

## COCHRANE-REVIEW

# Tandlægens erfaring skal fælde dommen

Der er ikke fundet evidens for, hvornår en fyldning skal skiftes, og hvornår man kan nøjes med at reparere den.

Winnie Brodam

**M**indre smerte og ubehag, mindre tidsforbrug og færre omkostninger er alt sammen faktorer, der taler for at overveje reparation frem for udskiftning af mangelfulde kompositfyldninger. Men egentlige guidelines for, hvornår man bør vælge det ene eller det andet, kan Cochranes forfattere ikke komme med.

I stedet må de nøjes med at råde tandlægerne til at bruge deres kliniske erfaring og til at lytte til patienternes ønsker og tage individuelle beslutninger.

## Kommentar af lektor, dr.odont. Vibeke Qvist, Tandlægeskolen i København:

– I Danmark har vi gennem en lang årrække systematisk registreret tandstatus på børn og unge, samt hvor mange og hvilke behandlinger der udføres i privat praksis. Sammenlignet med stort set alle andre lande har vi en enestående viden om de aktuelle behandlingsmønstre og udviklingen af disse. Vi ved således, at der alene i voksentandplejen hvert år udføres knap tre millioner fyldninger, og at 95 % af dem er plastfyldninger. Fra forskellige danske undersøgelser ved vi også, at omkring 75 %

af alle fyldninger, der udføres i voksentandplejen, er reparationer eller omlavninger af defekte fyldninger. Hvor stor den relative andel af reparationer er, har vi derimod ingen indikation af, og vi ved heller ikke noget om prognosen for reparation versus omlavning af plastfyldninger. Sidstnævnte væsentlige spørgsmål er emnet for det netop offentliggjorte Cochrane-review.

Forfatterne har systematisk eftersøgt randomiserede undersøgelser af reparation versus omlavning af posteriore plastfyldninger på voksne. I betragtning af, at det – alene i Danmark – drejer sig om flere millioner behandlinger hvert eneste år, er det nedslående, at det ikke var muligt at finde blot en enkelt undersøgelse, der opfyldte inklusionskriterierne. Trods den manglende evidens har vi på tandlægeskolerne i en årrække advokeret for reparation fremfor omlavning af defekte fyldninger. Foruden de ovenfor nævnte fordele ved et konservativt behandlingsvalg er der nemlig god grund til at antage, at reparationer fremfor udskiftninger medfører mindre svækkelse af tanden og mindre belastning af pulpa og dermed fremmer tandens og tandsættets prognose.

**ABSTRACT****Background**

Composite filling materials have been increasingly used for the restoration of posterior teeth in recent years as a tooth-coloured alternative to amalgam. As with any filling material composites have a finite life-span. Traditionally, replacement was the ideal approach to treat defective composite restorations, however, repairing composites offers an alternative more conservative approach to the tooth structure where restorations are partly still serviceable. Repairing the restoration has the potential of taking less time and may sometimes be performed without the use of local anaesthesia hence it may be less distressing for a patient when compared with replacement.

**Objectives**

To evaluate the effects of replacing (with resin composite) versus repair (with resin composite) in the management of defective resin composite dental restorations in permanent molar and premolar teeth.

**Search methods**

For the identification of studies relevant to this review we searched the Cochrane Oral Health Group's Trials Register (to 24 July 2013); the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 6); MEDLINE via OVID (1946 to 24 July 2013); EMBASE via OVID (1980 to 24 July 2013); BIOSIS via Web of Knowledge (1969 to 24 July 2013); Web of Science (1945 to 24 July 2013); and OpenGrey (to 24 July 2013). Researchers, experts and organisations known to be involved in this field were contacted in order to trace unpublished or ongoing studies. No restrictions were placed on the language or date of publication when searching the electronic databases.

**Selection criteria**

Trials were selected if they met the following criteria: randomised controlled trial (including split-mouth studies), involving replacement and repair of resin composite restorations in adults with a defective molar restoration in a permanent molar or premolar teeth.

**Data collection and analysis**

Two review authors independently assessed titles and abstracts for each article identified by the searches in order to decide whether the article was likely to be relevant. Full papers were obtained for relevant articles and both review authors studied these. The Cochrane Collaboration statistical guidelines were to be followed for data synthesis.

**Main results**

The search strategy retrieved 298 potentially eligible studies, after de-duplication. After examination of the titles and abstracts, full texts of potentially relevant studies were retrieved but none of the retrieved studies met the inclusion criteria of the review.

**Authors' conclusions**

There are no published randomised controlled trials relevant to this review question. There is therefore a need for methodologically sound randomised controlled trials that are reported according to the Consolidated Standards of Reporting Trials (CONSORT) statement ([www.consort-statement.org/](http://www.consort-statement.org/)). Further research also needs to explore qualitatively the views of patients on repairing versus replacement and investigate themes around pain, anxiety and distress, time and costs.

Sharif MO, Cattleugh M, Merry A, Tickle M, Dunne SM, Brunton P, Aggarwal VR, Chong LY. Replacement versus repair of defective restorations in adults: resin composite. Cochrane Database of Systematic Reviews 2014, Issue 2. Art. No.: CD005971. DOI: 10.1002/14651858.CD005971.pub3