



Gästföreläsning

Dr Odont. Asbjørn Jokstad Oslo, Norge

"Evidence Based Medicine in Dentistry"

onsdag 3 november 1999, kl 13.15 - 14.00

lokal: Aulan, Tandvårdshögskolan, Malmö

Dr Jokstad arbetar vid Odontologiska fakulteten i Oslo och är en erkänt skicklig förespråkare för evidence based medicine in dentistry, vilket han bl.a. presenterat vid Riksstämman i Stockholm 1998. Han ingår i det s.k. Cochrane-nätverket.

Till föreläsningen, som ges på engelska, hälsas samtliga studenter, lärare och annan intresserad personal välkomna.

Välkomna!

Maria Nilner Grundutbildningsnämnden

• Begynner med forelesning 13.15-14.00. EBM i odontologien

• Deretter critical appraisal seminar 14.00 - 15.00 Følgende artikler skal være lest og kritisk analysert (etter synkende prioritering): Skjema for kritisk analyse av de to typer artikler er vedlagt.

- 1. Browning WD, Johnson WW, Gregory PN. Reduction of postoperative pain: a double blind randomised controlled clinical trial. JADA 1997;128:1661-7. (RCT studie)
- 2. Dao TT, Lavigne GJ. Oral splints: the crutches for temporomandibular disorders and bruxism? Crit Rev Oral Biol Med. 1998;9(3):345-61. (review)
- Quarnstrom F, McDade NE, McLean K, Munk A, Nicholls J. A randomized clinical trial of agents to reduce sensitivity after crown cementation. Gen Dent. 1998 Jan-Feb;46(1):68-74. (RCT studie)
- 4. Letzel H, Van 'T Hof' MA, Marshall GW, Marshall SJ. The Influence of the Amalgam Alloy on the Survival of Amalgam Restorations: A Secondary Analysis of Multiple Controlled Clinical Trials. J Dent Res 1997; 76: 1787-1798. (RCT studie)
- 5. Randall RC, Wilson NH. Glass-ionomer restoratives: a systematic review of a secondary caries treatment effect. J Dent Res. 1999 Feb;78(2):628-37. (review)
- Til slutt search på datamaskiner 15-17.00 (eller 15-16 & 16-17).

asbjørn

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Evidence based dentistry Introduction

Asbjørn Jokstad Departments of Prosthetics and Oral Function Dental Faculty University of Oslo

Information Explosion in Dentistry

- Tremendous growth in scientific and biomedical publications
 - Estimates: number of papers doubling every 10 years
 - Increasing number of journals in a given field -500 in dentistry
 - MEDLINE indexes ~4000 publications; a distinct minority
 - Related to numbers of physicians and scientists
 - volume of publications key to success

Hypothetical patient problems

- A 32 y. patient calls four hours after a wisdom tooth has been removed and complains about bleeding, pain and severe swelling. He demands immediately pain killers, antifebriles, antibiotics and an sick leave.
- A new employee in a public dental health district complain of high caries prevalence and neglect of oral hygiene in her district. A stragey for improving the situation is required.
- A 66 y. old women comes to your clinic because she hasn't received any help from her former dentist for oral lichen planus. She wants to discuss the various treatment options with you.
- One of your patient confess that she has almost stopped using tooth paste due to dentin hypersensitivity. Can you help her?

. . . .

The "programmed" approaches when we're uncertain

- The pathophysiologic approach: makes sense
- The expert/"how I trained" approach: I learned this didn't work
- The anecdotal approach: didn't work last time we tried
- The consult approach: maybe I can ask a few colleagues I work with
- The textbook approach: often outdated and no strong support
- Confess that you don't know or do something and pray...
- Or some combination of these...

The dentist's situation:

- We need information, but most of our needs are never met:
 - Our textbooks are out of date.
 - Our journals are disorganised.
- Consequently, our knowledge and performance deteriorate.
- And traditional instructional CME doesn't improve our performance.

Levels of Information and Evidence

- Traditional route
 - training
 - print original journals
 - meetings and CME
 - consultation

- Faltering now
 - information overload
 - small fraction truly appropriate for direct application
 - ill equipped to digest and synthesize
 - busier practices
 - reimbursement pressures

The emerging approach

- First instinct: the programmed approach
- Find information
 - Do you have updated textbooks or articles?
 - Can you find them?
 - Can you go to a library?
 - Can you go to a workstation?
 - Search on the Internett

The emerging approach

- First instinct: same as 1990
- Find information
 - Go to library
 - Go to workstation:
 - Internett search
 - Medical databases

Using the Univ. Oslo OVID medical databases

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The emerging approach

- First instinct: same as 1990
- Find information
 - Go to library
 - Go to workstation:
 - Internett search
 - Medical databases
 - » Medline

OVID search strategies difficult to remember

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Health Information Library Services Research Programs New & Noteworthy General Information

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For consumer health information, consider using **MEDLINE** *places*. Health consumers are encouraged to discuss search results with their health care professional.

NLM offers **PubMed** and **Internet Grateful Med**, two free systems to search MEDLINE. They both:

- Provide an easy way to search the 11 million references and abstracts in the MEDLINE database;
- Use PubMed's retrieval engine to link to about 400 journals for full text of articles (some publishers may require a subscription) and provide pre-computed sets of relevant MEDLINE articles;
- Offer NLM's Medical Subject Headings for searching; and
- Use Loansome Doc for document delivery services (there may be local charges).

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Internet Grateful Med

- Also has links to molecular biology databases of DNA/protein sequences and 3-D structure data.
- Also provides access to other NLM databases on AIDS, bioethics, history of medicine, toxicology, health services research, and other topics.

<u>U.S. National Library of Medicine</u>, 8600 Rockville Pike, Bethesda, MD 20894 <u>National Institutes of Health</u> <u>Department of Health & Human Services</u> <u>Copyright and Privacy Policy</u> Last updated: 2 August 1999

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 Zacharias M, et al. [See Related Articles] Effectiveness of preoperative analgesics on postoperative dental pain: a study. Anesth Prog. 1996 Summer;43(3):92-6. PMID: 10323113; UI: 99256489. 			
 Bouloux GF, et al. [See Related Articles] Bupivacaine versus lidocaine for third molar surgery: a double-blind, randomized, crossover study. J Oral Maxillofac Surg. 1999 May;57(5):510-4; discussion 515. PMID: 10319823; UI: 99251541. 			
 Wenzel A, et al. [See Related Articles] Evaluation of a new radiographic technique: outcome following removal of mandibular third molars. Dentomaxillofac Radiol. 1998 Sep;27(5):264-9. PMID: 9879214; UI: 99095287. 			
<u>Bastian H, et al.</u> [See Related Articles] Comparative study of pain control by cryotherapy of exposed hone following extraction of wisdom teeth			_
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Filters can be applied to therapy, diagnosis, etiology or prognosis

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PubMed **JBRARY OI Clinical Queries using Research Methodology Filters** MEDICINE PubMed Home This specialized search is intended for clinicians and has built-in search "filters" based largely upon Haynes RB et al. Four study categories -- therapy, diagnosis, etiology, prognosis -- are provided, and you may indicate whether you wish your search to be more sensitive (i.e., include most relevant articles but probably including some less relevant ones) or more specific (i.e. including mostly relevant articles but probably omit a few). See this table for details regarding filtering. Overview Indicate the category and emphasis below: Help Category: Ctherapy C diagnosis Cetiology C prognosis Emphasis: C sensitivity @ specificity New/Noteworthy PubMed 2.0 Enter subject search (do not repeat any of the words above): Search Reset Clinical Alerts NOTE: If you want to retrieve everything on a subject area, you should not use this page. The objective of filtering is to reduce the retrieval to articles that report research conducted with specific methodologies, and retrieval will be greatly reduced. Basic Search Advanced Search Clinical Queries Journal Browser Internet Grateful Med NLM Home Document: Done 🗏 🌺 🍱 🖬 ~ - D=

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Several "windows" to Medline can be assessed:

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Problems with Medline searches:

- First instinct: same as previously
- Go to workstation: Medline search
 - Can't remember how to search
 - Unable to retrieve original paper(s)
 - Not enough time anyway
- Try other solutions on workstation

The emerging approach

- First instinct: same as 1990
- Find information
 - Go to library
 - Go to workstation:
 - Internett search
 - Medical databases
 - » Medline
 - » ISI
 - Other databases

Other information sources are found on the university net



Medical information can be found many places on the net - <u>but</u> <u>beware of quality!</u>



Medical information can be found many places on the net - <u>but</u> <u>beware of quality!</u>

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Education	
<u>Events</u>	Recent key developments
Funding	The OMNI databases were updated on Sunday, 05 September, 1999 . <u>15 new records</u> were added. We now describe 4456 records.
<u>Medline</u>	3rd September The position of <u>BIOME Service Manager</u> is now available. The closing date for applications is Thursday, 30th
<u>News</u>	September.
Services	3rd September Information on BIOME , the Hub that will subsume the OMNI service, is now available from <u>http://biome.ac.uk/</u>
	7th July The latest edition of the OMNI newsletter, <u>issue 27</u> , is now available.
<u>Training</u>	4th June OMINI now hosts <u>psci-com</u> . A gateway to public understanding of science and science communication information on the Internet.
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Information highway = knowledge?

- First instinct: same as 1990
- Go to workstation: Medline search
 - Unable to retrieve original paper(s)
 - Not enough time anyway
- Go to Web browser on workstation
 - General searching non-specific
 - "Metasite" searching too "textbook"
- Is this as good as it gets?

Perhaps this new thing EBM can help me?

Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.

Its philosophical base dates back to the sceptics of post-revolutionary Paris (Bichat, Louis, Magendie).

What evidence-based medicine is <u>not</u>:

- The term "evidence" in Evidence-based medicine must <u>not</u> be regarded as synonymeous with "science".
- The whole principle of EBM is that all information about any medical/health topic is "evidence" and must be considered as such.
- However, just as evidence in a court is considered strong or weak, this also applies to the above information.
- Awareness of grading of evidence is important
- It is incorrect to dichotomise evidence as valid or not, in contrast to other data that can be categorized either as scientific or as unscientific.
- EBM must not be translated as Scientific-based medicine (In Norwegian as "Vitenskapelig-basert medisin"

The practice of EBM requires the integration of

- <u>individual clinical expertise</u> with the
- <u>best available external clinical evidence</u> from systematic research.

- Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough.
 - Without the former, practice risks becoming evidence-tyrannised, for even excellent external evidence may be inapplicable or inappropriate for an individual patient.
 - Without the latter, practice risks becoming rapidly out of date, to the detriment of patients and patient-care.

- <u>Individual clinical expertise</u>: the increasing proficiency and judgement that individual clinicians acquire through clinical experience and clinical practice.
 - reflected especially in more effective and efficient diagnosis, and
 - in the more thoughtful identification and compassionate utilisation of individual patient's predicaments, rights, and preferences in making clinical decisions about their care.

- Best available external clinical evidence:
 - clinically relevant research, often from the basic sciences of medicine, but especially from patient-centred research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens.
 - How and where do we find our information?

How can EBM be practiced locally?

- 1. Generate focused clinical questions
- Questions for articles on therapy, diagnostic tests, prognosis, harm, etc.
- 2. Efficiently find the evidence
 - Database searching: tools and techniques
 - Locating appropriately focused clinical studyies
- 3. Determine validity, results, applicability
 - User's Guide to the Medical Literature
- 4. Apply the evidence in daily care

How can EBM be practiced generally?



Haynes et al. Br Mec 1998;317:273-276

Learning how to practice evidence-based medicine

- Seminars
- Books
- Internett
 - On line courses
 - On line articles
 - Link banks
 - Journals

How to learn about EBM - textbook:

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Evidence-Based Medicine: How to Practice and Teach EBM

by Sackett DL, Richardson S, Rosenberg W, Haynes RB. London; Churchill Livingstone. 1997.



Ordering Information

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Finding answers to questions in evidence based medicine

Atle Klovning, MD, Research Fellow, University of Bergen

When "looking for answers", I would actually use the sources in the priority listed below, structured into a "7-step way for finding best evidence":

1 The Cochrane library - the ultimate choice, a multinational effort systematically organizing information

2 Secondary Journals - "let others critically appraise and present articles"

<u>3 MEDLINE</u> - one of many databases which are free and with different interfaces that might help you

<u>4 Primary Journals</u> on the web, often searchable, and often in flutist .pdf versions

5 Guidelines on the web, well aware of the varying quality

6 Internet - the distressingly, unsorted information megaworld where no quality filtering exists

7 Mailbases for posting questions I still have not found an answer to

Finding answers to questions poses a great challenge, and there is no doubt that Scott Richardson's contribution to forming structured 4-part questions as in <u>learning how to ask questions</u> that are well formulated, is a prerequisite.

For beginners who need a general introduction into EBM, I have organized general link sites which serve as educational starting points into the EBM world.

Many of us are disillusioned by the overwhelming information now available at our fingertips at the computer- and do not know where or how to start looking for answers to their questions. As a result of my own failures and struggling, I have tried to compile a ranking list of where to look.

General link sites which are great educational starting points into the EBM world

An Introduction to Evidence Based Practice Wisdom seminars

How to learn about EBM - Internett:

💥 Netting the Evidence : A ScHARR Introduction - Netscape

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💘 Bookmarks 🤳 Location: http://www.shef.ac.uk/~scharr/ir/netting.html



Netting the Evidence A ScHARR Introduction to Evidence Based Practice on the Internet

http://www.shef.ac.uk/~scharr/ir/netting.html

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Current Awareness: Do you wish to browse the latest articles on Evidence Based Medicine from the MEDLINE database? If so



ScHARR-approved mirror sites exist at the <u>University of Sydney</u>. A Spanish Language version <u>"Atrapando la evidencia : Una Introducción de la ScHARR a la práctica basada en la evidencia en Internet"</u> is also available, maintained by Rafael Bravo Toledo. The ScHARR site will always be the most up-to-date. Please let <u>Andrew Booth</u> know if you identify any errors or omissions.

A set of self-assessment exercises for users of "Netting the Evidence" is available as a Microsoft Word document.

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How to learn about EBM - CEBM Oxford:

💥 Centre for Evidence-Based Medicine - Netscape

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Centre for Evidence-Based Medicine



Last update 12th September 1999

What's New?

- A new course, Clinical Research Methods applied to Randomised Controlled Trials and Systematic Reviews, is starting in October. <u>Click here</u> to find out more
- Do you think we should run a workshop on how to practice EBM in April 2000? If so, tell Olive!
- If you were at the Future of EBM conference in May, <u>click here</u> to choose your pictures.
- A new project: Evidence-Based On Call (EBOC) has just begun here at the Centre, creating accurate, up-to-date evidence-based information for clinicians.

Contents

- · Centre for Evidence-Based Medicine, the what, who, where and why.
- . How to Practice and Teach Evidence-Based Medicine, support materials for the book by Sackett, Richardson, Rosenberg and Haynes

How can we apply EBM in our daily practice?

- 1 by learning how to practice evidence-based medicine ourselves.
- 2 by seeking and applying evidence-based medical summaries generated by others.
 - Journals that critically appraise primary studies

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Order Online Annals of Internal Medicine Current Issue	Background: Although antibiotic prophylaxis against infective endocarditis is recommended, the true risk factors for infective endocarditis are unclear.				
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Info for Authors	Design: Population-based, case-control study				
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How can we apply EBM in our daily practice?

- 1 by learning how to practice evidence-based medicine ourselves.
- 2 by seeking and applying evidence-based medical summaries generated by others.
 - Journals that critically appraise primary studies
 - Systematic reviews: Cochrane Collaboration

What are Systematic Reviews

- Clear statement of purpose and scope
- Comprehensive search and retrieval of the relevant research
- Explicit selection criteria
- Critical appraisal of the primary studies
- Reproducible decisions regarding relevance, selection, and methodologic rigor of the primary research
- When quantitative methodology applied -> metaanalysis



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NHS Centre for Reviews and Dissemination- York:



How can we apply EBM in our daily practice?

- 1 by learning how to practice evidence-based medicine ourselves.
- 2 by seeking and applying evidence-based medical summaries generated by others.
- 3 by accepting evidence-based practice protocols developed by our colleagues.

Information and Evidence: Translation into Practice

- New venues: Synthetic Research
 - Journals that critically appraise primary studies
 - Systematic reviews: Cochrane Collaboration
- Formulation of Evidence-Based Practice Guidelines
 - Critical analysis of primary evidence
 - Promise of consistency and optimal care
 - Source, methodology, accessibility

National Guideline Clearinghouse (USA)

- The NGC Web site will:
 - contain standardized information for thousands of guidelines such as title, sponsoring organization, author(s), and methodology used;
 - provide guideline abstracts, and where possible the full text of guidelines;
 - compare and contrast the recommendations of guidelines on similar topics, with summaries covering major areas of agreement and disagreement;
 - have topic-specific electronic mailing lists to enable registered users to communicate with one another on guideline development, dissemination, implementation, and use.

Example of one guideline web centre (NGC, USA):

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- Formulation of Evidence-Based Practice Guidelines
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 - Source, methodology, accessibility
- User's Guide to interpret literature

Appraisal tools are avaiable on line directly:

