

Target group

(Young) researchers who want to learn more on how the publication of a scientific article is organised and some practical tips on how to write a scientific article. The workshop is open to all participants of the EUPHA conference.

Presenters

- Insight in the procedure from submission to publication in a refereed journal: *Staffan Janson/Anita Kallin*,

EJPH editorial office.

- Practical pointers on writing scientific articles: *Martin McKee*, EJPH Editor-in-Chief.
- Question time.

A list of books on writing scientific articles for non-native English speakers will be available.

Evidence-based Dentistry

Organisation of the Workshop: Bergmann-Krauss, B.*

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Subsequently to the Symposium focussed on 'Evidence-based Dentistry' and with reference to the discussion and the relevant results of this Symposium which was organised by the Institute of German Dentists together with the Academy of Postgraduate Education in Karlsruhe, the Agency for Quality in Dentistry (Zahnärztliche Zentralstelle Qualitätssicherung, Cologne) organises a workshop focussing on the same topic and which is scheduled to be held within the EUPHA-section 'Public Health Practice and Policy'. Three papers will be presented which will give an overview of the discussions concerning 'Evidence-based Medicine' with special reference to in Dentistry. The lectures will be submitted by:

1 Prof. Dr. Asbjorn Jockstad, Oslo, who will present a paper on international trends and developments. As 'Evidence-based Medicine' in dentistry becomes more and more important, especially in the U.K., and also in Scandinavia, USA, India and Chile respectively. These trends should and have to be integrated and incorporated in the German discussions in this respect.

2 PD Dr. Jens Türp, Freiburg, who will speak about 'Evidence-based Care of Patients with Temporomandibular Disorders'. He will describe a concrete and practical case of illness, i.e. masticatory muscle pain, and he will demonstrate the advantages of an evidence-based approach in comparison with the traditional opinion-oriented concept. It is requested to implement and use 'Evidence-based Dentistry' in routine dental practice in order to improve dental care as a whole.

3 Prof. Dr. Wilfried Wagner, Mainz, who will submit a paper on 'Problems concerning the Development and Implementation of Guidelines in Dentistry - taking the example of the therapy in case of retained molars'. At the moment, the process of developing evidence-based guidelines and the relevant implementation in dentistry is still a pilot project. Experiences and difficulties concerning the use and implementation of 'Evidence-based Medicine' with respect to developing guidelines will be analysed.

The discussion which is planned in this respect on the three papers shall focus on the problems and perspectives of 'Evidence-based medicine' with special reference to dentistry.

Current international developments and trends in Evidence-based dentistry (EBD)

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Different strategies have been attempted to implement evidence-based medicine in oral health care, coined evidence-based dentistry (EBD). The key objective is to convince all partakers to accept and apply central concepts of EBD, i.e. how to identify, appraise and apply the current best evidence in making decisions about the oral health care of our patients. The partakers are primarily dentists and dental hygienists in daily practice, but include also public health policy makers, third party payers, dental dealers and technicians among others. The most important partaker, however, is the individual patient who seeks help from a health professional. They have a right to expect that formal measures have been taken to assess the relative merits of the various forms of oral health care interventions on offer.^{np1033}

Strategies for implementing EBD have been applied on three levels.

- Development of practice protocols, policies and guidelines based on evidence-based principles,
- Generation of EBD summaries,
- Teaching how to implement EBD in daily practice, research and education.

Examples will be shown of practice protocols, policies and guidelines developed by FDI World Dental Federation, the National Health Services Centre for Reviews and Dissemination (UK) and others. EBD-format summaries are being developed by the Cochrane Collaboration Oral Group, and two scientific dental journals include secondary publications, i.e. the "Evidence-based Dentistry" (Nature) and "033 Evidence-based Dental Practice" (Mosby). Teaching how to implement evidence-based dentistry in 3daily practice, research and education is now being undertaken by several centers and organizations. The two most active centers are located in UK, but centres can now also be found in diverse locations such as in India and in Chile. The Internet offers for individuals wishing to learn about EBD an extensive amount of information in different languages. Examples of large link banks are will be presented.

Evidence-based care of patients with temporomandibular disorders

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Issue/problem

Among the conditions embraced under the term "temporomandibular disorders" (TMDs), temporomandibular pain - pain located in or around the temporomandibular joints and/or masticatory muscles - is the most conspicuous feature. The etiology of this musculoskeletal facial pain condition is still obscure, and the importance of dental factors in the genesis of temporomandibular pain has been de-emphasized lately. Nonetheless, a variety of different academic 'schools' exist. They promote a plethora of divergent, even contradictory modalities for diagnosis and treatment. Lately, clinical research has shown that only a limited success of care can be achieved by following one of the various dental/(bio)mechanical approaches, which emphasize the correction of a perceived deviation from a morphological norm. Indeed, such treatments may not only be unsuccessful, but lead to iatrogenic sequelae.

Aim

Taking a typical patient with masticatory muscle pain as clinical example, the traditional opinion-oriented and authority-driven "dental" concept of patient care is contrasted with an evidence-based approach derived from controlled clinical research.

Lessons learned

It becomes obvious that a considerable amount of under-, over- and mistreatment exists in the management of TMD patients. In fact, an increasing number of clinical trials have shown that many recommended diagnostic and therapeutic approaches are associated with unnecessary risks and costs. Conversely, certain less frequently used modalities have the potential to improve the outcome of patient care considerably. High-quality evidence derived from clinical research also suggests that an interdisciplinary network of different health care professionals and specialties, including dentistry, is likely to achieve the best results in the management of these patients.

Conclusions

To bridge the gap between scientific evidence and clinical practice, efforts should be made to accelerate the protracted transfer of knowledge into the dental office. It is conceivable that the adherence to and application of evidence-based principles will improve the quality of care of TMD patients.