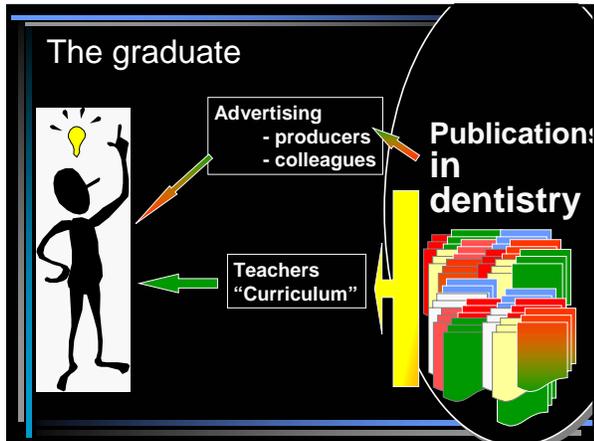


What is Evidence-based Dentistry

Asbjorn Jokstad
Institute of Clinical Dentistry, University of Oslo, Norway



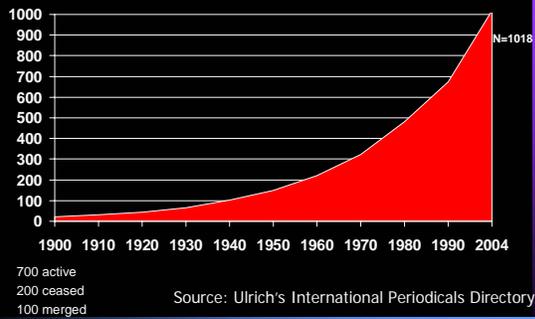
- The graduate
- Has been taught and can perform many basic procedures - not necessarily the most modern
 - No hands-on experience with many procedures common in modern dental clinics
 - from where and how can further training be obtained?
 - Theoretic knowledge at zenith, from now on less time for reading / question of priorities
 - Already from day 1 the science in dentistry advances further - how to stay updated?

A rapidly changing society

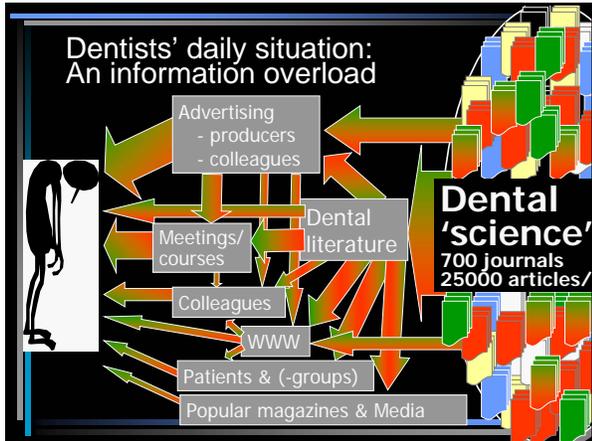
The production of new knowledge in biomedicine is at maximum in historical context

- Tremendous growth in publications
- Related to numbers of physicians and scientists
- Infomercial publications

Dental Journals in circulation



1. There is an Information Explosion in all fields of Biomedicine



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

There is an Information Explosion in all fields of Biomedicine

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

The researchers



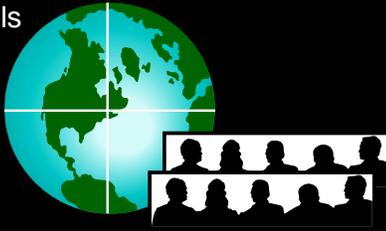
- Creates "scientific evidence"
- Formulation of ideas, hypotheses, study design, data collection
- Peer review, internal/external validity, debates within paradigms
- Report findings in probabilities, not absolutes

The 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

Developers of local guidelines and protocols



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

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

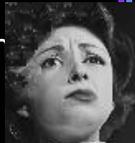
A rapidly changing society

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



What would you answer be if ...

a 32 y patient calls four hours after a wisdom tooth has been removed and complain about bleeding, pain and severe swelling.



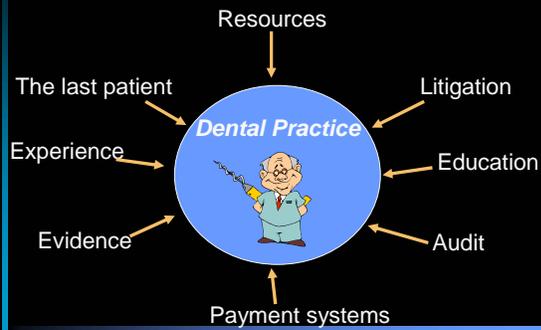
She demands immediately some analgetics, some antifebriles and perhaps also antibiotics?...

..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 Vietnamese Herbal Tea treatment described in the latest 'Health & Fitness'



Influences on treatment decisions



Approaches when we're uncertain

- A patho-physiological appr.: this makes sense...
- An expert / "how I was trained" approach: I learned this worked / didn't work...
- An anecdotal appr.: this didn't work last time..
- A consultant approach: maybe I can ask a few colleagues I work with....
- A textbook approach: often outdated and no strong support.
- Confess that you don't know - or - do something and pray...
- or invent some combination of approaches

Where can I find relevant clinical information when I need it fast?

- Can I consult a colleague?
- Are my journals and textbooks organised and updated?
- Is a relevant library nearby?
- Can I find the answers on the Internet?

A rapidly changing society

1. The production of new knowledge is at maximum in historical context
2. The quality of information varies
3. Incessant replacements of established ideas and concepts
4. Information technology has improved the potential for information transfer to everybody

New patients?

Realistic white shades for special cosmetic needs

SPURE™ Super Whitening is ideal for restoring whitened teeth and discolorous teeth.

Dry SPURE™ offers three different bright white shades, selected by dentists.

- Super White™ (Neutral)
- Super White™ (Cool)
- Super White™ (Warm)

Whitening, teeth can be in general, but you will get your cosmetic needs.

Before/After

Patient access to Information

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

5. General practitioners need information on professional issues to meet the expectations of educated patients in this information age

6. A paradigm shift

In spite of an information explosion

... only a small fraction is truly appropriate for direct application

... and we are ill equipped to digest and synthesize this information

busy practice + reimbursement pressure

Popular magazines & Media

1. Information explosion
2. Quality of information
3. No theories are constant
4. Educated patients with access to information
5. Daily information needs
6. Paradox

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 deteriorates



3. and traditional instructional continuing education courses do not improve our performance.

Maybe this new thing EBM can be of any help?





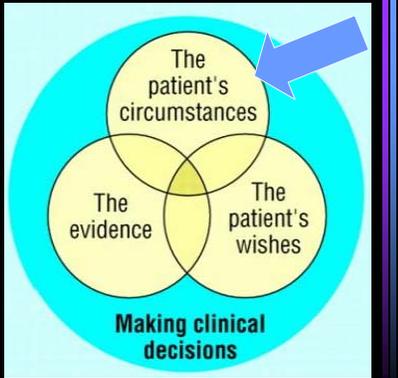
Evidence Based Dentistry?!

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 Randomized Controlled Trials have appeared in print and approved by a committee of experts

Evidence Based Dentistry is the

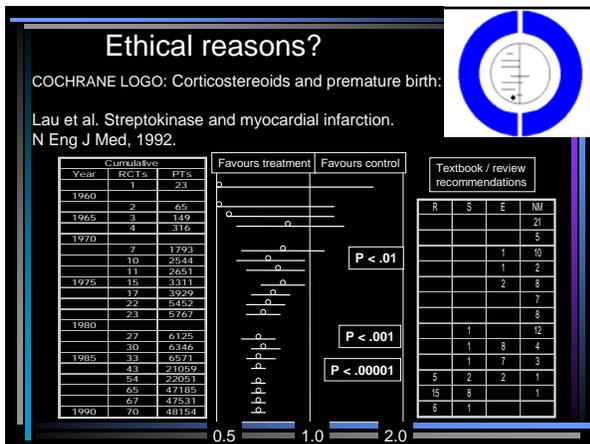
1. Practice of a process of life-long....
2. problem-based learning in which devoted care for our patients creates a...
3. need for evidence about the...
4. cutting edge knowledge ... concerning diagnosis, prognosis, therapy, and other clinical and health care issues.
(Adopted from Sackett et al., 1995)

Evidence-based Practice:





- Two incentives for practicing 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



Evidence Based Dentistry?!

The aim of evidence-based medicine is to eliminate the use of ineffective, expensive, or even dangerous medical decision-making

(Rosenberg & Donald, BMJ, 1995)

Evidence Based Dentistry

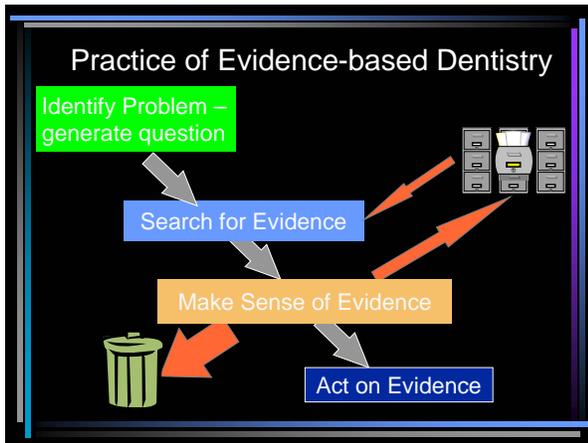
A strategy for how to cope with changes - not about knowing all the answers.

Not so much what you have read in the past... but about...

how you should go about to identify and meet your ongoing learning needs... and applying the new knowledge appropriately and consistently in new clinical settings.

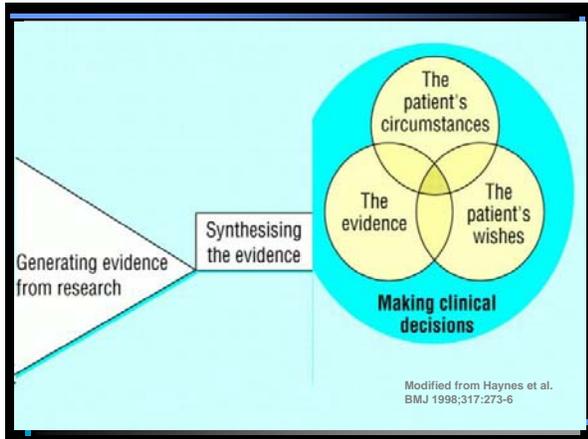


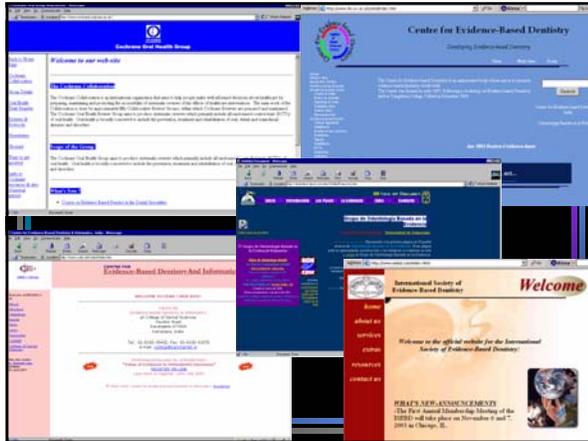
How can evidence-based dentistry be integrated in our daily practice?



- ### EBD practice
1. Generate focused clinical questions
 - On therapy, diagnostic tests, prognosis, harm, etc. (= PBL)
 2. Efficiently find the evidence (=PBL)
 3. Determine validity, results, applicability of evidence
 4. Apply the results of appraisal in clinical practice / teaching
 5. Evaluate own performance

- How can we apply EBD in our daily practice?
1. By learning how to practice evidence- based dentistry ourselves
 - Books
 - Seminars
 - Internet
 - Courses
 - Articles
 - Link banks





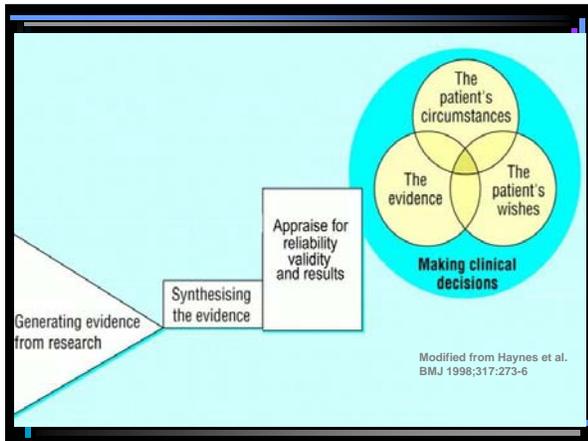
Evidence Based Dentistry?!

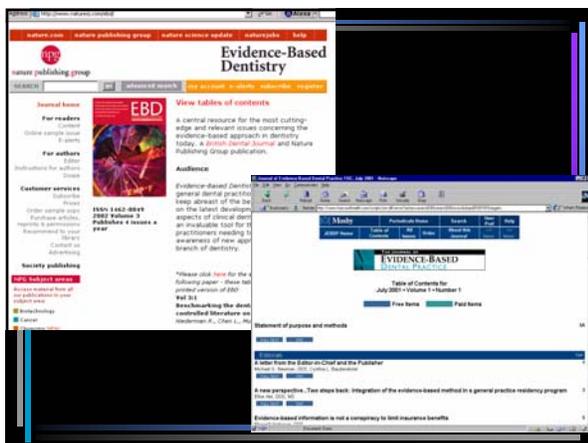
An increasingly fashionable tendency of a group of young, confident, and highly numerate medical academics to defame the performance of experienced clinicians by using a combination of epidemiological jargon and statistical manipulation.

How can we apply EBD in our daily practice?

2. By seeking and applying evidence-based dentistry summaries generated by others

- Journals that critically appraise primary studies
- Systematic reviews







Evidence Based Dentistry?!

Replaces original findings with subjectively selected, arbitrarily summarised, 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.

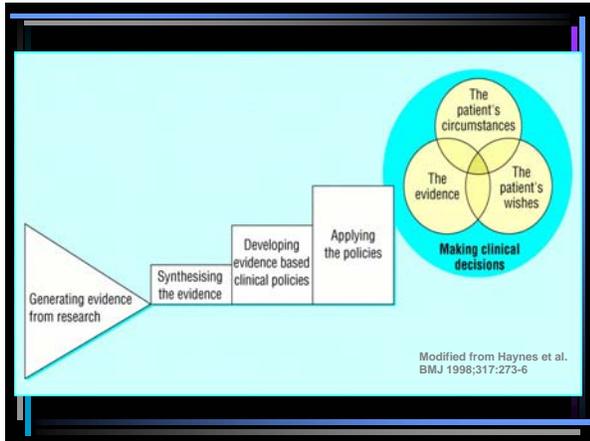
How can we apply EBD in our daily practice?

2. By seeking and applying evidence-based dentistry summaries generated by others

- Secondary Journals
- Systematic reviews
- IADR: International Collaboration for Evidence-based Dentistry

How can we apply EBD in our daily practice?

3. By accepting and applying practice protocols, policies and guidelines based on evidence-based principles



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Buscar/Cherchar/Buscar/Suchen/Suchen/Sök

Patient issues
 Public health issues
 Procedures in the dental office
 Materials, techniques & procedures
 Specialised procedures
 Education & Scientific issues
 Dentist, dentist

Patient issues	
Endocarditis	[World] [Full]
Dental erosion	[World] [Full] [FDI statement]
Disabled patients	[World] [Full]
Dry Mouth, Saliva and oral health	[World] [Full]
Emergency treatment	[World] [Full]
Neuralgia and pain	[World] [Full] [META]
