Prevention of gingival trauma

Oral hygiene devices and oral piercings

Hoenderdos, N.L.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
Respond to the letter of McIsaac (2015)

NL Hennequin-Hoenderdos
DE Slot
GA van der Weijden

*International Journal of Dental Hygiene*
2016; 14: 76
This is a response letter to the editor on:

References

Dear Editor,

Thank you for allowing us to respond to the comments in the letter to the Editor related to our systematic review concerning the incidence of complications associated with lip and/or tongue piercings. Most of all we are happy that dr. McIsaac agrees with the conclusions of the research.

The first issue addressed in the letter is the classification of the included studies. For this review, we were primarily interested in the prevalence of complications in subjects that were wearing a piercing. To calculate an odds ratio for the development of complication as a result of wearing a lip and/or tongue piercing, also studies that in addition evaluated controls were included.

We observed in the selected papers that there was inconsistency in the nomenclature in the description of non-randomized study designs. For this reason, we defined in the paper case–control and case series based on the descriptions from the Centre for Review and Dissemination. Retrospectively we agree with dr. McIsaac that the interpretation of the definition for case-control studies was incorrect. In the literature the term ‘case–control study’ is frequently misused\(^1\). All studies which contain ‘cases’ and ‘controls’ are indeed not case–control studies. Also two of the included studies in our systematic review incorrectly applied this classification to their study design\(^2,3\). This misuse of terminology however had no impact on the outcome of our systematic review. In this respect the title of the letter rather strongly accentuates the points addressed by dr. McIsaac.

The second issue addressed does concern the discussion of study validity. The point is made that ‘selection bias and generalizability are not two sides of the same coin.’ If we understand this comment correctly dr. McIsaac wants to point out that selection bias rather is an item related to internal validity, while generalizability is part of the external validity. The selection threat is of potential concern when subjects are not randomly assigned to groups. Therefore, the results non-randomized studies should be interpreted with caution, and attention must be paid to the possibility of selection bias\(^4\). Internal validity is the sine qua non of research and without it, a study is meaningless\(^5\). Therefore if internal validity/selection bias is of a concern, generalizability consequently is an issue. In this respect the two are related which limits the possibility of extrapolating the results to other populations.

With respect to generalizability also examining the characteristics of the study participants can help to estimate if these subjects are likely to obtain similar outcomes as compared to other populations of interest. This will help the reader to understand whether the outcome and advice that emerges from this systematic is applicable to their daily professional care.