Decision Tree To Assess “What Works?” for Caries in AI/AN Children

Is there convincing evidence from controlled clinical trials of effectiveness for any children?

Yes

How much does it work (effect size)?
- How was it measured?
  - Compared to the control, was the effect size small, modest or large?
  - Evidence the effect was clinically meaningful?
    - Unknown?

How are the benefits distributed?
- Equally for all children?
  - Predominantly for the higher risk children?
  - Predominantly for the lower risk children?
    - Unknown?

Comparability of disease severity of children studied to AI/AN children? (low, medium, high)
- Evidence from clinical practice that it works?
  - Yes
  - No
    - Level of credibility of clinical data? (low/medium/high)

1. Not necessarily extremely high risk children like AI/AN
2. Mean NNCS, mean dmfs/dmft, prevented fraction, PUFA, proportion of GA cases, MID in QoL, % untreated caries, risk-benefit ratio, Brathall’s SIC Index, other?
3. Minimally important difference in improvement in symptoms and quality of life measures.

Symposium on Caries in AI/AN Children, August 21-22
Hood River, Oregon