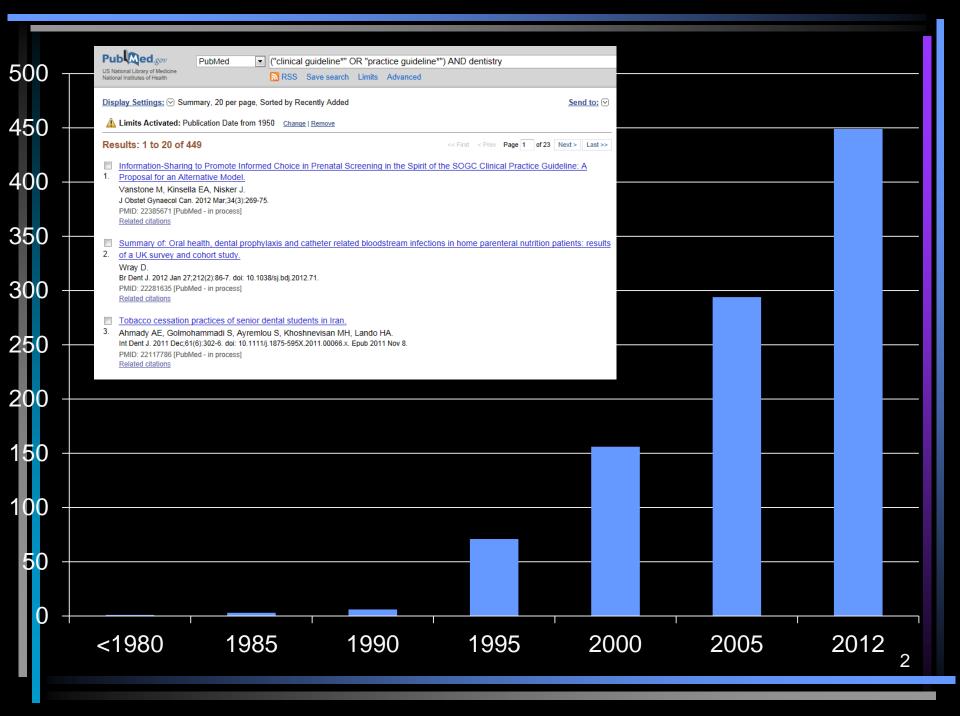
Evidence Based Dentistry

Clinical Practice Guidelines

Asbjørn Jokstad



Clinical guidelines are...

- recommendations for the care of individuals by healthcare professionals
- based on the best available evidence
- advisory they assist the practice of healthcare professionals, but do not replace their knowledge and skills

Clinical guidelines cover...

- management of diseases/conditions
- any aspect of management from prevention & self-care through primary and secondary care to more specialised services

Clinical guidelines are justified ...

- Demand for effectiveness and efficacy studies increasing
- Outcome measures needing to be developed and utilized
- Guidelines development reveals gaps in scientific justification
- Quality assessment integral to contracts with payers (including government)

Guidelines should be:

- Valid
- Reproducible
- Cost-effective
- Representative/multidisciplinary
- Clinically applicable
- Flexible
- Clear
- Reviewable
- Amenable to clinical audit

Development Process

- 1. Topic Selection
- 2. Scope
- 3. Workplan
- 4. Development of the guideline
- 5. Validation
- 6. Dissemination
- 7. Update



The New Zealand Guidelines Group leads a movement towards the delivery of high quality health and disabilities service throughout New Zealand through a change of culture based on evidence and effectiveness.

Go!

'Ko koe ki tena ko au ki tenei kiwai o te kete'



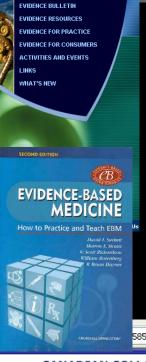
Register for NZGG Events

NZGG Workshop Text-only Site About NZGG Guidelines

EIP/GPE/EQC/2003.1

GUIDELINES FOR WHO GUIDELINES

Global Programme on Evidence for Health Policy World Health Organization Geneva, Switzerland



ABOUT NZGG GUIDELINES/PUBLICATIONS



ddress 🥙 http://

CANADIAN COLLABORATION on CLINICAL PRACTICE GUIDELINES in DENTISTRY COLLABORATION CANADIENNE POUR ÉTABLIR DES NORMES CLINIQUES EN DENTISTERIE

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ABOUT CCCD

ABOUT CPGs

GUIDELINES

EBD CENTRE

FEEDBACK

SITEMAP

HELP



who we are

what we do

uiding principles

stakeholders how we work

our history

funding

who we are

The Canadian Collaboratio national, autonomous orga of CPGs for Canadian dent created by Canadian denti dentistry. The unique struc stakeholders. Through thei











SIGN UP

FOR SIGN

UPDATES







Development Process

- 1. Topic Selection
- 2. Scope
- 3. Workplan
- 4. Development of the guideline
- 5. Validation
- 6. Dissemination
- 7. Update





AGREE Collaboration - Microsoft Internet Explorer



Recommended for use by most European HTAs



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AGREE Instrument

- Appraisal instrument for clinical guidelines
- Translated into 13
 European languages &
 Japanese
- Formally recommended by the the Council of Europe

APPRAISAL OF GUIDELINES FOR RESEARCH & EVALUATION



AGREE

Instrument
Training Manual

The AGREE Collaboratio January 2003



AGREE APPRAISAL INSTRUMENT

23 criteria within 6 domains

- 1. SCOPE AND PURPOSE (3)
- 2. STAKEHOLDER INVOLVEMENT (4)
- 3. RIGOUR OF DEVELOPMENT (7)
- 4. CLARITY AND PRESENTATION (4)
- 5. APPLICABILITY (3)
- 6. EDITORIAL INDEPENDENCE (2)

Each criteria ranked on a scale:

Strongly Agree 4 3 2 1 Strongly Disagree

APPRAISAL OF GUIDELINES FOR RESEARCH & EVALUATION



TRAINING MANUAL

INSTRUMENT

The AGREE Collaboration January 2003



OVERALL ASSESSMENT

- □ Would you recommend these guidelines for use in practice?
- ☐ Strongly recommend
- ☐ Recommend (with provisos or alterations)
- □ Unsure

Development Process

- 1. Topic Selection
- 2. Scope
- 3. Workplan
- 4. Development of the guideline
- 5. Validation
- 6. Dissemination
- 7. Update

Canadian Task Force on periodic health examinations (1979)

A: Good evidence to intervene

B: Fair evidence to intervene

C: Insufficient evidence to recommend for or against intervention

D: Fair evidence to observe or ignore

E: Good evidence to observe or ignore

Good evidence = strong research-based: directly based on clinical evidence from randomised clinical trials or systematic reviews (recommendation strength A & E)

Fair evidence = moderate research based: directly based on well conducted clinical trials or extrapolated recommendations based on A (recommendation strength B & D)

Insufficient evidence = limited research-based: directly based on data from non experimental clinical studies, relevant laboratory studies or extrapolated recommendations based on A and B (recommendation strength C)

No scientific evidence = expert committees, reports, concensus, clinical experience or extrapolated recommendations based on A,B and C.



Scottish Intercollegiate Guidelines Network

Grading System for Recommendations in Evidence-Based Clinical Guidelines

Report of a review of the system for grading recommendations in SIGN guidelines

March 2000

SIGN - GRADES OF RECOMMENDATIONS

- A
- At least one meta analysis, systematic review, or RCT rated as 1 ++, and directly applicable to the target population; or
- A body of evidence consisting principally of studies rated as 1 + , directly applicable to the target population, and demonstrating overall consistency of results

- B
- A body of evidence including studies rated as 2 ++, directly applicable to the target population, and demonstrating overall consistency of results; or
- Extrapolated evidence from studies rated as 1 ++ or 1 +

- C
- A body of evidence including studies rated as 2 + , directly applicable to the target population and demonstrating overall consistency of results; or
- Extrapolated evidence from studies rated as 2 ++
- Evidence level 3 or 4; or
- Extrapolated evidence from studies rated as 2 +





SITE SEARCH

Advanced Search A to Z Site Map

YOU ARE HERE: MAIN PAGE>>RESOURCES >> GUIDELINES

FDI World Dental Federation is the author entive rldwide organisation of dentistry representing re than 700.000 dentists in over 150 countries und the globe.

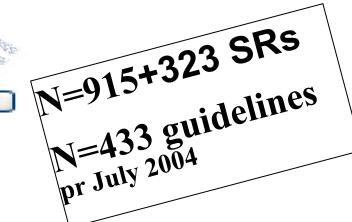
www.fdiworldental.org

National and International Guidelines, Statements, Position papers & Proceedings. Meta-analyses



Buscar/Cherchez/Busca/Suchen/Search/Søk

Patient issues
Public health issues
Precautions in the dental office
Materials, techniques & procedures
Specialised procedures
Education & Scientific issues
Dentists' world



itor: FDI Head Office st modification: 15.08.2003

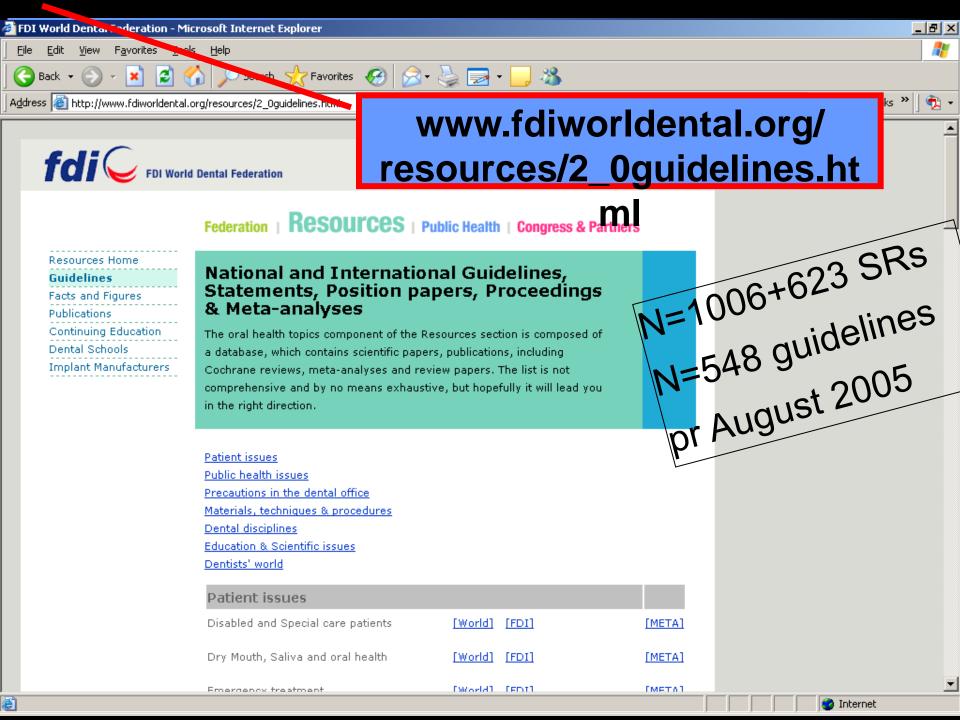
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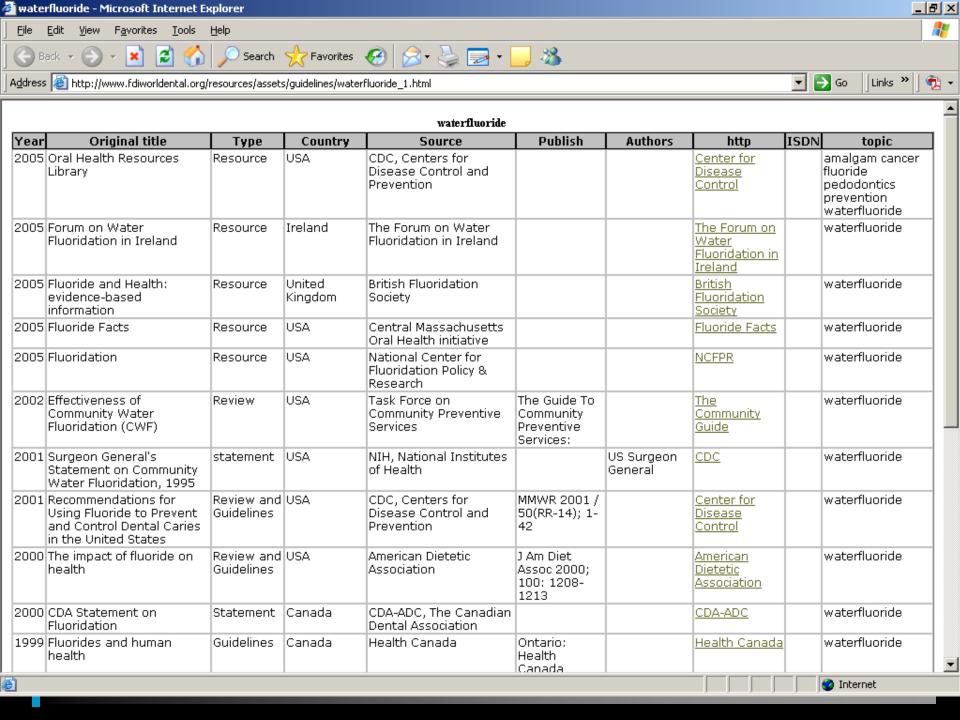
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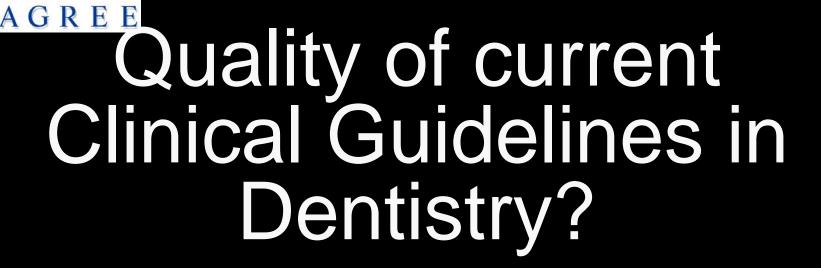
Chemin du Levant, l'Avant ntre, 01210 Ferney-Voltaire, (ANCE 1: +33 4 50 40 50 50 x: +33 4 50 40 55 55

e mail info@fdiworldental.org

SACREMENT SERVICES SERVICES		
Patient issues		
Endocarditis	[World] [FDI]	
Dental erosion	[World] [FDI] [FDI statement]	
Disabled patients	[World] [FDI]	
Dry Mouth, Saliva and oral health	[World] [FDI]	
Emergency treatment	[World] [FDI]	
Neuralgia and pain	[World]	[META]
Odontonhohia nevehology foor	[World] [EDI]	









In 2003:

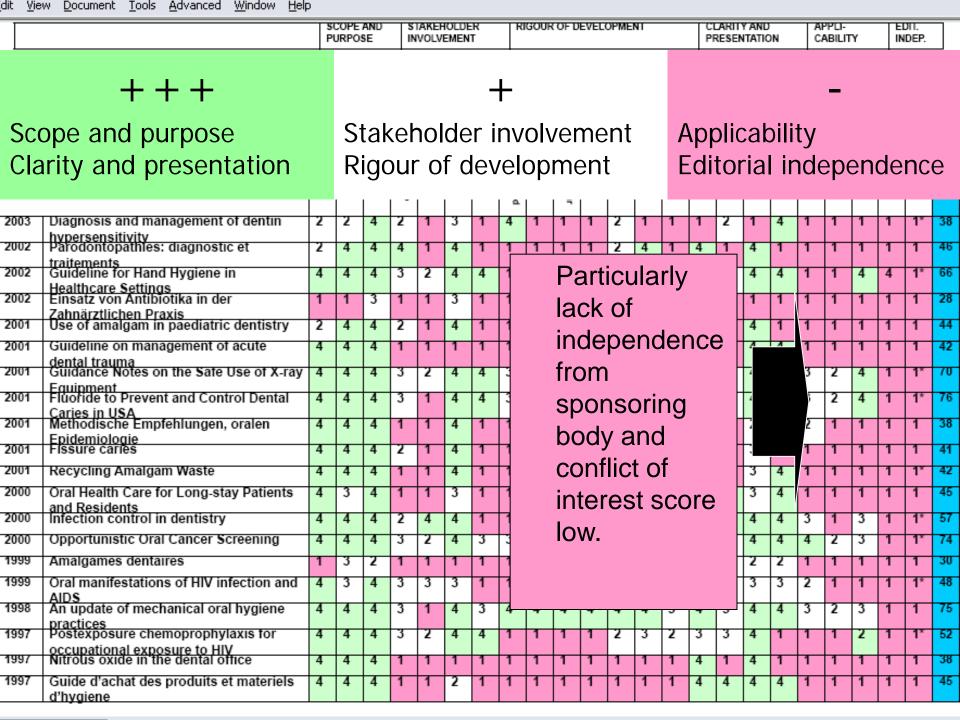
A random
selection of 20
guidelines
out of 850



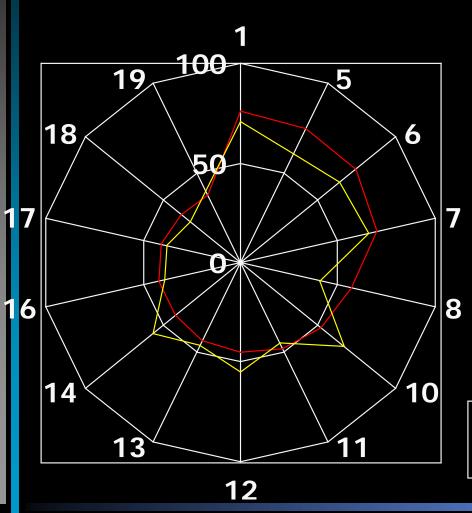
1	2003	Consensus-based recommendations for the diagnosis and management of dentin hypersensitivity	Canada	Canadian Advisory Board on Dentin Hypersensitivity
2	2002	Guideline for Hand Hygiene in Healthcare Settings	USA	CDC, Centers for Disease Control and Prevention
3	2002	Einsatz von Antibiotika in der Zahnärztlichen Praxis	Germany	DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde.
4	2001	Recycling Amalgam Waste and other best management practices for your dental office	USA	New York State Dental Association & Western Lake Superior Sanitary District
5	2001	Recommendations for Clinical Practice	International	Academy of Operative Dentistry
6	2001	The use of amalgam in paedatric dentistry	United Kingdom	British Society of Paediatric Dentistry
7	2001	Methodische Empfehlungen und Forschungsbedarf in der oralen Epidemiologi	Germany	DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde
8	2001	Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States	USA	CDC, Centers for Disease Control and Prevention
9	2001	Management alternatives for the Carious Lesion. International Symposium, 9.2000	International	Symposium proceedings
10	2000	Infection control in dentistry	United Kingdom	BDA, British Dental Association
11	2000	Guidelines for Oral Health Care for Long-stay Patients and Residents	United Kingdom	British Society for Disability and Oral Health
12	2000	Opportunistic Oral Cancer Screening. A management strategy for dental practice	United Kingdom	BDA, British Dental Association
13	2000	Caries preventive strategies	International	ILSI Europe Oral Health Task Force
14	1999	UK National Clinical Guidelines in Paediatric Dentistry. Stainless steel preformed crowns for primary molars	United Kingdom	British Society of Paediatric Dentistry
15	1999	Amalgames dentaires. Donnes scientifique, recommendations et information des patients	France	Conseil National De L'ordre des Chirurgiens Dentistes
16	1999	Guidelines for the diagnosis and management of the oral manifestations of HIV infection and AIDS	South Africa	WHO Collaborating Centre for Oral Health
17	1999	Guidance on the assessment of efficacy of toothpastes	International	FDI Science Commission
18	1998	An update of mechanical oral hygiene practices: evidence-based recommendations for disease prevention	Canada	
19	1997	Guide d'achat des produits et materiels d'hygiene et asepsie au cabinet dentaire	France	ADF, Groupe de travail Hygiene et Asepsie
20	1997	Nitrous oxide in the dental office	USA	ADA, American Dental Association Council on Scientific Affairs
21	1997	Postexposure chemoprophylaxis for occupational exposure to HIV in the dental office	USA	

SCOPE ANI							HOLDE		RI	RIGOUR OF DEVELOPMENT							ARITY				PPLI-			EDII.	
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		Objectives described	2. Clinical question	3. Target population	4. Guideline developers info	5. Patient views sought	6. Target users	7. Filoted	8. Systematic search method	9. Evidence selection clear	10. Formulating method clear	11. Benefits & risks	12. Explicit link to evidence	13. Externally reviewed	14. Updating procedure	15. Specific & unambiguous	16. Different options	17. Easily identifiable	18. Supported with tools	19. Potential barriers	20. Cost implications	21. Criteria for monitoring	22. Editorial independency	_	
2003	Diagnosis and management of dentin	2	2	4	2	1	3		4	1	1	1	2	1	1	1	2	1	4	1	1	1	1	1-	38
2002	hypersensitivity Parodontopathles: diagnostic et	2	4	4	4	1	4	1	1	1	1	1	2	4	1	4	1	4	1	1	1	1	1	1	46
2002	traitements Guideline for Hand Hygiene in Healthcare Settings	4	4	4	3	2	4	4	1	1	1	1	4	4	4	4	3	4	4	1	1	4	4	1*	66
2002	Einsatz von Antibiotika in der	1	1	3	1	1	3	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	28
2001	Zahnärztlichen Praxis Use of amalgam in paediatric dentistry	2	4	4	2	1	4	1	1	1	1	3	3	1	3	2	1	4	1	1	1	1	1	1	44
2001	Guideline on management of acute	4	4	4	1	1	1	1	1	1	1	1	3	1	1	3	1	4	4	1	1	1	1	1	42
2001	dental trauma Guidance Notes on the Safe Use of X-ray	4	4	4	3	2	4	4	3	3	3	3	3	3	3	3	3	4	4	3	2	4	1	1*	70
2001	Fluoride to Prevent and Control Dental Caries in USA	4	4	4	3	1	4	4	3	4	4	4	4	4	4	4	3	4	4	3	2	4	1	1*	76
2001	Caries in USA Methodische Empfehlungen, oralen Epidemiologie	4	4	4	1	1	4	1	1	1	1	1	2	1	1	1	1	2	1	2	1	1	1	1	38
2001	Fissure caries	4	4	4	2	1	4	1	1	1	1	1	2	1	1	3	1	3	1	1	1	1	1	1	41
2001	Recycling Amalgam Waste	4	4	4	1	1	4	1	1	1	1	1	1	1	1	4	1	3	4	1	1	1	1	1*	42
2000	Oral Health Care for Long-stay Patients and Residents	4	3	4	1	1	3	1	1	1	1	1	2	1	1	4	4	3	4	1	1	1	1	1	45
2000	and Residents Infection control in dentistry	4	4	4	2	4	4	1	1	1	1	2	3	1	1	4	4	4	4	3	1	3	1	1*	57
2000	Opportunistic Oral Cancer Screening	4	4	4	3	2	4	3	3	4	4	4	4	3	4	3	3	4	4	4	2	3	1	1*	74
1999	Amalgames dentaires	1	3	2	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	1	1	1	1	1	30
1999	Oral manifestations of HIV infection and AIDS	4	3	4	3	3	3	1	1	1	1	2	3	1	1	3	3	3	3	2	1	1	1	1*	48
1998	An update of mechanical oral hygiene practices	4	4	4	3	1	4	3	4	4	4	4	4	4	3	4	3	4	4	3	2	3	1	1	75
1997	Postexposure chemoprophylaxis for	4	4	4	3	2	4	4	1	1	1	1	2	3	2	3	3	4	1	1	1	2	1	1*	52
1997	occupational exposure to HIV Nitrous oxide in the dental office	4	4	4	1	1	1	1	1	1	1	1	1	1	1	4	1	4	1	1	1	1	1	1	38
1997	Guide d'achat des produits et materiels d'hygiene	4	4	4	1	1	2	1	1	1	1	1	1	1	1	4	4	4	4	1	1	1	1	1	45
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2002	Guideline	nts e for Hand Hygie ere Settings	ene in	4	4	4	3	2	4	4	1	1	1	1	4	4	4	4	3	4	4	1	1	4	4	1*	66	
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2001	Guidance		Sate Use of X-ray	4	4	4	3	2	4	4	3	3	3	3	3	3	3	3	3	4	4	3	2	4			70	
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2001	Methodis	n USA sche Empfehlung ologie	gen, oralen	4	4	4	1	1	4	1	1	1	1	1	2	1	1	1	1	2	1	2	1	1	1	1/17	38	
2001	Epidemio Fissure c	aries		4	4	4	2	1	4	1	1	1	1	1	2	1	1	3	1	3	1	1	1	1	1	1	41	
2001		ig Amalgam Was		4	4	4	1	1	4	1	1	1	1	1	1	1	1	4	1	3	4	1	1	1	1	1*	42	
2000	Oral Heal	ilth Care for Long	g-stay Patients	4	3	4	1	1	3	1	1	1	1	1	2	1	1	4	4	3	4	1	1	1	1	1	45	
2000	l	idents i control in denti		4	4	4	2	4	4	1	1	1	1	2	3	1	1	4	4	4	4	3	1	3	1	1*	57	
2000	''	nistic Oral Cance	er Screening	4	4	4	3	2	4	3	3	4	4	4	4	3	4	3	3	4	4	4	2	3			74	
1999		nes dentaires		1	3	2	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	1	1	1	1	1	30	
1999	AIDS	nifestations of H		4	3	4	3	3	3	1	1	1	1	2	3	1	1	3	3	3	3	2	1	1	1	1*	48	
1998	An updat	te of mechanical		4	4	4	3	1	4	3	4	4	4	4	4	4	3	4	3	4	4	3	2	3			75	
1997	Postexpo	s osure chemopro ional exposure to	phylaxis for	4	4	4	3	2	4	4	1	1	1	1	2	3	2	3	3	4	1	1	1	2	1	1*	52	
1997	Nitrolis c	ional exposure to oxide in the dent	tal office	4	4	4	1	1	1	1	1	1	1	1	1	1	1	4	1	4	1	1	1	1	1	1	38	
1997	Guide d'a d'hygiene	achat des produ ie	its et materiels	4	4	4	1	1	2	1	1	1	1	1	1	1	1	4	4	4	4	1	1	1	1	1	45	



Comparison to second evaluation, South Africa Workshop





University
of the Witwatersrand,
Johannesbura

The Wits Evidence-Based Collaboration for Oral Health

c/o Department of Prosthodontics, Private Bag 3, Wits 2050, South Africa • Fax: (011) 488-4865 • Telephone (011) 488-4866 • Cell: 083-679-2205 • email: owenp@dentistry.wits.acza or yengopalv@sph.wits.acza

Second South African Workshop on Evidence-based Oral Health Care

Programme

Day 1



AGREE APPRAISAL INSTRUMENT



- 1. SCOPE AND PURPOSE (1-3)
- 2. STAKEHOLDER INVOLVEMENT (4-7)
- 3. RIGOUR OF DEVELOPMENT (8-14)
- 4. CLARITY AND PRESENTATION (15-18)

5. APPLICABILITY (19-21)

6. EDITORIAL INDEPENDENCE (22-23)

Pertains to the likely organisational, behavioural and costs implications of applying the guideline.

AGREE APPRAISAL INSTRUMENT



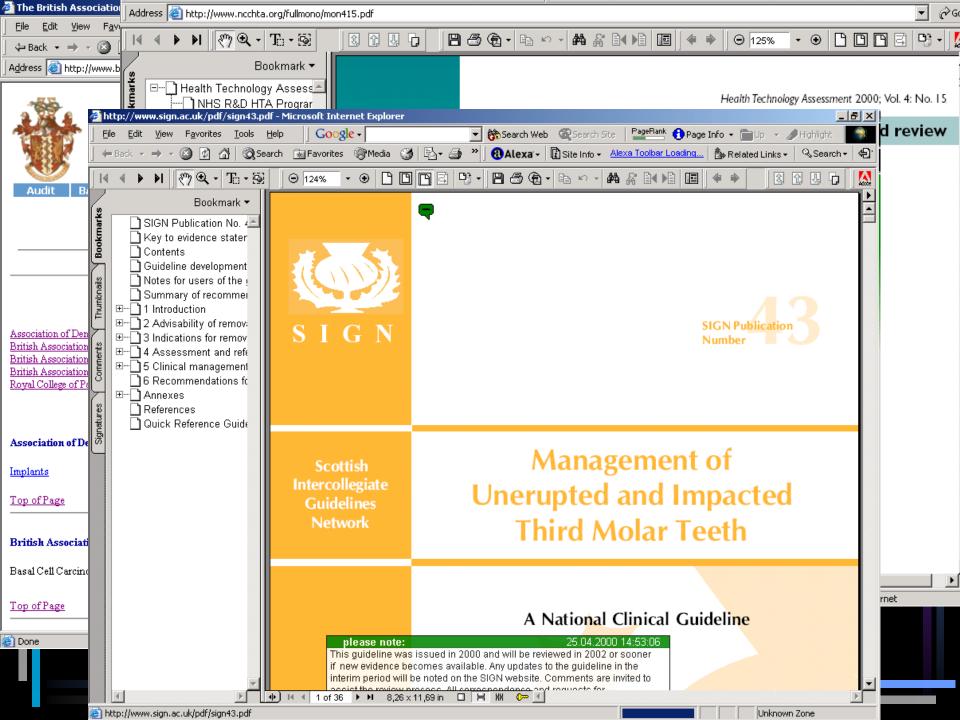
- 1. SCOPE AND PURPOSE (1-3)
- 2. STAKEHOLDER INVOLVEMENT (4-7)
- 3. RIGOUR OF DEVELOPMENT (8-14)
- 4. CLARITY AND PRESENTATION (15-18)
- 5. APPLICABILITY (19-21)

6. EDITORIAL INDEPENDENCE (22-23)

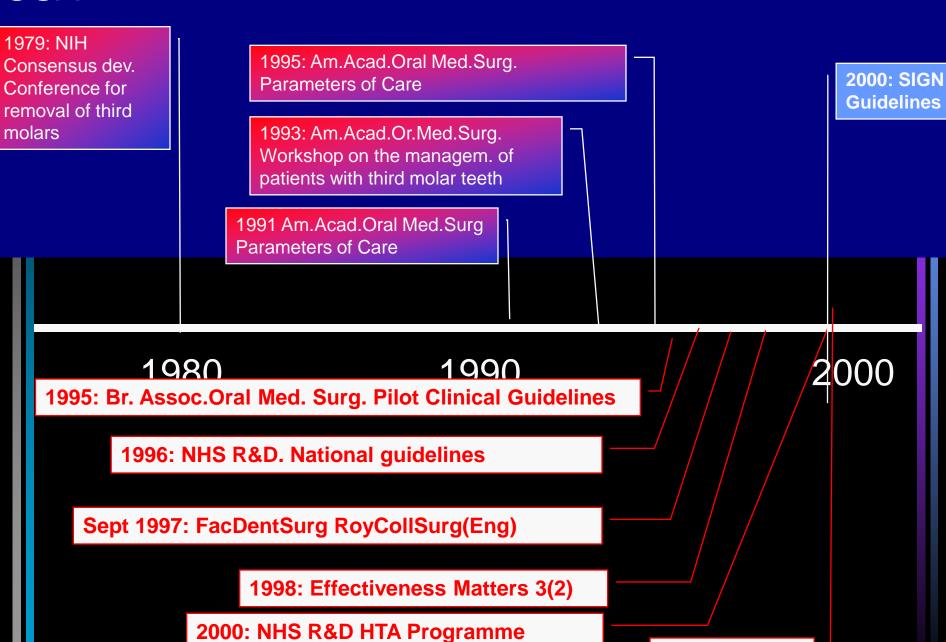
Is concerned with the independence of the recommendations and acknowledgement of possible conflict of interest from the guideline development group

- Current clinical guidelines in dentistry
- Very few guidelines today contain explicit links to the scientific evidence
- The strength of recommendations are seldom presented
- Many existing guidelines should be improved according to an AGREE format
- NDAs should become involved being well qualified to address likely organisational, behavioural and costs implications of applying guidelines

GUIDELINES IMPLEMENTATION



USA



2000: NICE Guidelines



Dentists' decisions on prophylactic removal of mandibular third molars: a 10-year follow-up study

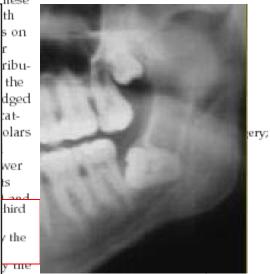
Kerstin Knutsson¹, Leif Lysell² and Madeleine Rohlin¹

¹Department of Oral Radiology, Faculty of Odontology, Malmö University, Malmö, ²Department of Oral Surgery, Central Hospital, Kristianstad, Sweden

Knutsson K, Lysell L, Rohlin M: Dentists' decisions on prophylactic removal of mandibular third molars: a 10-year follow-up study. Community Dent Oral Epidemiol 2001; 29: 308-14. © Munksgaard, 2001

Abstract – Objectives: In recent years, several critical outcome studies concerning the prophylactic removal of mandibular third molars have been published. These

'...studiesappear to motivate a more restrictive approach today compared with 10 years ago"



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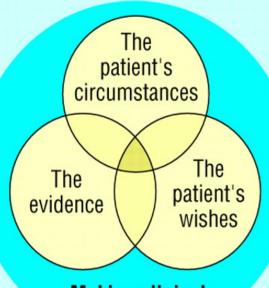
accepted 8 November 2000

Who should be responsible for developing <u>and</u> disseminating <u>and</u> implementing clinical practice guidelines in dentistry in Canada?

Generating evidence from research

Synthesising the evidence

Developing evidence based clinical policies Applying the policies



Making clinical decisions

Modified from Haynes et al. BMJ 1998;317:273-6





Royal College of Dental Surgeons of Ontario

Ensuring Continued Trust







van den Berg AD, Palmer NO. An Investigation of West Sussex General Dental Practitioners' Awareness, Attitudes and Adherence to NICE Dental Recall Guidelines. Prim Dent Care. 2012 Jan;19(1):11-22

VALIDITY: Are the clinical practice guidelines valid?	Α	В	С
1 Were all important options and issues clearly specified?	Vos	Can't tall	No

VALIDITY: Are the clinical practice guidelines valid? 1 Were all important options and issues clearly specified?	A	В	С
2. Was an explicit and sensible process used to identify, select and combine evidence?	Yes	Can't tell	No

VALIDITY: Are the clinical practice guidelines valid?	Α	В	C	
1 Were all important options and issues clearly specified?				
2. Was an explicit and sensible process used to identify, select and combine evidence?				
3. Was an explicit and sensible process used to consider the relative value of different outcomes?	Yes	Can't tell	No	

VALIDITY: Are the clinical practice guidelines valid?	Α	В	С
1 Were all important options and issues clearly specified?			
2. Was an explicit and sensible process used to identify, select and combine evidence?			

3. Was an explicit and sensible process used to consider the relative value of different outcomes?

4. Is the guideline likely to account for important recent			
developments?	Yes	Can't tell	No

VALIDITY: Are the clinical practice guidelines valid?	Α	В	C
1 Were all important options and issues clearly specified?			
2. Was an explicit and sensible process used to identify, select and combine evidence?			
3. Was an explicit and sensible process used to consider the relative value of different outcomes?			

do voto princino.				ı
5. Has the guideline been subject to peer review and testing?	Yes	Can't tell	No	

4. Is the guideline likely to account for important recent

developments?

VALIDITY: Are the clinical practice guidelines valid?	Α	В	C
1 Were all important options and issues clearly specified?			
2. Was an explicit and sensible process used to identify, select and combine evidence?			
3. Was an explicit and sensible process used to consider the relative value of different outcomes?			
4. Is the guideline likely to account for important recent developments?			

5. Has the guideline been subject to peer review and testing?

IMPORTANCE What are the recommendations?			
6 Are practical, clinically important recommendations made?	Yes	Can't tell	No

VALIDITY: Are the clinical practice guidelines valid?

A B C

- 1 Were all important options and issues clearly specified?
- 2. Was an explicit and sensible process used to identify, select and combine evidence?
- 3. Was an explicit and sensible process used to consider the relative value of different outcomes?
- 4. Is the guideline likely to account for important recent developments?
- 5. Has the guideline been subject to peer review and testing?

IMPORTANCE What are the recommendations?

6 Are practical, clinically important recommendations made?

How strong are the recommendations?

What is the impact of uncertainty associated with the evidence and values used in the guidelines?

VALIDITY: Are the clinical practice guidelines valid?

B (

- 1 Were all important options and issues clearly specified?
- 2. Was an explicit and sensible process used to identify, select and combine evidence?
- 3. Was an explicit and sensible process used to consider the relative value of different outcomes?
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IMPORTANCE What are the recommendations?

- 6 Are practical, clinically important recommendations made?
- How strong are the recommendations?
- What is the impact of uncertainty associated with the evidence and values used in the guidelines?

APPLICABILITY Will the recommendations help locally?

7. Is the primary objective of the guideline consistent with your Yes Can't tell No objective?

VALIDITY: Are the clinical practice guidelines valid?

Α

В

C

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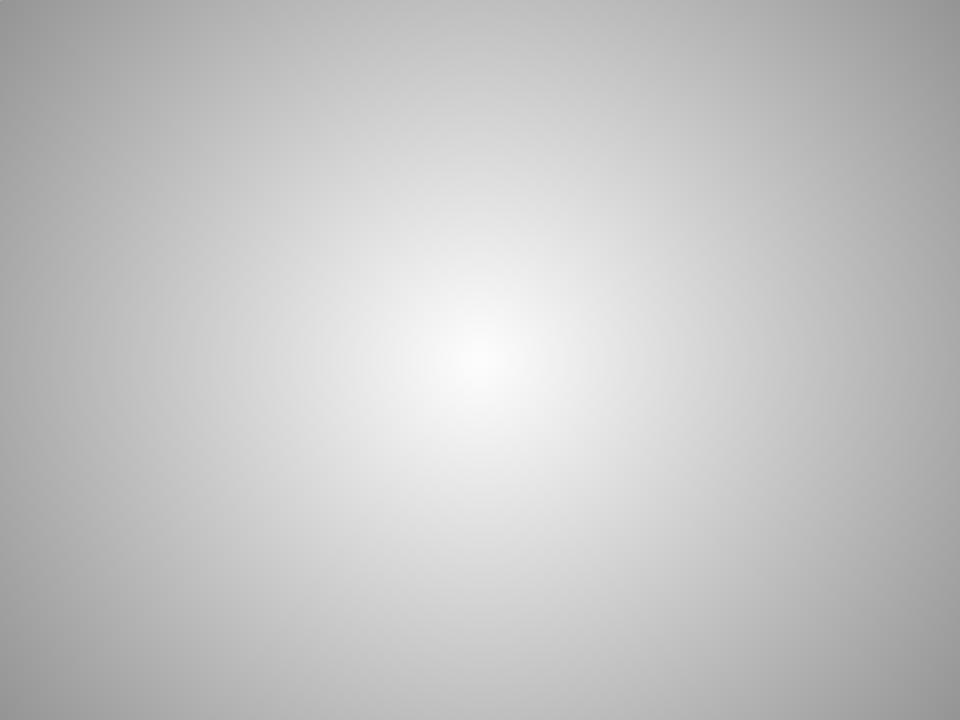
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Yes

Can't tell

No



VALIDITY: Are the clinical practice guidelines valid?	A	В	С
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