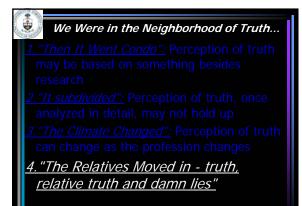
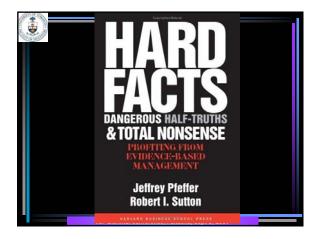
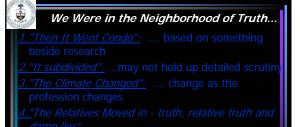
Evidence-based prosthodontics Asbjørn Jokstad Faculty of Dentistry University of Toronto, Canada



nial Conference, Fukuoka, Sept 8, 2007





 <u>Have we ever been in the</u> <u>neighborhood of truth</u>? Who says so and how can they say?

We Were in the Neighborhood of Truth...

Have we ever been in the neighborhood of truth? Who says so? How can they say?!

- I.e. A reflection of the three basic questions posed in Philosophy:
- 1. What is there? (ontology)
- 2. How do we know? (epistemology)
- 3. Why should I? (ethical decisions)

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We Were in the Neighborhood of Truth...
 Have we ever been in the neighborhood of truth? Who says so? How can they say?!
 1. What is there in prosthodontics? (ontology)
 2. How do we know? (epistemology)
 3. Why should I? (ethical treatment decisions)
 Why do the theories and practices taught in different school undergraduate & prosthodontic graduate programs differ so much?

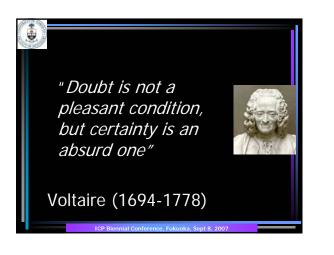
Scientific studies can be graded according to the <u>theoretical possibility</u> of an <u>incorrect conclusion.</u> This is reflected by the <u>design of the study.</u>

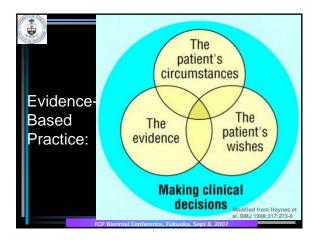
... we will never know exact answers in science...

Appropriate Study Designs to address implementation of interventions							
	Qualitat ive researc h	Survey	Case Cont rol	Cohor t	RCT	Non- experi mental	Systematic review
Effectiveness: Does it work?				\$	☆☆	\$	**
Process of intervention/ delivery: How does it work?	ት ት	☆				\$	***
Salience: Does it matter?	☆☆	☆☆					**
Safety: Will it do more good than harm?	\$		☆	\$	\$ \$	\$	***
Acceptability: Will the patient accept the intervention?	ন্নন্ন	\$			র	न्न	***
Cost effectiveness: Is it worth paying for the intervention?					☆☆		***
Appropriateness: Is this the right intervention for this patient?	☆☆	급급					**
Satisfaction with the intervention: Are users, providers and other stakeholders satisfied?	<u> 숙</u> ☆	44 4	\$	\$			न्ने

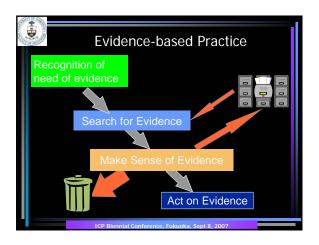


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b.	Indevided RCT (with narrow Confidence Internsity	Indexidual acception cohort study with 2 00% follow-up; <u>CES</u> validated in a single population	V debiting** cohort study with good[]] enformer standarde, or CDR2 tested within one classed evolve	Prospective school study with good Follow-up****	Analysis based on classrafy senable costs or abstratives, systematic privation (d) of the widence, and including multi-way incadirity analyses
٩.	Alunnus	All or none case-series	Absolute SpPins and SnNostell	All in nine case senses	Abachite bettes value or prisse-value analyses []]]
•	DR (with homogeneity*) of indust studies	DR (with homogeneity*) of either introspective cohort studies or subreated control groups in RCTs	5R (with homogeneity*) of Level>2 diagnostic studies	DR (with homogeneity*) of 2h and better studies	ER (with homogeneity*) of Level > economic studies
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	Cars-retise (and pen- posity robott and cars.control sturker(5))	Core-arrive (and <u>procequality</u> prognostic cohort studies"")	Case-control study, poor or non-independent reference standard	Case series or supercoded reference standards	Anslysia with no cenativity analysia
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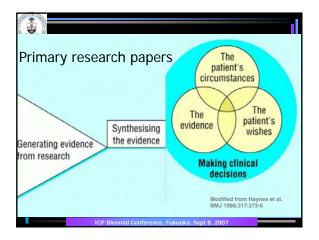








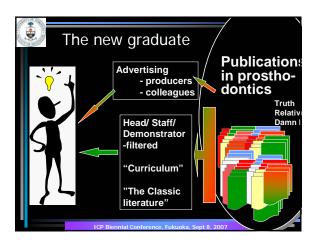




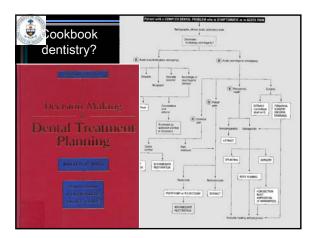


How many in the audience here can comfortably state that they were adequately trained to <u>critically appraise</u> primary research papers?

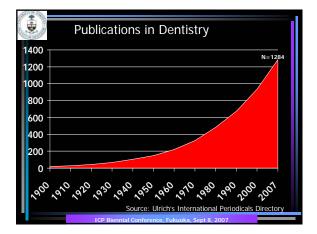
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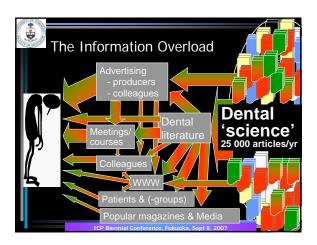




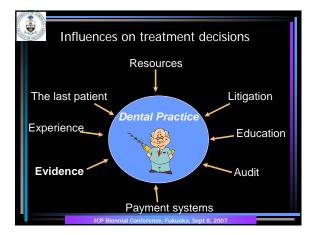










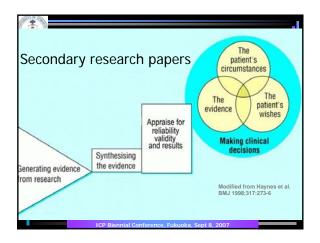




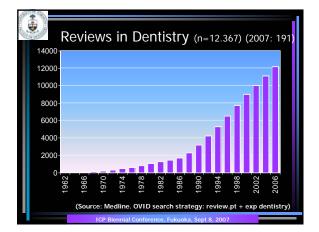
Because of the volume and time constraint....

Perhaps we can stick to read only review papers?

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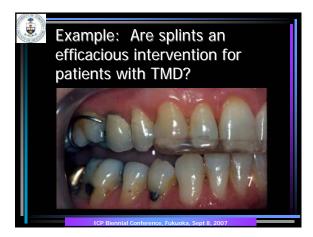


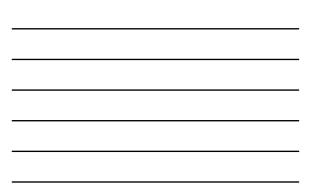
Reviews - problems

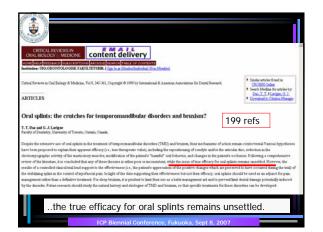
Usually:

-

- written by a single topic expert
- based on their understanding of the literature
- no methodology is given
- a broad based subject is addressed
- the conclusions and advises differ











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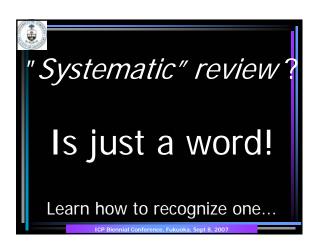
A review being published in a highly reputable journal does not necessarily mean it can't be biased

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Therefore, the reviews should be "Systematic"

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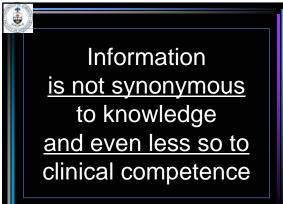




How many in the audience here can comfortably state that they were adequately trained to <u>critically appraise</u> secondary research papers?







How quickly do dentists adopt to new research information?

Impacted wisdom teeth?

TMD management?

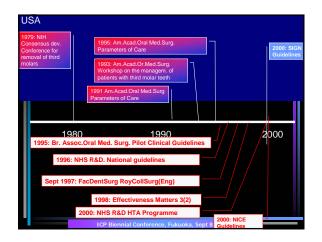
Need for restoration replacement?

Caries and remineralization potential

Why does the science transfer to dentists seem to be ineffective?

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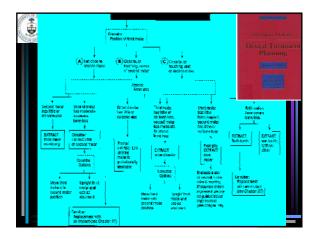


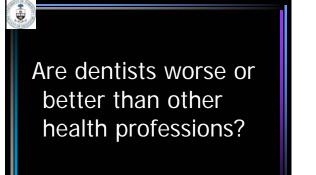
Even if we have new research

 This is not necessarily <u>known</u> amongst the dental clinical practitioners



- This is not necessarily <u>known</u> amongst the dental clinical practitioners
- 2. Do educators ensure that they adequately prepare our future health professionals to change behavior, attitude and techniques rapidly in light of new knowledge?

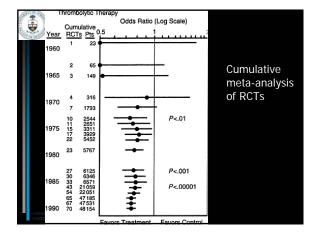




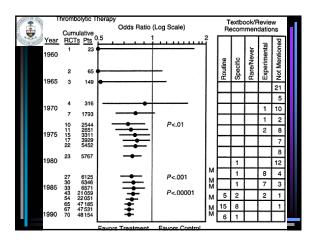
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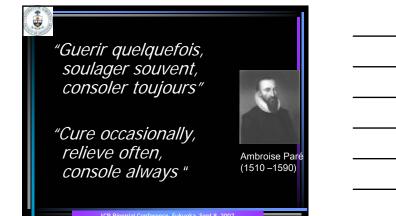












Even if we have new research

1. This is not necessarily <u>known</u> amongst the dental clinical practitioners

- Have our educators adequately prepared students to change in light of new knowledge?
 Who's responsibility should it be to
- Who's responsibility should it be to <u>disseminate</u> (new) research results that impacts directly on patient care?







