



Evidence-based prosthodontics

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We Were in the Neighborhood of Truth...

1. *"Then It Went Condo"*: Perception of truth may be based on something besides research
2. *"It subdivided"*: Perception of truth, once analyzed in detail, may not hold up
3. *"The Climate Changed"*: Perception of truth can change as the profession changes
4. *"The Relatives Moved in - truth, relative truth and damn lies"*

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HARD FACTS

DANGEROUS HALF-TRUTHS & TOTAL NONSENSE
PROFITING FROM EVIDENCE-BASED MANAGEMENT

Jeffrey Pfeffer
Robert I. Sutton

HARVARD BUSINESS SCHOOL PRESS



We Were in the Neighborhood of Truth...

1. *"Then It Went Condo":* based on something beside research
2. *"It subdivided":* ...may not hold up detailed scrutiny
3. *"The Climate Changed":* change as the profession changes
4. *"The Relatives Moved in - truth, relative truth and damn lies"*
5. *Have we ever been in the neighborhood of truth?* Who says so and how can they say?

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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?!

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?

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Scientific studies can be graded according to the theoretical possibility of an incorrect conclusion.

This is reflected by the design of the study.

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

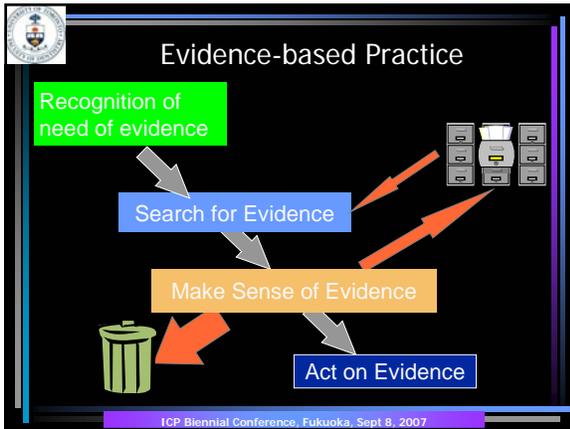
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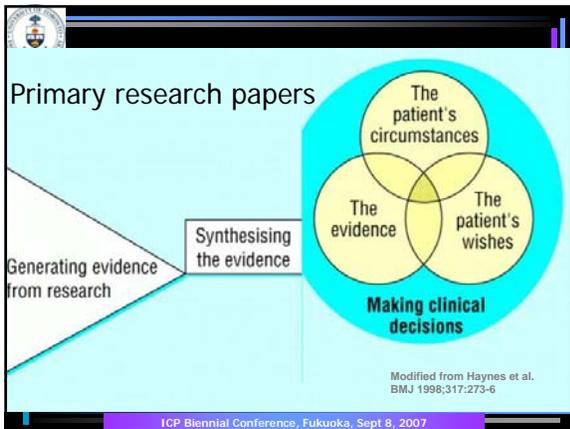


Appropriate Study Designs to address implementation of interventions

	Qualitative research	Survey	Case Control	Cohort	RCT	Non-experimental	Systematic review
Effectiveness: Does it work?				☆	☆☆	☆	☆☆☆
Process of intervention/delivery: How does it work?	☆☆	☆				☆	☆☆☆
Salience: Does it matter?	☆☆	☆☆					☆☆☆
Safety: Will it do more good than harm?	☆		☆	☆	☆☆	☆	☆☆☆
Acceptability: Will the patient accept the intervention?	☆☆	☆			☆	☆	☆☆☆
Cost effectiveness: Is it worth paying for the intervention?					☆☆		☆☆☆
Appropriateness: Is this the right intervention for this patient?	☆☆	☆☆					☆☆
Satisfaction with the intervention: Are users, providers and other stakeholders satisfied?	☆☆	☆☆	☆	☆			☆

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

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The new graduate

Advertising
- producers
- colleagues

Head/ Staff/
Demonstrator
-filtered

"Curriculum"
"The Classic literature"

Publications in prosthodontics
Truth
Relative
Damn!

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Cookbook dentistry?

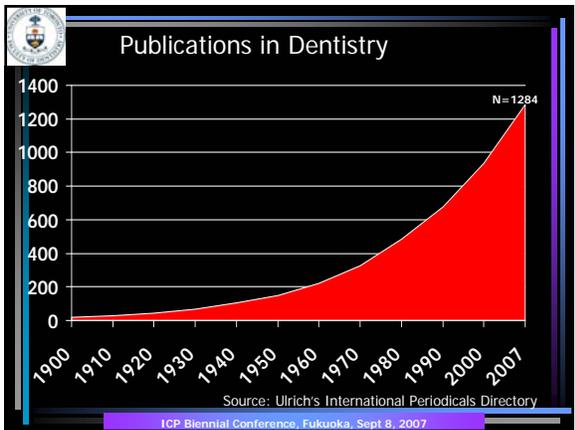
Decision Making in Dental Treatment Planning

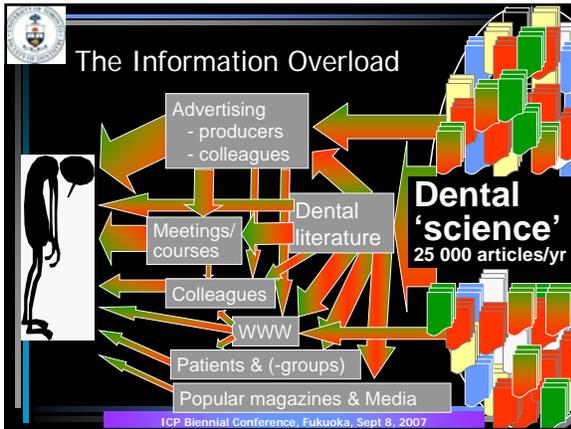
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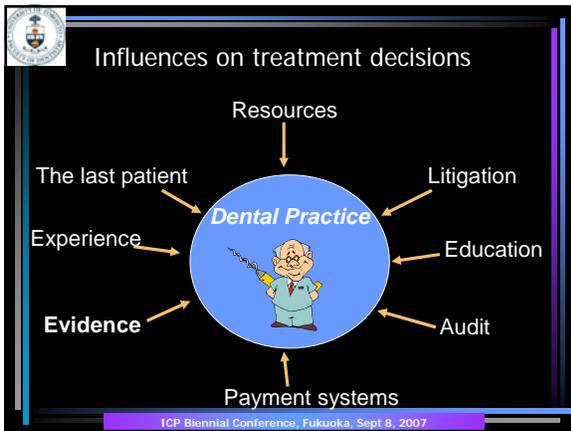
Patient with a COMPLEX DENTAL PROBLEM who is STYPTOMATIC or in ACUTE PAIN

Flowchart steps:
1. Radiographs, clinical, laboratory study
2. Diagnostic, working diagnosis?
3. A. Acute non-traumatic emergency
4. B. Acute traumatic emergency
5. C. Dental pain
6. D. Patient goals
7. E. Functional goals
8. F. Aesthetic goals
9. G. Psychological goals
10. H. Social goals
11. I. Financial goals
12. J. Patient's expectations
13. K. Patient's compliance
14. L. Patient's motivation
15. M. Patient's understanding
16. N. Patient's cooperation
17. O. Patient's consent
18. P. Patient's participation
19. Q. Patient's involvement
20. R. Patient's contribution
21. S. Patient's responsibility
22. T. Patient's accountability
23. U. Patient's liability
24. V. Patient's legal rights
25. W. Patient's legal responsibilities
26. X. Patient's legal obligations
27. Y. Patient's legal duties
28. Z. Patient's legal duties and responsibilities

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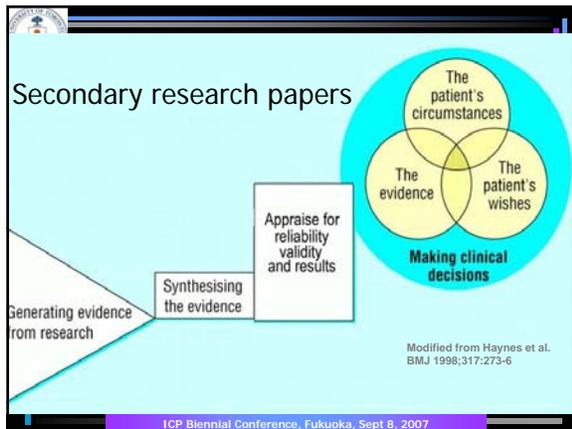


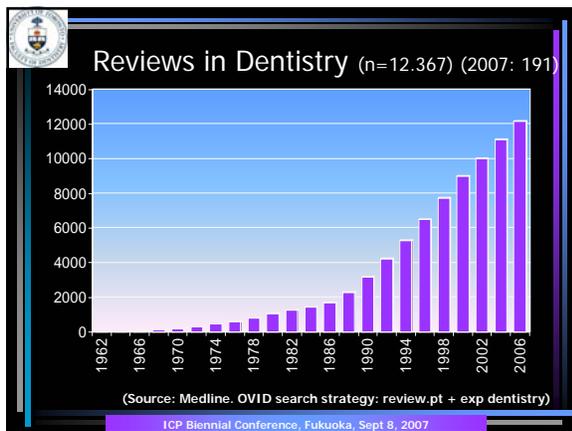


Because of the volume and time constraint....

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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Information
is not synonymous
to knowledge
and even less so to
clinical competence

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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

1. This is not necessarily known amongst the dental clinical practitioners

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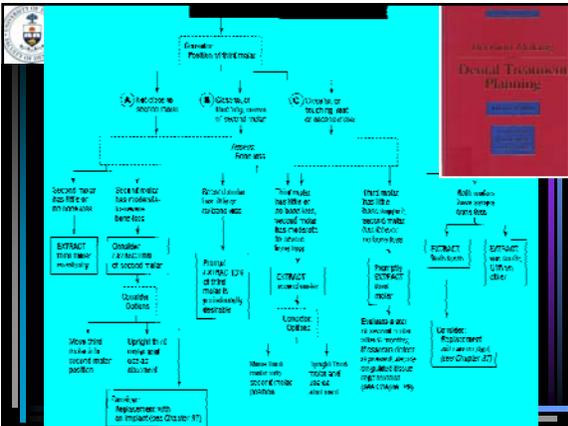


Even if we have new research

1. This is not necessarily known 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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Are dentists worse or better than other health professions?

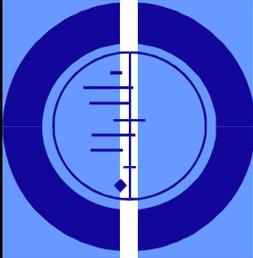
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The Cochrane Collaboration

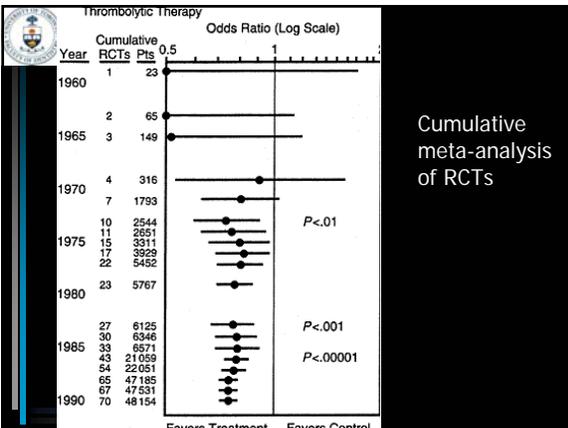
- 1972: 1st trial
- 1972-1987: +6 trials
- 1989: 1st SR

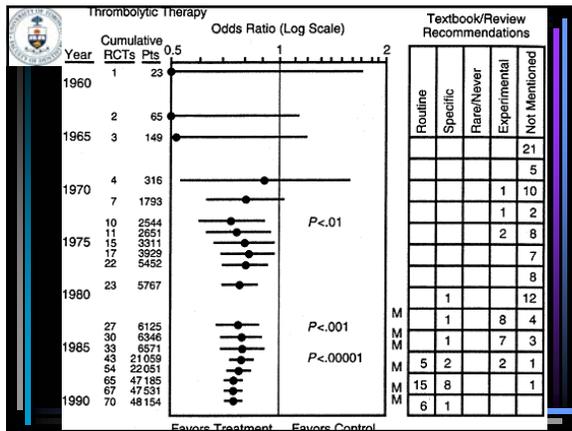
From 1992



Logo

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*"Guerir quelquefois,
soulager souvent,
consoler toujours"*



*"Cure occasionally,
relieve often,
console always"*

Ambroise Paré
(1510 –1590)

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Even if we have new research

1. This is not necessarily known amongst the dental clinical practitioners
2. Have our educators adequately prepared students to change in light of new knowledge?
3. Who's responsibility should it be to disseminate (new) research results that impacts directly on patient care?

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