

The effect of MI Varnish™ on the development of tooth decay in 6- and 12-year-old children in Riga, Latvia

Submission date 07/03/2022	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 07/03/2022	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 14/08/2023	Condition category Oral Health	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Tooth decay (dental caries) is damage to a tooth that can happen when decay-causing bacteria in your mouth make acids that attack the tooth's surface, or enamel. This can lead to a small hole in a tooth, called a cavity. If tooth decay is not treated, it can cause pain, infection, and even tooth loss.

Fluoride varnish (FV) is considered safe, well accepted by children, and easily delivered by health practitioners. A therapeutic product combining fluoride and CPP-ACP in a varnish (MI Varnish™; GC corporation, Japan) was developed few years ago demonstrating its caries prevention potential.

The aim of the present study was to investigate the effect of MI Varnish™ on caries increment in 6- and 12-year old children in Riga, Latvia within 36 months.

Who can participate?

6- and 12-year old children, inhabitants of Riga, who visited the Institute for dental treatment.

What does the study involve?

All children were recruited into the study during their regular dental check-ups in a random manner. On meeting the examiner, odd numbers of both age groups were recruited into the Varnish group (6 years old into group 1; 12 years old into group 3), while even numbers were recruited into the control groups (6 years old into group 2; 12 years old into group 4).

Following the baseline caries examination, the treatment groups (group 1 & 3) received the application of MI Varnish™ (5% sodium fluoride GC Corp., Tokyo, Japan), while the control groups (Group 2 & 4) did not have varnish applied.

Groups 1 & 3 had the varnish applied every 3 months for 3 years.

All subjects received general oral hygiene instruction at baseline and at the last visit.

What are the possible benefits and risks of participating?

Benefits: Participants will receive more frequent checkups for dental caries.

Risks: None

Where is the study run from?
Riga Stradins University (Latvia)

When is the study starting and how long is it expected to run for?
December 2015 to March 2020

Who is funding the study?
Investigator initiated and funded

Who is the main contact?
Dr Jekaterina Gudkina, jekaterina.gudkina@rsu.lv

Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Protocol serial number
U1111-1275-4126

Study information

Scientific Title
The effect of MI Varnish™ on dental caries among 6- and 12-year-old children in Riga, Latvia. A 3-year study.

Study objectives
Quarterly application of MI Varnish™ could reduce caries increment in children in Riga, Latvia.

Ethics approval required
Old ethics approval format

Ethics approval(s)

Approved 17/12/2015, RSU Ethics Committee (16 Dzirciema str., Riga, Latvia; +371 67326203; pek@rsu.lv), ref: not provided

Study design

Single-center interventional randomized controlled trial

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Dental caries development

Interventions

Current interventions, as of 04/04/2022:

All children were recruited into the study during their regular dental check-ups in a random manner as follows. During the visit, children are listed in serial numbers in the order of their arrival time at the reception desk of the RSU Institute of Stomatology. On meeting the examiner, odd numbers of both age groups were recruited into the Varnish group (6 years old into group 1; 12 years old into group 3), while even numbers were recruited into the control groups (6 years old into group 2; 12 years old into group 4).

Following the baseline caries examination, the treatment groups (groups 1 & 3) received the application of MI Varnish™ (5% sodium fluoride GC Corp., Tokyo, Japan), while the control groups (Group 2 & 4) did not have varnish applied. Application of MI varnish was performed in accordance with the manufacturer's instruction. The post-varnish instruction as provided by the manufacturer was given to all children and their parents. Neither the children nor their parents in the Varnish (Groups 1 and 3) were informed about the name of varnish (MI Varnish) used, and the manufacturer's name.

Subsequently, subjects in the treatment groups (group 1 & 3) were recalled every 3 months for re-application of varnish for the 36 months study period. Subjects in the control groups (Group 2 & 4) again received only oral hygiene instruction. Children and their parents were informed about the precise time of attending the dentist by using the mobile telephone number provided at a baseline. At the baseline and 3 monthly MI Varnish re-application visits, teeth were brushed with non-fluoridated professional toothpaste (Zircate Prophy Paste; Dentsply Caulk, Germany) and then MI Varnish™ (GC Corp., Tokyo, Japan) was reapplied on all tooth surfaces.

Previous interventions:

All children were recruited into the study during their regular dental check-ups in a random manner as follows. During the visit, children are listed in serial numbers in the order of their arrival time at the reception desk of the RSU Institute of Stomatology. On meeting the examiner, odd numbers of both age groups were recruited into the Varnish group (6 years old into group 1; 12 years old into group 3), while even numbers were recruited into the control groups (6 years old into group 2; 12 years old into group 4).

Following the baseline caries examination, the treatment groups (groups 1 & 3) received the application of MI Varnish™ (5% sodium fluoride GC Corp., Tokyo, Japan), while the control groups (Group 2 & 4) did not have varnish applied. Application of MI varnish was performed in accordance with the manufacturer's instruction. The post-varnish instruction as provided by the manufacturer was given to all children and their parents. Neither the children nor their parents in the Varnish (Groups 1 and 3) were informed about the name of varnish (MI Varnish) used, and the manufacturer's name.

Subsequently, subjects in the treatment groups (group 1 & 3) were recalled every 3 months for re-application of varnish and reinforcement of the oral hygiene instructions for the 36 months study period. Subjects in the control groups (Group 2 & 4) again received only oral hygiene instruction. Children and their parents were informed about the precise time of attending the dentist by using the mobile telephone number provided at a baseline. At the baseline and 3 monthly MI Varnish re-application visits, teeth were brushed with non-fluoridated professional toothpaste (Zircate Prophy Paste; Dentsply Caulk, Germany) and then MI Varnish™ (GC Corp., Tokyo, Japan) was reapplied on all tooth surfaces.

Intervention Type

Other

Primary outcome(s)

Current primary outcome measure as of 04/04/2022:

Measured at baseline and 36 months:

1. Caries increment measured using the caries assessment criteria of the ICDAS II (<https://www.iccms-web.com>)
2. Oral hygiene indices measured using the Green-Vermillion oral hygiene index (G-V index)
3. Dietary habits measured using a questionnaire for children and/or their parents about snacking habit, intake of chocolates, carbonated soft or sport drinks during the day, number of tea spoons of sugar (t.s.) per cup of tea, and the number of cups of tea consumed daily

Previous primary outcome measure:

Measured at baseline and every 3 months for 36 months:

1. Caries increment measured using the caries assessment criteria of the ICDAS II and digital bitewing (BW) X-rays
2. Oral hygiene indices measured using the Green-Vermillion oral hygiene index (G-V index)
3. Dietary habits measured using a questionnaire for children and/or their parents about snacking habit, intake of chocolates, carbonated soft or sport drinks during the day, number of tea spoons of sugar (t.s.) per cup of tea, and the number of cups of tea consumed daily

Key secondary outcome(s)

There are no secondary outcome measures

Completion date

13/03/2020

Eligibility

Key inclusion criteria

Healthy volunteers at the age of 6 and 12 years, living in Riga.

Participant type(s)

Healthy volunteer

Healthy volunteers allowed

No

Age group

Child

Lower age limit

6 years

Upper age limit

12 years

Sex

All

Total final enrolment

260

Key exclusion criteria

1. Children and/or their parents refused to participate in the study
2. The families moved away from Riga
3. Children or parents did not answer the 3 telephone calls confirming their appointments
4. Orthodontic braces
5. General ill-health within the study period

Date of first enrolment

01/02/2016

Date of final enrolment

12/03/2017

Locations**Countries of recruitment**

Latvia

Study participating centre

RSU Institute of Stomatology

20, Dzirciema street

Riga

Latvia

LV-1010

Sponsor information

Organisation

Riga Stradiņš University

ROR

<https://ror.org/03nadks56>

Funder(s)

Funder type

Other

Funder Name

Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and analyzed during the current study will be available upon request from Dr Jekaterina Gudkina (j.gudkina@inbox.lv).

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/06/2022	24/06/2022	Yes	No
Results article	Effects on different tooth surfaces	07/08/2023	14/08/2023	Yes	No
Abstract results		05/07/2021	04/04/2022	No	No
Participant information sheet	control group		04/04/2022	No	Yes
Participant information sheet	intervention group		04/04/2022	No	Yes
Protocol file			07/03/2022	No	No