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The three shires early intervention dental trial: a real world cluster randomised controlled trial

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BACKGROUND
People with serious mental illness are more likely to experience oral disease and have greater oral treatment needs than the general population.¹⁻² Some suggestions for this include the side effects of medication, experiencing barriers to treatment, and that dental problems are not well recognised by mental health professionals or are not seen as a priority.³⁻⁴ Poor oral health has a serious impact on quality of life, everyday functioning, social inclusion and self-esteem.

AIMS
To see whether staff dental awareness training + a simple one page dental checklist can improve the oral health of people with a serious mental illness in Nottinghamshire Derbyshire and Lincolnshire Early Intervention in Psychosis (EIP) teams by 1 year.

METHODS
The intervention and methods were designed after considerable consultation with all relevant stakeholders – clinicians, managers, commissioners and service users.

All EIP teams in Nottinghamshire, Derbyshire and Lincolnshire have been invited to be involved in the trial. Half will be allocated to receive the intervention and half will be allocated to the control.

Intervention teams will receive a one-off 30-minute dental awareness training session and be asked to use the checklist (see illustration) at the start of the trial and again 12 months later.

Control teams will continue to deliver standard care for 12 months and then will also receive the dental awareness training session and will be asked to use the checklist.

FIGURE 1: TRIAL PROCESS

Early Intervention in Psychosis teams in Nottinghamshire, Derbyshire and Lincolnshire assessed for eligibility
(N=10; n=1037)

Randomisation
(block, cluster by shire)

Dental Intervention
(N=5)
Dental Awareness Training + Modified Oral Health Checklist

12 month follow up
Modified Oral Health Checklist
Oral Impacts on Daily Performance + Detailed dental data (random sample of service users from all teams n=50)

Standard Care
(N=5)
Continue with treatment as usual for 12 months

12 month follow up
Dental Awareness Training + Modified Oral Health Checklist
Oral Impacts on Daily Performance + Detailed dental data (random sample of service users from all teams n=50)

Analysis
Completers only
Intention to treat
Imputation model
Mixture model
Economic analysis

TABLE1: TRIAL DESIGN

<table>
<thead>
<tr>
<th>Design</th>
<th>Cluster randomised controlled trial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td>Early Intervention in Psychosis teams in Nottinghamshire, Derbyshire and Lincolnshire</td>
</tr>
<tr>
<td>Duration</td>
<td>12 months</td>
</tr>
<tr>
<td>Participants</td>
<td>Early Intervention in Psychosis teams, all care coordinators and all service users in the teams</td>
</tr>
<tr>
<td>Intervention</td>
<td>Staff dental awareness training + dental checklist for service users vs. standard care</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Primary outcomes</td>
</tr>
<tr>
<td>Registered with a dentist</td>
<td>Visited a dentist within the last 12 months</td>
</tr>
<tr>
<td>Routine check up within last 12 months</td>
<td>Owning a toothbrush</td>
</tr>
<tr>
<td>Cleaning teeth twice a day</td>
<td>Secondary outcomes</td>
</tr>
<tr>
<td>Lost to follow up</td>
<td>Refusing to participate in follow up</td>
</tr>
<tr>
<td>Refusing ODP follow up</td>
<td>Non-routine visit to dentist within last 12 months</td>
</tr>
<tr>
<td>Replacing existing toothbrush within last six months</td>
<td>Problems with mouth and teeth</td>
</tr>
<tr>
<td>Oral Impacts on Daily Performance – overall score (mean, SD)</td>
<td>At least fairly severe functional difficulty on regular basis</td>
</tr>
</tbody>
</table>

PROGRESS
In February 2012 the 10 early intervention in psychosis teams caring for a total of 1037 people were randomised based on information about location, number of care co-ordinators, number of service users and distance to a dental practice.

REFERENCES
3. Cormar I, Jenkins P. Understanding the importance of oral health in psychiatric patients. Advances in Psychiatric Treatment 1999;5:53-60

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