

CHAPTER V

ANNOTATED BIBLIOGRAPHY

- 1. W.H.O. (1992) Recent advances in oral health. Geneva: World Health Organization.**

This booklet provides guided oral health authorities in the fields of epidemiology, education, services, health education, and disease prevention. Special attention has been given to the highly prevalent problems of dental caries and periodontal disease. In this report has also discussed and advised the advances in dental caries prevention such as fluoride, sealants, buffering capacity of saliva, diet, antimicrobials, immunization, and risk assessment.

- 2. Sukulaya K, (1995). District hospital costing manual : a training manual for managers of district hospitals: Bangkok : college of public health.**

This book provides a general guideline for doing cost analysis in District Hospital. It explains about cost analysis, unit cost calculation, definition of labor cost, material cost and depreciation and also explain how to calculate these costs. Depreciation and life time are presented as well in this book.

3. **Arrow, P., Riordan, P.J. (1995). Retention and caries prevention effects of a GIC and a resin-based fissure sealant. Community Dent Oral Epidemiol, 23 : 282-285.**

This journal briefly reviews about dental sealant and provides the results of the effectiveness of glass-ionomer and resin and also discussed about factors affecting the results. This paper mainly focuses on the effect of fluoride in glass-ionomer material to dental caries prevention as well.

4. **Raadal, M., Utkilen, A.B., Nilsen, O.L. (1996). Fissure sealing with a light-cured resin reinforced glass-ionomer cement (Vitrebond) compared with a resin sealant. International Journal of paediatric dentistry, 6 : 235-239.**

This paper presents the result of a comparison study on effectiveness between glass-ionomer and resin. The paper briefly about the reasons why there are the increasing interest in the use of glass-ionomer for many purposes in dentistry and also for fissure sealing. The reasons of early loss of glass-ionomer are also discussed and the authors give a recommendation for using glass-ionomer in cases of difficult operating condition.

5. **Roger, J.S. (1996). Handling and clinical performance of a glass-ionomer sealant. Am J Dent, 9 : 203-205.**

The clinical features of resin and glass-ionomer are compared in this paper and the speed and ease of use of the two materials are also compared. The factors influencing these results are discussed.

- 6. Songpaisan, Y. (1995). Effect of glass-ionomer cement, resin based pit and fissure sealant and HF application on occlusal caries in a developing country field trial. Community Dent Oral Epidemiol, 23 : 25-29.**

This paper evaluates different methods to prevent fissure caries in Thailand. The following products and measure were tested; a) glass-ionomer applied by dentist, b) same material applied by short term trained personnel (teacher), c) application of 0.5% HF solution three times and d) resin sealing. Caries reduction rates were compared after 2 years. Differences of these results were discussed.

- 7. Martha, A., Frankling, G. (1995). Clinical evaluation of the retention and wear of a light-cured pit and fissure glass-ionomer sealant. The journal of clinical pediatric Dentistry, 19 : 273-277.**

This paper reports a one year study on clinical evaluation of glass-ionomer sealant. This paper describes the reason of high caries inhibiting effect of glass-ionomer even after losing the material and the authors demonstrate that the glass-ionomer remains in the deeper recesses of the occlusal fissures and act as a plug. The authors also gave a recommendation that glass-ionomer should be used only for fissure more than 100 microns in width and noted that this material should be used in bulk.

- 8. Gunlog, K.R. (1995). A three years follow up of glass-ionomer cement and resin fissure sealant. Journal of Dentistry for Children, March- April : 108-110.**

This paper showed the results of three year follow up after glass-ionomer and resin placement. It briefly reviewed the advantages and disadvantages of resin and

glass-ionomer sealing materials. Retention and caries rates of the two materials were compared, the resin showed better results in both retention and caries rate. The factors affecting the result were discussed and the authors recommended that the use of etching with a more aggressive acid than polyacrylic acid showed relatively good retention rates for glass-ionomer sealing.

9. Noochprayoon, T., Chumnijarakij, T. (1998). Statistics in medical research. Bangkok : Chulalongkorn University.

This chapter mentions various types of population calculation in the different kind of the studies. This chapter also described many kinds of statistics, sample and sampling techniques explained the definitions of the technical terms in statistics as well.

10. Tungcharearnsathian, V. (2001). Universal coverage : Lesson learn from Thailand. Bangkok : Penprinting.

This pen printing document provides the information of financing background of Thailand in health expenditure and explained the insurance coverage profile in the year 2000 and showed the percentage of uninsured people. The authors described the rationales and concepts of Universal Coverage and also explained the budgets allocated in this policy