Reviewer's report

Title: Patient Perceptions Regarding Benefits of Single Visit Scale and Polish: A Randomised Controlled Trial

Version: 1 Date: 29 May 2013

Reviewer: Ian Needleman

Reviewer's report:

This is a very interesting additional paper from the trial. It will be a valuable addition to the debate about public oral health and policy.

Major essential revisions

1. I believe that there remain some issues to be addressed that we discussed with the original clinical paper from this study. The authors focus on the instrumentation element of the simple periodontal intervention. However, periodontal therapy, whether simple or complex, includes other components and in particular behaviour change/oral hygiene. I strongly suggest that the authors revise text about ‘scale and polish’ to discuss;
   a. S&P is only one part of a simple periodontal intervention
   b. Oral hygiene is an integral element of a simple periodontal intervention
   c. Researching S&P in isolation from oral hygiene/behaviour change is not contemporary clinical practice

2. I feel that the way the ms is written suggests a bias against scaling and polishing. For instance: Abstract and introduction: ‘Little evidence to support the clinical effectiveness of scale and polish’ which is true but this statement needs to be consistently stated as ‘support or refute’. The impression given is of a repeated statement about a ‘lack of evidence’ of effectiveness. Lack of evidence can be very different from ‘evidence of a lack of effectiveness’. Could you please consider how to present this in a more balanced frame?

3. Discussion. Currently, there is no convincing evidence to support (or oppose) scale and polish and its routine 6-monthly provision to maintain or improve periodontal health [4]. However, our group’s systematic review which included community/population-based studies showed that evidence existed that linked increased frequency with improved periodontal health (Needleman et al. 2005).

4. Page 20-21. I don’t really understand the criticism of evidence-based practice being too population-based since the definition promotes the patient’s problems/values as the focus which is then integrated both with best available evidence and carer’s experience/expertise/judgement. Healthcare decisions based solely on evidence are by definition not employing an evidence-based practice approach. It might be worth clarifying this distinction.

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

'I declare that I have no competing interests'