

Evidence-Based Dentistry: Challenges for Education and Dental Research

Information Missing from Databases and Access Problems

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Influences on dental clinical decision making – initiatives



The Cochrane Collaboration Established 1992



The "7 RCT forrest-plot" logo

Reflecting a 1989 SR of 7 interventional trials that, if implemented, could have averted the suffering and death of K baby lives



The new graduate



Information Missing from Databases and Access Problems

"Pizza-evenings"





The scientific basis for the practice of oral medicine and dentistry changes constantly, -

How can these changes effectively be implemented into education and into clinical practice?





1 - 25 of 130 results for: +(evidence based) +(+title:(evidence based))

Narrow Results

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Monographic series (62)							Evidence - Based Nursing	B M J Group		United Kingdom	
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Content Types				۱ e			Worldviews on Evidence-Based Nursing	Wiley-Blackwell Publishing, Inc.	1741-6787	United States	





Information need to answer a single clinical question



A 66 year old woman contacts your clinic due to <u>oral lichen</u> <u>planus</u>. She has read about a new treatment intervention described in her morning newspaper. Can you advise her?





Evidence-Based decision-making







Evidence-Based decisionmaking - alternative strategies







1. Identify & synthesize EB from primary and secondary literature

2. EB summaries generated by:
Journals that critically appraise primary studies

Systematic reviews

 Clinical Practice Guidelines, Protocols and Policies based on EB principles



Information need to answer a complex clinical question, e.g., What is the optimal technical solution in prosthodontic therapy for a given condition?





Independent variables	Bi- variate odds ratios	Bivariate significance	95% Confidence intervals bivariate odds ratios	Multi-variate odds ratios	Multivariate significance	95% Confidence intervals for multivariate odds ratios
Age group						
20-30	-					
30-40	2.32		1.15 - 3.13	2.52		1.35 - 3.33
+40	2.63	***	1.43 - 3.08	2.63	***	1.83 - 3.8
Gender						
Male	-					
Female	2.42	**	1.61 - 2.79	2.12	**	1.91 - 2.9
Material						
Amalgam	-					
Composites	1.12	NS	0.13 - 1.56	1.42	NS	1.13 - 1.96
Glass ionom.	3.12	***	2.52 - 4.34	5.65	**	4.67 - 7.23
Dentists						
#1	-					
#2	1.34	NS	0.35 - 1.61	1.04	NS	1.35 - 2.01
Location						
Mandible	-					
Maxilla	1.55		1.17 - 2.04	1.15		1.57 - 2.14



Longevity



QOL-dimension

Risk factors



Incremental Cost

Outcomes probabilities



Worst Case Scenario







- Students should not be trained to memorize select information but instead how to critically appraise new information as a prerequisite for life-long learning
- A main problem is not only lack of information it's at times too much, and sometimes conflicting
- Many clinical questions are relatively straight-forward and hence EB for a treatment decision can – and should – be easy to find. However, other are complex and requires access to multi-dimensional information
- Current information sources have different scopes and formats, which are not directly applicable to many facets of clinical dental decision-making