Modern perspectives on the use of national oral health data recording in Scandinavian child and adolescent populations

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Reviewer: Peter Robinson

Reviewer's report:

Modern perspectives on the use of national oral health data recording

This web-based review of oral epidemiology protocols aimed to outline Scandinavian systems in the light of modern disease concepts and consider the potential of the data to plan dental care. I found this paper interesting and informative although it may need restructuring and some concepts require development.

1) I think the paper could be restructured. As the aim wishes to see the data in the light of modern concepts of disease management, those concepts should come early on in the paper rather than in the discussion.

2) What is the rationale for having matched systems across Scandinavia?

3) The focus of the paper is largely on the indices, so some conceptual development is required. For example, the authors could stress at the outset that the data are recorded from patients attending services rather than from population based samples. This has implications for sampling bias. In addition, dental health data (dmft) do not indicate Treatment need and yet the authors say they want national data in order to meet need. WHO advocates the direct assessment of treatment need in parallel with dental health data and yet the two are conflated in this study. There is complex literature on the meaning and assessment of need which is absent from this manuscript and needs to be considered.

4) Allied to the above (and I am being devil's advocate here) do we really need very precise data at a national level (eg d1 & d2) to plan services? First of all services are rarely planned and controlled so
> precisely and responsively, and secondly we can pretty much predict
> service need in terms of numbers of dentists and other workers based
> on crude measures of socio-economic status and other demographic
> factors. The authors need to present a stronger and more credible
> case for this use of epidemiology data. Do the authors have examples
> where services are planned so precisely and responsively? I can see
> that the data are useful for research, but they need to make a better
> case for services.
> 5) Also with regard to conceptualisation, the authors need to
> distinguish between health data and those on the availability and
> costs of services. Again, exactly how are such data really used for
> health planning?
> 6) The suggestion on page 15 about using other indices than dmft for
> planning could consider simply disaggregating it, and using things
> like the care index.
> 7) New ideas are put into the paper at the end such as the monitoring
> of disease and treatment in individuals longitudinally. These ideas
> need to be considered more carefully too as they require not only
> sensitive, precise and responsive indices but also effective recall
> systems.
> 8) Finally, and I hate to say this whose English is clearly MUCH
> better than my Norwegian (I have no Norwegian), but the English in the
> manuscript probably needs revision by a natural English speaker as it
> hampers understanding of what is an informative paper.
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> In summary, this is an interesting and valuable paper that needs one
> or two concepts to be developed and a little restructuring.
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