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?

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

Appropriate Study Designs

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<th>Qualitative</th>
<th>Cross-Sectional</th>
<th>Case Control</th>
<th>Cohort</th>
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Intention of Lectures:
Demonstrate the Strength of the Scientific Evidence for 5 Selected Topics:

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)
An evidence-based critical appraisal approach

1. How many reports related to the topic can be identified?

2. How are these reports characterized on the basis of their study design?

How many reports are included within each category?
1. How many reports related to the topic can be identified?
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?
4. How can the reports be described in terms of participants- Interventions- Outcome measures
5. Which conclusions and implications can be drawn from the present science foundation?
An evidence-based critical appraisal approach

1. How many reports related to the topic can be identified?
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?
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?