

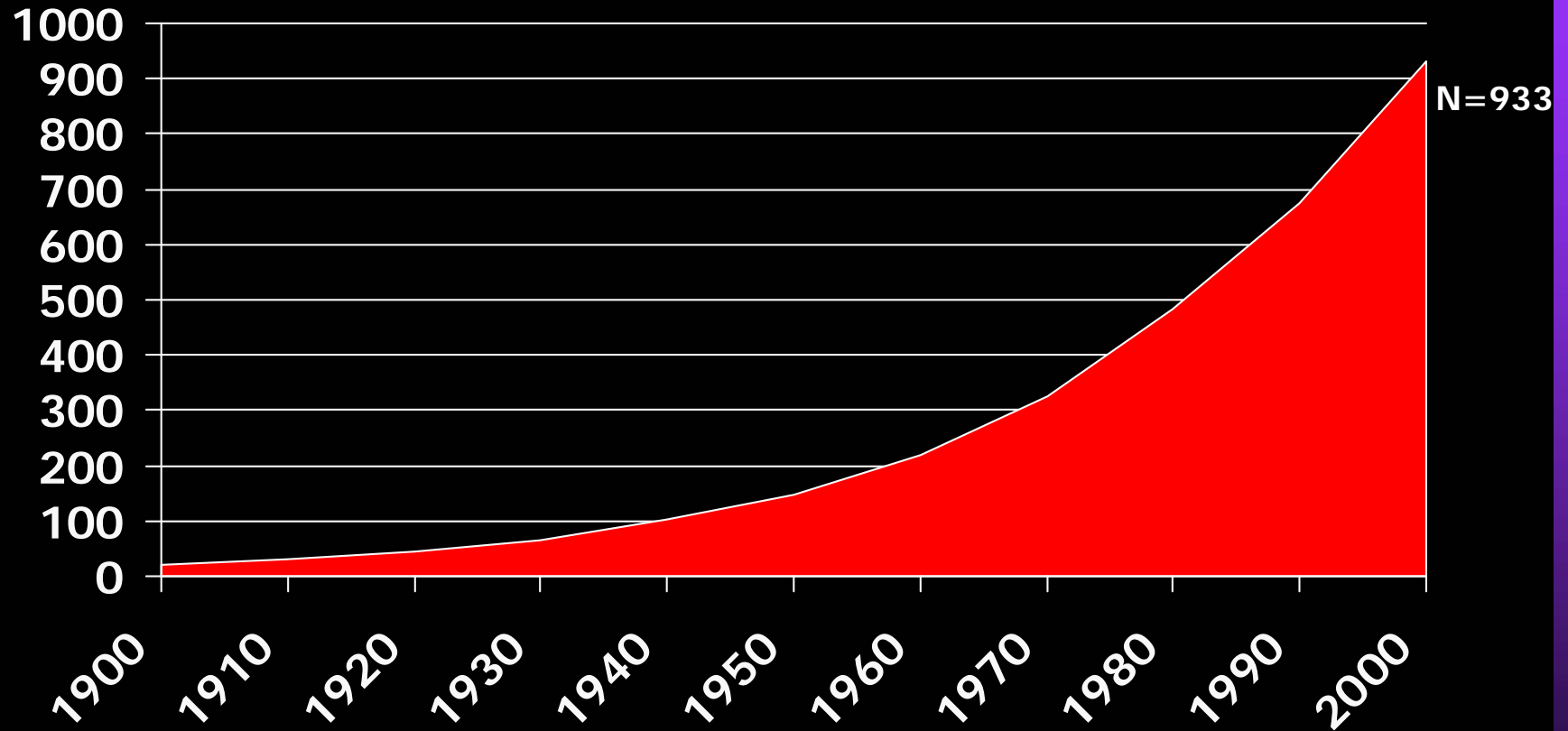
Policies, Statements and Guidelines in Oral health Care

Asbjørn Jokstad
University of Oslo, Norway
FDI Science Manager

A rapidly changing society

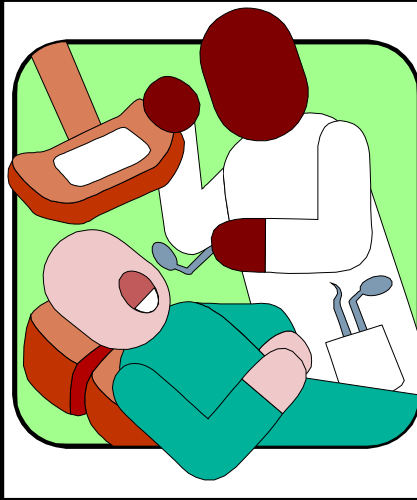
- The production of new knowledge is at maximum in historical context

Dental journals in circulation

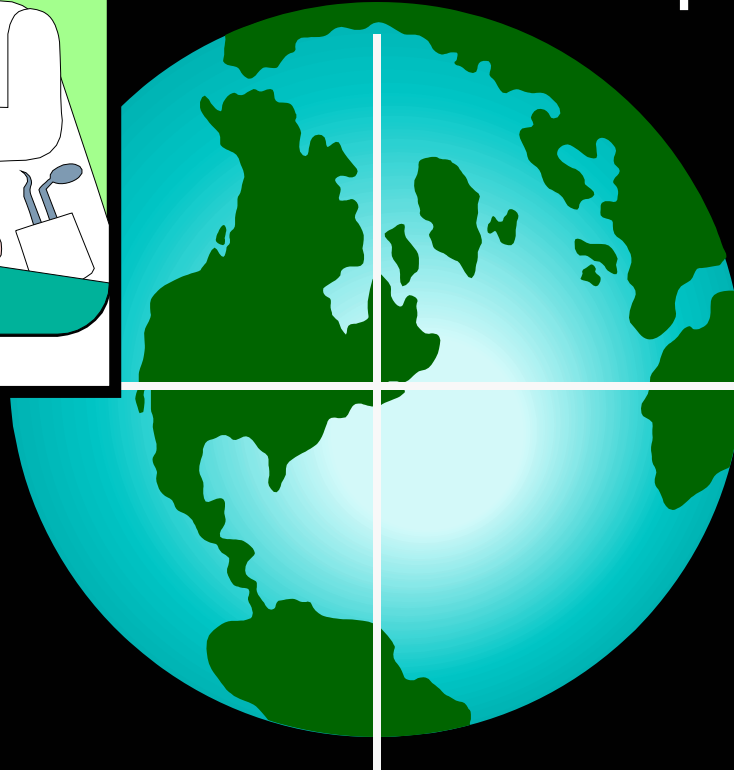


Source: Ulrich's International Periodicals Directory

Where and by who is
new knowledge in oral
sciences developed?

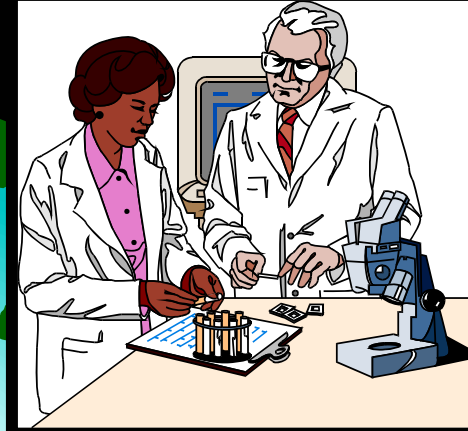


The clinical practitioners



- Single handed GPs/ specialists in teams; secondary/tertiary care
- Great diversity of experience, interest and capacity
- Draw on a panoply of experience
- Pragmatism: what works - what creates problems

The researchers



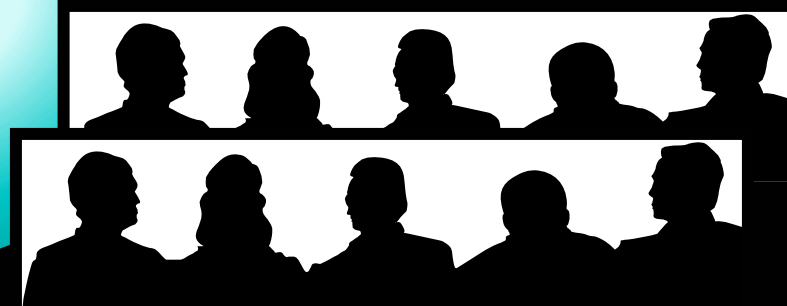
- Creates "scientific evidence"
- Formulation of ideas, hypotheses, study design, data collection
- Peer review, internal/external validity, debates within paradigms
- Report findings in probabilities, not absolutes

The appraisers of evidence for clinical practice



- Epidemiologists, health economists, statisticians, social scientists, and clinicians
- Collect, abstract and appraise practice related knowledge
- Debates about value and balance between consensus and evidence, rigour of data and application of statistics

Developers of local guidelines and protocols

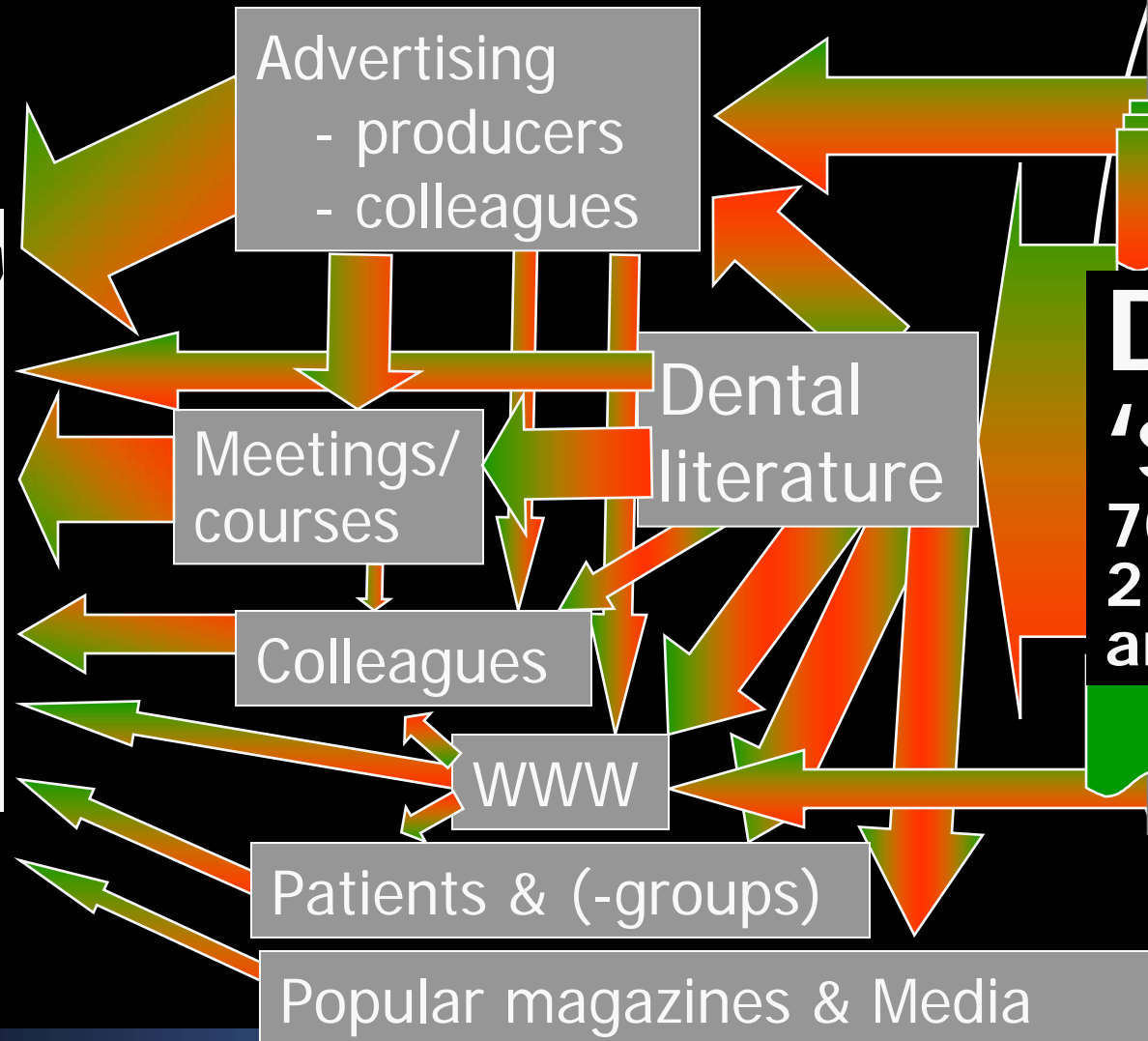
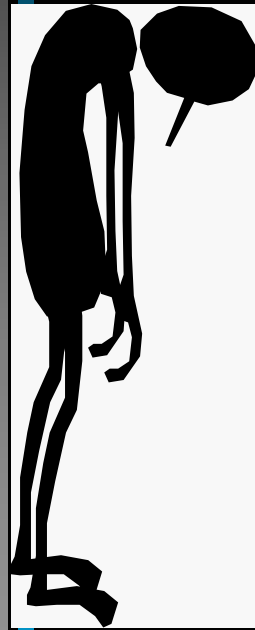


- Local consensus, sometimes on national guidelines
- Clinical specialists seeking ways to influence peers

A rapidly changing society

- The production of new knowledge is at maximum in historical context
- Incessant replacements of established ideas and concepts

Dentists' daily situation: An information overload



**Dental
'science'**
700 journals:
25 000
articles/yr

We need to consider not
only the
amount
of information, but also the
quality
of this information

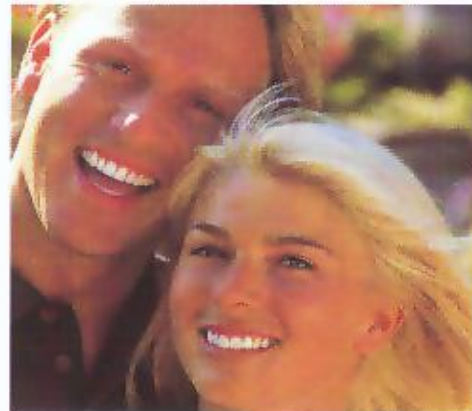
Solution: Integrate evidence-based principles in clinical practice

- A practical aspect
 - A strategy for solving clinical problems on a daily basis
- An ethical aspect
 - A strategy for being reasonably certain that my advises and treatments are the best available to my patients

A rapidly changing society

- The production of new knowledge is at maximum in historical context
- Incessant replacements of established ideas and concepts
- Information technology has improved the potential for information transfer to everybody

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SYNERGY® Super White shades are ideal for restoring whitened teeth and deciduous teeth.

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...shed with one-
...duced veneers

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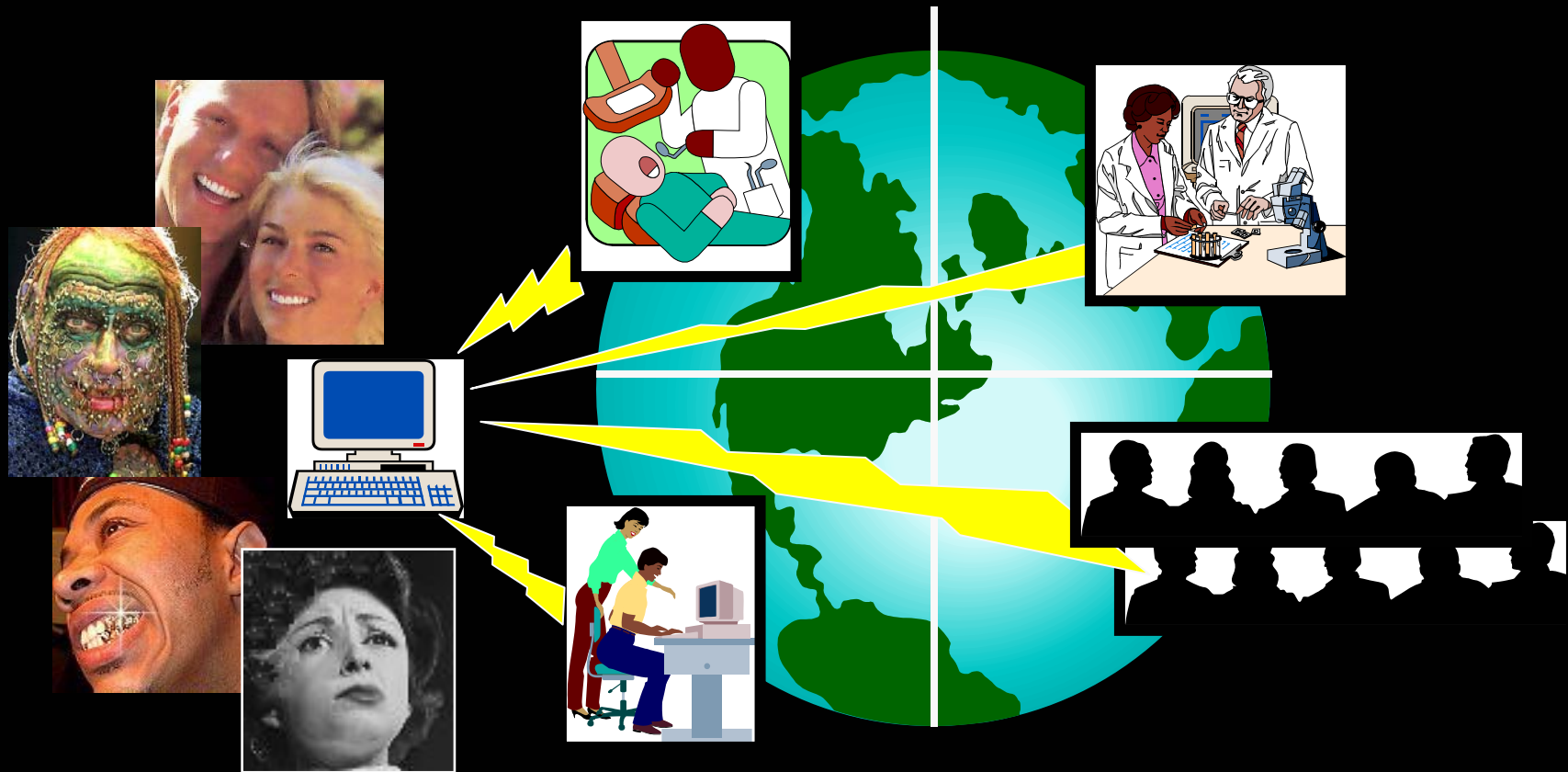


New patients?



Document: Done

Information transfer to patients



- ✓ Wish to remain sound, look healthy.... young!!!
- ✓ Competitive health providers and information sources
- ✓ **Patient information and communication**

General practitioners
need guidance on
professional issues in
the information age

Who's responsibility to
disseminate new
research findings to
the community of
dental practitioners?

Who's responsibility for
disseminating new research
findings to the community
of dental practitioners?

... and verify that this
is also implemented?

1980: NIH
Consensus dev.
Conf. For removal
of third molars

USA

1995: AAOMS Parameters of Care

1994: Workshop on the managem.
of patients with third molar teeth

1991: AAOMS Parameters of
Care

1980

1990

2000

UK

1993: Health Care Evaluation Unit, UK

1995: BAOMS Pilot Clinical Guidelines

1996: NHS R&D. National guidelines

1997: FDS RCS(Eng)

1998: Effectiveness Matters 3(2)

2000: NHS R&D HTA Programme

2000: SIGN
Guidelines

2000: NICE
Guidelines

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Dentists' decisions on prophylactic removal of mandibular third molars: a 10-year follow-up study

Kerstin Knutsson¹, Leif Lysell² and Madeleine Rohlin¹
¹Department of Oral Radiology, Faculty of Odontology, Malmö University, Malmö,
²Department of Oral Surgery, Central Hospital, Kristianstad, Sweden

Knutsson K, Lysell L, Rohlin M: Dentists' decisions on prophylactic removal of mandibular third molars: a 10-year follow-up study. Community Dent Oral Epidemiol 2001; 29: 308-14. © Munksgaard, 2001

Abstract - Objectives: In recent years, several critical outcome studies concerning the prophylactic removal of mandibular third molars have been published. These would appear to motivate a more restrictive approach today as compared with 10 years ago. The aim of the present study was to examine dentists' decisions on the prophylactic removal of impacted mandibular third molars over a 10-year period. **Methods:** Thirty-six cases were selected so as to represent an equal distribution on two occasions. **Conclusion:** In the decisions on prophylactic removal of mandibular third molars, there has been no change over the last 10 years towards a more non-interventionist attitude. Thus, the dentists seem not to have been influenced by the evidence that this intervention is not cost-effective.

presented a considerable interindividual variation in removal rate, between 0 and 22 molars on the first occasion and between 0 and 25 molars on the second occasion. **Conclusion:** In the decisions on prophylactic removal of mandibular third molars, there has been no change over the last 10 years towards a more non-interventionist attitude. Thus, the dentists seem not to have been influenced by the evidence that this intervention is not cost-effective.

Tel: +46 40 6658531 (business),
+46 40 160786 (home)
Fax: +46 40 160786
e-mail: Kerstin.Knutsson@od.mah.se
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Effect of selected literature on dentists' decisions to remove asymptomatic, impacted lower third molars

Wil J. M. van der Sanden¹,
Dirk G. Mettes¹, Alphons J. M.
Plasschaert¹, Richard P. G. M. Grol²,
Martin A. van't Hof³, Kerstin
Knutsson⁴, Emiel H. Verdonschot¹

University Medical Center,
¹Department of Cariology and Endodontology,
²Centre for Quality of Care Research (WOK),
³University of Nijmegen, Nijmegen,
The Netherlands, and
⁴Centre for Oral Health Services,
Lund University, Malmö, Sweden

van der Sanden WJM, Mettes DG, Plasschaert AJM, Grol RPGM, van't Hof MA, Knutsson K, Verdonschot EH. Effect of selected literature on dentists' decisions to remove asymptomatic, impacted lower third molars. *Eur J Oral Sci* 2002; 110: 2-7.
© Eur J Oral Sci 2002

The aim of this study was to assess the effect of studying selected literature on dentists' decisions to remove asymptomatic, impacted lower third molars. A pre-test-post-test control group design was used. Given 36 patient cases, two groups of 16 general dental practitioners each were asked to assess the need for removal of asymptomatic impacted lower third molars. The cases were classified by three parameters: 'position of the third molar', 'impaction type', and 'patient age'. After studying selected literature on this subject by the intervention group, both groups were asked to assess the same cases again. Frequencies of decisions to remove the third molars were calculated. For each participant, tables were composed by crosstabulating the indication to remove a third molar with each of the three parameters. *T*-tests were used to test the significance of the difference between pre-test and post-test decisions. The overall number of indications to remove asymptomatic, impacted lower third molars decreased by 37% in the intervention group. In the control group, the difference between pre- and post-test was not statistically significant. It was concluded that the provision of selected literature significantly influences treatment decision making by dentists in a third molar decision task.

Wil JM van der Sanden, University Medical Center, College of Dental Science, PO Box 9101, NL-6500 HB Nijmegen, The Netherlands

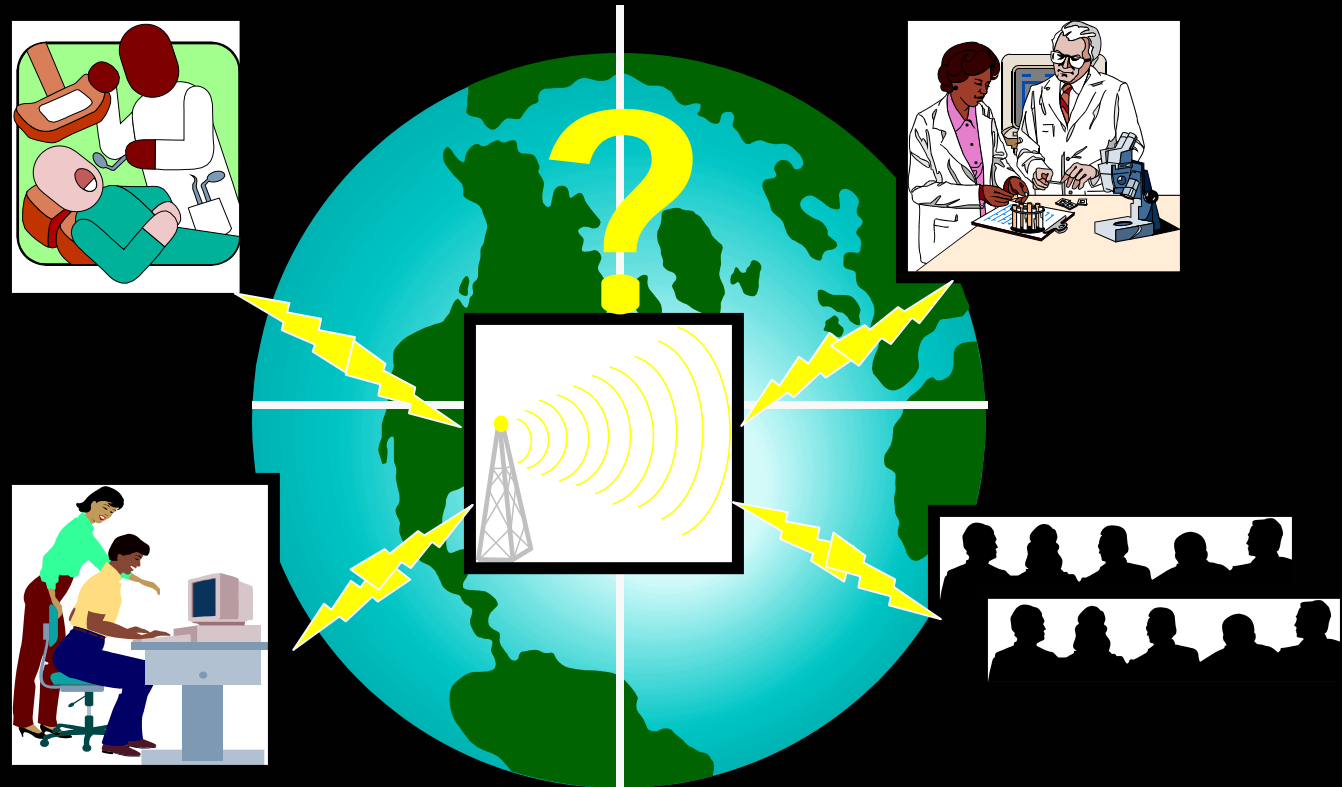
Telefax: +31-24-3540265
E-mail: w.vandersanden@dent.kun.nl

Key words: decision making; third molars; quality of care

Accepted for publication November 2001

How can
guidelines be
made valid and
applicable?

Communication barriers hinder development and implementation of *good* clinical guidelines



BARRIERS: Ignorance-Defensiveness-Arrogance
Different educational backgrounds, evaluation of best practice
Pressures, priorities, language, preoccupations

Guidelines –
in sum:

SHIT IN
SHIT OUT

Where to find
statements, policies
and guidelines in
dentistry?

The FDI Organisation | FDI World Dental Press | **fdi** | <http://www.fdiworldental.org> | Information

FDI Members | FDI Congress, Education & Events Calendar

FDI World Dental Federation

Site search, profession. resources

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- [Patient issues](#)
- [Public health issues](#)
- [Precautions in the dental office](#)
- [Materials, techniques & procedures](#)
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- [Dentists' world](#)

Patient issues			
Endocarditis	[World]	[FDI]	
Dental erosion	[World]	[FDI]	[FDI statement]
Disabled patients	[World]	[FDI]	
Emergency treatment	[World]	[FDI]	
Neuralgia	[World]		
Sport	[World]		
Odontophobia, psychology, fear	[World]	[FDI]	
Oral mucosal problems	[World]	[FDI]	
Saliva and oral health	[World]	[FDI]	
Temporomandibular dysfunction	[World]	[FDI]	
Public health issues [Top]			



Thank you
for your
kind
attention