

FDI Workshops

E Wednesday 29 November 14.00 - 17.00
HIV/AIDS Room 304/305

Chair: **DR SAM SAMARANAYAKE** (Hong Kong)

This project of the FDI Commission was convened and established in 1993 with the specific goals of collecting and disseminating information concerning HIV infection and its impact on dentistry. Since then the Commission has sponsored annual symposia on no less than four Congresses and Workshops at every Scientific Congress. The Workshops serve as open sessions for attendees to discuss specific issues in HIV/AIDS that are of concern in dentistry and to

share problems related to HIV infection that dental practitioners from different geographic locales faces. The forthcoming Workshop in Paris is also planned to serve as such a nexus of information transfer for experts and all others interested in this subject. In addition, the workshop will also incorporate a dedicated open forum on "The impact of highly active anti-retroviral therapy (HAART) in HIV disease on clinical dental practice".

EF Wednesday 29 November 14.00 - 17.00
Oral Cancer Room 341

Chair: **Prof. NEWELL JOHNSON** (UK)

This Workshop is designed to complement the main theme symposium "Oral cancers and pre-malignant lesions" on Thursday 30 November (14.30-17.30).

We will brainstorm in an open meeting, the reasons why we are seeing a rising incidence of oral cancer in many parts of the world, and unsatisfactory improvements in survival rates. We will focus on primary prevention and on screening,

both activities in which the dental profession has a fundamental role and responsibility. How can we do better? What are the barriers and opportunities? How can we best enhance the awareness of oral cancer among colleagues and the general public?

EF Thursday 30 November 9.00 - 12.00
Evidence based-Dentistry Room 341

Chair: **Dr ASBJØRN JOKSTAD** (Norway)

Is Evidence Based Dentistry (EBD) of any value for the general practitioner? Is EBD just another vogue in the dental academic world? Or can EBD be a powerful tool for busy practitioners to identify meaningful and relevant information in the maze of continually new materials and techniques in clinical dental practice?

Examples will be shown of how EBD-principles can be applied to solve common daily problems in the general practice related to choice of therapy, value of diagnostic tests and use of clinical guidelines. The workshop participants are encouraged to provide examples of gaps in the scientific knowledge in their daily clinical dental practice.

Ongoing EBD activities internationally will be presented by Asbjørn Jokstad (FDI Commission), Nigel Pitts (IADR, International Association for Dental Research), Derek Richards (CEBD, Centre for Evidence Based Dentistry) and Helen Worthington (Cochrane Collaboration Oral Health Group).

E Thursday 30 November 9.00 - 12.00
Oral Health Goals Room 304/305

Chair: **Prof. NEWELL JOHNSON** (UK)

The previous global goals for oral health for the year 2000 were formulated jointly by the FDI and the WHO. Many believe they have been of great value in helping countries and regions focus on areas of need for improvement, and helped considerably in formulating public health and preventive strategies.

A new joint work project of the Commission and WHO has recently begun work to learn lessons from the previous experience and to draft new goals for the current century.

A progress report will be given to an open meeting, and a brainstorm will be encouraged where colleagues from many different perspectives will be encouraged to suggest goals, explain how they might be appropriate to the needs of today and tomorrow, and how they might be approached and evaluated.

EF GS Friday 1st December 9.00 - 12.00
Developing Countries' Forum Room 342

Chair: **Prof. MALICK SEMBENE** (Senegal)

Oral health and oral health care in the developing countries is one of the prioritised areas of the FDI's Agenda for Action. Prof. Malick Sembene, Senegal will be chairing this Forum and

its main purpose will be to present, discuss and further develop the FDI's strategy and evolving plans and actions in this areas.

EF Friday 1st December 9.00 - 12.00
Tobacco and Oral Health Room 341

Chair: **Dr ÖRJAN ÅKERBERG** (Sweden)

- Derek Yach (WHO): The growing tobacco pandemic
- Dr N Gray (UICC): The UICC overview of the tobacco problem
- Dr Bob Mecklenburg (USA): The response of the oral health community
- Dr K-O Fagerstrom (Sweden): Tobacco dependence, new ways of therapy

FDI World Meeting / Le Congrès Dentaire Mondial ADF/FDI

Room 314, Palais des Congrès de Paris

Thursday 30 Nov 2000

Workshop: Evidence based dentistry – of any value for the general practitioner?

Is Evidence based dentistry (EBD) just another vogue in the dental academic world? Or can EBD be a powerful tool for busy practitioners to identify meaningful and relevant information in the maze of continually new materials and techniques in clinical dental practice?

Examples will be shown of how EBD-principles can be applied to solve common daily problems in the general practice related to choice of therapy, value of diagnostic tests and use of clinical guidelines. The workshop participants are encouraged to provide examples of gaps in the scientific knowledge in their daily clinical dental practice.

Ongoing EBD-activities internationally will be presented by Asbjørn Jokstad (FDI commission), Nigel Pitts (IADR, International Association for Dental Research), Derek Richards (CEBD, Centre for Evidence Based Dentistry) and Helen Worthington (Cochrane Collaboration Oral Health Group).

09.00– 12.00 Workshop on Evidence Based Dentistry -EBD


09.00-09.20	FDI	What is EBD? (http://www.odont.uio.no/prosthodont/ebd)	Asbjorn Jokstad
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Ongoing EBD-activities

09.25-09.45	NHS R&D FGDP SIGN IADR	Programme Guideline background and process Guidelines, what is SIGN, how does it work Meetings and plans	Nigel Pitts
09.50 – 10.10	Cochrane Oral Health Review Group (OHG)	The specialist register of RCT reports Quality assessment of trials	Helen Worthington
10.15 – 10.35	Centre for Evidence Based Dentistry (CEBD)	The Centre - A brief history Skills Workshops	Derek Richards

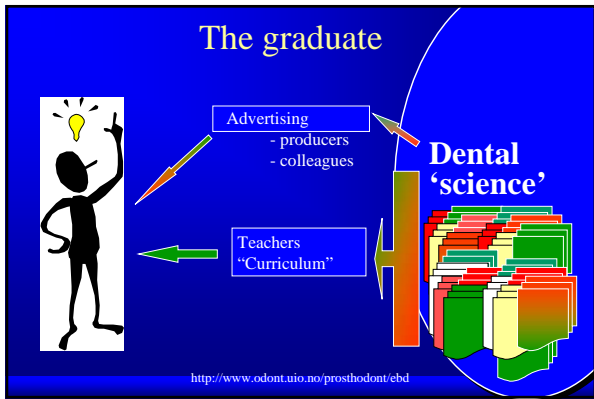
Examples of outcomes of EBD-activity

10.40 – 11.00	Centre for Evidence Based Dentistry (CEBD)	The CEBD Website Evidence Based Dentistry Journal Developing a CAT Database National electronic Library for Health	Derek Richards
11.05 – 11.25	Cochrane Oral Health Review Group (OHG)	Prevention of oral mucositis or oral candidiasis for patients with cancer	Helen Worthington
11.30 – 11.50	NHS R&D FGDP SIGN	List of funded systematic reviews Selection Criteria in Dental Radiology 3rd molar extractions + Caries in teenagers	Nigel Pitts
		Where is the greatest need for EBD-based information in dentistry? Who and how to participate?	



What is Evidence Based Dentistry?

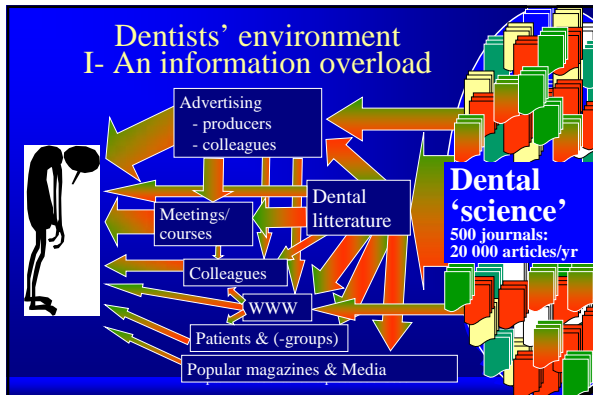
Asbjorn Jokstad
University of Oslo, Norway
<http://www.odont.uio.no/prosthodont/ebd>



The graduate

- ☞ is taught and can perform many basic clinical procedures - but not necessarily the most modern
- ☞ no hands-on experience with many procedures that are common in the modern dental clinic
 - from where and how can further training be obtained?
- ☞ theoretic knowledge zenith, from now on there is less time - a question of priorities
- ☞ already from day 1 the science base in dentistry advances further - how should one stay updated?

<http://www.odont.uio.no/prosthodont/ebd>



We have to consider not only
the amount
of information
we receive, but also
the quality
of this information

<http://www.odont.uio.no/prosthodont/ebd>

What would you answer be if ...
a 32 y patient calls four hours after
a wisdom tooth has been removed
and complains about bleeding, pain
and severe swelling. She demands
immediatly some analgetics, some
antifebriles and perhaps also
antibiotics.....

<http://www.odont.uio.no/prosthodont/ebd>

..or if ...

a 66 year old woman comes to your clinic because she feels she hasn't received any help from her former dentist about oral lichen planus. She wants to confer with you about a new treatment option described in the latest issue of 'Health & Fitness'



<http://www.odont.uio.no/prostho>

On what should the clinical decision making be based?

- ☞ on reasoning?
- ☞ on anecdotes?
- ☞ on own clinical practice?
- ☞ on press cuttings?
- ☞ on expert opinions?
- ☞ on cost minimization?
- ☞ on critical appraisal of new information?



<http://www.odont.uio.no/prosthodont/ebd>

Where can relevant clinical information be found when I need it?

- ☞ Can I consult a colleague?
- ☞ Are my journals and textbooks updated?
- ☞ Is a library nearby?
- ☞ Can I go to a computer?
 - Can the answers be found on the Internet?
 - ◆ Search engines
 - ◆ Medical search engines
 - ◆ Research databases
 - Medline , ISI, Embase, etc.

Dentists environment - II

WWW-medicine \neq clinical competence!

- ☞ General searching often very non-specific
- ☞ Takes much time
- ☞ Quality of information varies greatly
- ☞ Can't remember how to do effective search
- ☞ Medical metasite searches often superficial
- ☞ Unable to retrieve original article(s)
- ☞ How should the information be appraised and interpreted into clinical significance?

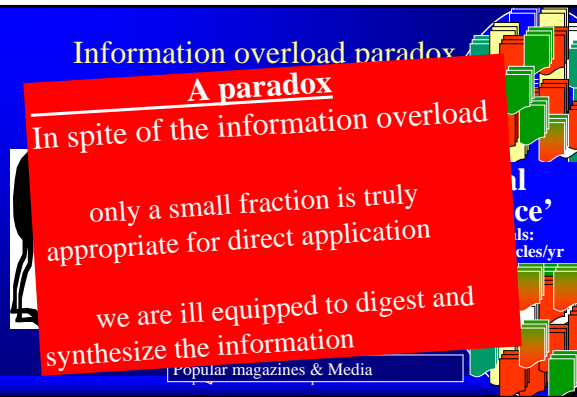
Information overload paradox

A paradox
In spite of the information overload






only a small fraction is truly
appropriate for direct application

we are ill equipped to digest and
synthesize the information

Popular magazines & Media



The situation for many dentists today

-  1. We need new information every day, but most of our needs are never met
- 
 2. consequently, our clinical knowledge and performance in the clinic deteriorate
- 
 3. and traditional instructional continuing education courses doesn't improve our performance.

Perhaps this new thing
'EBD' can help me?



<http://www.odont.uio.no/prosthodont/ebd>

What is Evidence Based Dentistry?

A process of life-long, problem-based learning in which caring for our own patients creates the need for evidence about the cutting edge knowledge concerning diagnosis, prognosis, therapy, and other clinical and health care issues.

<http://www.odont.uio.no/prosthodont/ebd>

What is Evidence Based Dentistry?

- ☞ A strategy for solving clinical problems on a daily basis.
 - a practical aspect

- ☞ A strategy for being reasonably certain that my advises and treatment are the best available to my patients.
 - an ethical aspect

What is Evidence Based Dentistry?

☞ A strategy for how to cope with changes
- not about knowing all the answers.

It is not so much what you have read in the past
but about how you go about identifying and meeting
your ongoing learning needs,
and applying the new knowledge appropriately and
consistently in new clinical settings.

What is Evidence Based Dentistry?

Scientific studies can be sorted
according to the
risk of wrong conclusions
on basis of the
study design.

we will never find exact answers to everything....

How can we apply
EBD in our daily
practice?

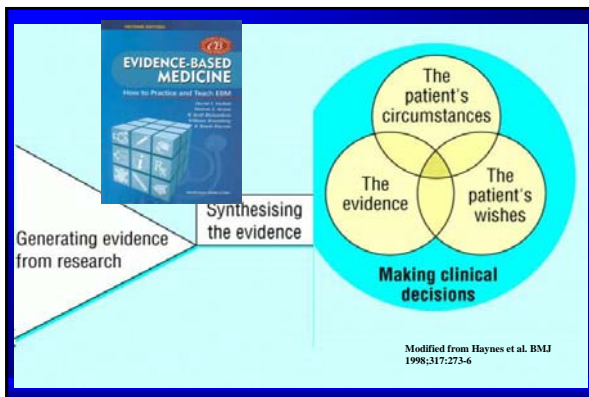


<http://www.odont.uio.no/prosthodont/ebd>

How can we apply EBD in our daily practice?

1. by learning how to practice evidence-based oral medicine ourselves

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



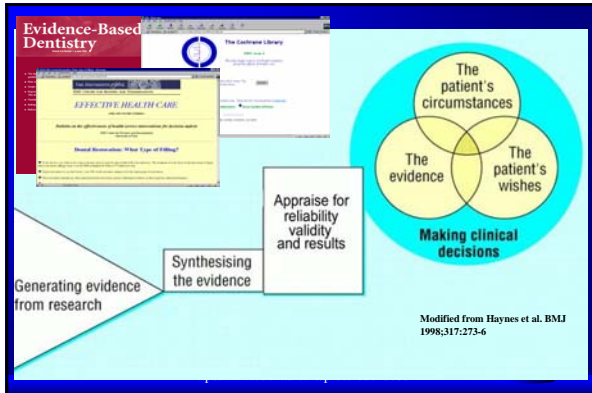
How can we apply EBD in our daily practice?

1. by learning how to practice evidence-based oral medicine ourselves

2. by seeking and applying evidence-based oral medicine summaries generated by others

- Journals that critically appraise primary studies
- Systematic reviews: e.g. Cochrane Collaboration / NHS R&D

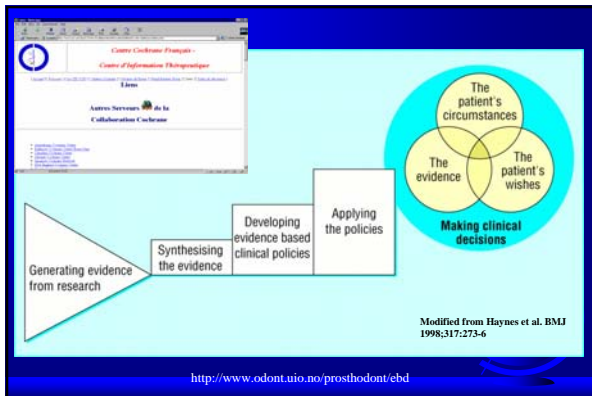
<http://www.odont.uio.no/prosthodont/ebd>



How can we apply EBD in our daily practice?

1. by learning how to practice evidence-based oral medicine ourselves
2. by seeking and applying evidence-based oral medicine summaries generated by others
3. by accepting and applying practice protocols, policies and guidelines based on evidence-based principles

<http://www.odont.uio.no/prosthodont/ebd>



Is there resistance towards EBD?



<http://www.odont.uio.no/prosthodont/ebd>

Evidence Based Dentistry?

An increasingly fashionable tendency of a group of young, confident, and highly numerate medical academics to defame the performance of experienced clinicians by using a combination of epidemiological jargon and statistical manipulation.

<http://www.odont.uio.no/prosthodont/ebd>

Evidence Based Dentistry?


Arguments, usually presented with near evangelistic zeal, that no health related action should ever be taken by a doctor, a nurse, a purchaser of health services, or a politician unless and until the results of several large and expensive research trials have appeared in print and approved by a committee of experts

<http://www.odont.uio.no/prosthodont/ebd>

Evidence Based Dentistry?

Replaces original findings with subjectively selected, arbitrarily summarized, laundered and biased conclusions of indeterminate validity or completeness. It has been carried out by people of unknown ability, experience, and skills using methods whose opacity prevents assessment of the original data.

<http://www.odont.uio.no/prosthodont/ebd>



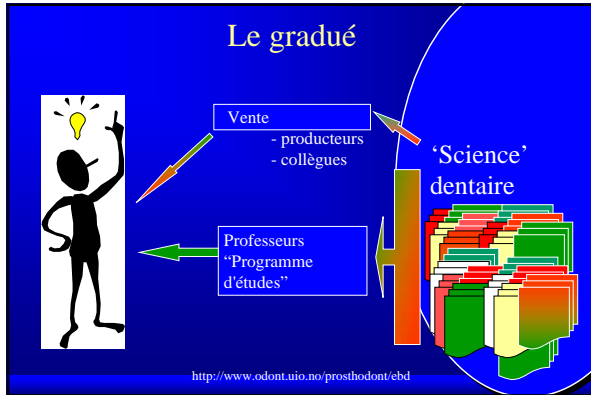
Dr. Helen Worthington, Cochrane Oral Health Group, Manchester, UK
Dr. Derek Richards, Centre for Evidence-based Dentistry, Oxford, UK
Dr. Nigel Pitts, IADR & DHSRU Dundee, UK

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Quel est la médecine dentaire factuelle ?

Asbjørn Jokstad
Université d'Oslo, Norvège

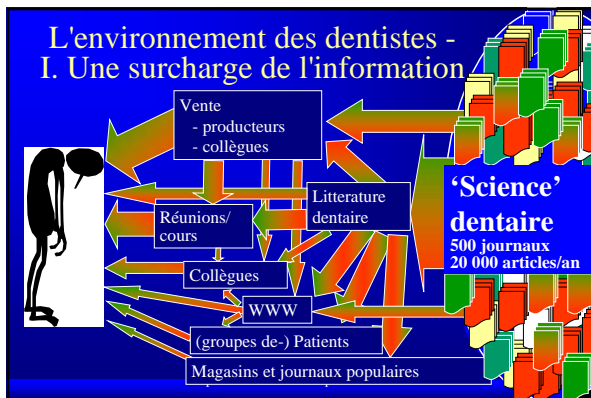
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Le gradué

- ☞ est enseigné et peut exécuter beaucoup de procédures cliniques de base - mais pas nécessairement les plus modernes.
- ☞ aucune expérience à commande manuelle avec beaucoup de procédures qui sont communes dans la clinique dentaire moderne - d'où et de comment peut promouvoir la formation être obtenu?
- ☞ le zénith théorique de la connaissance, là est dorénavant moins de temps - une question de priorités
- ☞ déjà du jour 1 que la base de la science en art dentaire avance plus loin - comment on devrait-il rester mis à jour?

<http://www.odont.uio.no/prosthodont/ebd>



Nous devons considérer non
seulement
la quantité
de l'information
que nous recevons, mais
également
la qualité
de cette information



<http://www.odont.uio.no/prosthodont/ebd>

Ce qui vous répondrait soit si...

un patient âgée de 32 ans vous
appelle pendant quatre heures après
qu'une dent de sagesse a été retirée
et se plaint au sujet du saignement,
de la douleur et du gonflement
grave. Elle exige immédiatement un
certain analgetics, quelques
antifebriles et peut-être également
des antibiotiques ...



<http://www.odont.uio.no/prosthodont/ebd>

.. ou si...

une femme âgée de 66 ans vient à votre
clinique parce qu'elle se sent elle n'a reçu
aucune aide de son ancien dentiste au
sujet de planus oral de lichen. Elle veut
conférer avec vous au sujet d'une nouvelle
option de traitement décrite dans la
dernière volume de le journal
'santé et physique populaire' ..



Sur quoi la prise de décision clinique devrait-elle être basée??

- ☞ sur le raisonnement?
- ☞ sur des anecdotes?
- ☞ sur propre pratique clinique?
- ☞ sur des découpages de presse?
- ☞ sur les avis experts?
- ☞ sur la minimisation de coût?
- ☞ sur l'évaluation critique de nouvelle information?



<http://www.odont.uio.no/prosthodont/ebd>

Où peut l'information clinique appropriée être trouvée quand j'ai besoin?

- ☞ Est-ce que je puis consulter un collègue?
- ☞ Mes journaux et manuels sont-ils mis à jour?
- ☞ Une bibliothèque est-elle voisine?
- ☞ Est-ce que je puis aller à un ordinateur?
 - Les réponses peuvent-elles être trouvées sur l'Internet?
 - ◆ Moteurs de recherche
 - ◆ Moteurs médicaux de recherche
 - ◆ Base de données scientifique de littérature
 - Medline , ISI, Embase, etc.

L'environnement des dentistes - II WWW-medicine \neq compétence clinique!

- ☞ Le recherche général souvent très non spécifique
- ☞ Prend beaucoup de temps
- ☞ La qualité d'information est considérablement variée
- ☞ On se rappelle pas comment à faire des recherches pertinentes
- ☞ Les recherches médicales de metasite sont souvent superficielles
- ☞ Incapable de rechercher l'article(s) initialement
- ☞ Comment l'information devrait-elle être évaluée et interprétée pour la signification clinique?

Paradoxe de la surcharge de l'information

Un paradoxe
Malgré la surcharge de l'information
seulement une petite fraction est vraiment
appropriée pour l'application directe.

Nous sommes défectuosité équipés pour
assimiler et synthétisons l'information.

Magasins et journaux populaires

La situation pour beaucoup de dentistes
aujourd'hui

1. Nous avons besoin de nouvelle information
chaque jour, mais la plupart de nos besoins ne
sont jamais réunis
2. en conséquence, notre connaissance et
exécution dans la clinique détériore
3. et les cours médicaux continus d'instruction
traditionnels d'éducation n'améliore pas notre
exécution

Peut-être cette
nouvelle chose 'EBD'
peut m'aider?

<http://www.odont.uio.no/prosthodont/ebd>

Quel est la médecine dentaire factuelle?

Un processus d'étude problème qui continue toute la vie, dans quel s'occuper de nos propres patients crée le besoin d'évidence au sujet de la connaissance de tranchant au sujet du diagnostic, du pronostic, de la thérapie, et d'autres issues clinique et de santé.

<http://www.odont.uio.no/prosthodont/ebd>

Quel est la médecine dentaire factuelle?

- ☞ Une stratégie pour résoudre des problèmes cliniques quotidiennement
 - un aspect pratique
- ☞ Une stratégie pour être raisonnablement sûre que mon informe et le traitement sont les meilleur à la disposition de mes patients.
 - un aspect moral

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Quel est la médecine dentaire factuelle?

- ☞ Une stratégie pour que la façon fasse face aux changements - pas au sujet de savoir toutes les réponses. =
ce n'est pas tellement ce qui vous avez lu dedans le passé,
mais au sujet de la façon dont vous abordez identifier et répondre à vos d'étude,
et l'application de vos nouvelles connaissances convenablement et besoins continus uniformément dans de nouvelles configurations cliniques.

Quel est la médecine dentaire factuelle?

Des études scientifiques peuvent être triées selon le risque de conclusions fausses sur la base de la conception d'étude.

Nous ne trouverons jamais des réponses exactes à tout

Comment pouvons-nous appliquer EBD dans notre pratique quotidienne?

<http://www.odont.uio.no/prosthodont/ebd>

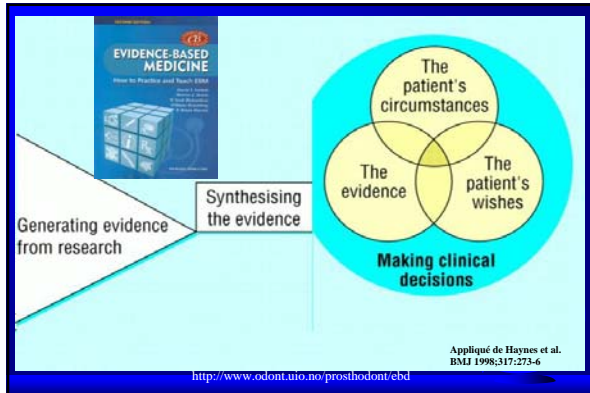


Comment pouvons-nous appliquer EBD dans notre pratique quotidienne?

1. en apprenant comment pratiquer la médecine dentaire factuelle nous-mêmes

- ☞ Conférences
- ☞ Livres
- ☞ Internett
 - Cours en ligne
 - Articles en ligne
 - Liens en ligne
 - Journaux

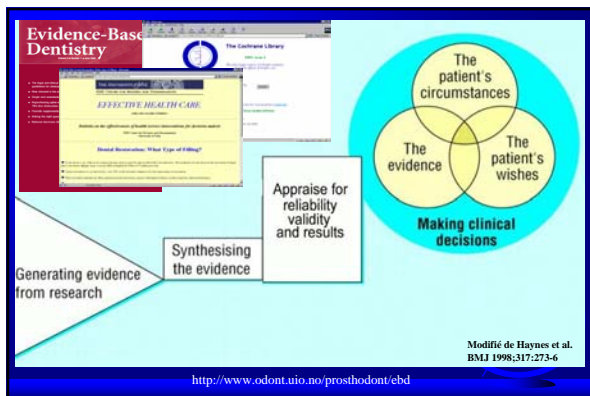
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Comment pouvons-nous appliquer EBD dans notre pratique quotidienne?

1. en apprenant comment pratiquer la médecine dentaire factuelle nous-mêmes
2. en recherchant et en appliquant des sommaires de médecine dentaire factuelle produits par d'autres
 - Journaux qui évaluent en critique primaires des études
 - Revues systématiques: e.g. La collaboration Cochrane / NHS R&D

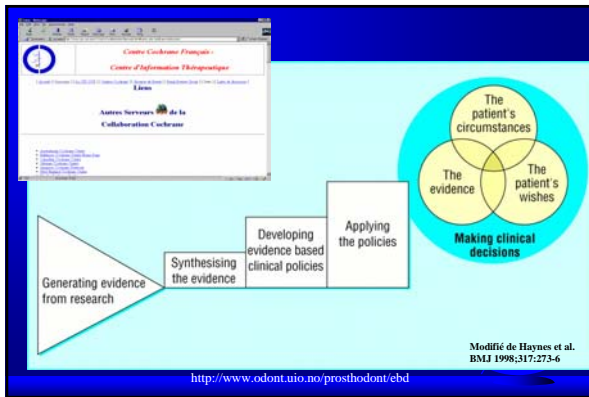
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Comment pouvons-nous appliquer EBD dans notre pratique quotidienne?

1. en apprenant comment pratiquer la médecine factuelle nous-mêmes.
2. en recherchant et en appliquant des sommaires de médecine dentaire factuelle produits par d'autres
3. en recevant et en appliquant des protocoles de pratique, des politiques et des directives basées sur des principes de médecine dentaire factuelle

<http://www.odont.uio.no/prosthodont/ebd>



Y a-t-il de la résistance vers médecine dentaire factuelle?



<http://www.odont.uio.no/prosthodont/ebd>

Médecine dentaire factuelle?

Une tendance de plus en plus à la mode d'un groupe académique médical de jeune, confiant, et fortement de numération de diffamer l'exécution des cliniciens expérimentés en utilisant une combinaison du jargon épidémiologique et de la manipulation statistique.

<http://www.odont.uio.no/prosthodont/ebd>

Médecine dentaire factuelle?

Arguments, habituellement présentés avec l'ardeur évangélique proche, qu'aucune action associée par santé ne devrait jamais être prise par un médecin, une infirmière, un acheteur des services de santé, ou un politicien à moins qu'il et jusqu'à ce que les résultats de plusieurs grandes et chères épreuves de recherches soient apparus dans la copie et aient approuvés par un comité d'experts

<http://www.odont.uio.no/prosthodont/ebd>

Médecine dentaire factuelle?

Remplace des résultats initiaux par des conclusions subjectivement choisies, arbitrairement récapitulées, blanchies et polarisées de validité ou de perfection indéterminée. Il a été effectué par des personnes des capacités, d'une expérience, et des qualifications inconnues en utilisant les méthodes dont l'opacité empêche l'évaluation des données initiales.

<http://www.odont.uio.no/prosthodont/ebd>

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