Author's response to reviews

Title: A cluster randomised control trial investigating the effectiveness of personalised letters sent subsequent to school dental screening in increasing dental registration rates in unregistered 12-13 year old children in South-East Scotland

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Version: 2 Date: 26 November 2008

Author's response to reviews: see over
20 November 2008
Rikki Graham, PhD
Senior Assistant Editor
BMC-series journals

Dear Dr Graham

**MS: 1890680584204966: A randomised control trial of the effectiveness of personalised letters sent subsequent to school dental inspections in increasing registration in unregistered children.**

Many thanks for your patience in awaiting our alterations on the basis of the reviewers’ comments. We found them incredibly helpful and have attempted to address as many as was possible. These are now reflected in the attached manuscript. All of reviewer 2’s comments and the majority for reviewer 1 have been addressed in the manuscript. The remaining few points which we either felt we could not address or for which we would like to offer further detail are listed below.

**Reviewer 1**
**Comment 3:**
The data which the reviewer refers to regarding children who were not examined is not presented in the study as the Education (Scotland) act (1980) requires parents to submit their child for dental inspection at least 3 times in their school career. Refusal rates from either parents or children of this age in Scotland are extremely low; perhaps this is a reflection mostly of using negative consent. Additionally, in randomising to study groups we would anticipate that rates of refusal would be similarly low in both groups.

**Comments 5 and 6:**
The randomisation process should ensure that the letter categories (letters A, B and C relating to treatment urgency) were evenly distributed between both groups. The point is well made and it would be interesting to study this in any future work. However, the current study was not powered to allow such further sub-analysis and a larger sample would be required.

**Comment 6:**
We wanted to use a similar time interval as previous studies had used to allow comparability (previous studies ranged between 2-4 months). We were concerned when we planned the study that this period might be inadequate when utilising the unique electronic registration information available to us and sought advice from ISD, Scotland (managers of the MiDAS database) who confirmed that 3 months would be an adequate interval to capture the registration information in this age group. In actual fact, the period was closer to 4 months than 3 by the time the data was retrieved following inspections. A
longer period between the intervention and checking registration information runs the risk of bias from other reasons for registering not related to the dental inspection.

The reviewer asks whether holiday periods may have influenced registration rates, as the study was conducted between February and June we are relatively confident that we avoided the major summer holiday period.

The reviewer also asks about any problems with access for care at the time of this study. We can confirm that at this point in time there were no access problems for children in these areas.

Additionally he asks whether the differences in caries prevalence and geography of the two NHS boards (urban/rural) may have influenced any of the findings. We took this into account through stratifying the sample by NHS board, deprivation category (closely related to caries prevalence) and size of school (rural schools are almost always smaller than those in cities).

**Comment 7:**
We can confirm that Dr Topping is an author of the annual NDIP reports but were not sure why or how the reviewer would like to see this acknowledged and have decided not to add this to the paper.

We are very grateful for the time and dedication that both reviewers gave to carefully inspecting the publication and found their input very valuable.

Please do not hesitate to contact us again if further clarification of any points is required.

Kind regards

Yours sincerely

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