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**Database:** Ovid MEDLINE(R) <1946 to November Week 3 2013>

**Search Strategy:**

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1  "Referral and Consultation"/ (19005)
2  exp Dentistry/ (333985)
3  1 and 2 (528)
4  limit 3 to english language (475)
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**<1>**

Unique Identifier: 23726321
Status: MEDLINE
Authors: Kokich VG.
Authors Full Name: Kokich, Vincent G.
Title: Educate your referring dentists.

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**<2>**

Unique Identifier: 22449808
Status: MEDLINE
Authors: Stewart C. Lone M. Kinirons M.
Authors Full Name: Stewart, C. Lone, M. Kinirons, M.
Institution: Paediatric Dentistry, Cork University Dental School and Hospital, University College Cork, Ireland.
Authors Full Name: C.stewart@ucc.ie
Title: A review of the reasons and sources of referral to a hospital paediatric dental service in Ireland.

**Abstract**

AIM: To examine the reasons for referral to the Paediatric Dental Department, Cork University Dental School and Hospital, Ireland and to study the profile of these reasons in terms of the various sources of referral.

STUDY DESIGN: Clinical review.

METHODS: Consecutive clinical records for children attending the service were reviewed with regard to a child's age at initial attendance, the reason for referral and the source of referral. Reasons for referral were recorded based on a defined list of acceptance criteria and were categorised by their different sources of referral.

RESULTS: Records were available for 612 children with a mean age at time of initial consultation was 9.13 (SD+/− 3.94) years. Reason for referral: children who had difficulty co-operating for dental treatment made up the largest group (36.1%).

Children who only required treatment planning comprised 25.0% of the total. Source of referral: 56.0% of consultations were from the salaried public dental service and 31.2% from private dental practitioners. Forty seven patients (7.7%) were from emergency department, while 31 (5.1%) were from medical practitioners. From the public dental service, 51.0% of referrals were for children who had difficulty co-operating for dental treatment and 22.7% were for treatment planning only. Referrals from private dental practitioners were most commonly for treatment planning only (38.2%). The proportion of referrals from the public dental service for children who had difficulty cooperating for dental treatment was twice as high as from private dentists.

The proportion of referrals for trauma and for extensive dental disease from private dental practitioners was twice as high as from the public dental service. Almost all attendances from an emergency hospital department were for dental trauma. The majority of attendances from medical doctors were for medically at risk patients.

CONCLUSIONS: Children with difficulty cooperating for dental treatment made up the largest single group of children attending the service. The majority of children attending were referred from the salaried public dental service.

**<3>**

Unique Identifier: 23488211
Status: MEDLINE
Authors: Krikken JB. van Wijk AJ. ten Cate JM. Veerkamp JS.
To request copies of any of these articles please use one of our request forms. Articles can be emailed or posted for a charge of £2.50 each.

**Authors Full Name**
Krikken, J B.  van Wijk, A J.  ten Cate, J M.  Veerkamp, J S J.

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**Title**
Child dental anxiety, parental rearing style and referral status of children.

**Source**

**Abstract**
OBJECTIVE: Treating children can be difficult for both dentist and child. In some cases treatment fails and those children are referred to a specialist paediatric dentist. Different factors can be put forward for referral of children, such as factors relating to the child, dentist and parent. Possible child-related factors can be dental anxiety and the child's temperament. A possible parental factor is the parental rearing style. The objective of this study was to assess the possible associations between dental anxiety, parental rearing style and referral status of children.

**Methods:** Parents of 120 non-referred and 335 referred paediatric dental patients were asked to fill out the Child Rearing Practices Report (CRPR) and the Child Fear Survey Schedule Dental Subscale (CFSS-DS) on behalf of their children.

**Results:** The questionnaires were filled out by 115 (96%) parents of primary schoolchildren and by 331 (99%) parents of referred children. Referred children were younger than non-referred children, t(442) = 6.9, p < 0.01, and had significantly more dental anxiety, t(430) = 8.7, p < 0.01. No differences existed between parents of referred children and parents of non-referred children on parental rearing-style. No differences existed between fearful and non-fearful children on parental rearing-style and also no correlation existed between children's dental anxiety and their parent's rearing style. However, non-referred children with parents using an authoritarian parenting style were more anxious than the other non-referred children.

**Conclusions:** In the present study, referral status and dental anxiety of 4-12 year old children were not associated with parental rearing style.
SUBJECTS AND METHODS: Patient records are collected in a database for demonstration and discussion, and the system is also available for referrals. Both medical and dental photographs and x-rays are digitized in the same system. These can be viewed during telemedicine rounds and by the consultants at the hospital prior to a consultation. Secure, interactive conferencing software is used, which provides a quick, easy, and effective way to share video and data over the Internet. Both parties can demonstrate different parts of an image using a pointer or a drawing system. Conference phones are presently used for verbal communication.

RESULTS: Ten patients were discussed during telemedicine rounds (3 males and 7 females), all of whom would normally have been referred to a specialist. As a result of the telemedicine round, 2 were referred to a specialist, whereas diagnoses were made for the other 8, and treatment was suggested. The dental health clinic could thus provide treatment without the need for referral to a consultant.

CONCLUSIONS: The telemedicine system described here allows patient care to be provided rapidly and more economically. Future plans include “live” rounds using a videocamera, providing the possibility to relay real-time information about the intraoral situation. A camera is being developed and should preferably be permanently installed chair side.

METHODS: A priority oral health risk assessment and referral tool (PORRT) for children < 36 months was developed collaboratively by physicians and dentists and used by 10 pediatricians during well-child visits. PORRT documented behavioral, clinical, and child health risks for ECC. Pediatricians also assessed overall ECC risk on an 11-point scale and determined the need for a dental evaluation. Logistic regression models calculated the odds for evaluation need for each risk factor and according to a 3-level risk classification.

RESULTS: In total 1,288 PORRT forms were completed; 6.8% of children were identified as needing a dentist evaluation. Behavioral risk factors were prevalent but not strong predictors of the need for an evaluation. The child's overall caries risk was the strongest predictor of the need for an evaluation. Cavitated (OR = 17.5; 95% CI = 8.08, 37.97) and non-cavitated (OR = 6.9; 95% CI = 4.47, 10.82) lesions were the strongest predictors when the caries risk scale was excluded from the analysis. Few patients (6.3%) were classified as high risk, but their probability of needing an evaluation was only 0.36.
CONCLUSIONS: Low referral rates for children with disease and prior to disease onset but at elevated risk, indicate interventions are needed to help improve the dental referral rates of physicians.

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20120712
Year of Publication
2012

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Unique Identifier
22673218
Status
MEDLINE
Authors
Ghiabi E. Matthews DC.
Authors Full Name
Ghiabi, Edmond. Matthews, Debora C.
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Title
Periodontal practice and referral profile of general dentists in Nova Scotia, Canada.
Source

CONCLUSIONS: In this study, dentists reported rendering nonsurgical periodontal therapy on a wide scale, whereas their involvement in oral or periodontal and implant surgical therapies was limited.

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Journal Article. Research Support, Non-U.S. Gov't.
Date Created
20120607
Year of Publication
2012

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Unique Identifier
22538925
Status
MEDLINE
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Ireland, R S. Bowyer, V. Ireland, A. Sutcliffe, P.
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Title
The medical and dental attendance pattern of patients attending general dental practices in Warwickshire and their general health risk assessment.

METHODS: A cross-sectional questionnaire was administered to patients attending 16 dental practices in Warwickshire. The questionnaire presented several clinical scenarios and asked respondents whether they would treat the patient in the office or refer to a specialist. The data were analyzed by logistic regression.

RESULTS: Of the 279 (63.0%) dentists responding to the survey, 272 (61.4% of the total) were eligible for inclusion in the analysis. The majority of dentists reported providing nonsurgical periodontal therapy, including scaling (98.5%; 262/266), periodontal maintenance (95.9%; 255/266), and treatment for bruxism (95.1%; 252/265). The most common surgical procedures performed by dentists were frenectomy (29.4%; 78/265), gingivectomy (29.3%; 77/263) and crown-lengthening procedures (17.0%; 46/271). Eleven factors significantly influenced dentists' decisions to treat or refer patients. The most common criteria used in selecting a periodontist were satisfaction of previous patients, previous success with the treatment, and the personality of and good communications with the periodontist.

CONCLUSIONS: In this study, dentists reported rendering nonsurgical periodontal therapy on a wide scale, whereas their involvement in oral or periodontal and implant surgical therapies was limited.

METHODS: A self-completion questionnaire was administered to patients attending 16 dental practices in Warwickshire.

RESULTS: Eight hundred and eleven completed questionnaires were returned (74% response). Seven hundred and eighty-nine (98%) respondents visited their dentist...
every one to two years or more frequently and of these a subgroup of 121 (15.3%) visited their general medical practice surgery or health centre less often than every two years. In the subgroup 9.5% reported high blood pressure, 17.6% currently smoked, 22% drank above recommended guidelines, 32.1% were overweight and 7.3% obese.

DISCUSSION: The data suggest there may be a role for dental practitioners in identifying patients at risk of having undiagnosed or future general health problems and providing appropriate general health advice, screening or signposting the patient to relevant general healthcare facilities either within or external to the dental practice.

CONCLUSIONS: Both of these audits indicated that the national guidelines for two-week referrals were usually appropriately followed in the two departments that were audited. However, in the future, further education of referring practitioners should ensure that these guidelines are followed better, making the service provided more efficient for all concerned.

Jerrold, Laurance. Orthodontic Consulting Group, LLC, Jacksonville, FL, USA.

Litigation and legislation. Referral liability and interdisciplinary craniofacial or dentofacial anomaly care.


CONCLUSIONS: Both of these audits indicated that the national guidelines for two-week referrals were usually appropriately followed in the two departments that were audited. However, in the future, further education of referring practitioners should ensure that these guidelines are followed better, making the service provided more efficient for all concerned.
OBJECTIVE: In this article we report on the use of the IOSN as a referral tool in primary care and the need for sedation in the referred patient population (as determined by the IOSN score).

SETTING: Four centres in the North West of England (primary care) accepting referrals for treatment with the aid of sedation participated in this study.

DESIGN: A service evaluation. SUBJECTS (MATERIALS) AND METHODS: The four were provided with IOSN referral forms, operator and patient questionnaires. The centres distributed IOSN forms to referrers as a means of recommending patients for sedation. All patients receiving treatment under sedation (having been referred for treatment through the IOSN form) were asked to complete the patient questionnaire. The individual operator who undertook the treatment under sedation was asked to complete the operator questionnaire. Data were entered into SPSS and the IOSN score noted. Statistical analyses of the data utilised descriptives and comparisons between groups using the Chi Squared test.

RESULTS: Seventy-eight percent of the patients (n = 140) in this study were receiving treatment with sedation appropriately according to the principals of the IOSN. Patients deemed by the IOSN tool to have a low need for sedation were less likely to cancel their appointment if sedation had not been given. The majority of patients were female (70%) and the majority of operators and patients reported the IOSN forms acceptable for use.

CONCLUSIONS: This study provides support for using the IOSN as a tool for organising sedation referral. The majority of operators and patients reported the IOSN forms acceptable for use.
hospital consultant services. The largest proportion (237; 40%) of referrals was for the extraction of teeth considered to have special difficulty, followed by lower third molars (154; 26%). Almost one-third (159; 32%) of patients were referred for more than one procedure. One in eight (72; 13%) teeth removed by the IMOS providers were recorded as a simple extraction without medical complications.

CONCLUSIONS: In general, patients were referred appropriately to the primary care oral surgery service in Croydon, with only a minority recorded as receiving simple care that should not have required referral. The clinician-led triage process using a referral management system worked well in selecting appropriate patients for treatment by IMOS providers in primary care and reduced referrals to hospital. Suggested standards for future audits of IMOS referrals have been set.

Subjects (Materials) and Methods: The four were provided with IOSN referral forms, operator and patient questionnaires. The centres distributed IOSN forms to referrers as a means of recommending patients for sedation. All patients receiving treatment under sedation (having been referred for treatment through the IOSN form) were asked to complete the patient questionnaire. The individual operator who undertook the treatment under sedation was asked to complete the operator questionnaire. Data were entered into SPSS and the IOSN score noted. Statistical
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CONCLUSIONS: This study provides support for using the IOSN as a tool for organising sedation referral. The majority of operators and patients reported the IOSN forms acceptable for use.

Publication Type
Journal Article, Research Support, Non-U.S. Gov't.

Year of Publication
2012

Authors
Long CM, Quinonez RB, Bell HA, Close K, Myers LP, Vann WF Jr, Rozier RG.

Institution
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Title
Pediatricians' assessments of caries risk and need for a dental evaluation in preschool aged children.

Source

Abstract
BACKGROUND: Risk-based prioritization of dental referrals during well-child visits might improve dental access for infants and toddlers. This study identifies pediatrician-assessed risk factors for early childhood caries (ECC) and their association with the need for a dentist's evaluation.

METHODS: A priority oral health risk assessment and referral tool (PORRT) for children < 36 months was developed collaboratively by physicians and dentists and used by 10 pediatricians during well-child visits. PORRT documented behavioral, clinical, and child health risks for ECC. Pediatricians also assessed overall ECC risk on an 11-point scale and determined the need for a dental evaluation. Logistic regression models calculated the odds for evaluation need for each risk factor and according to a 3-level risk classification.

RESULTS: In total 1,288 PORRT forms were completed; 6.8% of children were identified as needing a dentist evaluation. Behavioral risk factors were prevalent but not strong predictors of the need for an evaluation. The child's overall caries risk was the strongest predictor of the need for an evaluation. Cavitated (OR = 17.5; 95% CI = 8.08, 37.97) and non-cavitated (OR = 6.9; 95% CI = 4.47, 10.82) lesions were the strongest predictors when the caries risk scale was excluded from the analysis. Few patients (6.3%) were classified as high risk, but their probability of needing an evaluation was only 0.36.

CONCLUSIONS: Low referral rates for children with disease and prior to disease onset but at elevated risk, indicate interventions are needed to help improve the dental referral rates of physicians.
AIMS AND OBJECTIVES: To evaluate the attitude of oncologists toward dental consultation to patients planning for/prior to/undergoing/post radiation therapy for head and neck cancers and to evaluate the number of radiation oncologists who encounter oral complaints and consider worth referring to a dentist.

MATERIALS AND METHODS: A questionnaire-based study was carried out following mailing of covering letter and self-administered questionnaire comprising 11 items, to 25 radiation oncology centers selected in India based on convenient sampling.

RESULTS: Out of the 25 centers, we received response from 20 centers with 60 completely filled questionnaires. Five centers did not respond for further correspondences.

CONCLUSION: The study indicated a need for awareness and education among radiation oncologists regarding dental consultation in patients planned/undergoing/post radiation therapy for head and neck cancer.

OBJECTIVES: To determine the nature and extent of GDPs’ involvement in orthodontic treatment provision and to identify influences on GDPs’ choice of orthodontist.

METHODS: An email survey was conducted of actively-practising GDPs in May-June 2010. Two timelines of contact were followed, with non-responders to the first survey re-contacted three weeks later.

RESULTS: Just under one-fifth (19.3 per cent) reported providing forms of orthodontic treatment. This proportion was higher among males, more experienced practitioners, and dentists in rural locations. The percentage involvement ranged from 22.3 per cent in Greater Auckland to 10.5 per cent in Greater Wellington and 11.9 per cent in Christchurch. In the remainder of New Zealand, percentages ranged from 11.5 per cent in urban areas to 37.1 per cent in rural areas. Of those providing treatment, almost half had 1-10 patients under management, and just over one-third had greater numbers. Sixty-one per cent of orthodontically-involved GDPs in Auckland had more than 10 orthodontic patients. The most commonly treated condition was a simple crossbite, while the least commonly treated condition was the severe Class III malocclusion.

CONCLUSIONS: The provision of orthodontic treatment by New Zealand GDPs has decreased in recent years to an average of about one in five, but this figure is considerably higher in rural areas and is a notable feature of the greater Auckland area. The findings suggest that the majority of the more complex cases are continuing to be referred to specialist orthodontists.
Peri-radicular surgery is a valuable treatment modality allowing thorough treatment of chronic infection of the peri-radicular tissues. It is important that this treatment option is prescribed appropriately and steps are taken to help improve outcomes of surgery. We discuss the indications for peri-radicular surgery, considerations when planning treatment for teeth where orthograde endodontics has failed and present the findings of an audit into the appropriateness of referrals for peri-radicular surgery to the Department of Oral and Maxillofacial Surgery at a District General Hospital. CLINICAL RELEVANCE: This article highlights the indications and contra-indications for peri-radicular surgery to general dental practitioners.