

Yuan, 2020**Bibliographic Reference**

Yuan, D.; Zhang, J.; Wang, X.; Chen, S.; Wang, Y.; Intensified Oral Hygiene Care in Stroke-Associated Pneumonia: A Pilot Single-Blind Randomized Controlled Trial; Inquiry; 2020; vol. 57; 46958020968777

Study details

Secondary publication of another included study- see primary study for details	No additional information.
Other publications associated with this study included in review	No additional information.
Trial name / registration number	Chinese Clinical Trial Registry: ChiCTR-IPR-17013403.
Study type	Randomised controlled trial (RCT)
Study location	China.
Study setting	One neurological intensive care unit in a hospital in China.
Study dates	June 2017 to September 2018.
Sources of funding	This work was supported by the Beijing Science and Technology Committee (grant number Z151100004015041) and the Beijing Stomatological Hospital Subject Construction Fund (grant number 16-09-20).
Inclusion criteria	A clinical diagnosis of acute stroke; admission within 24 hours after stroke onset; age 18 years or older.
Exclusion criteria	Diagnosed with pneumonia or showed clinical signs of infection on admission; required mechanical ventilation; were prescribed antibiotics or immunosuppressive agents within the preceding 2 months; were unable to receive oral care within 12 hours of admission; had an allergy to chlorhexidine; were pregnant.

Recruitment / selection of participants	No additional information.
Intervention(s)	<p>Intensified oral hygiene interventions (3 times a day) N=56</p> <p>Routine oral hygiene care for a duration of 7 days. Cognitively intact participants with adequate manual dexterity and unimpaired mouth opening capacity were asked to perform oral care by themselves, with or without the help of a nursing assistant. Those participants with adequate manual dexterity and unimpaired mouth opening capacity were asked to perform oral care by themselves, with or without the help of a nursing assistant. Those participants lacking the ability to perform oral care, including all participants in the intensive care unit, received oral swabbing with saline (2-minute duration, twice daily). Intensified oral hygiene interventions in addition to oral self-care (or instead of routine saline swabbing), all teeth and oral soft tissues (including the gingiva, vestibule, buccal mucosa, floor of the mouth, tongue dorsum, and pharynx oralis), were swabbed with 0.12% chlorhexidine digluconate mouth wash (5-minute duration, 3 times daily). All interventions were performed by nurses who had been trained by a dental professional prior to the commencement of the study.</p>
Comparator	<p>Usual care N=57</p> <p>Routine oral hygiene care for a duration of 7 days. Cognitively intact participants with adequate manual dexterity and unimpaired mouth opening capacity were asked to perform oral care by themselves, with or without the help of a nursing assistant. Those participants with adequate manual dexterity and unimpaired mouth opening capacity were asked to perform oral care by themselves, with or without the help of a nursing assistant. Those participants lacking the ability to perform oral care, including all participants in the intensive care unit, received oral swabbing with saline (2-minute duration, twice daily).</p>
Number of participants	113
Duration of follow-up	7 days
Additional comments	No additional information
Subgroup 1: Severity (as stated by category or as	Moderate (or NIHSS 5-14)

measured by NIHSS scale)	
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	Oral swabbing for secretions
Subgroup 5: People who are nil-by-mouth at baseline	Not stated/unclear
Subgroup analysis - further details	Severity: Given median and interquartile range values. People were between mild and severe, with the majority being of moderate severity. Type of stroke: Discusses ischaemic, intracerebral haemorrhage and subarachnoid haemorrhage (majority ischaemic).

Study arms

Intensified oral hygiene interventions (3 times a day) (N = 56)

Routine oral hygiene care for a duration of 7 days. Cognitively intact participants with adequate manual dexterity and unimpaired mouth opening capacity were asked to perform oral care by themselves, with or without the help of a nursing assistant. Those participants with adequate manual dexterity and unimpaired mouth opening capacity were asked to perform oral care by themselves, with or without the help of a nursing assistant. Those participants lacking the ability to perform oral care, including all participants in the intensive care unit, received oral swabbing with saline (2-minute duration, twice daily). Intensified oral hygiene interventions in addition to oral self-care (or instead of routine saline swabbing), all teeth and oral soft tissues (including the gingiva, vestibule, buccal mucosa,

floor of the mouth, tongue dorsum, and pharynx oralis), were swabbed with 0.12% chlorhexidine digluconate mouth wash (5-minute duration, 3 times daily). All interventions were performed by nurses who had been trained by a dental professional prior to the commencement of the study.

Usual care (N = 57)

Routine oral hygiene care for a duration of 7 days. Cognitively intact participants with adequate manual dexterity and unimpaired mouth opening capacity were asked to perform oral care by themselves, with or without the help of a nursing assistant. Those participants with adequate manual dexterity and unimpaired mouth opening capacity were asked to perform oral care by themselves, with or without the help of a nursing assistant. Those participants lacking the ability to perform oral care, including all participants in the intensive care unit, received oral swabbing with saline (2-minute duration, twice daily).

Characteristics

Arm-level characteristics

Characteristic	Intensified oral hygiene interventions (3 times a day) (N = 56)	Usual care (N = 57)
% Female Baseline characteristics only reported in 43 in the intervention group, and 41 in the control group.	n = 19 ; % = 44.2	n = 14 ; % = 34.1
Sample size		
Mean age (SD)	57.1 (13.4)	60.3 (13.7)
Mean (SD)		
Ethnicity	NR	NR
Nominal		

Characteristic	Intensified oral hygiene interventions (3 times a day) (N = 56)	Usual care (N = 57)
Comorbidities	NR	NR
Nominal		
Severity	9 (1 to 18)	10 (1.5 to 17)
Median (IQR)		
Ischaemic	25	25
Nominal		
Intracerebral haemorrhage	8	9
Nominal		
Subarachnoid haemorrhage	10	7
Nominal		
Dysphagia at baseline	NR	NR
Nominal		
People who are nil-by-mouth at baseline	NR	NR
Nominal		
Stroke more than once	7	11
Baseline characteristics only reported in 43 in the intervention group, and 41 in the control group.		
Nominal		

Outcomes

Study timepoints

- Baseline
- 7 day (This group will be included in the ≤ 3 months.)

Oral hygiene intervention (3 times a day) compared to usual care - dichotomous outcomes

Outcome	Intensified oral hygiene interventions (3 times a day), Baseline, N = 56	Intensified oral hygiene interventions (3 times a day), 7 day, N = 43	Usual care, Baseline, N = 57	Usual care, 7 day, N = 41
Mortality	NR	2	NR	4
Nominal				
Occurrence of pneumonia	NR	9	NR	17
Intervention: 5 Staphylococcus aureus, 3 Klebsiella pneumoniae, 1 Candida albicans. Control: 5 Staphylococcus aureus, 6 Klebsiella pneumoniae, 4 Acinetobacter baumannii, 1 Candida albicans, 1 Psuedomonas aeruginosa.				
Nominal				

Mortality - Polarity - Lower values are better

Occurrence of pneumonia - Polarity - Lower values are better

Critical appraisal - Cochrane Risk of Bias tool (RoB 2.0) Normal RCT**Oral hygiene intervention (3 times a day) compared to usual care - dichotomous outcomes - Mortality - Nominal - Intensified oral hygiene interventions (3 times a day) - Usual care - t7**

Section	Question	Answer
Overall bias and Directness	Risk of bias judgement	High
Overall bias and Directness	Overall Directness	Directly applicable

Oral hygiene intervention (3 times a day) compared to usual care - dichotomous outcomes - Occurrence of pneumonia - Nominal - Intensified oral hygiene interventions (3 times a day) - Usual care - t7

Section	Question	Answer
Overall bias and Directness	Risk of bias judgement	High
Overall bias and Directness	Overall Directness	Directly applicable