

Evidence-based Dental Practice

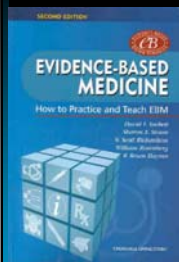
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Today's agenda

Why use of the term
"Evidence-based
Dental Practice"?

What's the big deal?

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Scientific evidence
of doing more good
than harm depends
on adequate study
design

Sackett DL, Strauss SE, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based Medicine*. 2nd. edit. Churchill Livingstone, 2000.

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Appropriate Study Designs

	Qualitative	Cross-Sectional	Case Control	Cohort	RCT
Diagnosis				☆	☆☆
Therapy				☆	☆☆
Prognosis				☆☆☆	
Screening			☆	☆	☆☆
Views/beliefs perceptions	☆☆☆				
Prevalence/hypothesis generation	☆☆☆	☆☆☆			

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Intention of Lectures:

Demonstrate the Strength of the Scientific Evidence for 5 Selected Topics:



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What can be considered...

- 1...the best implant? (Implantology)
- 2...best caries management? (Cariology)
- 3...the best luting cement? (Prosthodontics)
- 4...the best bonding material (Restorative)
- 5...best promotion strategy? (Prophylaxis)



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An evidence-based critical appraisal approach

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How many reports are included within each category?

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2. How can these reports be characterized on the basis of study design? How many reports are included within each category?
3. What is the methodological scientific quality of these reports? How many reports can be excluded within each category due to questionable validity?

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4. How can the reports be described in terms of participants- Interventions- Outcome measures

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4. How can the reports be described?
5. Which conclusions and implications can be drawn from the present science foundation?

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4. How can the reports be described?
5. Which conclusions and implications can be drawn from the present science foundation?
- 6. Which questions have not been answered by these studies?
Which problems remain unsolved?**

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