Pre-Treatment Mouth Rinses for Dental Patients With Suspected SARS or COVID-19: Clinical Effectiveness and Guidelines

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To produce this report, CADTH used a modified approach to the selection, appraisal, and synthesis of the evidence to meet decision-making needs during the COVID-19 pandemic. Care has been taken to ensure the information is accurate and complete, but it should be noted that international scientific evidence about COVID-19 is changing and growing rapidly.
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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

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Questions or requests for information about this report can be directed to requests@cadth.ca.
Research Questions

1. What is the clinical effectiveness of pre-dental treatment mouth rinses for patients with suspected severe acute respiratory syndrome or coronavirus disease?

2. What are the evidence-based guidelines regarding the use of pre-dental treatment mouth rinses in patients with suspected severe acute respiratory syndrome or coronavirus disease?

Key Findings

No literature was identified regarding the clinical effectiveness of pre-dental treatment mouth rinses for patients with suspected severe acute respiratory syndrome or coronavirus disease. Additionally, no evidence-based guidelines were identified regarding the use of pre-dental treatment mouth rinses in patients with suspected severe acute respiratory syndrome or coronavirus disease.

Methods

A limited literature search was conducted by an information specialist on key resources including Medline, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine’s MeSH (Medical Subject Headings), and keywords. The main search concepts were (COVID-19 OR SARS) and (mouthwashes OR dentistry). No search filters were applied to limit retrieval. Where possible, retrieval was limited to the human population. No date parameters were used.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Patients with suspected severe acute respiratory syndrome (SARS) or coronavirus disease (COVID-19) receiving dental care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Pre-treatment mouth rinse</td>
</tr>
<tr>
<td>Comparator</td>
<td>No pre-treatment mouth rinse</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Q1: Laboratory outcomes (e.g., salivary virus load) and clinical outcomes (e.g., transmission of severe acute respiratory syndrome coronavirus [SARS-CoV] or severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2])</td>
</tr>
<tr>
<td></td>
<td>Q2: Recommendations regarding pre-treatment mouth rinses</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, evidence-based guidelines</td>
</tr>
</tbody>
</table>
Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports and systematic reviews are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

No literature was identified regarding the clinical effectiveness of pre-dental treatment mouth rinses for patients with suspected severe acute respiratory syndrome or coronavirus disease. Additionally, no evidence-based guidelines were identified regarding the use of pre-dental treatment mouth rinses in patients with suspected severe acute respiratory syndrome or coronavirus disease.

References of potential interest are provided in the appendix.

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-Analyses
No literature identified.

Randomized Controlled Trials
No literature identified.

Non-Randomized Studies
No literature identified.

Guidelines and Recommendations
No literature identified.
Appendix — Further Information

Previous CADTH Reports


Systematic Reviews and Meta-Analyses

Alternative Population – SARS and COVID-19 Not Specified


Randomized Controlled Trials – Ongoing Studies


Non-Randomized Studies

Alternative Population – SARS and COVID-19 Not Specified


In Vitro Studies

Clinical Practice Guidelines – Methodology Not Specified


Review Articles

Preliminary Reports — Not Peer-Reviewed

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