“An European Non Carious Cervical Lesions – Dentine Hypersensitivity and Associated Risk Factors Development Programme”

European Association of Dental Public Health
16th Annual Meeting
Rome, 23 September 2011
FDI CARIES MATRIX

Index
+/- activity

Level 1-
corresponds to D3MFT
ie WHO Basic methods

Level 2-
corresponds to D1MFT
threshold
/ ADA system
/ collapsed ICDAS
detection codes
& others

Level 3 -
corresponds to
full ICDAS
1/6 detection
codes

and Research Gradings
Personal Communication 27 July 2011; Global Oral Health Improvement Matrix based on Common Risk Factors Approach

COLLABORATIVE PRACTICE (Inter-disciplinary and multi-professional) CLINICAL PRACTICE

WHPA HEALTH IMPROVEMENT SCORECARD AND HEALTH LITERACY TOOLKITS

ORAL CANCER CLASSIFICATION AND MANAGEMENT

PERIODONTAL DISEASE CLASSIFICATION AND MANAGEMENT

Level 1: corresponds to D-MFT and 3 tertiary methods
Level 2: corresponds to 0.3-1.5 vs. 0.3-1.5 from basic methods
Level 3: corresponds to 5+ in OMAS / 0+ in OMAS detection codes

and Research Gradings

Index +/- activity
Health Improvement Card and accompanying health literacy toolkits

TOGETHER MAKING A DIFFERENCE AGAINST NCDs

www.whpa.org
Looking forward to the UN HLS
New York 19 & 20th September 2011

New Global Health Agenda

Launch at side events:

- International Federation of Red Cross
- Press and Communicators Briefing
- Oral Health
- Global Maternal and Infant Health
Oral Health Surveillance in Europe

European Global Oral Health Indicators Development Project

FINAL CONFERENCE

Friday 26th September 2008
Evaluation and Monitoring of Oral Health within an Integrated Approach: How to use the essential indicators

- To recommend a minimal essential list of 40 essential indicators covering four major dimensions:
  - Outcomes: Health status, morbidity and oral function status;
  - Determinants (behaviour, life habits);
  - Oral health system/promotion, prevention, access to care, quality care and system performance;
  - Oral health quality of life.
Rationale

Non Carious Cervical Lesions

- Lussi A, Schaffner M. Progression and risk factors for dental erosion and wedge-shaped defects over à 6-year period. Caries Res. 2000; 321-330
Pre-ORCA-Symposium 2008 in Thesinge, The Netherlands

The press conference was supported by: Prof Chapple, University of Birmingham, Prof Renvert, Kristianstad University, Prof Sanz, Universidad Complutense Madrid, Prof Winkel, University of Groningen. The symposium was supported by: Prof Scully, UCL-Eastman Dental Institute, Prof Quirynen, University of Leuven, Prof Herrera, University Complutense, Prof Greenman, University of the West of England.
I'm currently using toothpaste. I used to used sensodyne and was pretty happy with it but mum brought this new one! At first I wasn't tooooo impressed but I've become to love it after using it more often. It's actually pretty good! :) www.the-russian-girl-diana.blogspot.com

I've got loads of free samples of this toothpaste! I didn't really like the taste but I have to say my teeth feel a lot cleaner and look whiter!

I use an Oral-B electric toothbrush every day so I was excited to try out the new Pro-Expert toothpaste from Oral-B. My normal toothpaste of choice is Sensodyne (whitening) as I have incredibly sensitive teeth

The dentist gave me a few tubes of this toothpaste at my visit last week. I love it! I know it is strange to get so emotional about toothpaste but hey, this one is pretty awesome.
WHAT DO WE HAVE?

“Quality of the collected data in members states is affected by the insufficient use of available data and large scale of prevalence for planning, implementation, service management and evaluation”

<table>
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<td>Ten Cate, 1968</td>
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<td>Radentz et al., 1976</td>
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<td>Jarvinen et al., 1991</td>
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<td>4-5 yrs</td>
<td>38 %</td>
<td>Millward et al., 1994</td>
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<td>O’Brien, 1994</td>
</tr>
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<td>11 yrs</td>
<td>25 %</td>
<td>O’Brien, 1994</td>
</tr>
<tr>
<td>26-30 yrs</td>
<td>16 %</td>
<td>Lussi et al., 1991</td>
</tr>
<tr>
<td>45-50 yrs</td>
<td>5 %</td>
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<td>31 %</td>
<td>O’Brien, 1994</td>
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<td>1007 yrs</td>
<td>96 %</td>
<td>Smith et Robb, 1996</td>
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<td>51 %</td>
<td>Al Dlaigam et al., 2001</td>
</tr>
<tr>
<td>11-14 yrs</td>
<td>20-30 %</td>
<td>Bartlett et al., 1998</td>
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Rationale

Non Carious Cervical Lesions

Oral health Scientists and Manufacturers has been at the forefront of work identifying erosive tooth wear as an important emerging issue and communicating these findings towards dentists and patients.

Clinical and scientific interest in erosive tooth wear has grown considerably over the last years.

There is a need for standardised epidemiological data collected from as many countries as possible in order to draw scientific conclusions and confirm the link between Erosion and Hypersensitivity.
“European Non Carious Cervical Lesions – Dentine Hypersensitivity Development Programme”

Scientific Committee

• Pr. David BARTLETT : UK
• Pr. Philippe BOUCHARD : France
• Pr. Adrian LUSSI : Switzerland
• Pr. Mariano SANZ : Spain
• Pr. Nicola WEST : UK

Pr. Denis BOURGEOIS: France . Project Leader
The objectives of this European Collaborative Study are to:

• Assess the prevalence of NCCL, sensitivity and erosive tooth wear in Europe and per region, taking into account the cultural dietary habits per country.

• Assess the correlation between NCCL, LOA and associated risk factors

• Reconfirm the correlation between NCCL and hypersensitivity

• If necessary to develop guidelines to help dentists adapt treatment/prevention intervention to each patients profile and to prevent the expansion of NCCL.
**Epidemiology**

Non Carious Cervical Lesions

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**Principal Aim**

- To research *the risk factors associated with the occurrence of a non-carious cervical lesion* in people aged 18-35 years included seen in *general dentistry* in Europe including Estonia, France, Italy, CZ, Latvia, Finland, United Kingdom, Spain, and Turkey
Factors to be researched:

- 1. Clinical loss of attachment
- 2. Oral hygiene
- 3. Dietary habits
- 4. Tobacco use
- 5. Oral health habits
- 6. Medical predispositions
- 7. Life events suggesting stress during the preceding 12 months
3.2. Secondary aims

- To record *the prevalence of non-curious dental cervical lesions* in a population of young adults attending a general dentist for consultation in Europe.
- To record *the prevalence of dentinal hypersensitivity* in a population of young adults attending a general dentist for consultation in Europe.
- To analyse *the relationship between subjective impressions of the dentition and clinical indices*. 
• The European study is a cross-sectional observational epidemiological study that will take place in Estonia*, CZ*, Italy*, Latvia*, Spain, Finland, France*, Turkey and United Kingdom.

• The study participants are to be ambulatory persons aged 18-35 years included in 2011 who consult a general dentist belonging to the “sentinel” network.

* National level
National Dental Officers
Non Carious Cervical Lesions

• Italy: University di Roma Sapienza
• France: UFSBD
• UK: University Bristol, Kingston’s College, London
• Spain: University of Grenada, University Compusenze, Madrid
• Turkey: National Dental Association; University of Ankara
• Finland: Public Health Service, Espoo
• CZ: TNS Sofress
• Estonia: National Dental Association
• Latvia: University of Riga
Epidemiology
Non Carious Cervical Lesions

Sampling method

• The sampling method chosen to achieve the aims of the study is the method of quotas on site. It comprises four-stage stratification with age, sex, profession and region (based on the National census Date).

• The number and type of participants included for each sentinel general dentist depends (1) of the relative weight of the regional population to which the centre belongs and (2) to the activity profile (number of consultations) of each “sentinel” general dentist.
• The standardised clinical examination will take place in connection with a routine check-up in the practice of a private or public dental practitioner. This examination will serve to divide participants into two groups: those who present with positive findings on examination and those who present with negative findings at the clinical examination. Persons who provide informed consent to participate will be asked to complete a self-administered questionnaire.
INFORMATION TO BE COLLECTED
Non Carious Cervical Lesions

The general dentists* will recruit sequentially patients who agree to participate corresponding to the eligibility criteria.

Inclusion in the study: For every included participant, the general dentist should:
- Explain the study to the participant;
- Give the letter of information to the participant;
- Obtain his informed consent;
- Provide the participant with the self-completed questionnaire;
- Complete with the participant the “dentist” questionnaire which covers the participant’s clinical and socio-demographic data.

*: oral health team
European Non-Carious Cervical Lesions Study

Full Standard Clinical Survey Form

1. Identification and General Information;
2. BEWE;
3. Hypersensitivity Assessment;
4. Dental Fluorosis Assessment;
5. Periodontal Health and Disease Severity Assessments;

Guidance and Training Manual

Full Standard Questionnaire
Figure 2: Example of BEWE code allocation

First digit = Erosion code

Second digit = Location code

BEWE Code: 22

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BEWE Codes [Lussi, 2008]

<table>
<thead>
<tr>
<th>BEWE Code</th>
<th>Localisation Code</th>
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<tbody>
<tr>
<td>0</td>
<td>No erosive wear</td>
</tr>
<tr>
<td>1</td>
<td>Initial loss of surface texture</td>
</tr>
<tr>
<td>2</td>
<td>Distinct defect, hard tissue loss minor than 50% of the surface area</td>
</tr>
<tr>
<td>3</td>
<td>Hard tissue loss more or equal than 50% of the surface area</td>
</tr>
<tr>
<td>9</td>
<td>Not recorded (tooth, supracorona)</td>
</tr>
</tbody>
</table>

Localisation Codes

0 = Anatomic crown cervical and over cervical localization
1 = Anatomic crown in cervical localization
2 = Anatomic root in cervical localization
3 = Anatomic root and root cervical localization

you could have as result to note 0 or 10, 11, 12 or 20, 21, 22 or 30, 31, 32 depend the loss of surface (clinical crown) and the localization and 0 (no recorded).

There are two charts in the dental disease assessment section of this form. The first chart is for upper teeth while the second chart is for lower teeth. Each chart is made up of individual tooth surfaces (Buccal and Lingual/Palatal) corresponding to each tooth in the arch.

For example, a sound tooth would be coded 00 in the bottom box. A two-digit code should be used to indicate each tooth surface’s condition. Sound surfaces may be left blank but care must be taken to ensure that codes are recorded in the correct space of the chart.

Figure 3: Example of Completed Upper Arch Chart

Upper Left

<table>
<thead>
<tr>
<th></th>
<th>17</th>
<th>16</th>
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<td></td>
<td></td>
<td></td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
## Special Euro Oral Health - Non Carious Cervical Lesion and Dentine Hypersensitivity Clinical Form

| Country code: |  |
| Date: |  |
| ID: | GDP |
| Year of birth: |  |
| Gender: | 1. Male  2. Female |
| Location: | 1. Rural zones  2. Small/Mid size towns  3. Metropolitan areas |
| Level of education (end of): | 15-  16-19  20+  Still studying |

### Periodontal Condition
- Bleeding
- Probing Depth
- Recession

### BCWE + Localisation codes
- Buccal
- Palatal

### HYPERSENSITIVITY (Buccal)
- SCHFT

### Localisation Codes
- 0 - Anatomic crown and over cervical localization
- 1 - Anatomic crown in cervical localization
- 2 - Anatomic root in cervical localization
- 3 - Anatomic crown and root cervical localization

### SCHFT
- 0 - Subject does not respond to air stimulus
- 1 - Subject responds to air stimulus but does not request discontinuation of stimulus
- 2 - Subject responds to air stimulus requests discontinuation or moves from stimulus
- 3 - Subject responds to air stimulus, considers stimulus to be painful, and requests discontinuation of stimulus

**BCWT Codes** [Bartlett, Ganna, Luisi, 2008] modified per tooth and on the buccal / palatal surfaces
- 0 - No attrition wear
- 1 - Initial loss of surface texture
- 2 - Distinct defect, hard tissue loss minor, less than 50% of surface area (clinical crown)
- 3 - Hard tissue loss more or equal than 50% of the surface area (clinical crown)

*In scores 2 and 3, dentine often is involved*
**European Non Carious Cervical Lesions (NCCL) and Dentine Hypersensitivity Questionnaire**

**Q1a. How many times per day do you brush your teeth?** (Please enter frequency, e.g., "2" - twice a day)

**Q1b. Which kind of toothbrush do you use frequently?** (Please tick one box only)
- Manual toothbrush
- Electric toothbrush
- Other

**Q1c. Which motions do you use while brushing your teeth?** (Please tick one box only)
- Various motions
- Horizontal motions (= "back and forth" movement)
- Vertical motions (= "up and down" movement)
- Circular motion
- Don’t know / Not sure

**Q1d. How often do you brush your teeth?** (One answer per line)
<table>
<thead>
<tr>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q1e. How long do you wait before brushing teeth after having your breakfast?** (Please indicate estimated average)

**Q1f. Are you left-handed or right-handed?** (Please tick one box only)
- Left-handed
- Right-handed

**Q1g. How often during the past 12 months have you...?** (One answer per line)
<table>
<thead>
<tr>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Q2a. Do you consider yourself currently suffering from sensitive teeth?**
- Yes
- No
- Don’t know / Not sure

If "Yes", please answer Q2b, Q2c and Q2d; if Not or Don’t know/Not sure, please go directly to Q2e

**Q2b. When was the pain from sensitive teeth occur?** (One answer per line)
<table>
<thead>
<tr>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Q2c. How long have you been suffering from sensitive teeth?**
- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- 5 or more years
- Never
- Don’t know

**Q2d. How would you evaluate the pain intensity of your sensitive teeth?** (Please tick one box only)
<table>
<thead>
<tr>
<th>Not important</th>
<th>Little importance</th>
<th>Some importance</th>
<th>Important</th>
<th>Very important</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

**Q2e. How often do you use a toothpaste containing fluoride?**
- Yes
- No
- Don’t know / Not sure

**Q2f. How often do you use fluoride in any other way than toothpaste?**
- Yes
- No
- Don’t know / Not sure

**Q2g. How many eating/drinking occasions do you have per day even in small quantities?**

**Q2h. How often do you use or drink the following, even in small quantities?** (One answer per line)
<table>
<thead>
<tr>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q2i. If "often" is filled, please can you be precise for each item "how often do you eat or drink the following, even in small quantities"**

<table>
<thead>
<tr>
<th>More than 5 times per day</th>
<th>2-5 times per day</th>
<th>Once per day</th>
<th>More than once per week</th>
<th>Less than once per week</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Q2j. How often do you exercise or play sports?** (Please tick one box only)
- Less than 5 times a week
- 5 to 6 times a week
- 1 to 2 times a week
- More than 2 times a week
- 3 to 4 times a month
- 1 to 2 times a month
- More than 2 times a month
- Never
- Don’t know

**Q2k. Did you wear an orthodontic appliance?**
- Yes
- No
- Don’t know / Not sure

**Q2l. Do you use a tongue scraper?**
- Yes
- No
- Don’t know / Not sure

**Q2m. Do you use fluoride in any other way than toothpaste?**
- Yes
- No
- Don’t know / Not sure

**Country code**

**GDP**

**ED**
Calibration of Examiners
Non Carious Cervical Lesions

The recommendations for training the GDP are:
• One half day of slide presentations and discussions of the LA, BEWE and Schiff codes and protocol for examination.
• One half day of examiner training which will include examination of a set of cases providing balanced numbers of tooth surfaces with LA Score, BEWE codes 0-3 and Schiff codes. The examination findings of all examiners should be reviewed to identify differences in interpretation
• 1/2 days of reliability assessment using live subjects presenting with non carious cervical with severity ranging between 0 and 3 (BEWE).
Calibration Session: Toolkit

- Section 1 Introduction
- Section 2: Basic Erosive Wear Examination
  - Test calibration
  - Evaluation
- Section 3: Hypersensitivity, Schiff Index
- Section 4 Periodontal Health Assessment
  - Test calibration
  - Evaluation
- Section 5 Euro Oral Health Erosion Clinical Form
- Section 6 Questionnaire
- Section 7: Practical organisations
- Section 8: Conclusions
Cas clinique 2

- Patiente avec des récessions parodontales et un brossage horizontale
- Age : **45 ans**
- **Localisation:** 12, 13 et 14
- Forme: en V aspect brillant et rayé
- BEWE: score 2
- Location: 3
- Score: 23
- Diagnostic: **LCNC origine**
  - abrasion
Cas clinique 15

- Anamnèse médicale:
  - Patiente avec des RGO
  - Technique de brossage traumatique

- Etiologie des LCNC:
  - Abrasion
  - Érosion

- Score indice BEWE:

<p>| | |</p>
<table>
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</thead>
<tbody>
<tr>
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<td>43</td>
<td>12</td>
</tr>
<tr>
<td>44</td>
<td>22</td>
</tr>
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</table>
Objectives: Calibration of Examiners

The chief objective of calibration process was to develop a comprehensive instrument to allow for the collection of NCCL oral health epidemiological data throughout the countries of the European Union together with additional documentation to support training, assessment, and comparability.

The format of this instrument was to be a full standard clinical assessment form, adaptable and usable at local, national, and European level encompassing a BEWE index, Hypersensibility index, Schiff Index, Loss of attachment, Pocket depth index, Bleeding index recommended by ESCARCEL.
European Non Carious Cervical Lesions Study

ESCARCEL

Guidance and Training manual to accompany the Full Standard Clinical Survey Form

European Non Carious Cervical Lesion Hypersensitivity Development Programme

ESCARCEL

Guidance and Training manual to accompany the Full Standard Clinical Survey Form

European Non Carious Cervical Lesion Hypersensitivity Development Programme

Measuring Attachment Loss

Loss of attachment will be recorded on the appropriate index tooth in addition to the PDI score. In order to obtain an estimate of the time since non-mucosal destruction of the periodontal attachment, probing pocket depths give some indication of attachment loss. However, this measurement becomes less accurate when recession of the gingiva (the CEJ) becomes apparent. When the gingival margin is visible, the estimated maximum attachment loss for that sextant is, apart from exceptional cases, no more than 1 mm, and no separate record of attachment loss is made. When deep pockets (4 mm or more) are recorded, or when recession of the gingival margin (the CEJ) becomes visible, the examiner will assess and record the maximum attachment loss at the actual tooth, not at the same sextant with the same probe.

Definitions of important terms:

Clinical attachment level: the point (point C in the diagram) at which the gingival attaches to the root surface.

Pocket depth: the distance from the cemento-enamel junction (point E) to the clinical attachment level at a given point in time.

Pocket depth loss: the difference between the clinical attachment level and the cemento-enamel junction.
Section 4: Dentine Hypersensitivity Assessment

Introduction

Short, sharp pain arising from exposed dentine in response to stimuli, typically thermal, proprioceptive, tactile, osseous or chemical, which cannot be attributed to any other form of dental lesion or pathology (Eskand 1997).

Pre-Hypersensitivity Assessment Protocol

Dentine Hypersensitivity indices are recorded in the following order: Hypersensitivity and Schiff cold index.

Measuring Hypersensitivity

Hyperhysensitivity Index

A simple rinse following the air blast on the buccal surface of every tooth (except the 2nd molar) (Yes/No, subject to fluorescent light) is sufficient to highlight the bleeding condition. Score are: 9: No, 1: Yes, 9: Cannot be determined, X: Excluded.

Examiner assessment of pain: Schiff cold air sensitivity scale

Following the evocative air blast, sensitivity will be recorded by the examiner using the Schiff Cold Air Sensitivity Scale (Schiff, 1994).

The scale is as follows:

0 = Subject does not respond to air stimulus
1 = Subject responds to air stimulus but does not request discontinuation of stimulus
2 = Subject responds to air stimulus and requests discontinuation or moves from stimulus
3 = Subject responds to air stimulus, considers stimulus to be painful, and requests discontinuation of the stimulus

Exclusion criteria for testing teeth for sensitivity:

1. Teeth with exposed dentine but with deep, delicate or facetal restaurations, teeth used as abutments for fixed or removable partial dentures, teeth with full crowns, orthodontic bands, extensive caries or cracked enamel.

2. Sensory tooth with contributing etiologic factors other than erosion, abrasion or recession of exposed dentine.

The identified teeth - recession and NCCL presence - are tested for sensitivity with a cold air blast and each tooth identified has a Schiff scale score associated with it, recorded on one and another a 1D scale recorded on the same. Exclude 7th and 8th.

Examining the teeth: Schiff cold air sensitivity test

The examiner will assess the evocative (air) sensitivity on the tooth (anterior, canine, premolar and 1st molar) identified at baseline. This assessment is made by directing a non-evocative air blast from a triple air dental syringe at 60 psi (413 kg/cm²) and operating temperature range 10°C to 37°C to the exposed dentine surface, a distance of approximately 1 cm to 1 cm.

Use fingers of non-dominant hand to mask the teeth other side. Observe the body and eyes of the subject during the application of the stimulus.

Variables are assessed for each side per tooth. The recording sequence is as follows: buccal 17, second buccal 14, etc. The recording sequence for the four quadrants is quadrant 1, quadrant 2, quadrant 3, and then quadrant 4.

Suggestions:

- If no response (0), check with the volunteer: "did you feel any pain?" if yes then 1
- Vocal response with no movement away from the stimulus = 1
- Vocal response with head and neck movement = 2
- Vocal response with limb movement and yes to "was that painful?" = 3

Important: Examiner will note the Schiff value by communicating discreetly to the subject and then ask the question to the subject in order to complete the Hypersensitivity Y/N assessment.
## Summary of training formats and level of participation by country

<table>
<thead>
<tr>
<th>Country</th>
<th>Training</th>
<th>No. of Dentists</th>
<th>Clinical Forms</th>
<th>Questionnaire</th>
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<td>Spain</td>
<td>C + E</td>
<td>20</td>
<td>700</td>
<td>700</td>
<td>1/10/2011</td>
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<tr>
<td>Turkey</td>
<td>C</td>
<td>10</td>
<td>700</td>
<td>700</td>
<td>1/10/2011</td>
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<tr>
<td>Total</td>
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<td>146</td>
<td>4,400</td>
<td>5,100</td>
<td>1,453</td>
</tr>
</tbody>
</table>

*Training format:*
(C) Conventional workshop using PowerPoint and discussion over clinical cases;
(E) Formation of national officers using training and standardisation toolkits;
(D) Formation of national epidemiologists

*Training days: (DB) Denis Bourgeois; (LO) Livia Ottolenghi (AN) Annamari Nihtila; (ES) Egita Senekola.*

*: Egohid Team
### Time taken to complete each section of survey form

<table>
<thead>
<tr>
<th>Completion of Section</th>
<th>Mean time (min)</th>
<th>Minimum</th>
<th>Maximum</th>
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</thead>
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<tr>
<td>General Patient Information</td>
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<td>1</td>
<td>3.5</td>
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<tr>
<td>BEWE</td>
<td>2.7</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Hypersensitivity + Schiff</td>
<td>4.8</td>
<td>1</td>
<td>7</td>
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<tr>
<td>Loss of Attachment + DP + BI</td>
<td>10.5</td>
<td>1</td>
<td>22</td>
</tr>
</tbody>
</table>

* France n=255
Timeline
Non Carious Cervical Lesions

- Scientific committee review, discussion of protocol April 2010
- Agree protocol July 2010
- Study start April/May 2011
- End of studies in 9 countries December 2011
- Report March 2012
- Publications End of 2012
Conclusions

- A comprehensive instrument to allow the collection of NCCL oral health epidemiological data and behaviours throughout the countries of the European Union was produced.
- Additional documentation to support training, assessment, and comparability was developed in paper format. An interactive e-learning programme should be envisaged.
- Both the survey form and both formats of guidance were shown to be feasible.
Grazie per la vostra attenzione

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