EDITORIAL

A nice approach to TADs

The National Institute for Health in Clinical Excellence (NICE) decided to hold a consultation on the 'safety and efficacy of mini/micro screw implantation for orthodontic anchorage'. The issue was open for public consultation for a four-week period over the summer of 2007. At the same time, NICE approached a number of clinicians who are deemed to be 'experts' in the use of temporary anchorage devices and asked if they could send a questionnaire to their patients asking how they felt about the whole process and procedures involved in the placement of temporary anchorage devices. They asked these patients how the placement of temporary anchorage devices affected, in a positive or negative way, their physical symptoms, pain, level of disability, mental health/well being and general quality of life. They also asked the patients to list any other areas, not listed above, which were affected by the placement of temporary anchorage devices. Two questions in the questionnaire asked whether they were 'concerned about safety of the procedure', firstly before having the procedure done and secondly after having the procedure done. Certainly if the patients had no concerns about safety before receiving the questionnaire I suspect they probably did afterwards! The final question was particularly intriguing saying 'would you recommend this particular procedure to a friend'.

NICE have a history of interests in dental matters in that they previously looked at such hot topics as: customized titanium implants for oro-facial reconstruction, sinoacrylate installation for occlusion of parotid sinuses and division of ankloglossia (tongue-tie) for breast feeding. For all the previous NICE dental issues investigated, they came up with the fact that the evidence was too small to demonstrate a case 'for or against' the procedure. The one procedure that NICE have made some very firm decisions upon was wisdom tooth removal. This was in fact the very first therapeutic intervention on which they came out, stating there was no reliable research to suggest the practice benefits patients and that there were many risks to patients having healthy wisdom teeth removed. There is still some controversy remaining on the prophylactic removal of wisdom teeth versus a 'watch and wait' approach as there is certainly greater difficulty in removal of wisdom teeth in older patients. Many clinicians feel there are probably a number of 'time bombs' ticking away, in a whole generation of patients.

Following the public consultation on TADs, NICE received a total of four comments from individual clinicians. On the back of these four comments plus the feedback from patients they issued guidance which was published on 28th November 2007. On the NICE website a number of documents were available in pdf and word document format. This included guidance to clinicians on mini/micro screw implantation for orthodontic anchorage plus a very useful information sheet for patients summarizing the benefits and risks of the procedure. In addition NICE have made some very useful recommendations suggesting audit criteria that should be used for each and every patient in whom TADs are being placed. The audit should list baseline data about the particular screws and site of screw placement as well as the surgical technique used plus follow up data listing problems, adverse events and success rates. The BOS has quite rightly decided that it would be useful if all members placing TADs co-operated with this audit. Hopefully in a year or two we will be able to provide some sound data from the clinical practice of TAD placement in the UK. The spring edition of the BOS News contained a flyer asking people to sign up to the BOS national audit in mini-screws and I certainly feel that the collection of reliable data on this relatively new technique will be of benefit to clinicians and patients alike.

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