

Evidence Based Dentistry

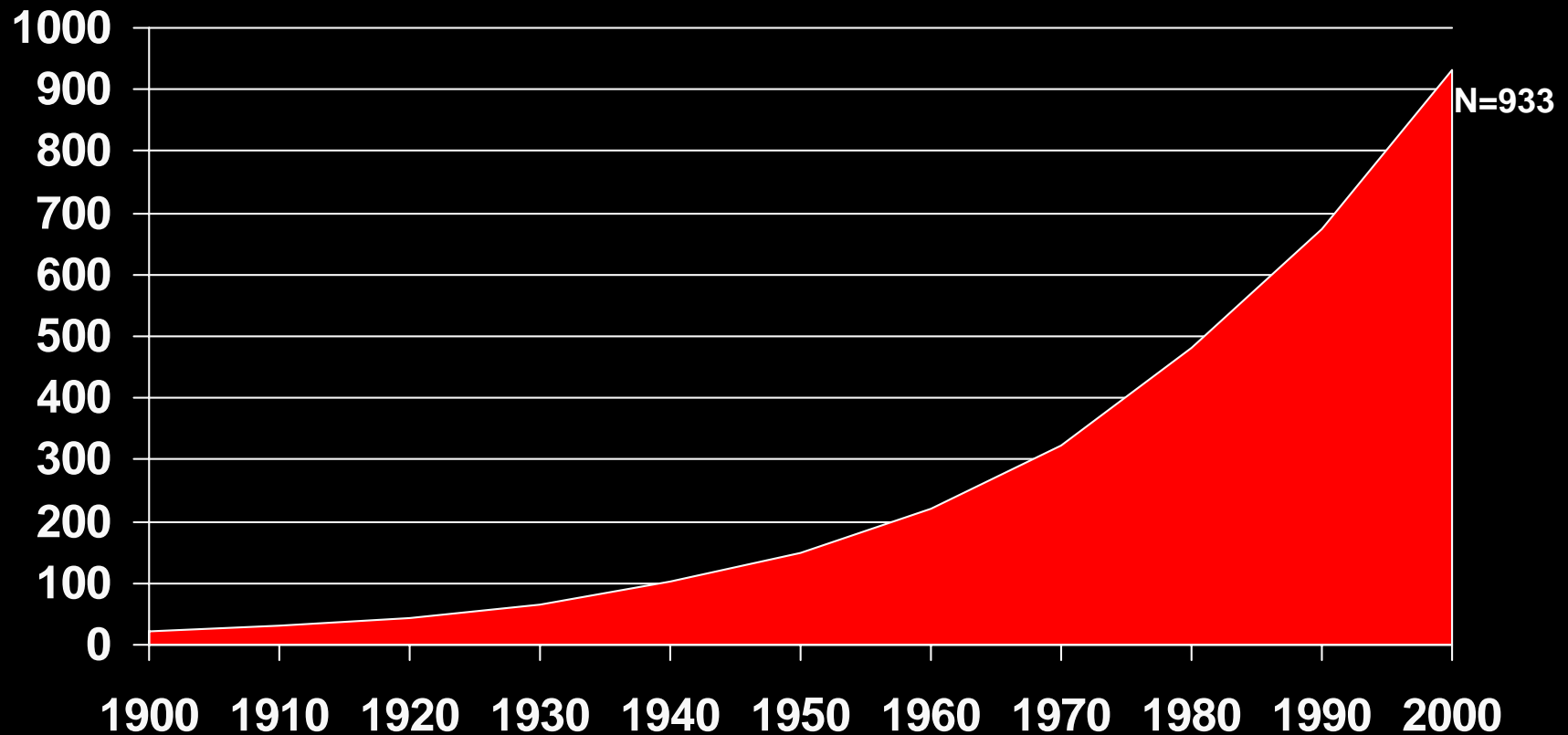
Current International Developments and Trends

Asbjorn Jokstad
University of Oslo, Norway

A rapidly changing society

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

Dental journals in circulation

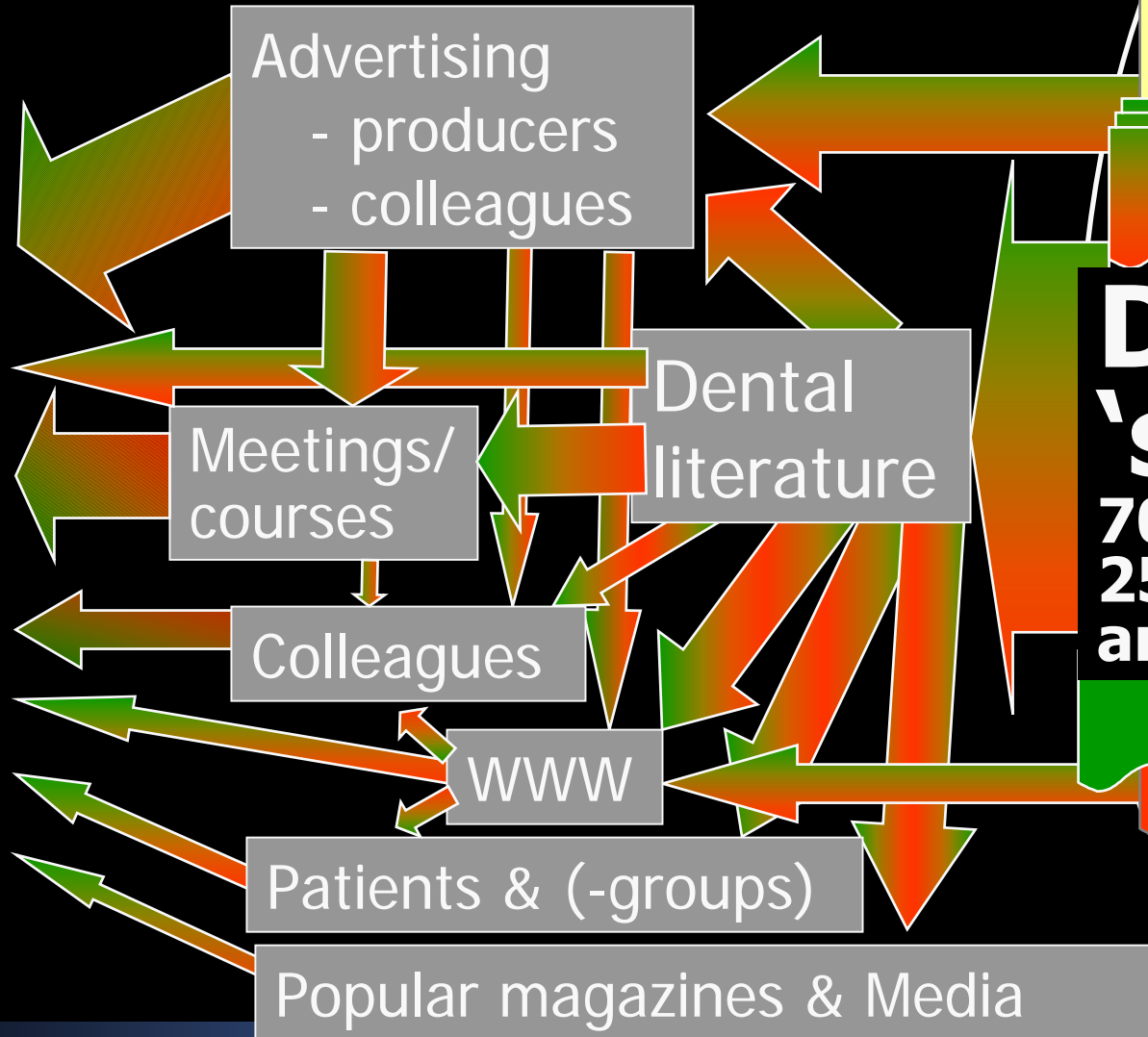
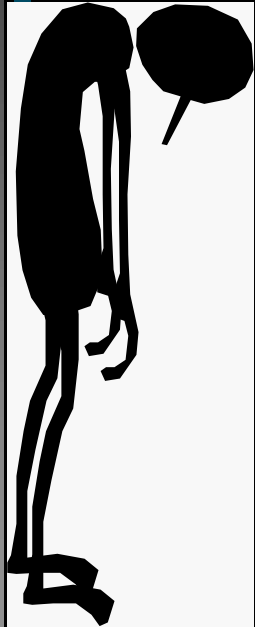


Source: Ulrich's International Periodicals Directory₃

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



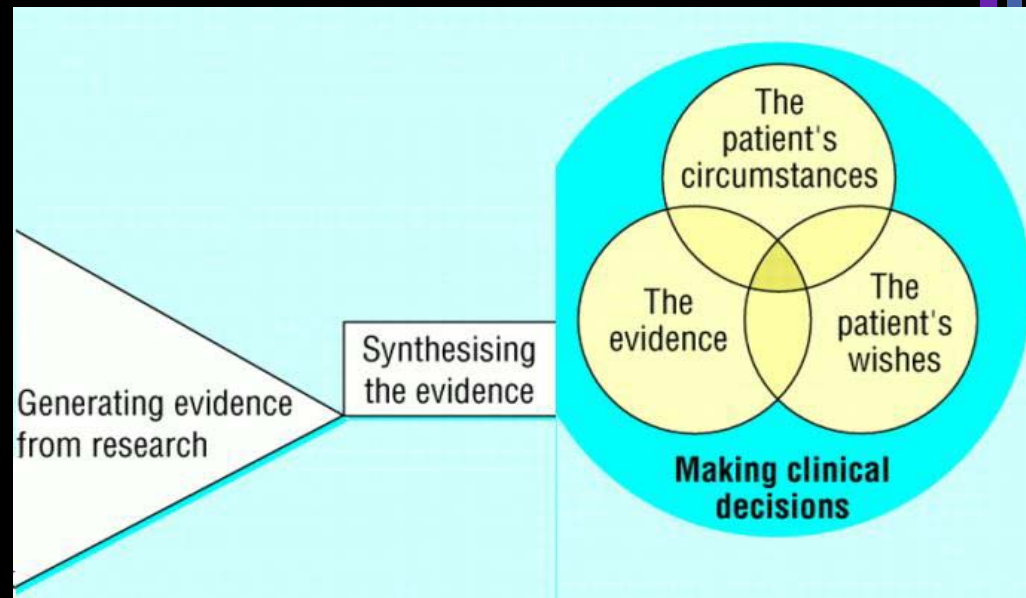
**Dental
'science'**
700 journals:
25 000
articles/yr



Applying EBM in dental practice

1. Learn how to practice evidence-based dentistry

- Books
- Seminars
- Internet
 - Online link banks
 - Online courses
 - Online resources
 - Articles



Cochrane Oral Health Group - Netscape

Location: http://www.cochrane-oral.mh.ca.uk/



Cochrane Oral Health Group

Welcome to our web-site

The Cochrane Collaboration

The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. The main work of the Collaboration is done by approximately fifty Collaborative Review Groups, within which Cochrane Reviews are prepared and maintained. The Cochrane Oral Health Review Group aims to produce systematic reviews which primarily include all randomised control trials (RCTs) of oral health. Oral health is broadly conceived to include the prevention, treatment and rehabilitation of oral, dental and craniofacial diseases and disorders.


Scope of the Group

The Cochrane Oral Health Group aims to produce systematic reviews which primarily include all randomised controlled trials (RCTs) of oral health. Oral health is broadly conceived to include the prevention, treatment and rehabilitation of oral, dental and craniofacial diseases and disorders.

What's New ?

- [Course on Evidence Based Practice in the Dental Specialties](#)

Document: Done



Centre for Evidence-Based Dentistry

Developing Evidence-based Dentistry

Home What's New Events

The Centre for Evidence-based Dentistry is an independent body whose aim is to promote evidence-based dentistry world-wide. The Centre was formed in early 1995. Following a workshop on Evidence-based Dentistry held at Templeton College, Oxford in December 1994.

Search

Centre for Evidence-based Dentistry India
Odontologia Basada en la Evidencia

Jan 2003 Boston Evidence-based

- Home
- What's New
- About the Centre
- Forthcoming Events
- Evidence-based Links
- Centre & Units
- Books & Journals
- Teaching & Tools
- Guideline sites
- Search sites
- Discussion list
- Evidence-based tools
- Critical Appraisal
- Databases
- Evidence into practice
- Guidelines
- Papers
- Qualitative
- RCTs
- Searching
- Statistics

Centre for Evidence-Based Dentistry & Informatics, India - Netscape

Location: http://www.cods.net/cebd/index.htm

Untitled Document - Netscape

Location: http://ebdonline.tripod.com/cbe/UntitledFrame-test.htm

Inicio Introduccion Los Pasos La Evidencia Links Contacto

Grupo de Odontología Basada en la Evidencia

Facultad de Odontología Universidad de Valparaíso

Bienvenido a la primera página en Español acerca de *Odontología Basada en la Evidencia*. Esta página está en permanente construcción y te invitamos a colaborar en ella y [unirte](#) al Grupo de Odontología Basada en la Evidencia.

Grupo de Odontología Basada en la Evidencia-Valparaíso

Clinica de Odontología Infantil
Servicio de Traumatología Infantil
Universidad de Valparaíso
Francisca Vidales, Noguera # 652
Valparaíso
Tel: (56) 32 506690 Fax: (56) 32 506696
Web desarrollada por [Sergio Uribe, CD](#)
Creada en Junio del 2000.
Última actualización 2 de abril del 2001.
Se permite criticar el material expuesto indicando la fuente de procedencia (dirección http).

HONORARIO CODE

La Banda de navegación

Centre for Evidence-Based Dentistry And Informatics

CEBD-i Home

Best seen at 800x600 in IE

About
Structure
Objectives
Events
FAQs
Links
Resources
Contact
College of Dental Sciences

WELCOME TO CEBD-i WEB SITE!

Centre for Evidence-Based Dentistry & Informatics
at College of Dental Sciences
Pavilion Road
Davangere-577004
Karnataka, India

Tel.: 91-8192-30432, Fax: 91-8192-51070
e-mail: codsop@sancharnet.in

Workshop exclusively for Orthodontists!
"Value of Evidence in Orthodontic Decisions"
REGISTER ON-LINE
Last date to register: 15th July 2001

© 2000, 2001. Centre for Evidence-Based Dentistry & Informatics. [Disclaimer](#)

Address http://www.isebd.com/index.html

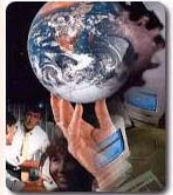
International Society of Evidence-Based Dentistry

Welcome

home
about us
services
extras
resources
contact us

Welcome to the official website for the International Society of Evidence-Based Dentistry!

WHAT'S NEW-ANNOUNCEMENTS
-The First Annual Membership Meeting of the ISEBD will take place on November 6 and 7, 2003 in Chicago, IL.



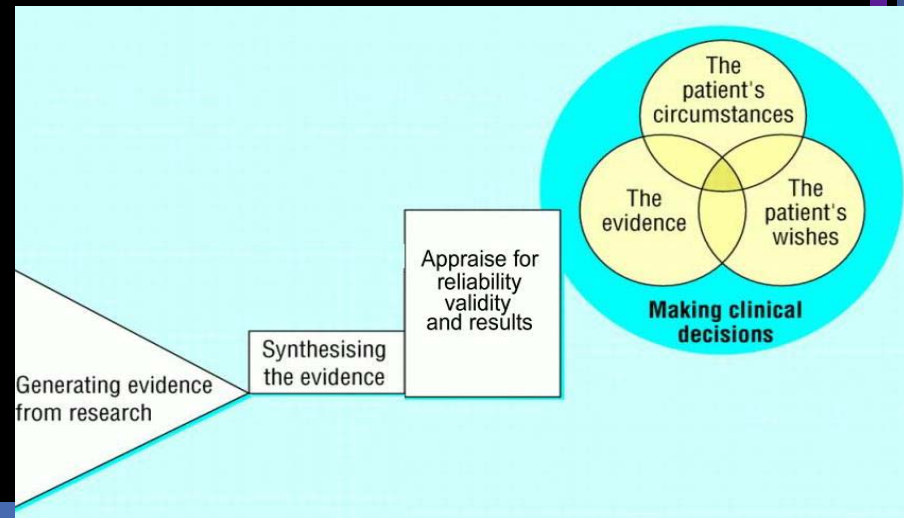
A rapidly changing society

- 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

Applying EBM in dental practice

1. Learn how to practice evidence-based dentistry
2. Seek and apply evidence-based dentistry summaries generated by others

- Journals that critically appraise primary studies



nature.com

nature publishing group

nature science update

naturejobs

help



nature publishing group

Evidence-Based Dentistry

SEARCH

go

advanced search

my account

e-alerts

subscribe

register

Journal home

For readers

Content
Online sample issue
E-alerts

For authors

Editor
Instructions for authors
Scope



Customer services

Subscribe
Prices
Order sample copy
Purchase articles,
reprints & permissions
Recommend to your
library
Contact us
Advertising

Society publishing

NPG Subject areas

Access material from all
our publications in your
subject area:

-  Biotechnology
-  Cancer



ISSN 1462-0049
2002 Volume 3
Publishes 4 issues a
year

View tables of contents

A central resource for the most cutting-edge and relevant issues concerning the evidence-based approach in dentistry today. A *British Dental Journal* and Nature Publishing Group publication.

Audience

Evidence-Based Dentistry is aimed at general dental practitioners to help them keep abreast of the best available evidence on the latest developments in various aspects of clinical dentistry. In addition, it is an invaluable tool for the specialist practitioners needing to maintain an awareness of new approaches outside their branch of dentistry.

*Please click [here](#) for the appendix tables for the following paper - these tables did not appear in the printed version of EBD

Vol 3:1

Benchmarking the dental randomized controlled literature on MEDLINE

Niederman R., Chen L., Murzyn L., Conway S.



Mosby	Periodicals Home		Search	User Pref	Help
JEBDP Home	Table of Contents	All Issues	Order	About this Journal	<< Issue >> Issue



Table of Contents for
July 2001 • Volume 1 • Number 1

Free Items Paid Items

Statement of purpose and methods

3A

[FULL TEXT](#) [PDF](#)

Editorials

TOP

A letter from the Editor-in-Chief and the Publisher

1

Michael G. Newman, DDS, Cynthia L. Baudendistel

[FULL TEXT](#) [PDF](#)

A new perspective...Two steps back: Integration of the evidence-based method in a general practice residency program

3

Elliot Abt, DDS, MS

[FULL TEXT](#) [PDF](#)

Evidence-based information is not a conspiracy to limit insurance benefits

5

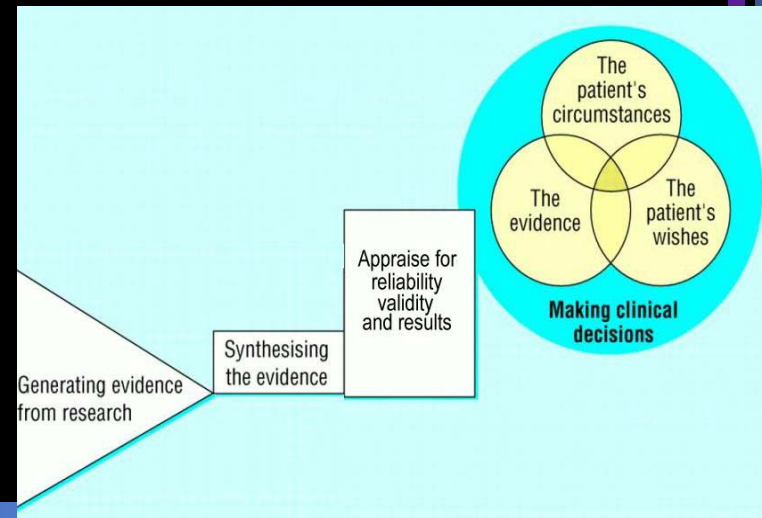
Maxwell Anderson, DDS

Applying EBM in dental practice

1. Accept and apply practice protocols, policies and guidelines based on evidence-based principles

2. Seek and apply evidence-based dentistry summaries generated by others

- Journals that critically appraise primary studies
- Systematic reviews
 - Cochrane Collaboration
 - NHS R&D
 - Literature





SEARCH PHRASE:

go

Refine your search

SELECTED: UNSELECT SAVE VIEW

dent* - 9779 hits

- ▶ **The Cochrane Database of Systematic Reviews (187 out of 2655)**
- ▶ **Database of Abstracts of Reviews of Effectiveness (79 out of 3740)**
- ▶ **The Cochrane Central Register of Controlled Trials (CENTRAL) (9311 out of 345378)**
- ▶ **The Cochrane Database of Methodology Reviews (2 out of 15)**
- ▶ **The Cochrane Methodology Register (CMR) (46 out of 4002)**
- ▶ **About the Cochrane Collaboration (15 out of 86)**
- ▶ **Health technology assessment database (HTA) (33 out of 2838)**
- ▶ **NHS Economic evaluation database (NHS EED) (106 out of 10255)**

2002 Issue 4
ISSN 1464-780X

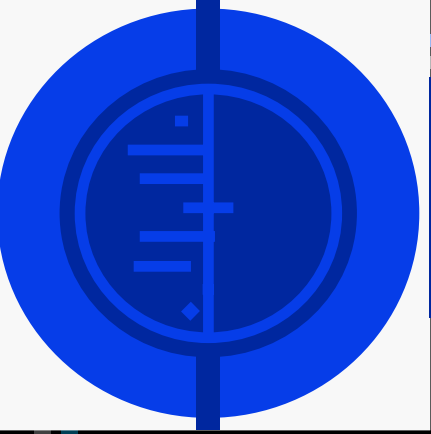


the cochrane library

the best single source of reliable evidence about the effects of health care

The Cochrane Library presents the work of the Cochrane Collaboration and others interested in assembling reliable information to guide health-care decisions.

- [About the Cochrane Library](#)
- [Using The Cochrane Library](#)
- [Comments and feedback](#)
- [Technical support](#)



Cochrane Oral Health Group

- 250 members from 25 countries
- Specialist trials register ~14,000 entries
- Systematic reviews: near 90
- OHG offers help to complete reviews

Contact: Emma.Tavender@man.ac.uk

<http://www.cochrane-oral.man.ac.uk>



#	Search History	Results	Display
1	exp dentistry/ Details	220557	Display
2	limit 1 to review articles Details	9324	Display
3	limit 1 to meta-analysis Details	110	Display
4	limit 1 to ebm reviews [Limit not valid in: Pre-MEDLINE; records were eliminated] Details	92	Display
5	1 and systematic review.mp. [mp=ti, ab, rw, sh] Details	50	Display
6	3 or 4 or 5 Details	225	Display
7	limit 6 to yr=1970-1980 Details	3	Display
8	limit 6 to yr=1981-1985 Details	14	Display
9	limit 6 to yr=1986-1990 Details	24	Display
10	limit 6 to yr=1991-1995 Details	51	Display
11	limit 6 to yr=1996-2000 Details	88	Display
12	limit 6 to yr=2001-2002 Details	44	Display

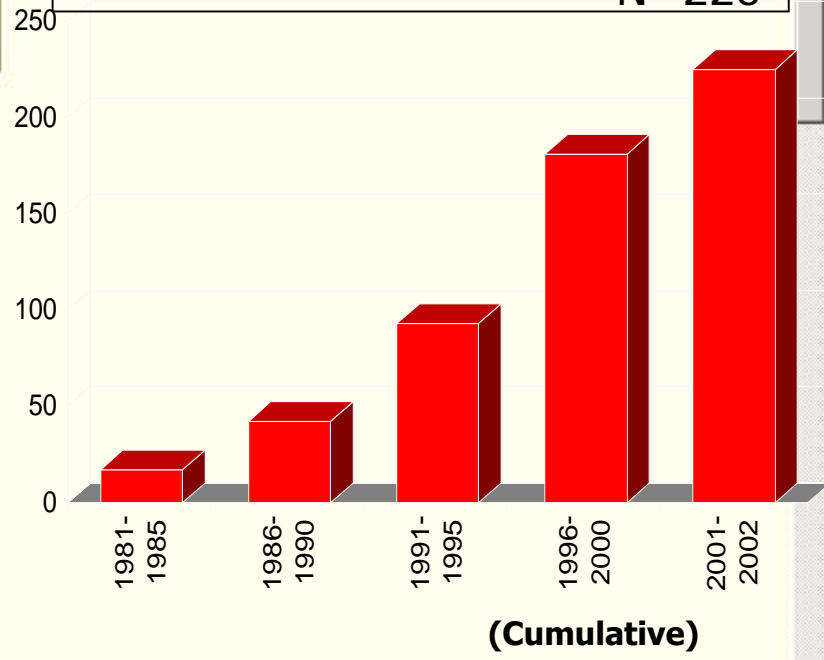
Saved Searches
 Save Search History
 Delete Searches
 Remove Duplicates

Enter **Keyword** or phrase:

Limit to:
 Abstracts
 English Language
 Review Articles
 EBM Reviews
 Human

Systematic reviews in dentistry

N=225



Topics (n=236)

- Pain & pharmacotherapy (n=51)
- Periodontology (n=31)
- Restorative dentistry (n=28)
- Caries (n=23)
- Fluoride issues (n=17)
- Orthodontics (n=16)
- Implant-related (n=11)
- Antibiotics, acupuncture, apnea, infection control, oral medicine, sealants, sedation, treatment decisions, toxicology, TMD...

Topics (n=236)

- Pain (n=51)
- Periodontology (n=31)
- Restorative dentistry (n=28)
- Caries (n=23)
- Fluorides (n=17)
- Orthodontics (n=16)
- Implant-based prosthetics (n=11)
- Antibiotics, acupuncture, apnea, infection control, oral medicine, sealants, sedation, treatment decisions, toxicology, TMD...

11

1st. Pan-European IADR meeting, Cardiff, 28 September 2002

Guided tissue regeneration



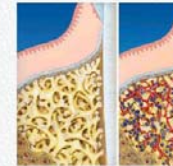
GORE-TEX™ REGENERATIVE MATERIAL

TRANSGINGIVAL CONFIGURATIONS



Geistlich
Biomaterials

System for Periodontia



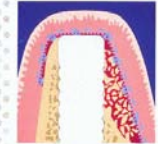
The well-established system for natural bone regeneration, Bio-Ox® and Bio-G regeneration: the PERIO-System, which uses Bio-Ox® COLLAGEN and Bio-G study trials provide proof of its compatibility for use in periodontal indications.

The new Bio-Gide® PERIO which forms an effective barrier



COLLAGEN MEMBRANE

A new concept in guided bone regeneration



GUIDOR™
THE BIORESORBABLE MATRIX BARRIER

BioMend™



The proven, absorbable membrane.



When it comes to regeneration of lost tissue, BioMend is your best choice for effective treatment by Geistlich.

Sulzer Calcitek Inc.

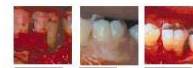
A Longer Lasting Membrane

THE COLLAGEN Advantage
Derived from bovine Achilles tendon, one of the richest sources of Type I collagen in nature.
Data from clinical trials demonstrated no increase in sensitivity reactions. Other types of membranes containing PGA and PLA degrade slowly to acids and have been associated with an inflammatory response.

CLINICAL Advantages

Predictability of Results Steps intact at least 4 weeks, functioning as a barrier during the critical period of wound healing, fully absorbed 8 weeks post-op.

Bioresorbable (even surgery for membrane removal is not necessary) and maintains barrier for long-term regeneration.
3-D Matrix Allows you to place flap and packing into, securing the barrier membrane and gingival wound debridement.



BioMend Extend™

Maintains an Effective Barrier Longer!

week 1 Fully Absorbed in 10 Weeks

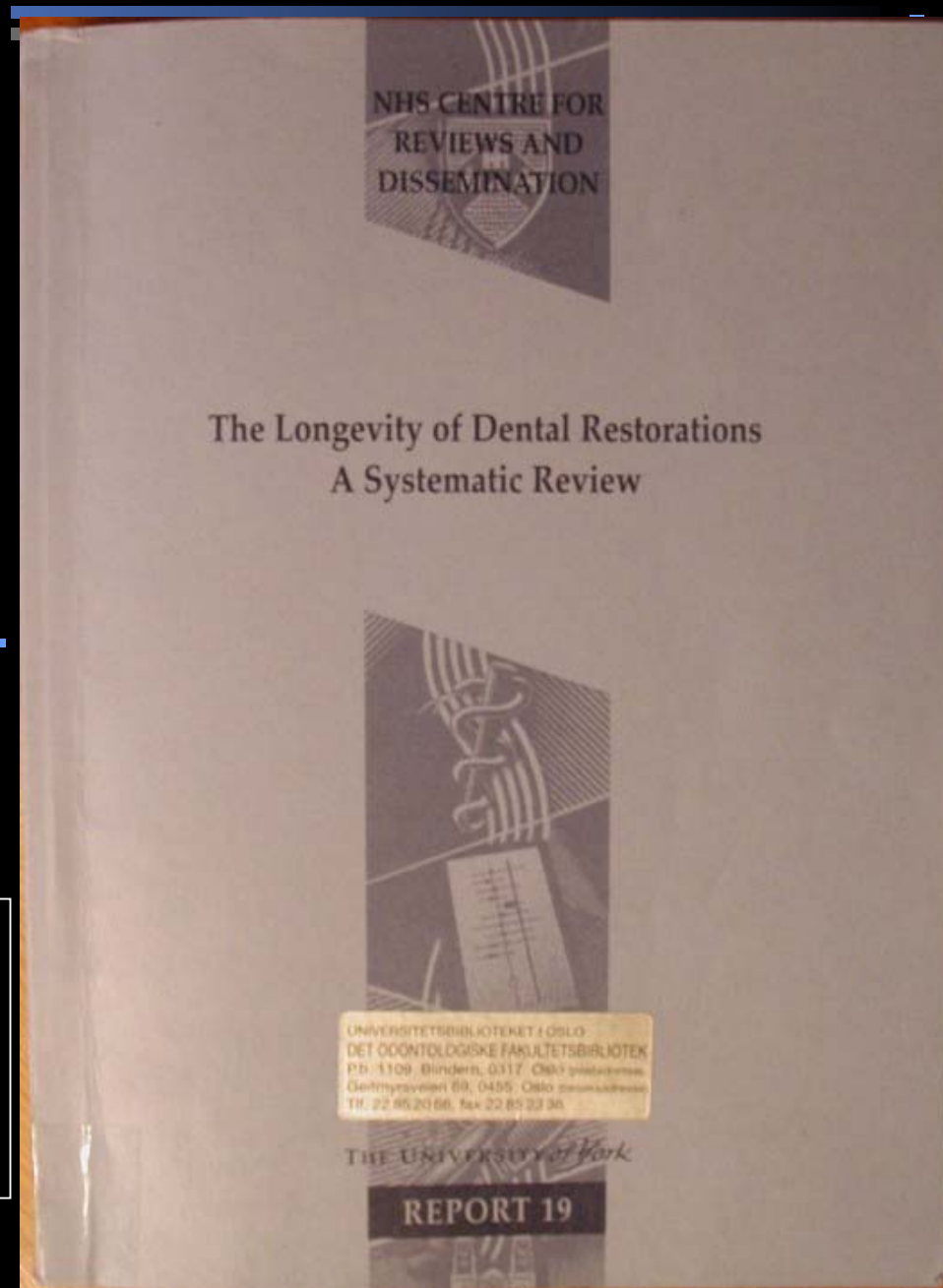
Topics (n=236)

- Pain (n=51)
- Periodontology (n=31)
- Restorative dentistry (n=28)
- Caries (n=23)
- Fluorides (n=17)
- Orthodontics (n=16)
- Implant-based prosthetics (n=11)
- Antibiotics, acupuncture, apnea, infection control, oral medicine, sealants, sedation, treatment decisions, toxicology, TMD...

11

1st. Pan-European IADR meeting, Cardiff, 25 September 2002

Restorative Dentistry

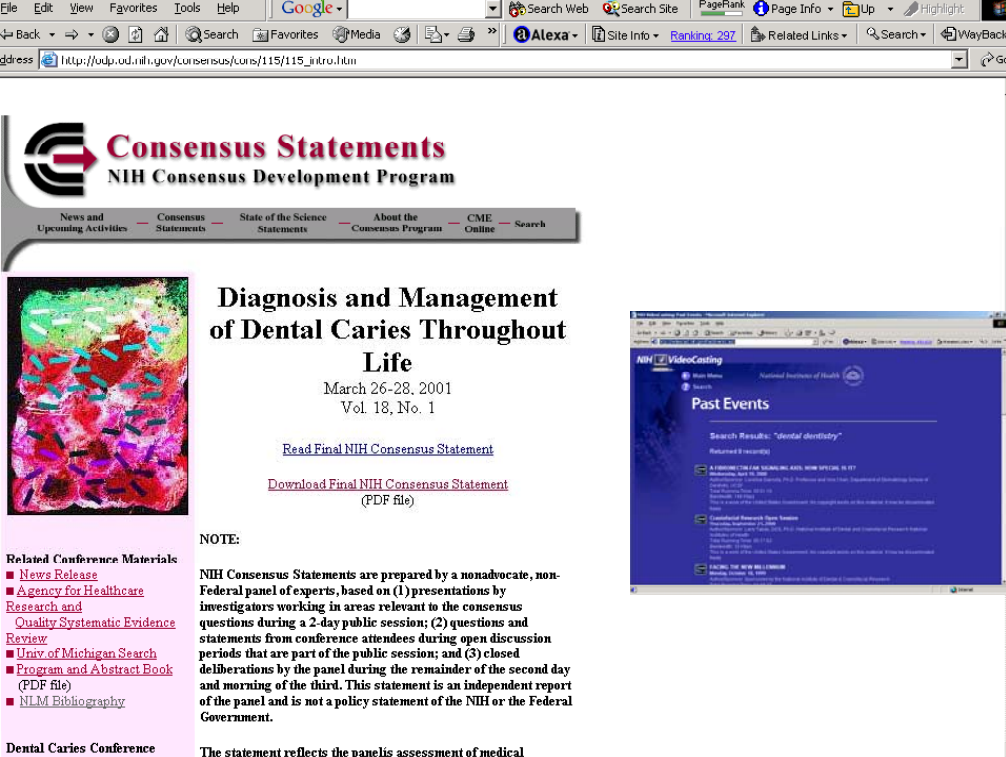


Topics (n=236)

- Pain (n=51)
- Periodontology (n=31)
- Restorative dentistry (n=28)
- **Caries (n=23)**
- Fluorides (n=17)
- Orthodontics (n=16)
- Implant-based prosthetics (n=11)
- Antibiotics, acupuncture, apnea, infection control, oral medicine, sealants, sedation, treatment decisions, toxicology, TMD...

11
1st. Pan-European IADR meeting, Cardiff, 25 September 2002


Dental caries



The screenshot shows a web browser window with the URL http://odp.od.nih.gov/consensus/cons/115/115_intro.htm. The page title is "Consensus Statements NIH Consensus Development Program". The main heading is "Diagnosis and Management of Dental Caries Throughout Life", dated March 26-28, 2001, Vol. 18, No. 1. There are links to "Read Final NIH Consensus Statement" and "Download Final NIH Consensus Statement (PDF file)". A "NOTE:" section explains that the statements are prepared by a non-Federal panel of experts based on presentations, questions, and closed deliberations. A "Dental Caries Conference" section states that the statement reflects the panel's assessment of medical evidence. On the right, a "Past Events" section shows search results for "dental dentistry".

Consensus Statements
NIH Consensus Development Program

News and Upcoming Activities — Consensus Statements — State of the Science Statements — About the Consensus Program — CME Online — Search



Diagnosis and Management of Dental Caries Throughout Life
March 26-28, 2001
Vol. 18, No. 1

[Read Final NIH Consensus Statement](#)

[Download Final NIH Consensus Statement \(PDF file\)](#)

NOTE:

NIH Consensus Statements are prepared by a non-Federal panel of experts, based on (1) presentations by investigators working in areas relevant to the consensus questions during a 2-day public session; (2) questions and statements from conference attendees during open discussion periods that are part of the public session; and (3) closed deliberations by the panel during the remainder of the second day and morning of the third. This statement is an independent report of the panel and is not a policy statement of the NIH or the Federal Government.

Dental Caries Conference

The statement reflects the panel's assessment of medical evidence.

Related Conference Materials

- [News Release](#)
- [Agency for Healthcare Research and Quality Systematic Evidence Review](#)
- [Univ of Michigan Search Program and Abstract Book \(PDF file\)](#)
- [NLM Bibliography](#)

Past Events

Search Results: "dental dentistry"

Returned 2 recordings

- 1. [A PROCEEDING FOR THE IADR MEETING, 25 SEPTEMBER 2002](#)
- 2. [Consensus Statement: Diagnosis and Management of Dental Caries Throughout Life](#)

Topics (n=236)

- Pain (n=51)
- Periodontology (n=31)
- Restorative dentistry (n=28)
- Caries (n=23)
- Fluorides (n=17)
- Orthodontics (n=16)
- Implant-based prosthetics (n=11)
- Antibiotics, acupuncture, apnea, infection control, oral medicine, sealants, sedation, treatment decisions, toxicology, TMD...

1st. Pan-European IADR meeting, Cardiff, 25 September 2002

Papers

Outcome measures

Studies that estimated the effect of fluoride on caries investigated two main outcomes at baseline and at the final examination. These were decayed, missing and filled primary permanent teeth, and the proportion of children without caries. The measure of effect used for the analysis was the difference of the change in prevalence of caries from baseline to the final examination in the fluoridated area compared with the control area in children of the same age.

In those investigations of the effect of fluoride levels of caries we took the outcome measure from the first survey data for the meta-regression of caries status. The outcome used were the data on effect size (mean difference) for decayed, missing, and filled primary permanent teeth and the data on difference in risk for the proportion of children without caries. This was done because correlation between the mean difference of the change in incidence of caries and baseline caries may be an spurious association. The median risk difference was used to estimate the number needed to treat for the proportion of children without caries.

Several studies are used to study enamel opacities, excluding fluorosis. Dental fluorosis was defined here as any score other than normal on each index used. As the importance of a fluorosis score at the lowest level of each index is debatable, a second method was intended. This method describes the number of people who have dental fluorosis that may cause "aesthetic" concerns to the patient. The level at which fluorosis was judged to cause aesthetic concern was taken from a survey of 17 year old children in the United Kingdom¹ and corresponded to a tooth surface index of fluorosis score of six or more, a Thystrup and Ekstrand index score of three or more, or Dean's classification of "mod" or worse. Studies that used other indices could not be included in this analysis. Full details of indices can be found elsewhere.²

Analysis

Where the data were in a suitable format we plotted measures of effect and 95% confidence intervals. Heterogeneity was investigated by visual examination of forest and contour plots with the Cochrane³ RevMan software. Where there was significant heterogeneity we conducted meta-regression. Random effects models were adopted throughout to combine study results. Meta-regression was used to explore the influence of study characteristics on outcomes as an attempt to try to explain any heterogeneity between studies. Meta-regression was used to explore the influence of fluoride concentration with the meta-analysis. We used multilevel regression analysis to combine studies and investigate the association between fluoride concentration with the prevalence of decayed, missing and filled primary permanent teeth. Each study used a different fluoride concentration under observation within a study was included separately in the model. The log-likelihood of having fluorosis was modelled as a function of fluoride concentration. The analysis was carried out with the MIXED procedure within SAS (SAS Institute, US). Full details of methods used in the analysis including all factors investigated in meta-regression can be found elsewhere.⁴

Results

We included 13 studies, none of which were of high quality (see outline). The study designs used included randomised controlled studies, 105 case-control studies, 11 ecological studies, 13 cohort (prospective) or retrospective studies, and seven cross-sectional studies. Summary of individual study designs and full details on findings are available elsewhere.⁵

Positive effects

Based on studies of the effect of water fluoridation on dental caries met the inclusion criteria all but three of the studies included were conducted before or after studies. Of the three remaining, two used prospective

cohort designs and the other a retrospective cohort design. The estimated heterogeneity values assumed different groups of children of the same age (12 years) on the baseline (before fluoridation) and final (after fluoridation) surveys. All studies were of evidence level 1 (level 2) and the mean quality score was 5 (range 3 to 8 out of 9).

Figures 1 and 2 show estimates of the effect of fluoridation on the change in decayed, missing, and filled teeth and on the change in children without caries compared with control children for studies in which fluoridation was initiated after the baseline survey.⁶ Including studies on 222 more than one age group in the results. There was significant heterogeneity among the included studies (P<0.001).

The range (median) of the mean difference in the proportion (%) of children without caries was -5.00 to 6.40 (1.40); interquartile range 3.05 to 2.14. In the fluoridated areas there was a significant increase in the proportion of children without caries in 19 of 30 analyses. They were analysed found a significant decrease in the proportion of children without caries in the fluoridated area. We estimate that that a median of six people would need to receive fluoridated water for one extra person to be free from caries. Interquartile range of the distribution of number needed to treat was 4 to 9 people.

Effect of the analysis found a significantly greater mean change in decayed, missing, and filled primary permanent teeth in the fluoridated areas than the non-fluoridated areas (Fig 3). The range (median) of mean change in decayed, missing, and filled primary permanent teeth was 0.8 to 4.2 (2.2) teeth. Interquartile range 1.25 to 2.5 teeth.

Meta-regression showed that the proportion of child without caries at baseline, the setting and the study size show a significant association with the difference in risk as the proportion of children without caries. It added the results of the meta-regression can be found on the BMJ website. Fluoride decayed, missing, and filled primary permanent teeth, age, setting, and duration of study show a significant association with the mean difference in decayed, missing and filled primary permanent teeth.

Negative effects

A total of 175 included studies examined possible negative effects of water fluoridation.

Dental fluorosis

We included 18 studies of dental fluorosis. These were largely cross-sectional designs, with only five conducted before-after designs. The mean target study size for fluorosis was only 25 (15, 5-50) and of 3. All of the studies were of evidence level 2. Overall quality score was low (1 study 4). Full details of outcomes are available elsewhere.⁷

Regression analysis showed a significant association for both methods of measuring the prevalence of fluorosis (Fig 4 and 5). From these models the pooled estimates of the prevalence of fluorosis at a water fluoride concentration of 1.0 ppm was 0.0% (95% confidence interval 0.0% to 0.0%) and the prevalence of aesthetic concern 12.3% (95% to 2.3%). There was, however, considerable heterogeneity between results of individual studies.

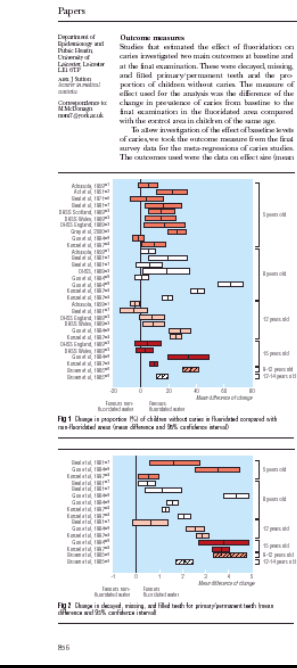


Fig 3 Change in proportion (%) of children without caries in fluoridated compared with non-fluoridated areas (mean difference and 95% confidence interval)

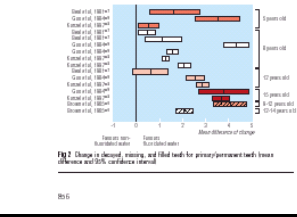


Fig 4 Change in dental decay, missing, and filled teeth for primary permanent teeth (mean difference and 95% confidence interval)



Fig 5 Proportion of people with dental fluorosis at baseline versus the proportion of people with dental fluorosis at follow-up

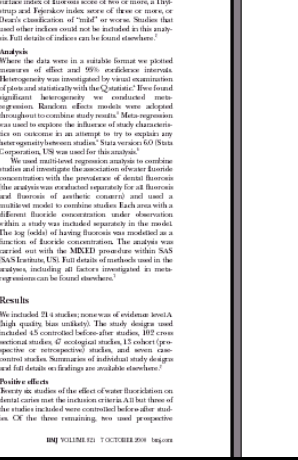


Fig 6 Proportion of people with aesthetic concern at baseline versus the proportion of people with aesthetic concern at follow-up

Water fluoridation

NHS CRD Report 18
Synopsis: Br Med J 2006; 321: 855-9

Topics (n=236)

- Pain (n=51)
- Periodontology (n=31)
- Restorative dentistry (n=28)
- Caries (n=23)
- Fluorides (n=17)
- Orthodontics (n=16)
- Implant-based prosthetics (n=11)
- Antibiotics, acupuncture, apnea, infection control, oral medicine, sealants, sedation, treatment decisions, toxicology, TMD...

11

1st. Pan-European IADR meeting, Cardiff, 25 September 2002

Impacted third
molars



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

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

UK

We have learned:

Systematic reviews and guidelines are not necessarily known to the community of dental practitioners

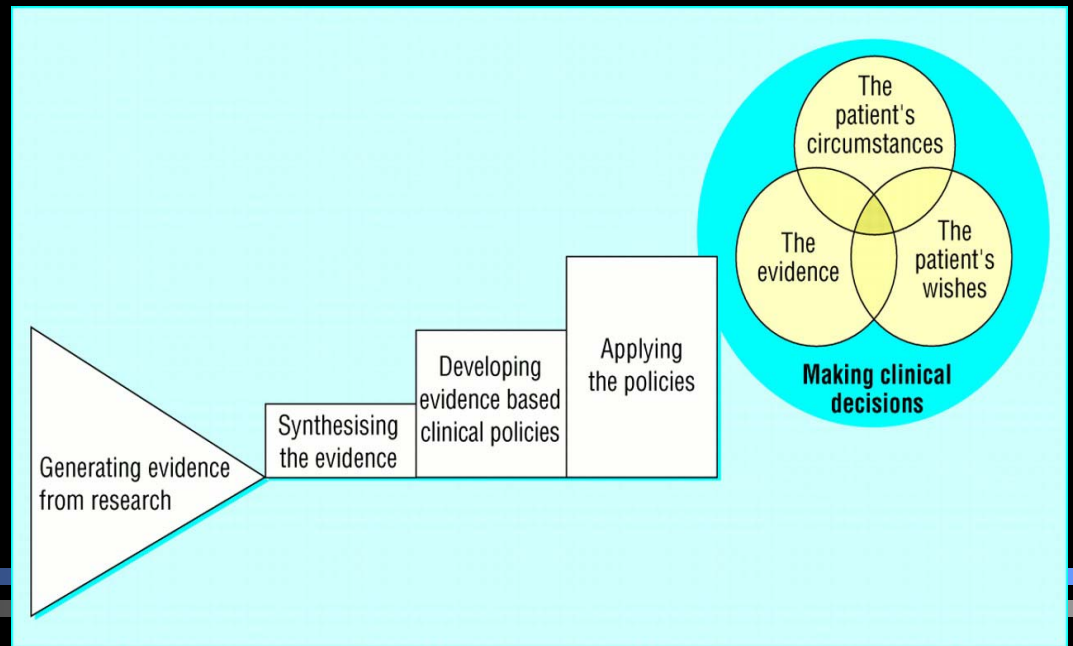
Who's responsibility
to disseminate new
research findings to
the community of
dental practitioners?

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

... and verify that this is also implemented?

Applying EBM in dental practice

3. Accept and apply practice protocols, policies and guidelines based on evidence-based principles



Address http://www.ahrq.gov



Agency for Healthcare Research and Quality
Quality Research for Quality Healthcare

Search Browse
What's New Site Map

Quick Menu

Frequently Asked Questions (FAQs)
How AHRQ Helps People
Grants On-Line Database

News & Information
Newsroom Media Resources
In Memoriam
Tribute to John M. Eisenberg, MD
State & Local Policymakers
User Liaison Program
Publications & Products
Information, Quality, Guidelines
FOIA Reading Room
Freedom of Information Act
Electronic Policies
Accessibility, Copyright, Disclaimers, Linking, Privacy
About AHRQ
Budget & Mission
Strategic Plan
Organization & Contacts

Spotlight: Practice-Based Research Networks

Clinical Information
Evidence-based Practice
Outcomes & Effectiveness
Technology Assessment
Preventive Services
Clinical Practice Guidelines

Consumers & Patients
Health Conditions/Diseases
Health Plans
Prescriptions
Prevention & Wellness
Quality of Care
Quit Smoking
Surgery
Información en español

Funding Opportunities
Overview
Grant Announcements
Peer Review
Grant Award Resources
Policy Notices
Contract Solicitations
Research Training


Data & Surveys
MEPS
Medical Expenditure Panel Survey
HCUP
Healthcare Cost & Utilization Project
HCUPnet
Interactive Tool for Hospital Statistics
HIV & AIDS Costs & Use
Healthcare Informatics

Child Health Women's Health Minority Health

Research Findings
Research Activities: Online Newsletter
Research Topics: Fact Sheets / Syntheses
Primary Care
Managed Care
Long-Term Care
Healthcare Costs
Markets
Methods
Elderly Healthcare
Mental Health
Rural Health

Quality Assessment
CONQUEST

Address http://www.guideline.gov/index.asp



NATIONAL GUIDELINE CLEARINGHOUSE
www.guideline.gov

NGC RESOURCES HELP WHAT'S NEW SITE MAP CONTACT NGC

Thursday, November 7, 2002

Welcome! You are connected to the **National Guideline Clearinghouse™ (NGC)**, a public resource for evidence-based clinical practice guidelines. NGC is sponsored by the **Agency for Healthcare Research and Quality** (formerly the Agency for Health Care Policy and Research) in partnership with the **American Medical Association** and the **American Association of Health Plans**. Click on **About NGC** to learn more about us.

Start your search by typing keywords into the search box on this page, or click on a Browse NGC link or on **Detailed Search**.

A **Non-Frames/Text Only** version of the site is also available.

Search NGC:

 10 results *Results (per page) [Search Help](#) [Detailed Search](#)

Browse NGC:
[Disease/Condition](#)
[Treatment/Intervention](#)
[Organization](#)

NGC News:
[New/Updated CDC and ICSI guidelines. Go to "What's New This Week"](#)
[Guideline Summaries on Bioterrorism](#)
[Subscribe to the NGC Weekly E-mail Update Service](#)


NGC Resources:
[Annotated Bibliographies](#)
[Discussion List](#)
[EPC Reports](#)
[Guideline Index](#)
[Linking to NGC](#)
[NGC FAQ](#)
[NLM Links](#)
[Patient Resources](#)
[PDA/Palm](#)
[Summary Archive](#)

Compare Guidelines:
[Guideline Collection](#)
[Guideline Syntheses](#)

How to Submit Guidelines to NGC

[About NGC](#) [NGC Resources](#) [Help](#) [What's New](#) [Contact NGC](#) [Site Map](#)
[Home](#) [Non-Frames/Text Only Site](#) [Accessibility](#)

National Guideline Clearinghouse Disclaimer
 © 2002 National Guideline Clearinghouse
 Privacy Policy Notice
 Date Modified: 11/4/2002 8:55 a.m.



CRD Databases - Netscape

File Edit View Go Communicator Help

Back Forward Reload Home Search Netscape Print Security Shop Stop

Bookmarks Location http://agatha.york.ac.uk/welcome.htm

THE UNIVERSITY of York

NHS CENTRE FOR REVIEWS AND DISSEMINATION

CRD Databases

DARE **NHSEED** **HTA**

[Abstracts of quality assessed systematic reviews](#) [Economic evaluations of health care interventions](#) [Publications and projects by INAHTA and other HTA organisations](#)

[Recent changes to database search features - find out more!](#)

[Disclaimer](#) [Click here for the CRD home page](#)

NHS Centre for Reviews and Dissemination
 University of York, York, YO16 6DB
medis@york.ac.uk

Address http://144.32.228.3/scripts/WEBDC.EXE/Inhsrdr/newsearch

THE UNIVERSITY of York

NHS CENTRE FOR REVIEWS AND DISSEMINATION

Search results

Select sets of items by clicking in the boxes or click on the title to see an individual record

All Databases (DARE, NHS EED, HTA)
 dental/All fields OR dentistry/All fields OR oral health/All fields - 271 Hits (1-12)

(Record 1)
Oral implants II - systematic review, expert panel.
 Comité d'Evaluation et de Diffusion des Innovations Technologiques (CEDIT) 1996.

(Record 2)
Appropriate use of materials for dental reconstruction.
 Health Council of the Netherlands, Gezondheidsraad (GR) 1998.

(Record 3)
Application and costs of 2 types of dental implants compared to conventional prosthesis - primary research.
 Health Care Insurance Board/College voor zorgverzekeringen (CvZ) 1995.

(Record 4)
The safety of dental amalgam: a state of the art review - nonsystematic review.
 Conseil d'Evaluation des Technologies de la Sante du Quebec, Conseil d'Evaluation des Technologies de la Sante du Quebec (CETS) 1997: 74.

(Record 5)
Oral health care technology.
 Vehmanen R. Finnish Office for Health Care Technology Assessment (FinOHTA) 1997 (FinOHTA Report No. 6): 48.

http://www.nice.org.uk/cat.asp?pn=professional&ncr=toplevel&ln=men

NHS National Institute for Clinical Excellence

Welcome to NICE

SEARCH NICE
Advanced > Go

7 November 2002

VISION IMPAIRED

Recruitment of Health Technology Analyst
5 November 2002

The Institute has a vacancy for a talented enthusiastic analyst within it's Technology Appraisals Team.

Myocardial Infarction - early thrombolysis treatment (No.52)
30 October 2002

NICE has issued guidance to the NHS in England and Wales on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction. Listed below are key documents for this appraisal, click on the title to link to the relevant document

links:

- 2002/054 NICE issues guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction
- Full guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction
- Information for patients: Guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction
- Summary: Guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction

QUICK LINKS

- Full guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction
- Full guidance on the use of computerised cognitive behavioural therapy for anxiety and depression
- Full guidance on the use of imatinib for chronic myeloid leukaemia
- Full guidance on the use of ultrasound locating devices for placing central venous catheters
- Full guidance on home compared with hospital haemodialysis for patients with end-stage renal failure
- Full guidance on the use of glycoprotein IIb/IIIa inhibitors in the treatment of acute coronary syndromes

SECTIONS

- News Archive
- Using this Site
- About NICE
- Board Meetings
- Citizens Council
- Clinical Audit
- Clinical Guidelines
- Conference
- Interventional procedures
- Links
- National Collaborating Centres
- Press Office
- Publications
- Technology Appraisals

MY LANGUAGE

- English
- Cymraeg

MY PREFERENCES

- Vision Impaired
- Display options
- Email notify
- Privacy

Management of Type 2 Diabetes - management of blood pressure and blood lipids
30 October 2002

This blood pressure and blood lipids management guideline is one of a series of guidelines on type 2 diabetes. Other guidelines in the series cover the management of renal disease and retinopathy (published March 2002) and the management of blood sugar levels (published September 2002). NICE is also updating the Royal College of General Practitioners' guideline on the management of footcare for patients with diabetes - publication of the amended

Address http://www.sign.ac.uk

SEARCH NICE
Advanced > Go

7 November 2002

VISION IMPAIRED

Recruitment of Health Technology Analyst
5 November 2002

The Institute has a vacancy for a talented enthusiastic analyst within it's Technology Appraisals Team.

Myocardial Infarction - early thrombolysis treatment (No.52)
30 October 2002

NICE has issued guidance to the NHS in England and Wales on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction. Listed below are key documents for this appraisal, click on the title to link to the relevant document

links:

- 2002/054 NICE issues guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction
- Full guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction
- Information for patients: Guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction
- Summary: Guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction

QUICK LINKS

- Full guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction
- Full guidance on the use of computerised cognitive behavioural therapy for anxiety and depression
- Full guidance on the use of imatinib for chronic myeloid leukaemia
- Full guidance on the use of ultrasound locating devices for placing central venous catheters
- Full guidance on home compared with hospital haemodialysis for patients with end-stage renal failure
- Full guidance on the use of glycoprotein IIb/IIIa inhibitors in the treatment of acute coronary syndromes

SECTIONS

- News Archive
- Using this Site
- About NICE
- Board Meetings
- Citizens Council
- Clinical Audit
- Clinical Guidelines
- Conference
- Interventional procedures
- Links
- National Collaborating Centres
- Press Office
- Publications
- Technology Appraisals

MY LANGUAGE

- English
- Cymraeg

MY PREFERENCES

- Vision Impaired
- Display options
- Email notify
- Privacy

Sign
Scottish Intercollegiate Guidelines Network

LINKS

- About SIGN
- New
- Patients
- Guidelines
- Events
- Search
- Development Process
- Links

Sign's new Director

About SIGN | Guidelines | New | Methodology | Patients | Links | Events | Search

DN | NATIONAL GUIDELINES NETWORK | SHOW | AGREE

Scottish Intercollegiate Guidelines Network
9 Queen Street, Edinburgh EH2 1JQ
Website address: http://www.sign.ac.uk

Tel. 0131-225 7324
Fax. 0131-225 1769

Web contact: d.service@rope.ac.uk
Last modified 1/11/02
© SIGN 2001-2002

SBL

News
About SBU
Projects
Reports
Newsletter
Links
Ambassador
Internationally
Alert
Contact us
Search

SBL

News
About SBU
Projects
Reports
Newsletter
Links
Ambassador
Internationally
Alert
Contact us
Search

Sweden

Welcome to SBU

NEWS FROM SBU

New SBU-report

Prevention, Diagnosis, and Treatment of Venous Thromboembolism - a systematic review

English summary and conclusions available [click here...](#)

Conference in September 2003

SBU in cooperation with Malmö University, School of Health and Society have the pleasure to invite you to the conference on:

Evidence-Based Nursing - A Challenge for Practice
September 4-5, 2003, Malmö, Sweden. [Read more...](#)

Medical Science & Practice (English edition)

[Click here to read more...](#)

SBU - The Swedish Council on Technology Assessment in Health Care
SBU, P. O. BOX 5650, S-114 86 Stockholm, SWEDEN
Phone: +46-8-412 32 00. Fax: +46-8-411 32 60

SBU

Evidensbaserad
TANDVÅRD

SBU

Behov av utvärdering i tandvården

NY RAPPORT

Behov av utvärdering i tandvården på medföljande svarskupong. Du kan också försäkra dig om kontinuerlig information från SBU genom att anmäla dig till SBU:s adresslista.

STÄMNING BEREDNING FÖR MEDICINISKT UTVÄRDERING

STÄMNING BEREDNING FÖR MEDICINISKT UTVÄRDERING

The FDI Organisation | FDI World Dental Press | **fdi** | Global Dental Aid & Aid Organization | The Dental Industry

FDI Members | FDI Congress, Education & Events Calendar | Global Dental Information | Professional Resources

FDI World Dental Federation

Site search, profession. resources

Search



National and International Guidelines & Statements, Position papers and Proceedings



- Professional Resources
- Guidelines database**
- Dental journals on WWW
- Continuing education courses
- Inquiries - Dental Science
- Emerging technologies

- Patient issues
- Public health issues
- Precautions in the dental office
- Materials, techniques & procedures
- Specialised procedures
- Education & Scientific issues
- Dentists' world

www.fdiworldental.org

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]			



Search

- Professional Resources
- Guidelines database
 - Dental journals on WWW
 - Continuing education courses
 - Inquiries - Dental Science
 - Emerging technologies

FDI World Dental Federation

131%

Navigation icons: back, forward, home, search, print, etc.

Bookmarks

Thumbnails

Comments

Signatures

DECLARATION DE LA FDI

DIRECTIVES POUR UN CODE D'ETHIQUE POUR LES PUBLICATIONS DENTAIRES

La responsabilité de l'éditeur (Associations) est de :

1. S'assurer que les auteurs jouissent d'une véritable liberté de rédaction, sans crainte de renvoi, si le Rédacteur en chef ne publie pas un matériel politique à la demande l'éditeur ou, au contraire, publie un matériel politique que l'éditeur souhaite ne pas voir publier. L'exception à cette règle est un matériel diffamatoire.
2. Laisser le Rédacteur en chef prendre les décisions définitives sur le contenu du journal.
3. Ne pas encourager la publication d'un publiereportage comme éditorial. La nature de toutes les publicités et de tous les publiereportages doit être clairement indiquée.
4. Ne pas accepter de publier du matériel rédactionnel, lorsqu'un journal est patronné par un organisme extérieur.

1997	Illegal dental practice	Statement	International	FDI General Assembly 1997	London: FDI	Contact: FDI	et m
------	-------------------------	-----------	---------------	---------------------------	-------------	------------------------------	------

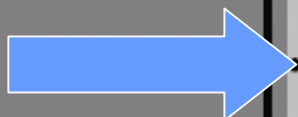
Project title: Oral Cancer

Initiated: 7.1996

Terminated: 12

Outcomes:

- FDI World Conference Pro
- FDI World Conference Wo
- FDI World Conference Pro
- FDI World Conference Wo
- FDI statement. FDI World
- Blue Mouthwash. FDI W
- FDI statement. FDI world
- FDI World 8(1):24.1999
- Johnson N, Warnakulas
- Diagnosing Oral Cancer
- Help? FDI World 1998; 7
- Circulation of mailings to r
- on Oral Cancer
- FDI World Conference Pro
- Johnson N. Oral Cancer
- 7(1):14-19
- Johnson N. Oral Cancer
- World 1997; 6(6):10-16
- Johnson N. How do we
- and potentially malignant
- 7-13
- Johnson N. What causes
- 6(4): 7-11
- Johnson N. Oral Cancer
- World 1997; 6(3):19-21



Diagnosing oral cancer: can Toluidine Blue mouthwash help?

Following our visit about oral cancer in professions of FDI World, Prof Norill Johnson and colleagues explain the use of a product designed to aid detection of oral cancer.

Oral cancer is the sixth most common malignancy worldwide. It remains a highly lethal and certainly disfiguring disease. The prevention and early diagnosis of oral cancer lies mainly in the hands of the primary dental care professions. Whilst approaches to prevention include guidance on avoidance of dangerous habits (notably tobacco and alcohol), on adequate nutrition and on adequate oral and personal hygiene, dentists are important in secondary prevention through opportunistic screening and planned screening of populations at high risk.

Using a detecting solution

So how can dentists be helped in this process? Thorough visual and digital examination of all the oral soft tissues, along with careful examination of the head, neck and cervical lymph nodes, followed by biopsy of suspicious areas, remains the mainstay of diagnosis. However, a method that is now gaining widespread attention is the adjunctive use of a solution of Toluidine Blue, which stains cancerous lesions a dark blue, thus distinguishing it from the rest of the oral mucosa. Although it has been used for many years for cancer detection at several body sites, including the mouth, it is

now being marketed commercially around the world in the form of a mouthrinse under various trade names, such as 'Orascan', 'Onascreen' or 'Oratest'. The FDI is producing a position statement on the use of this product, which will be published in a later issue of *FDI World*, but this article will give an overview of its use.

How useful is Toluidine Blue?

There have been a number of clinical trials using Toluidine Blue, the results of which are presented in Table 1.

Looking at these results, we can see that Toluidine Blue has good sensitivity, i.e. that it is sensitive to the presence of oral carcinoma, and also that it has a very low overall false negative rate, i.e. a very low number of oral cancers are not stained by the solution.

It has also been found to be useful for delineating the appropriate site for biopsies with a greater degree of accuracy than clinical judgement alone.

Specificity of Toluidine Blue

Some studies show low specificity, that is, how many other types of lesion are stained in addition to oral carcinoma. Although the



Thank you
for your
kind
attention