Lam, 2013

Bibliograph	nic
Reference	

Lam, O. L.; McMillan, A. S.; Samaranayake, L. P.; Li, L. S.; McGrath, C.; Randomized clinical trial of oral health promotion interventions among patients following stroke; Archives of Physical Medicine & Rehabilitation; 2013; vol. 94 (no. 3); 435-43

Study details

Secondary publication of another included study- see primary study for details	Not applicable.
Other publications associated with this study included in review	Lam, O. L.; McMillan, A. S.; Samaranayake, L. P.; Li, L. S.; McGrath, C.; Effect of oral hygiene interventions on opportunistic pathogens in patients after stroke; American Journal of Infection Control; 2013; vol. 41 (no. 2); 149-54

Trial name / registration	Hong Kong Clinical Trial Register No: HKCTR-1159.		
number	United States National Institutes of Health Clinical Trial Registry Number: NCT01265043.		
Study type	Randomised controlled trial (RCT)		
Study location	Hong Kong.		
Study setting	The rehabilitation unit at Tung Wah Hospital in Hong Kong.		
Study dates	July 2008 to January 2011.		
Sources of funding	Supported by the Committee of Research and Conference Grants of the University of Hong Kong.		
Inclusion criteria	People with stroke, Barthel Index <70, aged 50 years and older, admission to the rehabilitation unit up to 7 days previously.		
Exclusion criteria	Edentulous; presented with communication difficulties (unable to follow a 1-step command) or severe cognitive impairment (Mini-Mental State Examination score ≤9); had an indwelling nasogastric feeding tube.		
Recruitment / selection of participants	No additional information.		
Intervention(s)	Oral hygiene instruction (twice a day and additional treatment twice a week) N=35		
	Oral hygiene intervention and chlorhexidine mouthrinse twice daily (0.2%, 10mL) and assistance with toothbrushing 2 times per week for a 3 week period		
	Oral hygiene intervention (twice a day) N=34		
	Oral hygiene instruction and chlorhexidine mouthrinse twice daily (0.2%, 10mL) for a 3 week period		
Comparator	Usual care N=33		
	Oral hygiene instruction only.		
Number of participants	102		

Duration of follow-up	3 weeks
Additional comments	No additional information.
Subgroup 1: Severity (as stated by category or as measured by NIHSS scale)	Not stated/unclear
Subgroup 2: Type of stroke (using the Bamford scale)	Not stated/unclear
Subgroup 3: Dysphagia at baseline	Not stated/unclear
Subgroup 4: Type of intervention	Combinations of the above
Subgroup 5: People who are nil- by-mouth at baseline	People who are not nil-by-mouth at baseline
Subgroup analysis - further details	Subgroup 5: People who are nil-by-mouth at baseline: Presumed that people are not nil-by-mouth as they exclude people who had an indwelling nasogastric tube.

Study arms

Oral hygiene instruction (twice a day and additional treatment twice a week) (N = 35)

Oral hygiene intervention and chlorhexidine mouthrinse twice daily (0.2%, 10mL) and assistance with toothbrushing 2 times per week for a 3 week period

Oral hygiene intervention (twice a day) (N = 34)

Oral hygiene instruction and chlorhexidine mouthrinse twice daily (0.2%, 10mL) for a 3 week period

Usual care (N = 33)

Oral hygiene instruction only.

Characteristics

Arm-level characteristics

Characteristic	Oral hygiene instruction (twice a day and additional treatment twice a week) (N = 35)	Oral hygiene intervention (twice a day) (N = 34)	Usual care (N = 33)
% Female	n = 11; % = 36.7	n = 10; % = 38.5	n = 9; % = 36
Sample size			
Mean age (SD) (years)	71 (11.7)	69.4 (9.6)	68.9 (11.4)
Mean (SD)			
Ethnicity	NR	NR	NR
Nominal			
Comorbidities	NR	NR	NR
Nominal			
Severity	NR	NR	NR

Characteristic	Oral hygiene instruction (twice a day and additional treatment twice a week) (N = 35)	Oral hygiene intervention (twice a day) (N = 34)	Usual care (N = 33)
Nominal			
Ischaemic	27	22	19
Nominal			
Haemorrhagic	3	4	6
Nominal			
Dysphagia at baseline	NR	NR	NR
Nominal			
People who are nil-by-mouth at baseline	NR	NR	NR
Nominal			

Outcomes

Study timepoints Baseline

- 3 week

Oral hygiene intervention (twice daily with additional treatment twice a week) compared to oral hygiene intervention (twice daily) compared to usual care - dichotomous outcome

Outcome	(twice a day and additional	, 0	intervention (twice a	intervention (twice	Baseline, Ń	Usual care, 3 week, N = 33
Occurence of pneumonia	NA	0	NA	0	NA	0
Nominal						

Occurence of pneumonia - Polarity - Lower values are better

Oral hygiene intervention (twice daily with additional treatment twice a week) compared to oral hygiene intervention (twice daily) compared to usual care - continuous outcome

Outcome	Oral hygiene instruction (twice a day and additional treatment twice a week), Baseline, N = 35	day and additional treatment twice a	Oral hygiene intervention (twice a day), Baseline, N = 34		Usual care, Baseline, N = 33	
Presence of oral disease (gingival bleeding index) Scale range unclear (half mouth design with each tooth being examined at 6 sites but actual scale not clear). Final value. Mean (p value)	` ,	7.6 (0.003)	18.8 (NA)	10 (0.002)	16.7 (NA)	17.7 (0.9)

Presence of oral disease (gingival bleeding index) - Polarity - Lower values are better

Critical appraisal - Cochrane Risk of Bias tool (RoB 2.0) Normal RCT

Oralhygieneintervention(twicedailywithadditionaltreatmenttwiceaweek)comparedtooralhygieneintervention(twicedaily)comparedtousual care-dichotomousoutcome-Occurenceofpneumonia-Nominal-Oral hygiene instruction (twice a day and additional treatment twice a week)-Oral hygiene intervention (twice a day)-Usual care-t3

Section	Question	Answer
Overall bias and Directness	Risk of bias judgement	High
Overall bias and Directness	Overall Directness	Partially applicable (Intervention indirectness - reports an intervention that was not specified in the protocol but does represent an increased intensity of oral hygiene intervention so was included)

Oralhygieneintervention(twicedailywithadditionaltreatmenttwiceaweek)comparedtooralhygieneintervention(twicedaily)comparedtousual care-continuousoutcome-Presenceoforaldisease(gingivalbleedingindex)-MeanPValue-Oral hygiene instruction (twice a day and additional treatment twice a week)-Oral hygiene intervention (twice a day)-Usual care-t3

Section	Question	Answer
Overall bias and Directness	Risk of bias judgement	High
Overall bias and Directness	Overall Directness	Indirectly applicable (Downgraded due to outcome being a continuous outcome when dichotomous outcomes were prioritised and Intervention indirectness - reports an intervention that was not specified in the protocol but does represent an increased intensity of oral hygiene intervention so was included)