

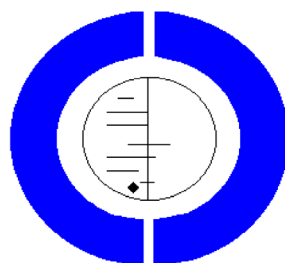
# THE COCHRANE COLLABORATION Oral Health Group Newsletter

## Editorial

• To celebrate its 25 year anniversary, the journal *Evaluation & The Health Professions* recently published a special issue comprising a series of papers on the history and achievements of the Cochrane Collaboration: <http://www.sagepub.co.uk>. This included articles on the Cochrane Controlled Trials Register, referring to its listing of 6,500 reports in European journals that were not indexed in Medline. Other articles highlight the differences between Cochrane Reviews and reviews published in conventional journals. The last article is especially interesting, illustrating as it does, the potential for Cochrane reviews to influence health care and have an effect on people's lives. It describes the events that followed the Cochrane Injuries Group systematic review of human albumin administration to critically ill patients, a popular treatment for blood loss and burns for over half a century. The reviewers concluded that albumin was responsible for one death in every 17 patients treated. Happily, and despite the tardy response of advisory committees and the vigorous attempts by the plasma products industry to limit the effect of the systematic review on albumin sales, its use has declined steeply.

• For those of you working specialist fields you might like to think about offering an editorial to the journals in your field. The editorial group would be very happy to provide generic pieces about the Cochrane Collaboration that could be adapted for a particular purpose. Please contact me if you think we can help.

• I am delighted to be able to report that Dr Ian Needleman of Eastman Dental Institute London, Dr Paul Coulthard of Manchester Dental Hospital and Dr Marco Esposito of Faculty of Odontology, Göteborg University, have accepted an invitation to serve as editors on the Oral Health Group. We look forward to working with



THE COCHRANE  
COLLABORATION

An international  
organisation that aims to  
help people make well-  
informed decisions about  
healthcare by preparing,  
maintaining and promoting  
the accessibility of  
systematic reviews of the  
effects of healthcare  
interventions

THE COCHRANE  
**Oral Health Group**  
([www.cochrane-oral.man.ac.uk](http://www.cochrane-oral.man.ac.uk))

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Sylvia Bickley

them and benefiting from their experience and enthusiasm. (Introduction from two of the editors is on page 9 of this newsletter)

With best wishes for the summer.

**Bill Shaw, Co-ordinating Editor**

## Progress of the Group

With the release of Issue 3, July 2002 of *The Cochrane Library*, the Oral Health Group will have **14 reviews** and **33 protocols** published. The consumer synopses for the nine reviews that have been published since the last newsletter are on pages 2-3. A full list of reviews/protocols has been placed on pages 14-15 of this newsletter. The abstracts for all the OHG reviews can be found on the Group's website: <http://www.cochrane-oral.man.ac.uk/abstracts.htm>

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## Synopses – Reviews published since OHG Newsletter Issue 6 (May 2001) (Cochrane Library, Issues 2,3,4)

### Interventions for treating oral leukoplakia

*Lodi G, Sardella A, Bez C, Demarosi F, Carrassi A*

There is no evidence from trials to show how to prevent leukoplakia in the mouth becoming malignant.

Oral leukoplakia is a thickened white patch formed in the mouth lining that cannot be rubbed off. Leukoplakia is a lesion that sometimes becomes cancerous (a tumour that invades and destroys tissue, then spreads to other areas). Preventing this change is critical as survival rates of more than five years after diagnosis with oral cancer is low. Drugs, surgery and other therapies have been tried. The review of trials compared several drugs such as bleomycin, vitamin A and beta carotene supplements and mixed tea. There was no evidence found to show the effects of these treatments. More research is needed.

### Interventions for the treatment of burning mouth syndrome

*Zakrzewska JM, Glenny AM, Forssell H*

There is not enough evidence to show the effect of pain-killers, vitamins, hormones, anti-depressants for 'burning mouth syndrome' but some evidence that learning to cope with the disorder may help.

A burning sensation on the lips, tongue and within the mouth is called 'burning mouth syndrome' when the cause is unknown and it is not a symptom of another disease. Other symptoms include dryness and altered taste and it is common in people with anxiety, depression and personality disorders. Women after menopause are at highest risk of this syndrome. Pain-killers, vitamin supplements, hormones therapies, anti-depressants have all been tried as possible cures. This review did not find enough evidence to show their effects. Treatments designed to help people cope with the discomfort may be beneficial. More research is needed.

### Fluoride gels for preventing dental caries in children and adolescents

*Marinho VCC, Higgins JPT, Logan S, Sheiham A*

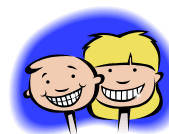
Using fluoride gels a few times a year would reduce tooth decay in many children, although more research is needed on possible adverse effects.

Fluoride is a mineral that prevents tooth decay

(dental caries). Since widespread use of fluoride toothpastes and water fluoridation, the value of additional fluoride has been questioned. Fluoride gels can be professionally or self-applied under supervision, at a frequency from once to several times a year. The review of trials found that fluoride gel can reduce tooth decay in children. As many as one in two children with high levels of tooth decay (and one in 24 with the lowest levels) would have less decay. However, more research is needed on adverse effects, as children often swallow gel during application.

### Fluoride varnishes for preventing dental caries in children and adolescents

*Marinho VCC, Higgins JPT, Logan S, Sheiham A*



Fluoride varnishes applied professionally two to four times a year would substantially reduce tooth decay in children.

Fluoride is a mineral that prevents tooth decay (dental caries). Since widespread use of fluoride toothpastes and water fluoridation, the value of additional fluoride has been questioned. Fluoride varnishes can be professionally applied at a frequency from two to four times a year. The review of trials found that fluoride varnish can substantially reduce tooth decay in both milk teeth and permanent teeth. However, more high quality research is needed to be sure of how big a difference the treatment makes, and to study acceptability and adverse effects.

### Interventions for treating oral mucositis for patients with cancer receiving treatment

*Worthington HV, Clarkson JE, Eden OB*

Using an allopurinol mouthwash or vitamin E may relieve or cure ulcers caused by cancer treatment.

Treatments for cancer can cause severe ulcers (sores) in the mouth. These can be painful and slow recovery. Options include taking tablets, using a mouthwash, or different ways of coping, before and during the cancer treatment. The review found weak and unreliable evidence that using an allopurinol mouthwash or vitamin E may relieve or cure the ulcers. Morphine can control the pain. Although using morphine automatically, or self-controlled use, provide similar relief, people use less morphine when they are controlling it themselves.



### **Interventions for treating oral candidiasis for patients with cancer receiving treatment**

*Clarkson JE, Worthington HV, Eden OB*

The antifungal drugs ketoconazole and clotrimazole might be able to cure oral thrush caused by cancer treatment.

Cancer treatment can lead to severe fungal infections (candidiasis, called thrush) in the mouth. This can cause pain, difficulties in eating and longer hospital stays. Infection can sometimes spread through the body and become life-threatening. Different drugs are used to try and relieve candidiasis. There is a weak evidence that some of the antifungal drugs may cure fungal infections in the mouth for people with cancer. It may be that drugs like ketoconazole and clotrimazole, which are absorbed fully (or partially) through the gastrointestinal tract are more effective than those which are not absorbed (like nystatin), but more research is needed.

### **Interventions for preventing oral candidiasis for patients with cancer receiving treatment**

*Worthington HV, Clarkson JE, Eden OB*

There is strong evidence that some antifungal drugs prevent oral candidiasis (thrush) caused by cancer treatment, but nystatin does not appear to work.

Treatment for cancer can lead to severe fungal infections (thrush) in the mouth. This can cause discomfort, pain, difficulties in eating, longer stays in hospital and more worryingly, systemic infection and risk to life. Different drugs are used to try and prevent this condition. The review found strong evidence from a large number of trials that some of the antifungal drugs (those absorbed and partially absorbed into the body) help prevent fungal infections in the mouth. Some other commonly used drugs such as nystatin, which are not absorbed into the body, do not appear to work.

*(Please note: This is a major update of the Cochrane Review 'Prevention of oral mucositis or oral candidiasis for patients with cancer receiving chemotherapy'. This update concentrates on oral candidiasis and the breadth of the review has been extended to include all types of cancer and its treatment, and any interventions and comparisons between them. Another future update will concentrate on the prevention of oral mucositis.)*

### **Interventions for replacing missing teeth: hyperbaric oxygen therapy for irradiated patients who require dental implants**

*Coulthard P, Esposito M, Worthington H, Jokstad A*

There is no strong evidence to show if hyperbaric oxygen can improve healing of dental implants for people who require them after radiotherapy cancer treatment.

Ordinarily, bone in the jaw grows around a dental implant that replaces a missing tooth. However, radiation therapy for cancer may cause damage to the bone and gums which can complicate the healing of dental implants. Hyperbaric oxygen involves people breathing pure oxygen in a specially designed chamber (such as used for deep sea divers suffering pressure problems after resurfacing). It is thought that this oxygen might improve the healing of bone and tissues. However the review found no trials to show the effects on people who required dental implants after radiotherapy.

### **Interventions for replacing missing teeth: maintaining and re-establishing healthy tissues around dental implants**

*Esposito M, Worthington H, Coulthard P, Jokstad A*

Antibacterial mouth rinses may help prevent plaque and bleeding around dental implants, but there is no evidence that electronic toothbrushes are better than ordinary toothbrushes.

Missing teeth can sometimes be replaced with a dental implant, as the bone in the jaw can grow around it. However, keeping the gums around the implant healthy is important, as there is an increased chance they can be eroded by plaque and inflammation. The review found that there is no evidence from trials that powered or sonic toothbrushes are better than manual brushes, or that phosphoric gel is better for removing plaque than scraping and polishing. However, there is some evidence that Listerine antibacterial mouthwash, used twice a day (as well as brushing) can help keep the gums healthy.



For the abstracts of all the Oral Health Group reviews please refer to the following website:

<http://www.cochrane-oral.man.ac.uk/abstracts.htm>

## Cochrane Oral Health Group Specialised Register

The Cochrane Oral Health Group's Specialised Register of reports of trials is a collection of reports of controlled clinical trials related to the scope of the group which may be of interest to reviewers undertaking Cochrane Systematic Reviews.

Essentially the register is a database of reports of Randomised Controlled Trials (RCTs) and Controlled Clinical Trials (CCTs) and associated material such as published correspondence; conference proceedings; research abstracts; etc. As the register develops it is anticipated that details of unpublished trials will increasingly be included. The foundation for its on-going development is the Cochrane Controlled Trials Register (CENTRAL/CCTR) supplemented by the OHG's programme of handsearching journals. Handsearchers search journals from cover to cover to identify all trials that do not get picked up by electronic searches due to lack of detail in titles and abstracts or incomplete or inappropriate indexing. Handsearching also identifies correspondence relating to trials and published and unpublished trials from conference proceedings, etc. Once identified, these citations are downloaded electronically or entered manually into the OHG Specialised Register.

The register is continually being expanded as new material is identified. It, like any other bibliographical database, is not a complete resource in itself but it does provide a valuable starting point for reviewers and others searching for controlled clinical trials (RCTs/CCTs) on oral health topics. The register is maintained and managed at the Oral Health Group's editorial base. For further information please contact:

**Sylvia Bickley**  
**Trials Search Co-ordinator**  
**E-mail: [Sylvia.R.Bickley@man.ac.uk](mailto:Sylvia.R.Bickley@man.ac.uk)**

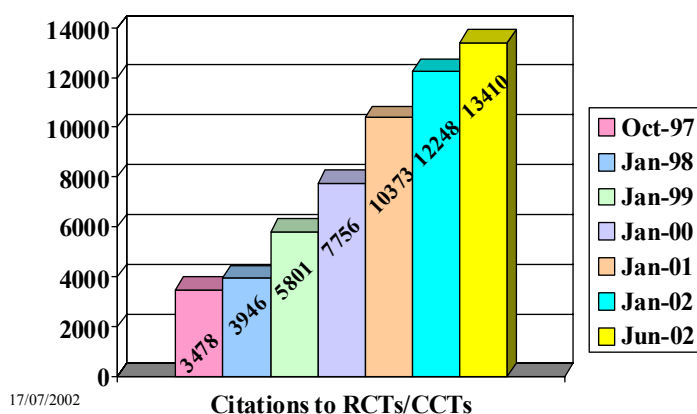
## Journal handsearching programme



The OHG's journal handsearch programme continues to make steady progress thanks to the efforts of reviewers, and supporters, and our small team of handsearchers, Margaret Jepson, Mary Cunningham, and Mary Sanderson who search consistently at the British Library at Boston Spa. To date, more than fifty oral health related journals have either been searched or are currently being searched.

The output from this programme makes a considerable contribution to the OHG Specialised Register; and through this, to The Cochrane Library's Controlled Trials Register and not least to the Cochrane Collaboration's world-wide journal handsearching programme.

**Growth of COHG Specialised Register  
 October 1997 – June 2002**



## Help for reviewers with search strategy development

Reviewers who need advice and guidance on searching for trials and/or help with developing search strategies for their review, are invited to contact Sylvia Bickley, Trials Search Co-ordinator at the editorial base.

[Sylvia.R.Bickley@man.ac.uk](mailto:Sylvia.R.Bickley@man.ac.uk)



## Deadline Dates for publication on *The Cochrane Library*



Issue	Review/Protocol sent to referees		Final version to Editorial base	Editorial base submit Module	Cochrane Library Publication Date
<b>2002</b>	<i>Protocol</i>	<i>Review</i>			
<b>Issue 4</b>	16 <sup>th</sup> July	2 <sup>nd</sup> July	20 <sup>th</sup> August	29 <sup>th</sup> August	October 2002
<b>2003</b>	<i>Protocol</i>	<i>Review</i>			
<b>Issue 1</b>	15 <sup>th</sup> October	1 <sup>st</sup> October	19 <sup>th</sup> Nov	28 <sup>th</sup> Nov	January 2003

## The Editorial Process

The editorial process is the refereeing of titles, protocols and reviews written in the Cochrane format, before they are entered onto the Cochrane Database of Systematic Reviews (CDSR) and published on The Cochrane Library. This process applies to both protocols and completed reviews. It can take 2-3 months from the date a finalised protocol or review is submitted to the RGC.

Here is an approximate timeline for the editorial process:

- Review/protocol is submitted to RGC as a RevMan document ([Emma.Tavender@man.ac.uk](mailto:Emma.Tavender@man.ac.uk)). Editorial team check and make comments (**2 weeks**)
- Comments are returned to reviewer if necessary (via contact editor)
- External peer reviewers check and make comments. (**4-6 weeks**)
- Comments are returned to reviewer (via contact editor)
- Reviewers make changes to review according to comments received. New version submitted to editorial base (**3-4 weeks**)
- Contact editor checks revised protocol (**1-2 weeks**)
- Review is either approved or further changes are requested by the contact editor
- If approved the review is copyedited by the editorial base. This involves checking spelling, grammar, references, house style, etc. so the review is ready for publication (**1 week**)

Please contact the Review Group Co-ordinator (RGC) if you are interested in preparing a review or for a more detailed Word document explaining the editorial process.

## Collaborators Wanted!



There are several ways in which you can contribute to the work of the Oral Health Group:

**Preparing a review** as a lead reviewer or assisting as a co-reviewer. There are several topics that are in urgent need of systematic reviews. If you would like more information or if you have a particular subject area you wish to pursue, please contact Emma Tavender ([Emma.Tavender@man.ac.uk](mailto:Emma.Tavender@man.ac.uk)) who will be happy to discuss your ideas.

**Peer-reviewing** reviews and protocols for the Group.

**Handsearching a journal.** If you have access to a particular oral health related journal and would be willing to handsearch for trials, please contact Sylvia Bickley ([Sylvia.R.Bickley@man.ac.uk](mailto:Sylvia.R.Bickley@man.ac.uk))

**Translating articles or parts of articles.** Cochrane systematic reviews include all relevant studies regardless of language. Translators are therefore needed to translate these studies from the original language to English.

If you are interested in contributing please complete the OHG's membership form, which can be found on the last page of this newsletter.

**We look forward to hearing from you!**

## Cochrane Oral Health Group News

### 9th International Cochrane Colloquium Lyon, France 2001

Staff, editors and reviewers from the Oral Health Group attended the 9th International Cochrane Colloquium in Lyon, France in October 2001. The annual Cochrane Colloquium provided an opportunity for members of the international Collaboration to meet, train, share ideas and strengthen partnerships. It was also an opportunity for potential contributors to learn about the Collaboration and how they could participate.

The theme of this year's event was "The evidence dissemination process: how to make it more efficient", and plenary and oral sessions focussed on possible barriers to evidence dissemination and how these might be overcome.

The Oral Health Group held a business meeting during the colloquium. Fourteen members attended the meeting representing the UK, Italy, Brazil, Japan, Syria, USA and China. The meeting was an opportunity to meet members of the Group and discuss its progress. Giovanni Lodi (Italy) and Valeria Marinho (Brazil) were kind enough to give a presentation on their experiences of completing a Cochrane review and gave valuable suggestions on how the editorial team might effectively support reviewers not based in the UK.

Any conference held in the "gastronomic capital of France" could hardly fail to be a success and Lyon itself was a historic and beautiful setting for the conference and a most welcoming city. The Oral Health Group were also invited to provide some of the entertainment during the Conference banquet. Surprisingly the performance was well received! (see photo).

*All You Need is Trials* by Bill Shaw (Co-ordinating Editor), Emma Tavender (RGC), Anne-Marie Glenn (Lecturer in EB Oral Health Care), Finola Delamere (TSC, Skin Group), Hiroshi Miyashita (OHG reviewer), Sylvia Bickley (TSC) and Jan Clarkson (Editor)



#### Meeting the entities

Pictured from back to front, left to right: Jan Clarkson (Editor), Jayne Harrison (Editor), Anne-Marie Glenn (Lecturer in EB Oral Health Care), Emma Tavender (RGC) and Sylvia Bickley (TSC)

### **Evidence Based Practice in Dentistry Course 2002**

Our third evidence based practice course was held in Manchester this year. The 5-day course was full (20 participants), with delegates coming from as far afield as the USA, Japan, as well as Ireland and the UK. Participants were from general practice to teaching and academic posts in a range of oral health specialities.

The course does not aim to teach systematic reviewing skills, but rather how to practice dentistry in an evidence based way through asking clinical questions and developing the skills to answer them well. A huge variety of questions were asked by participants – some of them found answers, some will go on to be the basis of Cochrane reviews, and some will be the basis for new trials. The course also deals with the philosophy of evidence based practice, teaching methods and implementation of evidence.

Despite not being a formal training in reviewing, many of our reviewers have taken the course and found it helpful with statistics (including meta-analysis), understanding the Cochrane Collaboration, effective literature searching and critical appraisal of both randomised controlled trials and systematic reviews.

If you are interested in next years course, the dates will be 12-14<sup>th</sup> May and 12-13<sup>th</sup> June 2003; details will be on the website soon or contact Luisa Fernandez ([Luisa.Fernandez@man.ac.uk](mailto:Luisa.Fernandez@man.ac.uk)).

### **Common Statistical Issues when Conducting Systematic Reviews in Dentistry**

In a simple parallel group design for a clinical trial participants are individually randomised to two treatment groups and a single outcome from each patient is collected and analysed. In dentistry the design is frequently more complex than this for several reasons, one being that sites/teeth are clustered within patient's mouths. The patient may be randomised to a treatment group, and the sites within the patient measured for the outcome measurement. Unless a single summary outcome per patient is used, it is important that the analysis takes into account the clustering of the sites within patients. If this is not done then the p-value for the significance of the difference between groups may be incorrectly deflated giving rise to spurious differences between groups.

Trials in dentistry may also be designed as split-mouth trials where the different teeth/jaws/groups of teeth within a patient are randomly allocated to treatment groups. A cross-over design may also be used to compare two or more interventions in which the participants, upon completion of the course of one treatment are switched to another, the order of the treatments being randomised. For both these designs it is important that the analysis takes into account the 'pairing' of the data.

In many Cochrane reviews currently being undertaken many of the trials have not analysed the data appropriately. Although

these trials are eligible for inclusion in the reviews they may have to be excluded if the data presented are not in a usable form. Although the reviewers will attempt to contact the authors for further data, the authors may not reply, or may be unable to supply appropriate data. In some situations it may be possible to estimate some of these parameters but this can only be done if there are some similar trials included in the review presenting the appropriate information. It is important that future trials in dentistry are well designed, analysed and reported in journal articles so that these studies can be included in the reviews of the future. It is a great pity that the results of so many trials in the past cannot be used to develop the evidence-base in dentistry.

**Helen Worthington**

**Co-ordinating Editor and Statistician, OHG**

### **Reviews on Dental Pain Control**

The Oral Health Group have been having discussions with the Cochrane Pain and Palliative Care Group (PaPaS) on a set of systematic reviews dealing specifically with dental pain. The groups will be working closely together to ensure that the reviews are of high quality and relevant to dentists and patients.

The reviewers will focus on: chronic dental pain and acute pain, including pain control during dental procedures, postoperative pain (third molar surgery, pain control during orthodontic procedures, other surgical procedures), pain relating to dental pathology and toothache.

The reviews will aim to help readers who are in dental pain, or who have dental patients in pain, to assess the best form of pain relief (whether pharmacological or non-pharmacological) taking effectiveness and side effects into consideration.

**If you are interested in being a reviewer on any of these reviews please contact the Oral Health Group ([Emma.Tavender@man.ac.uk](mailto:Emma.Tavender@man.ac.uk)).**

## COCHRANE ORAL HEALTH GROUP WEBSITE



The Cochrane Oral Health Group's website:

**[www.cochrane-oral.man.ac.uk](http://www.cochrane-oral.man.ac.uk)** went live in May 2001. Over the last twelve months an increasing amount of valuable information/documents have been added and the following is a guide to what can be found on the website:

What can be found on the OHG website?:

- Information on the Cochrane Collaboration and a link to the main webpage
- Editorial team contact details, including email address links
- Links to the OHG review abstracts and an up to date list of all the reviews registered and their status
- Links to back issues of the OHG's newsletters
- Electronic registration forms
- Reviewer resources including:
  - o Cochrane Reviewers' Handbook
  - o RevMan software
  - o OHG Dummy Review\*
  - o Guidelines for writing or editing Cochrane reviews
  - o Guidance for presenting search strategy information
  - o Handsearching programme information

*\*The OHG Dummy Review is to be used in conjunction with, not instead of the Cochrane Reviewers' Handbook. It has been created to assist reviewers in writing their review and gives an indication of what is to be included in each section of RevMan. It also provides examples and standard texts.*

- External links to the following:
  - o Cochrane Cancer Network
  - o Dental systematic reviews published on DARE
  - o Journal of Evidence Based Dental Practice
  - o Evidence Based Dental Journal
  - o SCHARR Database

## Assessing the Quality of RCTs in a Systematic Review

Several of the COHG's reviews have previously used composite scales, such as the Jadad scale,<sup>1</sup> for assessing the quality of the included trials. However, there has been much debate over the use of such scales for the assessment of RCTs, particularly as recent evidence has shown that different scales can give conflicting results.<sup>2</sup> It is suggested that the assessment of the individual components, without producing an overall summary score, may be preferable. Although the COHG's editorial team have not produced guidelines in addition to those already described in the Cochrane Reviewers' Handbook, they support the assessment and reporting of individual quality criteria, rather than the use of a composite scale. Typically the criteria to be assessed will include the generation of the randomisation sequence, allocation concealment, blinding of participants, researchers and outcome assessors, the handling of withdrawals/drop-outs. Such criteria help determine how well a trial has attempted to minimise one of the four sources of systematic bias that can occur in a trial of the effects of healthcare:

- Selection/allocation bias Systematic differences between comparison groups in prognosis or responsiveness to treatment
- Performance bias Systematic differences in care provided apart from the intervention being evaluated
- Detection bias Systematic differences between comparison groups in assessment of outcomes
- Attrition bias Systematic differences between comparison groups in withdrawals or exclusions of participants

It should be noted that the quality of the reporting of a trial does not always reflect the quality of the design and conduct of the study and reviewers are encouraged to contact authors when information is missing or requires clarification. The CONSORT guidelines ([www.consort-statement.org](http://www.consort-statement.org)) on how trials should ideally be reported will hopefully improve the completeness of the reporting and thus aid future quality assessment. For a more detailed discussion of quality assessment reviewers are recommended to consult the relevant section of the current Cochrane Reviewers' Handbook,<sup>3</sup> but should contact the Reviewer Group Co-ordinator for further clarification if required.

<sup>1</sup> Jüni P, Witschi A, Bloch R, Egger M. The hazards of scoring the quality of randomised controlled trials for meta-analysis. *JAMA* 1999;282:1054-60

<sup>2</sup> Jadad AR, Moore RA, Carrol D, Jenkinson C, Reynolds DJ, Gavaghan DJ, McQuay HJ. Assessing the quality of reports of randomized clinical trials: is blinding necessary? *Controlled Clinical Trials* 1996;17:1-12

<sup>3</sup> Clarke M, Oxman AD, editors. Assessment of study quality. Cochrane Reviewers' Handbook 4.1.4 [updated October 2001]; Section 6. In: The Cochrane Library, Issue 4, 2001. Oxford: Update Software. Updated quarterly (available for downloading from [www.cochrane.org](http://www.cochrane.org))





## MEET THE NEW MEMBERS OF THE OHG EDITORIAL TEAM

### NEW EDITORS:

#### Dr Ian Needleman

BDS MSc PhD MRD RCS RCPS

I am a part-time lecturer in Periodontology at the Eastman Dental Institute, UCL London and in part-time specialist practice. My motivation stems from a frustration in failing to achieve the transfer of good research into practice. Over the last 5 years I have become deeply involved in evidence-based dentistry and periodontology. My first systematic review was a team effort between our department and the Cochrane Oral Health Group and was a very happy experience. In our department, we have completed another review investigating RCT quality in periodontology and we are working on two further reviews on the effect of smoking and smoking cessation on periodontal therapy and sinus grafting for implant placement. In addition, I have had the privilege of training and collaborating with the European Federation of Periodontology to produce 16 systematic reviews for the 2002 workshop and have recently embarked on a similar process with the American Academy of Periodontology. I am deeply honoured to be invited to be an Editor with the group and look forward to a closer collaboration.

#### Dr Marco Esposito

Graduated in Dental Surgery in Pavia (Italy) in 1990. Soon after moved to Sweden to start research work with the basic science Biomaterials Group at the Institute of Anatomy and Cell Biology, Göteborg University (Sweden). Trained as Periodontist at the same University. Research activities mainly focussed to understand the etiology of complications and failures for dental implants and to identify the ideal implant characteristics. Defended a PhD thesis in 1999 entitled "On biological failures of osseointegrated oral implants". Post-doc activities at the Department of Biomaterials, Göteborg University and at NIOM (Scandinavian Institute of Dental Materials), Haslum (Norway) mainly focussed on identifying which are the most effective therapies in implant dentistry. Research Collaboration both in the dental and medical field with various departments at various European Universities including testing of new biomaterials in animal models, analysis of clinically retrieved biomaterials and systematic reviews of the literature. Recently appointed by the Faculty of Odontology, Göteborg University as assistant researcher in Biomaterials. Author of numerous scientific publications particularly on the

topic of implant dentistry.

Currently a reviewer/co-reviewer on 10 registered Cochrane systematic reviews.

### NEW ASSISTANT REVIEW GROUP CO-ORDINATOR:

#### Ms Luisa Fernandez

Originally from Spain, I moved to the UK after completing a degree in English Philology, a PGCE in Modern Languages and further qualifications in both computers and translation studies. Prior to my appointment as Assistant Review Group Co-ordinator, I have been involved in university administration working for various institutions such as Leicester, Salford and Manchester. I have also continued teaching and translating Spanish in my spare time.

I am looking forward to becoming more and more involved in the work of the Cochrane Oral Health Group. **If you feel I can be of assistance, if you do have articles in Spanish that need translating, please feel free to contact me via the Cochrane editorial base or [Luisa.Fernandez@man.ac.uk](mailto:Luisa.Fernandez@man.ac.uk).** I look forward to hearing from you.

### The Cochrane Library in Ireland

Thanks to a unique agreement between the Cochrane Collaboration, Update Software, the Health Research Board in Dublin and the Research and Development Office in Belfast, the Internet version of *The Cochrane Library* is now available, free of charge, to anyone in Ireland. This is the first time that access to *The Cochrane Library* has been made available to all Internet users in a single country.

A fellowship scheme to encourage interested people to produce Cochrane reviews, was also announced by Minister for Health, Social Services and Public Safety, Ms Bairbre de Brún, and Minister for Health and Children, Micheál Martin. Four fellowships will be awarded this year by the Health Research Board and the Research and Development Office. An all-Ireland Cochrane Library Prize will also be awarded every year for the best use of the evidence in *The Cochrane Library* to change health care in Ireland.

For further information, please contact:

**Mike Clarke, [mclarke@cochrane.co.uk](mailto:mclarke@cochrane.co.uk)**

## Cochrane Collaboration News

### Cochrane Policy on Updating Reviews

When registering a review with the Cochrane Collaboration, reviewers agree to keep it up-to-date. How often reviews need updating will vary depending on the production of valid new research evidence. Reviewers should work with their editorial team to establish guides addressing when new research evidence is substantive enough to warrant a major update or amendment. The dates of such amendments must be recorded in the What's New section of the review. **It is the Cochrane policy that reviews should either be updated within two years or should have a commentary added to explain why this is done less frequently. It is also Cochrane policy that protocols that have not been converted into full reviews within two years should generally be withdrawn from the CDSR.** Even if no substantive new evidence is found on annual review and no major amendment is indicated, this information should still be used to update the review by adding the date of the latest search for evidence to the review.

**Note: Complimentary copies of The Cochrane Library will be withdrawn once reviews become two years out of date.**

During their meeting in February 2001, and after consultation with members of the editorial teams of collaborative review groups, the Steering Group of the Cochrane Collaboration has agreed the policy that withdrawal of complimentary copies of The Cochrane Library should take effect from the Module submission deadline for Issue 1, 2002 for reviews that have not been updated since Issue 3, 1999. This means that Issue 2, 2002 will be the first issue for which complimentary copies will not be sent to contact reviewers whose reviews have not been updated.

### Health Education Journal Seeks Cochrane Reviews for Publishing

The Cochrane Health Promotion and Public Health Field recently received a letter from Professor Blinkhorn, Editor of Health Education Journal, wishing to offer space to Cochrane reviewers in this journal. *The Cochrane Library* would maintain copyright of the Cochrane review. This is a very exciting opportunity and has the potential to increase the public profile of Cochrane reviews of interventions that have an education and prevention focus. The Field strongly encourages reviewers to take up this offer, and we hope that

the Coordinators of the CRGs will be equally encouraging to reviewers to whom this would be applicable. Details of the journal can be obtained at: <http://www.hej.org.uk/>

The Field has also had positive feedback from several reputable journals (such as the *American Journal of Health Promotion*, the *Canadian Journal of Public Health*, and *Promotion and Education*) that have offered to publish regular pieces by the Field and its members. This might include opinion pieces and /or summaries of recent Cochrane reviews of interest. Anyone who would like to contribute to an article is most welcome to contact the Field and we can go from there.

**Jodie Doyle, Field Administrator, Cochrane Health Promotion & Public Health Field**  
([jdoyle@vichealth.vic.gov.au](mailto:jdoyle@vichealth.vic.gov.au))

## SUBSCRIBING TO CCINFO

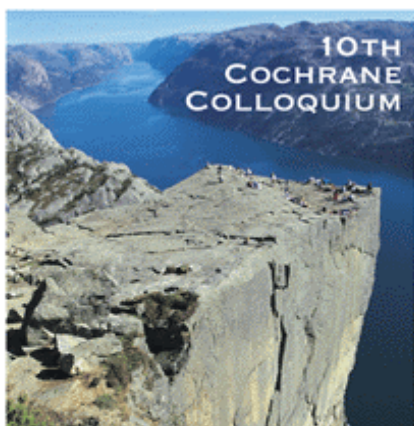
CCINFO is the primary email list for the Cochrane Collaboration. It offers an excellent means of keeping members of the Collaboration well informed about the activities and policies of the Collaboration. The goal is that every Cochrane participant with access to email will be a subscriber. The list is now moderated (all items will be checked for suitability before being distributed to subscribers). This means you can subscribe with the confidence that you will not waste time with irrelevant material. The list will be used for announcements and discussion of matters relevant to the Collaboration as a whole.

- To subscribe, send an email (from the address you normally use) to [ccinfo-list-request@mailman.mcmaster.ca](mailto:ccinfo-list-request@mailman.mcmaster.ca). The content of your message is simply: **subscribe**. That is it. Do not fill in the subject or add a signature. Send it. Subscription is free.
- When you want to share information with the other subscribers, address the email to [ccinfo-list@mailman.mcmaster.ca](mailto:ccinfo-list@mailman.mcmaster.ca) and your message (after being checked by the moderator) will automatically be sent to all the other subscribers.

Should you ever want to remove yourself from the CCINFO list, send an email (from the address you normally use) to [ccinfo-list-request@mailman.mcmaster.ca](mailto:ccinfo-list-request@mailman.mcmaster.ca) with the content: **unsubscribe**.

It is also possible to delete or add your name to the list on the web at <http://mailman.mcmaster.ca/mailman/listinfo/ccinfo-list>.

If you have any questions about CCINFO contact Kathie Clark at the Canadian Cochrane Centre (email: [Kclark@mcmaster.ca](mailto:Kclark@mcmaster.ca)).



STAVANGER, NORWAY  
31ST JULY -  
3RD AUGUST 2002  
(WWW.COCHRANE.NO)

## 10<sup>th</sup> Cochrane Colloquium

### ***Collaborate and Celebrate!***

The Norwegian branch of the Nordic Cochrane Centre will host the 10<sup>th</sup> Cochrane Colloquium at the Stavanger Forum from Wednesday evening, July 31 to Saturday evening, August 3, 2002. Additional meetings can be scheduled on the day preceding and following the Colloquium. The aims of the 10<sup>th</sup> Colloquium are to:

- Help review groups to achieve the aims of the Collaboration
- Celebrate the 10<sup>th</sup> year of the Collaboration

### ***How will the 10<sup>th</sup> Colloquium differ from previous Colloquia?***

The 10<sup>th</sup> Cochrane Colloquium is targeted at active contributors to the Cochrane Collaboration and those interested in contributing. This Colloquium will differ from

previous Colloquia in the following ways:

- There will not be any parallel sessions
- The Colloquium will be three days instead of four
- Each day there will be one plenary session in the morning, time for meetings in the middle of the day and workshops in the afternoon
- The workshops will be targeted at different types of contributors to the Cochrane Collaboration, including: reviewers, editors, review group co-ordinators, trials search co-ordinators, consumers and methodologists. For each of these groups there will be streams of workshops and meetings aimed at fulfilling their needs
- The 10<sup>th</sup> Colloquium will occur during summer holidays for many people, rather than in October. Because of this many participants will want to bring their families, who will be welcome at all of the social events.
- The 10<sup>th</sup> Colloquium is not just a business meeting. It will be similar to previous Colloquia in that it will include plenary sessions, about 100 poster presentations, workshops, meetings and social activities. There will be a total of four plenary sessions and the opportunity to participate in three workshops from a total of 50. During the middle of the day there will be time for people to meet, study and socialise. Social activities in the evenings will include a welcome reception, a fjord cruise and a dinner-dance to celebrate the 10<sup>th</sup> year of the Collaboration.

An Oral Health Group meeting will be held on Thursday 1<sup>st</sup> August, 13:00-14:15, in Room Tungenes 1.

*All are welcome!*

Full details, including a complete list of workshops, are available on the Colloquium website:

**<http://www.cochrane.no/colloquium>**

## Cochrane Training Workshops 2002

**NEW!**

### Introduction to Analysis Workshops

For those reviewers based in or visiting the UK, the UK Cochrane Centre will be offering a new workshop, 'Introduction to Analysis'. This workshop is suitable either for new reviewers (to help them complete the 'Methods' section of their protocol) or reviewers who are beginning the analysis in their review. The workshop programme is a mixture of presentations and practical sessions and will cover:

- Introduction to meta-analysis
- Applying eligibility criteria
- Binary data
- Extracting data
- Continuous data
- Heterogeneity
- Publication bias

This workshop replaces the 'Introduction to RevMan' workshop.

For further information on workshops please visit:

<http://www.cochrane.org/cochrane/workshop.htm>

### DIARY DATES



#### 11<sup>th</sup> Cochrane Colloquium

October 26<sup>th</sup> – October 31<sup>st</sup>, 2003  
Barcelona, Spain

"Health Care and Culture"

<http://www.cochrane.es/colloquium>

#### 12<sup>th</sup> Cochrane Colloquium

October 2<sup>nd</sup>-October 6<sup>th</sup>, 2004

Ottawa, Canada

"Bridging the Gaps"

#### 13<sup>th</sup> Cochrane Colloquium

2005

Melbourne, Australia

<b>Australasian Cochrane Centre</b>		
DATE	LOCATION	WORKSHOP
17-21 June	Melbourne	Review Completion Program
27-28 June	Sydney	Protocol & Analysis
16 October	Melbourne	Editing Workshop
17-18 October	Melbourne	Contributors' Meeting
28-29 November	Brisbane	Protocol & Analysis
<b>Canadian Cochrane Centre</b>		
November	Ottawa	Protocol
November	Ottawa	Review
<b>Dutch Cochrane Centre</b>		
26-28 June	Driebergen	Systematic Reviews: Theory & Practice
26 September	Amsterdam	Protocol & RevMan
28 November	Amsterdam	Protocol & RevMan
<b>Iberoamerican Cochrane Centre</b>		
10 July	Barcelona	Protocol
11 July	Barcelona	RevMan
<b>Nordic Cochrane Centre</b>		
3-4 & 17-18 June	Copenhagen	Kursus I evidensbaseret klinik
12-14 September	Copenhagen	Workshop on Cochrane Editing
7 October	Copenhagen	Protocol Workshop
8 October	Copenhagen	RevMan Workshop
On Demand	Copenhagen	Individual sessions on writing Protocols/Reviews & using RevMan
<b>South African Cochrane Centre</b>		
9 October	Bloemfontein	Evidence-Based Health Care & the Cochrane Collaboration
10 October	Durban	Evidence-Based Health Care & the Cochrane Collaboration
15 October	Cape Town	Evidence-Based Health Care & the Cochrane Collaboration
<b>UK Cochrane Centre</b>		
20 June	Belfast	Developing a protocol
8 July	London	Developing a protocol
9 July	London	Introduction to Analysis
9 September	London	Developing a protocol
26 September	Oxford	Developing a protocol
27 September	Oxford	Introduction to Analysis
24 October	Dublin	Developing a protocol
11 November	Dublin	Developing a protocol
12 November	Dublin	Introduction to Analysis
2 December	Liverpool	Developing a protocol
3 December	Liverpool	Introduction to Analysis
12 December	London	Developing a protocol
13 December	London	Introduction to Analysis

For an up-to-date listing see:

<http://www.cochrane.org/cochrane/workshop.htm>



## 4<sup>th</sup> Annual Rocky Mountain Evidence Based Health Care Workshop

11-15 August 2002

Keystone, CO, USA

University of Colorado School of Medicine, USA

For more information please contact Jennifer McIntyre at:  
[jennifer.mcintyre@uchsc.edu](mailto:jennifer.mcintyre@uchsc.edu)



## Research Synthesis and Meta-Analysis Part 1

8-11 January 2003

## Research Synthesis and Meta-Analysis Part 2

3-6 March 2003

University of Texas Continuing Education Network, USA

For more information visit: <http://www.sph.uth.tmc.edu/CEN>

## Interested in Systematic Review Training?

The following websites provide various courses on undertaking a systematic review:

- Centre for Statistics in Medicine, Oxford, UK  
<http://www.ihf.ox.ac.uk/csm/>
- Systematic Review Training Unit, London, UK  
<http://www.ich.ucl.ac.uk/srtu/>

## Intensive Three-Day Systematic Review Training Course

22-24 September 2002

Eastman Dental Institute, UCL, London, UK

Contact Ian Needleman: [i.needleman@eastman.ucl.ac.uk](mailto:i.needleman@eastman.ucl.ac.uk)

## THE COCHRANE CENTRES

There are currently 14 Cochrane Centres around the world, located in: Australia (Monash), Brazil (São Paulo), Canada (Hamilton), China (Chengdu), Denmark (Copenhagen), France (Lyon), Germany (Freiburg), Italy (Milan), The Netherlands (Amsterdam), South Africa (Cape Town), Iberoamerican (Barcelona), the UK (Oxford), and the USA (Boston, San Francisco). They all provide support for Cochrane reviewers and other volunteers in their areas. Details can be found on the Cochrane website (<http://www.cochrane.org>) or obtained from the Review Group.

## How can we improve?

We would be grateful to receive your comments and suggestions on how we can improve any aspect of our newsletter.

Please send your comments to Luisa Fernandez at the editorial base ([Luisa.Fernandez@man.ac.uk](mailto:Luisa.Fernandez@man.ac.uk)) or post them to us at the address given at the end of the newsletter.

## Training Course: Evidence Based Practice in Dentistry

A five-day course is to be held at the editorial base of the Cochrane Oral Health Group.

*The aim of the course is to facilitate the skills to develop, implement and disseminate an evidence based care approach to effective clinical practice.*

The course will be complemented by distance learning, self directed study and mentored support.

By the end of the course you will be able to:

- ◆ Understand the ideas and principles of evidence based practice
- ◆ Identify clinical issues where assessment of the evidence would be helpful
- ◆ Search out and critically appraise relevant dental literature
- ◆ Interpret your findings and develop an implementation strategy
- ◆ Concisely present the evidence on a clinical issue

*\*30 hours verifiable CPD\**

Five days of workshops will take place over two months.

Dates for Spring 2003:

- 12/13 & 14 May
- 12 & 13 June

For further information and an application form visit:

[www.cochrane-oral.man.ac.uk](http://www.cochrane-oral.man.ac.uk)  
or contact Luisa Fernandez on +44 161 275 6877, email [luisa.fernandez@man.ac.uk](mailto:luisa.fernandez@man.ac.uk).

## Cochrane Oral Health Group Reviews

### Published Reviews

- Orthodontic treatments for posterior crossbites – *Harrison J, Ashby D* [UPDATED JANUARY 2001]
- Interventions for treating oral lichen planus – *Chan ES-Y, Thornhill M, Zakrzewska J*
- Interventions for preventing oral mucositis or oral candidiasis for patients with cancer receiving chemotherapy (excluding head and neck cancer) – *Clarkson JE, Worthington HV, Eden OB*
- Guided tissue regeneration for periodontal infra-bony defects – *Needleman I, Giedrys-Leeper E, Tucker R, Worthington HV*
- Potassium nitrate toothpaste for dentine hypersensitivity – *Poulsen S, Errboe M, Hovgaard O, Worthington HV*
- Interventions for the treatment of burning mouth syndrome – *Zakrzewska J, Glenny AM, Forssell H*
- Interventions for treating oral leukoplakia – *Lodi G, Sardella A, Bez C, Demarosi F, Carrassi A*
- Interventions for treating oral candidiasis for patients with cancer receiving treatment – *Clarkson JE, Worthington HV, Eden OB*
- Interventions for treating oral mucositis for patients with cancer receiving treatment – *Worthington HV, Clarkson JE, Eden OB*
- Fluoride gels for preventing dental caries in children and adolescents – *Marinho VCC, Sheiham A, Logan S, Higgins J*
- Fluoride varnishes for preventing dental caries in children and adolescents – *Marinho VCC, Sheiham A, Logan S, Higgins JPT* [To be published on Issue 3, July 2002]
- Interventions for replacing missing teeth: hyperbaric oxygen therapy for irradiated patients who require dental implants – *Coulthard P, Esposito M, Worthington HV, Jokstad A* [To be published on Issue 3, July 2002]
- Interventions for replacing missing teeth: maintaining healthy tissues around dental implants – *Esposito M, Coulthard P, Worthington HV, Thomsen P* [To be published on Issue 3, July 2002]
- Interventions for preventing oral candidiasis for patients with cancer receiving treatment – *Worthington HV, Clarkson JE, Eden OB* [Update – to be published on Issue 3, July 2002]

### Published Protocols

- Fluoride toothpastes for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Fluoride rinses for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Combinations of topical fluorides (varnishes, gels, rinses, toothpastes) versus one topical fluoride for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Glues for fixing dental braces onto teeth – *Mandall NA, Mattick CR, Millett DT, Harrison JE, Davies K, Hickman J, Worthington HV*
- Pit and fissure sealants for preventing dental decay in the permanent teeth of children and adolescents – *Nordblad A, Hiiri A et al*
- Interventions for replacing missing teeth with or without osseointegrated implants – *Esposito M, Coulthard P, Worthington HV, Thomsen P*
- Manual versus powered toothbrushing for oral health – *Shaw WC, Walmsley AD, Deery C*
- One topical fluoride (varnishes, or gels, or rinses, or toothpastes) versus another for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Fluoride varnishes versus sealants for caries prevention – *Nordblad A, Ahovuo-Saloranta A, Hiiri A, Makela M, Murtomaa H*
- Retention procedures for stabilising tooth position after treatment with orthodontic braces – *Littlewood SJ, Millett DT, Doubleday B, Bearn DR*
- Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Psychotherapy for dental anxiety – *McGoldrick P, de Jongh A, Durham R, Bannister J, Levitt J*
- Conscious sedation for dental anxiety – *McGoldrick P, de Jongh A, Durham R, Bannister J, Levitt J*
- Pulp treatment for extensive decay in primary (milk) teeth – *Nadin G, Goel B, Yeung A, Glenny AM*
- Feeding interventions for infants with cleft lip, cleft palate or cleft lip and palate – *Glenny AM, Hooper L, Reilly S, Reid J*
- Topical fluoride for treating dental caries – *Ferreira de Oliveira MA, Celeste RK, Rodrigues C*
- Orthodontic treatment for children with prominent upper front teeth – *Harrison JE, O'Brien KD, Worthington HV, Bickley SR, Scholey JM, Shaw WC*
- Orthodontic treatment for children with prominent lower front teeth – *Harrison JE, O'Brien KD, Worthington HV, Bickley SR, Scholey JM, Shaw WC*
- Orthodontic treatment for crowded teeth in children – *Harrison JE, O'Brien KD, Worthington HV, Bickley SR, Scholey JM, Shaw WC*
- Ceramic inlays for restoring teeth – *Hayashi M, Yeung CA*
- Interventions for replacing missing teeth: resin-bonded bridges and other restorations for the replacement of adult teeth – *Swift B, Jepson N, McColl E, Steele JG, Steen IN*
- Interventions for replacing missing teeth: surgical techniques for placing dental implants – *Coulthard P, Worthington HV, Esposito M, Jokstad A*
- Interventions for replacing missing teeth: bone augmentation techniques for dental implant treatment – *Coulthard P, Worthington HV, Esposito M, Jokstad A*
- Interventions for replacing missing teeth: pre-prosthetic surgery – *Coulthard P, Worthington HV, Esposito M, Jokstad A*
- Complete or ultraconservative removal of decayed tissue in unfilled teeth – *Ricketts D, Kidd E, Innes N* [To be published on Issue 3, July 2002]
- Fluorides for the prevention of white spots on teeth during fixed brace treatment – *Benson P, Millett D, Parkin N, Dyer F et al* [To be published on Issue 3, July 2002]
- Penicillins for the prophylaxis of bacterial endocarditis in dentistry – *Oliver R, Hooper L, Roberts G* [To be published on Issue 3, July 2002]
- Stabilisation splint therapy in the management of Temporomandibular Pain Dysfunction Syndrome – *Al-Ani Z, Gray R, et al*

- Interventions for replacing missing teeth: partially absent dentition – *Jokstad A, Esposito M, Coulthard P, Worthington HV* [To be published on Issue 3, July 2002]
- Interventions for replacing missing teeth: totally absent dentition – *Jokstad A, Esposito M, Coulthard P, Worthington HV* [To be published on Issue 3, July 2002]
- Antibiotic prophylaxis for preventing complications following tooth extraction – *Lodi G, Sardella A, Bez C, Demarosi F, Carrassi A* [To be published on Issue 3, July 2002]
- Occlusal adjustment for treating TMJ disorders – *Koh H, Robinson P* [To be published on Issue 3, July 2002]
- Interventions for replacing missing teeth: different types of dental implant – *Esposito M, Coulthard P, Jokstad A, Worthington HV* [To be published on Issue 3, July 2002]
- Hyaluronate for the treatment of temporomandibular joint disorders – *Zongdao S, Awad M*
- Interventions for replacing missing teeth: different loading times for dental implants – *Esposito M et al*

### **Protocols in the refereeing process**

- Treatment of asymptomatic lower wisdom teeth in adults – *Shephard J, Smith K, Song F*
- Sedation for behaviour management in children undergoing dental treatment – *Matharu L, Ashley P, Roberts G*
- Tetracycline for treating periodontal disease – *Hayes C, Needleman I, Garcia R, Bouckoms A*
- Pharmacological interventions for pain in patients with TMD – *Lele S*
- Home-based interventions for whitening teeth in adults – *Ismail A, Hasson H, Sohn S*
- Anterior repositioning splint for disc displacement with reduction – *Al-Ani Z, Gray R, Davies S, Sloan P*
- Xylitol containing oral products for preventing dental caries – *Hildebrandt G*
- Emdogain for periodontal tissue regeneration – *Esposito M et al*
- Wisdom teeth surgery and associated lingual nerve injury – *Coulthard P, Esposito M, Worthington HV*

### **Titles registered**

- Restorations for the management of early childhood caries – *Yengopal J, Siegfried N, Patel N*
- Fluoridated milk for preventing dental caries in children and adolescents – *Yeung A, Tickle M*
- Arthroscopy for Temporomandibular joint (TMJ) pain – *Harrison S, Jokstad A*
- Management of orbital blow-out fractures – *Courtney D, Hughes C*
- Therapeutic trials for recurrent (aphthous) oral ulcers – *Chan ES-Y, Zak J, Thornhill M*
- Replacement of amalgam fillings for reactions in the mouth – *Issa Y, Duxbury J, Branton P*
- Chlorhexidine for the prevention and management of dental caries – *Ricketts D, Hunter L, Clarkson J, Addy M, Uribe S*
- Preparation of teeth for root canal therapy – *Sequeira P, Barbakow F*
- Frequency of scale and polish for oral health – *Clarkson J, Elley K*
- Intervention for replacing missing teeth: Denture chewing surface – *Sutton F, McCord JF, Jokstad A*
- Interventions for preventing and treating stomatitis caused by dentures – *Jokstad A, Axell T, Esposito M, Coulthard P, et al*
- School dental screening for oral health – *Holden L*
- Local delivery drugs for chronic periodontitis – *Minchuan L, Needleman I*
- Onplant (Implant) reinforced anchorage for patients undergoing orthodontic treatment – *Manara S*
- Adhesives for dental braces: b) bands – *Millett D, Mandall N, Mattick C, Hickman J*
- Pulp management for caries in permanent teeth – *Miyashita H, Qualtrough A*
- Interventions for treating ameloblastoma of the jaws – *Zheng JW*
- Arthrocentesis and lavage for temporomandibular disorders – *Chunlan G, Revington P*
- Panoramic radiography for dental screening in the primary dental care setting – *Rushton V*
- Interventions for caries management in head & neck cancer patients – *Morrow L*
- Interventions for periodontal management in head & neck cancer patients – *Morrow L*
- Bone grafting for periodontal Intrabony defects – *Aichelmann-Reidy ME, Branch-Mays G*
- Veneer restorations for anterior teeth – *Wakiaga J, Brunton P, Watts D, Glenny AM*
- Oral health promotion and education for caries & gingivitis reduction in children and adolescents – *Schroth R, Lavelle C et al*
- Analgesia during orthodontic treatment – *Cooper J et al*

## **Would you like to visit us?**

We have had several successful visits from reviewers who come to Manchester to work on their review with us. If you would like to come please just call and let us know so we can arrange some desk space for you. In the past our reviewers used their time here to:

- Have "protected" time away from their busy desks
  - Develop, perfect and run search strategies
  - Consult statisticians
  - Input data into RevMan

If Manchester, UK is too far to travel, but a similar set up would be useful, let us know as another Cochrane group local to you may be able to help.



## Registration form for the Cochrane Oral Health Group

Dear Colleague

To register as a member of the Cochrane Oral Health Group please complete the details below and return the form to the address above, by post or by fax, marked for the attention of The Co-ordinator, Cochrane Oral Health Group.

If you know of others who may be interested in joining the group please feel free to photocopy and forward a copy of this form to them for their completion and return.

*(Please print your entries clearly)*

<u>Last Name</u>	<u>First name/s</u>	<u>Title</u> (Mr; Mrs; Miss; Ms; Dr; Prof)
<b>Address</b>		
<b>Telephone:</b>		<b>Fax:</b>
<b>E-mail:</b>		
<p><b><u>Participation</u></b> <i>There are several options for your participation in the Cochrane Oral Health Group. Please tick the appropriate box/es below.</i></p> <p><i>We welcome all those interested in supporting the Oral Health Group. Preparing and maintaining systematic reviews is a very time consuming, arduous but rewarding process. We encourage collaboration between members on reviews. Please indicate by ticking the box/es below the option/s that best suits your available time commitment.</i></p>		
<b>Review subject interest</b>		
I wish to choose a topic and be responsible for carrying out and maintaining a systematic review.		
I am willing to assist others in carrying out and maintaining a systematic review.		
I am willing to be responsible for hand searching a journal retrospectively and prospectively to maintain surveillance of the journal in the future.		
I am willing to become a referee for the Group, my specialist interests are:		
I am unable to make a practical commitment to the Oral Health Group at the present time but would like to remain on the mailing list to be kept informed of the group's activities.		

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