

## Oral health: Resin sealants for molars

Health Care: Obesity and Diabetes

Literature review updated October 2014.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Sealants are plastic films applied to the biting surfaces of molars to prevent decay. This analysis focuses on the effect of resin sealants compared to no treatment.

### Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Tooth decay	12	2978	-0.973	0.117	8	-0.973	0.001

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

## Citations Used in the Meta-Analysis

- Bravo, M., Llodra, J.C., Baca, P., & Osorio, E. (1996). Effectiveness of visible light fissure sealant (Delton) versus fluoride varnish (Duraphat): 24-month clinical trial. *Community Dentistry and Oral Epidemiology*, 24(1), 42-46.
- Brooks, J.D., Mertz-Fairhurst, E.J., Della-Giustina, V.E., Williams, J.E., & Fairhurst, C.W. (1979). A comparative study of two pit and fissure sealants: two-year results in Augusta, GA. *Journal of the American Dental Association*, 98(5), 722-725.
- Charbeneau, G.T., & Dennison, J.B. (1979). Clinical success and potential failure after single application of a pit and fissure sealant: a four-year report. *Journal of the American Dental Association*, 98(4), 559-564.
- Hunter, P.B. (1988). A study of pit and fissure sealing in the School Dental Service. *The New Zealand Dental Journal*, 84(375), 10-12.
- Liu, B.Y., Lo, E.C., Chu, C.H., & Lin, H.C. (2012). Randomized trial on fluorides and sealants for fissure caries prevention. *Journal of Dental Research*, 91(8), 753-758.
- McCune, R.J., Bojanini, J., & Abodeely, R.A. (1979). Effectiveness of a pit and fissure sealant in the prevention of caries: three-year clinical results. *Journal of the American Dental Association*, 99(4), 619-623.
- Richardson, A.S., Waldman, R., Gibson, G.B., & Vancouver, B.C. (1978). The effectiveness of a chemically polymerized sealant in preventing occlusal caries: two year results. *Dental Journal*, 44(6), 269-272.
- Rock, W.P., Gordon, P.H., & Bradnock, G. (1978). The effect of operator variability and patient age on the retention of fissure sealant resin. *British Dental Journal*, 145(3), 72-75.

Sheykholeslam, Z., & Houpt, M. (1978). Clinical effectiveness of an autopolymerized fissure sealant after 2 years. *Community Dentistry and Oral Epidemiology*, 6(4), 181-4.

Songpaisan, Y., Bratthall, D., Phantumvanit, P., & Somridhivej, Y. (1995). Effects of glass ionomer cement, resin-based pit and fissure sealant and HF applications on occlusal caries in a developing country field trial. *Community Dentistry and Oral Epidemiology*, 23(1), 25-29.

For further information, contact:  
(360) 664-9800, [Institute@wsipp.wa.gov](mailto:Institute@wsipp.wa.gov)

Printed on 03-25-2024



## Washington State Institute for Public Policy

The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors-representing the legislature, the governor, and public universities-governs WSIPP and guides the development of all activities. WSIPP's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.