

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

# Oral Health-Related Quality of Life Measures as Risk Assessment Tools in Children: Diagnostic Accuracy, Clinical Utility, and Guidelines

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## Research Questions

1. What is the diagnostic accuracy of oral health-related quality of life measures as a risk assessment tool to detect oral health outcomes in children aged 3 to 17 years?
2. What is the clinical utility of using oral health-related quality of life measures as a risk assessment tool to detect oral health outcomes in children aged 3 to 17 years?
3. What are the evidence-based guidelines regarding the use of oral health-related quality of life measures to assess oral health risks in children aged 3 to 17 years?

## Key Findings

No relevant literature was identified regarding the diagnostic accuracy or clinical utility of oral health-related quality of life measures as a risk assessment tool to detect oral health outcomes in children aged 3 to 17 years. Additionally, no evidence-based guidelines were identified regarding the use of oral health-related quality of measures to assess oral health risks in children aged 3 to 17 years.

## Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were oral health and quality of life in pediatric patients. Methodological filters were applied to limit the retrieval to health technology assessments, systematic reviews, and meta analyses, randomized controlled trials, non-randomized studies, and guidelines. The search was also limited to English language documents published between January 1, 2015 and July 14, 2020. Internet links were provided, where available.

## Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

**Table 1: Selection Criteria**

|                                      |  |
|--------------------------------------|--|
| <b>Population</b>                    | Children aged 3 to 17 years  |
| <b>Intervention/Index Test</b>       | Oral health-related quality of life measurement tools  |
| <b>Comparator/Reference Standard</b> | Q1, Q2: Oral risk assessment/exam conducted by a dentist<br>Q3: Not applicable   |
| <b>Outcomes</b>                      | Q1: Sensitivity, specificity, and other accuracy measures for identifying children at need of preventive dental treatment<br>Q2: Oral health outcomes (e.g., incidence of dental caries)<br>Q3: Recommendations regarding best practices (e.g., best practice regarding the identification of children at risk, guidelines regarding what the 'cutoff' is for at risk, guidelines regarding the delivery of oral health risk assessments by non-dental health professionals) |
| <b>Study Designs</b>                 | Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, evidence-based guidelines   |

## Results

No relevant literature was identified regarding the diagnostic accuracy or clinical utility of oral health-related quality of life measures as a risk assessment tool to detect oral health outcomes in children aged 3 to 17 years. No evidence-based guidelines were identified regarding the use of oral health-related quality of measures to assess oral health risks in children aged 3 to 17 years.

References of potential interest that did not meet the inclusion criteria are provided in the appendix.

## Overall Summary of Findings

No relevant literature was found regarding the diagnostic accuracy or clinical utility of oral health-related quality of life measures as a risk assessment tool to detect oral health outcomes in children aged 3 to 17 years. Furthermore, no evidence-based guidelines were identified regarding the use of oral health-related quality of measures to assess oral health risks in children aged 3 to 17 years; therefore, no summary can be provided.

## References Summarized

### Health Technology Assessments

No literature identified.

### Systematic Reviews and Meta-analyses

No literature identified.

### Randomized Controlled Trials

No literature identified.

### Non-Randomized Studies

No literature identified.

### Guidelines and Recommendations

No literature identified.

## Appendix — Further Information

### Previous CADTH Report

1. Pediatric oral health risk assessments in primary care settings: clinical effectiveness and guidelines [*Rapid response report: summary of abstracts*]. Ottawa (ON): CADTH; 2016 Feb: <https://www.cadth.ca/sites/default/files/pdf/htis/feb-2016/RB0965%20Pediatric%20Oral%20Risk%20Assessment%20Final.pdf>  
Accessed 2020 Jul 21.