	8.8	3	5.6	0	0.0	2	4.1	2	3.2	36	5.8
Quintessence	14	5.6	9	5.6	1	1.9	0	0.0	3	6.1	9	14.3	36	5.8
Other publication	25	10.0	43	26.9	11	20.4	2	4.8	10	20.4	20	31.8	111	17.9
Other US or Canadian	25	10.0	21	13.1	9	16.7	4	9.5	9	18.4	2	3.2	70	11.3
Other European	2	0.8	1	0.6	1	1.9	1	2.4	0	0.0	42	66.7	47	7.6
Where do you most frequently read journals?														
Print	241	96.0	145	91.8	46	85.2	39	95.1	46	93.9	46	74.2	563	91.5
Online	10	4.0	13	8.2	8	14.8	2	4.9	3	6.1	16	25.8	52	8.5

- JADA was the most commonly read at about 63%, followed by American Dental Association News at about 59%, Compendium at 49%, all less common in SK where the category “other European” was read by approximately 67% of respondents.
- Less than 9% of respondents frequently read journals online, notably higher at about 26% in SK.

16. Where do you get most of your Continuing Dental Education (CDE) credits? (Please choose one)

- ₁ State or local dental meetings
- ₂ National dental meetings
- ₃ Online CDE services
- ₄ Other CDE services (e.g., tapes, journal articles)
- ₅ Symposiums or other offerings by a school of dentistry
- ₆ Other:

Table Q16: CDE Credits by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Where do you get most of your Continuing Dental Education (CDE) credits? (Please choose one)														
State/local dental mtg	154	62.4	68	42.8	20	37.7	15	35.7	16	33.3	23	36.5	296	48.4
National dental mtg	37	15.0	18	11.3	2	3.8	0	0.0	12	25.0	21	33.3	90	14.7
Online CDE services	5	2.0	28	17.6	4	7.6	2	4.8	3	6.3	0	0.0	42	6.9
Other (tapes, journals)	10	4.1	7	4.4	2	3.8	0	0.0	2	4.2	0	0.0	21	3.4
Symposiums	31	12.6	19	12.0	23	43.4	10	23.8	9	18.8	17	27.0	109	17.8
Other	10	4.1	19	12.0	2	3.8	15	35.7	6	12.5	2	3.2	54	8.8

- Overall, 48% of respondents obtained CDE at state or local dental meetings, followed by symposiums at about 18% and national meetings, approximately 15%.
- Almost 7% obtained CDE through online services.

17. Please rank each of the following with regard to **which have the greatest influence on how you practice.**

	Little Influence	Some Influence	Most Influence
a. Printed peer-reviewed journals (e.g., J American Dental Association, Operative Dentistry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Printed non-peer-reviewed journals (e.g., Dental Products Report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Online journals or newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Online CDEs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Online chatrooms or other interactive online services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Web searches (e.g. Google, PubMed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table Q17A: Influences on your dental practices by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Printed peer-reviewed journals (e.g. J American Dental Association, Operative Dentistry)														
Little infl.	16	6.5	13	8.1	1	1.9	3	7.1	2	4.1	14	23.7	49	8.0
Some infl.	131	53.0	75	46.9	19	35.2	14	33.3	24	50.0	28	47.5	291	47.6
Most infl.	100	40.5	72	45.0	34	63.0	25	59.5	23	46.9	17	28.8	271	44.4
Printed non-peer-reviewed journals (e.g. Dental Products Report)														
Little infl.	124	50.4	69	43.1	39	72.2	34	82.9	24	50.0	32	53.3	322	52.9
Some infl.	117	47.6	89	55.6	15	27.8	7	17.1	23	47.9	28	46.7	279	45.8
Most infl.	5	2.0	2	1.3	0	0.0	0	0.0	1	2.1	0	0.0	8	1.3
Online journals or newsletters														
Little infl.	132	54.3	52	32.9	32	60.4	23	56.1	24	51.1	28	47.5	291	48.4
Some infl.	103	42.4	96	60.8	19	35.9	18	43.9	22	46.8	30	50.9	288	47.9
Most infl.	8	3.3	10	6.3	2	3.8	0	0.0	1	2.1	1	1.7	22	3.7
Online CDEs														
Little infl.	115	47.5	52	32.9	27	50.9	23	56.1	27	57.5	43	71.7	287	47.8
Some infl.	115	47.5	92	58.2	21	39.6	17	41.5	16	34.0	15	25.0	276	45.9
Most infl.	12	5.0	14	8.9	5	9.4	1	2.4	4	8.5	2	3.3	38	6.3
Online chat rooms or other interactive online services														
Little infl.	193	80.1	113	72.0	46	88.5	35	85.4	34	72.3	51	86.4	472	79.1
Some infl.	37	15.4	36	22.9	6	11.5	6	14.6	12	25.5	8	13.6	105	17.6
Most infl.	11	4.6	8	5.1	0	0.0	0	0.0	1	2.1	0	0.0	20	3.4
Web searches (e.g. Google, PubMed)														
Little infl.	133	54.7	74	47.1	17	31.5	17	41.5	23	48.9	18	30.5	282	46.9
Some infl.	92	37.9	65	41.4	30	55.6	20	48.8	20	42.6	33	55.9	260	43.3
Most infl.	18	7.4	18	11.5	7	13.0	4	9.8	4	8.5	8	13.6	59	9.8

- For most influence, of above, peer-reviewed journals were notably higher than all other categories at 44%.
- For least influence, 79% of respondents indicated that “online chat rooms or other interactive online services” were of little influence.

	Little Influence	Some Influence	Most Influence
g. Informal conversation with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Study or journal clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. State or local dental meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. National dental meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Symposiums or other offerings by a school of dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Symposiums or other offerings by a private institute or organization (e.g. Kois Center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table Q17B: Influences on your dental practices by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Informal conversation with colleagues														
Little infl.	26	10.7	12	7.5	8	14.8	2	4.8	5	10.4	2	3.2	55	9.0
Some infl.	141	58.0	105	65.6	35	64.8	21	50.0	33	68.8	30	48.4	365	59.9
Most infl.	76	31.3	43	26.9	11	20.4	19	45.2	10	20.8	30	48.4	189	31.0
Study or journal clubs														
Little infl.	93	37.8	40	25.2	21	41.2	14	34.2	7	14.6	18	30.5	193	32.0
Some infl.	89	36.2	54	34.0	21	41.2	20	48.8	18	37.5	28	47.5	230	38.1
Most infl.	64	26.0	65	40.9	9	17.7	7	17.1	23	47.9	13	22.0	181	30.0
State or local dental meetings														
Little infl.	19	7.7	21	13.1	11	21.2	11	26.2	5	10.4	2	3.3	69	11.3
Some infl.	99	40.2	65	40.6	18	34.6	18	42.9	19	39.6	29	47.5	248	40.7
Most infl.	128	52.0	74	46.3	23	44.2	13	31.0	24	50.0	30	49.2	292	48.0
National dental meetings														
Little infl.	67	27.5	28	17.6	16	30.8	15	36.6	11	22.5	1	1.6	138	22.7
Some infl.	98	40.2	71	44.7	18	34.6	17	41.5	17	34.7	24	38.7	245	40.4
Most infl.	79	32.4	60	37.7	18	34.6	9	22.0	21	42.9	37	59.7	224	36.9
Symposiums or other offerings by a school of dentistry														
Little infl.	30	12.2	26	16.6	3	5.6	3	7.1	8	17.4	0	0.0	70	11.6
Some infl.	101	41.1	61	38.9	19	35.2	14	33.3	15	32.6	21	34.4	231	38.1
Most infl.	115	46.8	70	44.6	32	59.3	25	59.5	23	50.0	40	65.6	305	50.3
Symposiums or other offerings by a private institute or organization (e.g. Kois Center, Pankey Institute)														
Little infl.	90	36.6	35	22.2	21	41.2	18	42.9	12	24.5	22	37.3	198	32.7
Some infl.	85	34.6	57	36.1	21	41.2	11	26.2	17	34.7	29	49.2	220	36.4
Most infl.	71	28.9	66	41.8	9	17.7	13	31.0	20	40.8	8	13.6	187	30.9

- For most influence, “state or local dental meetings” and “symposiums or other offerings by a school of dentistry” were indicated by the most respondents at 48-50%, followed by national dental meetings at about 37%, and printed peer-reviewed journals in Table Q17A, also at 44%.
- As stated earlier, for least influence, 79% of respondents indicated the category “online chat rooms or other interactive online services” was of little influence, these were followed by non-peer reviewed journals at almost 53% and other online sources of information, CDE, online journals and web searches, each less than 50%.

18. How frequently do you make use of the following resources for practice guidance?

“Rarely” means < 10% of when available or once per year

“Sometimes” means 10 – 50% of when available or 1 – 6 times per year

“Frequently” means > 50% of when available or > 6 times per year

Table Q 18A: Frequency of resources in your dental practices by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Printed peer-reviewed journals (e.g. J American Dental Association, Operative Dentistry)														
Never	1	0.4	2	1.3	1	1.9	0	0.0	2	4.2	10	16.7	16	2.6
Rarely	38	15.5	27	17.1	6	11.1	6	14.3	5	10.4	17	28.3	99	16.3
Sometimes	123	50.0	77	48.7	23	42.6	23	54.8	21	43.8	23	38.3	290	47.7
Quite Freq.	84	34.2	52	32.9	24	44.4	13	31.0	20	41.7	10	16.7	203	33.4
Printed non-peer-reviewed journals (e.g. Dental Products Report)														
Never	23	9.3	16	10.1	13	24.1	10	23.8	9	18.8	11	18.0	82	13.4
Rarely	103	41.5	55	34.6	24	44.4	28	66.7	16	33.3	26	42.6	252	41.2
Sometimes	114	46.0	78	49.1	15	27.8	4	9.5	20	41.7	22	36.1	253	41.3
Quite Freq.	8	3.2	10	6.3	2	3.7	0	0.0	3	6.3	2	3.3	25	4.1
Online journals or newsletters														
Never	64	25.9	19	12.0	14	25.9	7	16.7	12	25.0	8	13.3	124	20.3
Rarely	102	41.3	53	33.3	20	37.0	20	47.6	15	31.3	33	55.0	243	39.8
Sometimes	76	30.8	76	47.8	15	27.8	14	33.3	18	37.5	15	25.0	214	35.1
Quite Freq.	5	2.0	11	6.9	5	9.3	1	2.4	3	6.3	4	6.7	29	4.8
Online CDEs														
Never	61	24.9	28	17.7	22	41.5	14	33.3	17	35.4	27	45.0	169	27.9
Rarely	92	37.6	51	32.3	13	24.5	16	38.1	12	25.0	22	36.7	206	34.0
Sometimes	87	35.5	66	41.8	13	24.5	11	26.2	15	31.3	10	16.7	202	33.3
Quite Freq.	5	2.0	13	8.2	5	9.4	1	2.4	4	8.3	1	1.7	29	4.8
Online chatrooms or other interactive online services														
Never	155	62.8	76	47.8	40	74.1	27	64.3	23	47.9	38	63.3	359	58.9
Rarely	52	21.1	48	30.2	9	16.7	8	19.1	14	29.2	19	31.7	150	24.6
Sometimes	29	11.7	28	17.6	4	7.4	7	16.7	10	20.8	3	5.0	81	13.3
Quite Freq.	11	4.5	7	4.4	1	1.9	0	0.0	1	2.1	0	0.0	20	3.3
Web searches (e.g. Google, PubMed)														
Never	61	24.6	34	21.4	6	11.1	3	7.1	9	18.8	5	8.3	118	19.3
Rarely	82	33.1	54	34.0	18	33.3	20	47.6	15	31.3	26	43.3	215	35.2
Sometimes	83	33.5	54	34.0	24	44.4	14	33.3	21	43.8	16	26.7	212	34.7
Quite Freq.	22	8.9	17	10.7	6	11.1	5	11.9	3	6.3	13	21.7	66	10.8

- Summary on next page

Table Q 18B: Frequency of resources in your dental practices by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Informal conversation with colleagues														
Never	3	1.2	4	2.5	0	0.0	0	0.0	3	6.3	1	1.7	11	1.8
Rarely	33	13.4	24	15.1	9	16.7	4	9.5	6	12.5	4	6.8	80	13.1
Sometimes	139	56.3	85	53.5	31	57.4	15	35.7	28	58.3	18	30.5	316	51.9
Quite Freq.	72	29.2	46	28.9	14	25.9	23	54.8	11	22.9	36	61.0	202	33.2
Study or journal clubs														
Never	55	22.3	29	18.5	15	27.8	10	23.8	7	14.6	10	16.4	126	20.7
Rarely	59	23.9	24	15.3	17	31.5	12	28.6	4	8.3	20	32.8	136	22.3
Sometimes	83	33.6	60	38.2	15	27.8	15	35.7	23	47.9	21	34.4	217	35.6
Quite Freq.	50	20.2	44	28.0	7	13.0	5	11.9	14	29.2	10	16.4	130	21.4
State or local dental meetings														
Never	10	4.1	10	6.4	5	9.3	6	14.3	1	2.1	3	4.8	35	5.7
Rarely	21	8.5	15	9.6	15	27.8	12	28.6	8	16.7	6	9.7	77	12.6
Sometimes	121	49.0	84	53.5	19	35.2	15	35.7	21	43.8	37	59.7	297	48.7
Quite Freq.	95	38.5	48	30.6	15	27.8	9	21.4	18	37.5	16	25.8	201	33.0
National dental meetings														
Never	39	15.8	16	10.1	13	24.1	13	31.0	7	14.3	3	4.9	91	14.9
Rarely	61	24.7	41	26.0	18	33.3	12	28.6	9	18.4	10	16.4	151	24.7
Sometimes	107	43.3	66	41.8	16	29.6	13	31.0	18	36.7	27	44.3	247	40.4
Quite Freq.	40	16.2	35	22.2	7	13.0	4	9.5	15	30.6	21	34.4	122	20.0
Symposiums or other offerings by a school of dentistry														
Never	13	5.3	16	10.1	1	1.9	5	11.9	3	6.3	1	1.6	39	6.4
Rarely	48	19.4	41	26.0	7	13.0	10	23.8	8	16.7	10	16.1	124	20.3
Sometimes	123	49.8	67	42.4	28	51.9	18	42.9	24	50.0	33	53.2	293	48.0
Quite Freq.	63	25.5	34	21.5	18	33.3	9	21.4	13	27.1	18	29.0	155	25.4
Symposiums or other offerings by a private institute or organization (e.g. Kois Center, Pankey Institute)														
Never	67	27.1	27	17.1	20	37.0	12	28.6	9	18.8	16	26.2	151	24.8
Rarely	79	32.0	35	22.2	18	33.3	15	35.7	13	27.1	20	32.8	180	29.5
Sometimes	67	27.1	57	36.1	9	16.7	9	21.4	17	35.4	22	36.1	181	29.7
Quite Freq.	34	13.8	39	24.7	7	13.0	6	14.3	9	18.8	3	4.9	98	16.1

- Resources used frequently by most respondents were state or local meetings, informal conversation with colleague and printed peer-reviewed journal each at 33%.
- Resources used least frequently based on respondents selecting the “never” category were online sources - chat rooms (almost 59%), CDEs (almost 28%), online journals (20%), web searches (19%), followed by printed non-peer-reviewed journals (13%).

19. When you examine patients to determine if they have a **primary caries** lesion on the **occlusal** surface, on what percent of these patients do you use **laser fluorescence** (for example, Diagnodent[®])?
- 1 – Never or 0%
 - 2 – 1 to 24%
 - 3 – 25 to 49%
 - 4 – 50 to 74%
 - 5 – 75 to 99%
 - 6 – Every time or 100%
20. When you examine patients to determine if they have a **caries** lesion on a **proximal** (mesial or distal) surface of an anterior tooth, on what percent of these patients do you use **fiber optic** transillumination to help diagnose the lesion?
- 1 – Never or 0%
 - 2 – 1 to 24%
 - 3 – 25 to 49%
 - 4 – 50 to 74%
 - 5 – 75 to 99%
 - 6 – Every time or 100%
21. When you examine patients to determine if they have a **caries** lesion, on what percent of these patients do you use some sort of **magnification** to help diagnose the lesion?
- 1 – Never or 0%
 - 2 – 1 to 24%
 - 3 – 25 to 49%
 - 4 – 50 to 74%
 - 5 – 75 to 99%
 - 6 – Every time or 100%

*See next page.

Table Q 19-21: Procedures used to diagnose caries by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
When you examine patients to determine if they have a primary caries lesion on the occlusal surface, on what percent of these patients do you use laser fluorescence (for example, Diagnodent®)?														
Never or 0%	208	82.9	115	72.8	45	83.3	42	100.0	31	63.3	61	96.8	502	81.4
1 to 24%	12	4.8	16	10.1	3	5.6	0	0.0	1	2.0	2	3.2	34	5.5
25 to 49%	6	2.4	5	3.2	2	3.7	0	0.0	6	12.2	0	0.0	19	3.1
50 to 74%	9	3.6	13	8.2	1	1.9	0	0.0	4	8.2	0	0.0	27	4.4
75 to 99%	13	5.2	6	3.8	0	0.0	0	0.0	5	10.2	0	0.0	24	3.9
Every time or 100%	3	1.2	3	1.9	3	5.6	0	0.0	2	4.1	0	0.0	11	1.8
When you examine patients to determine if they have a caries lesion on a proximal (mesial or distal) surface of an anterior tooth, on what percent of these patients do you use fiber optic transillumination to help diagnose the lesion?														
Never or 0%	79	31.6	57	36.1	23	42.6	9	21.4	16	32.7	35	56.5	219	35.6
1 to 24%	107	42.8	70	44.3	23	42.6	28	66.7	18	36.7	22	35.5	268	43.6
25 to 49%	34	13.6	14	8.9	3	5.6	0	0.0	9	18.4	2	3.2	62	10.1
50 to 74%	16	6.4	6	3.8	0	0.0	2	4.8	3	6.1	0	0.0	27	4.4
75 to 99%	12	4.8	7	4.4	3	5.6	1	2.4	2	4.1	2	3.2	27	4.4
Every time or 100%	2	0.8	4	2.5	2	3.7	2	4.8	1	2.0	1	1.6	12	2.0
When you examine patients to determine if they have a caries lesion, on what percent of these patients do you use some sort of magnification to help diagnose the lesion?														
Never or 0%	46	18.3	14	8.9	6	11.1	2	4.8	9	18.4	25	40.3	102	16.6
1 to 24%	45	17.9	18	11.4	8	14.8	2	4.8	5	10.2	15	24.2	93	15.1
25 to 49%	21	8.4	5	3.2	4	7.4	0	0.0	1	2.0	3	4.9	34	5.5
50 to 74%	15	6.0	12	7.6	3	5.6	1	2.4	2	4.1	4	6.5	37	6.0
75 to 99%	28	11.2	18	11.4	8	14.8	7	16.7	6	12.2	3	4.8	70	11.4
Every time or 100%	96	38.3	91	57.6	25	46.3	30	71.4	26	53.1	12	19.4	280	45.5

- 81% of respondents never used laser fluorescence.
- Approximately 36% of respondents never used fiber optic transillumination, and about 44% used it on only “1 to 24%” of their patients. Few respondents used it on the majority of their patients (<11% in any category of >50% of their patients).
- Magnification was used “every time or 100%” by about 46% of respondents, with fewer in SK, 19%, using it on all patients. Overall, 15 to about 17% of respondents either never used magnification or used it on less than 25% of their patients; a high proportion of SK respondents (40%) never use magnification.

For Questions 22-24: The patient is a 30-year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years.

Questions 22-24: For each question, circle the letters which correspond to the treatment codes you would recommend for scenarios described. If treatment code “j” (other) is used, please specify. You may circle more than one treatment code per question.

22. The patient has 5 existing restorations and is not missing any teeth. Indicate what treatment you would provide to the restoration shown by the arrow in the first picture on the left.



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- a. No treatment today, follow the patient regularly
- b. Instruct patient in plaque removal for the affected area
- c. In-office fluoride
- d. Prescription for fluoride
- e. Recommend non-prescription fluoride
- f. Use sealant or unfilled resin over tooth
- g. Chlorhexidine treatment
- h. Polish, re-surface, or repair restoration, but not replace
- i. Replace entire restoration
- j. Other treatment

Table Q 22: Type of treatment based on first picture by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
The patient has 5 existing restorations and is not missing any teeth. Indicated what treatment you would provide to the restoration shown by the arrow in the first picture on the left.														
No tx follow pt reg	23	9.2	20	12.5	6	11.1	4	9.5	2	4.1	13	20.6	68	11.0
Instruct on plaque rem	47	18.7	36	22.5	21	38.9	16	38.1	11	22.5	27	42.9	158	25.5
In-office fluoride	19	7.6	16	10.0	13	24.1	23	54.8	5	10.2	16	25.4	92	14.9
Rx for fluoride	11	4.4	17	10.6	6	11.1	17	40.5	9	18.4	2	3.2	62	10.0
Non-Rx fluoride	19	7.6	8	5.0	9	16.7	4	9.5	3	6.1	5	7.9	48	7.8
Sealant/unfilled resin	10	4.0	3	1.9	0	0.0	2	4.8	0	0.0	0	0.0	15	2.4
Chlorhexidine tx	2	0.8	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0	3	0.5
Polish, re-surf or repair	72	28.7	46	28.8	18	33.3	21	50.0	15	30.6	17	27.0	189	30.5
Replace entire restor.	141	56.2	85	53.1	21	38.9	13	31.0	32	65.3	14	22.2	306	49.4
Other tx	6	2.4	7	4.4	1	1.9	0	0.0	0	0.0	1	1.6	15	2.4

- 49% would treat by replacing entire restoration, approximately 26% would instruct patient on plaque removal, and about 31% would polish, resurface or repair, but not replace restoration.

23. Now imagine the patient has no other dental restorations than the one shown, no dental caries, and is not missing any teeth. Indicate what treatment you would provide to the restoration in the second picture on the left.



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- a. No treatment today, follow the patient regularly
- b. Instruct patient in plaque removal for the affected area
- c. In-office fluoride
- d. Prescription for fluoride
- e. Recommend non-prescription fluoride
- f. Use sealant or unfilled resin over tooth
- g. Chlorhexidine treatment
- h. Polish, re-surface, or repair restoration, but not replace
- i. Replace entire restoration
- j. Other treatment

Table Q23: Type of treatment based on second picture by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Now imagine the patient has no other dental restorations than the one shown, no dental caries, and is not missing any teeth. Indicate what treatment you would provide to the restoration in the second picture on the left.														
No tx follow pt reg	14	5.6	8	5.0	4	7.4	2	4.8	4	8.2	10	15.9	42	6.8
Instruct on plaque rem	25	10.0	25	15.6	14	25.9	13	31.0	3	6.1	19	30.2	99	16.0
In-office fluoride	13	5.2	11	6.9	11	20.4	16	38.1	3	6.1	12	19.1	66	10.7
Rx for fluoride	10	4.0	9	5.6	2	3.7	11	26.2	3	6.1	1	1.6	36	5.8
Non-Rx fluoride	12	4.8	7	4.4	8	14.8	3	7.1	2	4.1	4	6.4	36	5.8
Sealant/unfilled resin	12	4.8	7	4.4	2	3.7	3	7.1	1	2.0	3	4.8	28	4.5
Chlorhexidine tx	0	0.0	2	1.3	0	0.0	0	0.0	0	0.0	0	0.0	2	0.3
Polish, re-surf or repair	138	55.0	79	49.4	29	53.7	24	57.1	25	51.0	24	38.1	319	51.5
Replace entire restor.	87	34.7	62	38.8	11	20.4	12	28.6	18	36.7	11	17.5	201	32.5
Other tx	3	1.2	4	2.5	2	3.7	0	0.0	1	2.0	3	4.8	13	2.1

- Overall, approximately 52% would polish, re-surface, or repair, but not replace, restoration; nearly 33% would replace entire restoration.

24. The same patient has no other dental restorations than the one shown, no dental caries, and is not missing any teeth. Indicate what treatment you would provide to the restoration in the third picture on the left.



Courtesy of Dr. Ivar Mjör

- a. No treatment today, follow the patient regularly
- b. Instruct patient in plaque removal for the affected area
- c. In-office fluoride
- d. Prescription for fluoride
- e. Recommend non-prescription fluoride
- f. Use sealant or unfilled resin over tooth
- g. Chlorhexidine treatment
- h. Polish, re-surface, or repair restoration, but not replace
- i. Replace entire restoration
- j. Other treatment

Table Q24: Type of treatment based on third picture by DPBRN region

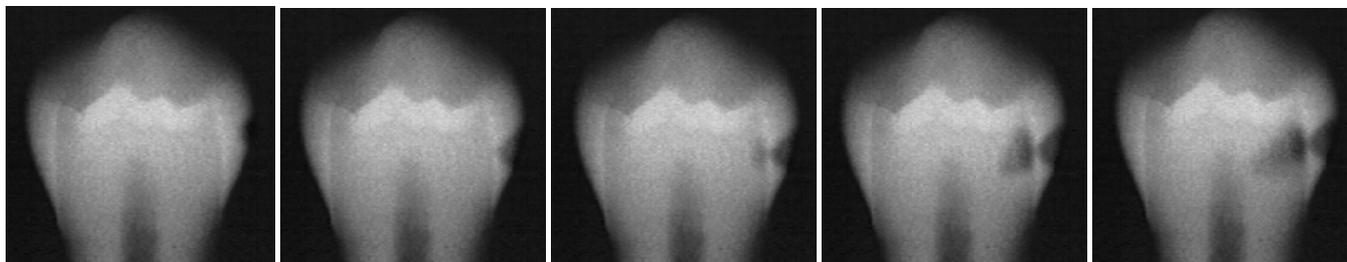
	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
The same patient has no other dental restorations than the one shown, no dental caries, and is not missing any teeth. Indicated what treatment you would provide to the restoration in the third picture of the left.														
No tx follow pt reg	142	56.6	79	49.4	34	63.0	22	52.4	23	46.9	28	44.4	328	53.0
Instruct on plaque rem	10	4.0	11	6.9	7	13.0	3	7.1	5	10.2	5	7.9	41	6.6
In-office fluoride	7	2.8	9	5.6	5	9.3	6	14.3	2	4.1	3	4.8	32	5.2
Rx for fluoride	3	1.2	3	1.9	0	0.0	3	7.1	2	4.1	0	0.0	11	1.8
Non-Rx fluoride	10	4.0	7	4.4	4	7.4	3	7.1	2	4.1	4	6.4	30	4.9
Sealant/unfilled resin	3	1.2	2	1.3	0	0.0	5	11.9	0	0.0	0	0.0	10	1.6
Chlorhexidine tx	1	0.4	2	1.3	1	1.9	0	0.0	1	2.0	0	0.0	5	0.8
Polish, re-surf or repair	12	4.8	12	7.5	6	11.1	5	11.9	2	4.1	16	25.4	53	8.6
Replace entire restor.	73	29.1	50	31.3	7	13.0	4	9.5	18	36.7	12	19.1	164	26.5
Other tx	11	4.4	9	5.6	2	3.7	1	2.4	4	8.2	1	1.6	28	4.5

- 53% of respondents indicated that they would not treat the restoration that day but would follow patient regularly, while about 27% would replace the entire restoration.

For question 25: The patient is a 30-year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years.

For question 25, please circle the one number that corresponds to the lesion depth at which you think it is best to do a permanent restoration (composite, amalgam, etc.) instead of only doing preventive therapy.

25. The patient has no dental restorations, no dental caries, and is not missing any teeth.



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Table Q25: Permanent restoration according to lesion depth by DPBRN region

	AL/MS		FL/GA		MN		PDA		US-Other		SK		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
The patient has no dental restorations, no dental caries, and is not missing any teeth. Which picture corresponds to the lesion depth at which you think it is best to do a permanent restoration?														
Picture 1	6	2.4	5	3.1	1	1.9	0	0.0	5	10.4	0	0.0	17	2.8
Picture 2	111	44.6	76	47.8	13	25.0	4	9.5	26	54.2	1	1.6	231	37.8
Picture 3	125	50.2	73	45.9	36	69.2	33	78.6	16	33.3	29	46.8	312	51.0
Picture 4	6	2.4	4	2.5	2	3.9	5	11.9	0	0.0	30	48.4	47	7.7
Picture 5	1	0.4	1	0.6	0	0.0	0	0.0	1	2.1	2	3.2	5	0.8

- 51% of respondents selected picture 3, and nearly 38% selected picture 2.