



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 overall aim of the guideline, the specific clinical questions and the target patient population

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)

Focuses on the extent to which the guideline represents the views of its intended users

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)

Relates to the process used to gather and synthesise the evidence, the methods to formulate the recommendations and to update them

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)

Deals with the language and format of 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)

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

Quality of clinical guidelines in dentistry?

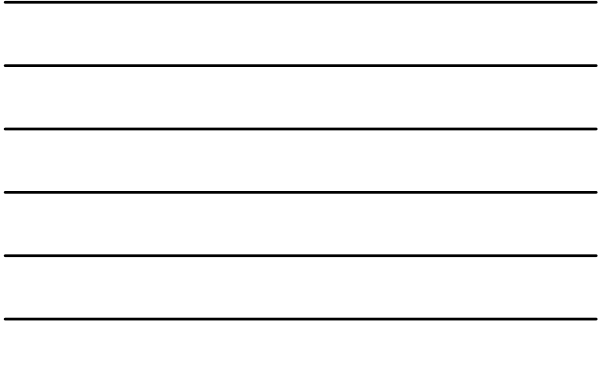


www.fdiworldental.org

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


[Patient issues](#)
[Public health issues](#)
[Proceedings in the dental office](#)
[Materials, techniques & procedures](#)
[Specialised procedures](#)
[Education & Scientific issues](#)
[Denture, prosth](#)

Issue	World	FDI	FDI Statement	Meta
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]	[FDI]		[META]



Original title	Type	Country	Source	Publication	Authors	Year	DOI
Endodontic and 2D/3D processes using radiographic techniques: a systematic review of the literature (I) with imaging and health technology from dental offices in health.	Statement	Germany	Endodontic and 2D/3D processes using radiographic techniques: a systematic review of the literature (I) with imaging and health technology from dental offices in health.		Varga M		10.1016/j.jdent.2014.05.004
The scope of Temporomandibular joint (TMJ) and temporomandibular disorder (TMD) in comprehensive dental practice	Review	USA	American Academy of Oral and Maxillofacial Surgery	J Oral Maxillofac Surg 1999; 57: 79-83			10.1054/joms.1999.10540
Review for evaluation of permanent impairment of the temporomandibular joint	Guidelines	USA	American Acad Head, Neck and Facial Pain (Am Acad Oral Facial Pain)	Consensus 1997; 16: 170-8	Phillips DJ, 943 M, Brown CR, Chakrabarti HL, Bell PA, et al. WJ J, Suberbiel AP, Bagg JA 34, Williams B		10.1016/j.jdent.2014.05.004
Temporomandibular Disorders	Policy Statement	International	World Federation of Odontology				10.1016/j.jdent.2014.05.004
Systematic review of the effectiveness of non-surgical treatments for the temporomandibular joint	Systematic Review	Sweden/Norway	Swedish Society for Evidence-Based Dentistry	Acta Odontol Scand 2007; 65: 234-41	Lindberg J, Farnelund S, Palmason A, Ricketts M		10.1111/j.1365-3113.2007.03512.x
Dental pain: guidelines for assessment, diagnosis, and management	Guidelines	USA	American Academy of Oral and Maxillofacial Surgery	Chicago: Quintessence Publishing Co	Deason JP, Mitchell C		10.1016/j.jdent.2014.05.004
Management of Temporomandibular Disorders	Review/Statement	USA	NHL National Institute of Health	Oral Surg Oral Med Oral Pathol Oral Radiol Endod 1996; 81: 1-180	Chou King, Chou King, Chou King, Chou King		10.1016/j.jdent.2014.05.004
Temporomandibular Disorders: Pathophysiology, Treatment and Management Issues	Review/Statement	USA	American College of Prosthodontics, Committee on TMJ	J Prosthodont 1995; 4: 55-64			10.1016/j.jdent.2014.05.004
Toward an international consensus on temporomandibular joint surgery	Proceedings	International	Second International Consensus Meeting, April 1992, Buenos Aires, Argentina	Tung 1993; 22: 78-81	Oves AK		10.1016/j.jdent.2014.05.004
Temporomandibular Disorders: guidelines for the diagnosis, assessment and management	Guidelines	USA	American Academy of Oral and Maxillofacial Surgery	Chicago: Quintessence Publishing Co	Deason JP, Mitchell C		10.1016/j.jdent.2014.05.004
Treatment of temporomandibular joint dysfunction	Proceedings	USA	American Academy of Facial Prosthetics	J Am Dent Assoc 1995; 126: 1011-1012			10.1016/j.jdent.2014.05.004




1. SCOPE AND PURPOSE (1-3) 

1. The overall objective(s) of the guideline is(are) specifically described.
Comments?

2. The clinical question(s) covered by the guideline is(are) specifically described.
Comments?

3. The patients to whom the guideline is meant to apply are specifically described.
Comments?


2. STAKEHOLDER INVOLVEMENT (4-7) 

4. The guideline development group includes individuals from all the relevant professional groups.
Comments?

5. The patients' views and preferences have been sought.
Comments?

6. The target users of the guideline are clearly defined.
Comments?

7. The guideline has been piloted among target users.
Comments?

3. RIGOUR OF DEVELOPMENT (8-14) 

8. Systematic methods were used to search for evidence
Comments

9. The criteria for selecting the evidence are clearly described
Comments

10. The methods used for formulating the recommendations are clearly described
Comments

11. The health benefits, side effects and risks have been considered in formulating the recommendations
Comments

12. There is an explicit link between the recommendations and the supporting evidence
Comments

13. The guideline has been externally reviewed by experts prior to its publication
Comments

14. A procedure for updating the guideline is provided
Comments

4. CLARITY AND PRESENTATION (15-18)



15. The recommendations are specific and unambiguous

Comments

16. The different options for management of the condition are clearly presented

Comments

17. Key recommendations are easily identifiable

Comments

18. The guideline is supported with tools for application

Comments

5. APPLICABILITY (19-21)



19. The potential organisational barriers in applying the recommendations have been discussed

Comments

20. The potential cost implications of applying the recommendations have been considered

Comments

21. The guideline presents key review criteria for monitoring and/or audit purposes

Comments

6. EDITORIAL INDEPENDENCE (22-23)



22. The guideline is editorially independent from the funding body

Comments

23. Conflicts of interest of guideline development members have been recorded

Comments

Would you recommend these guidelines for use in practice?

- Strongly recommend
- Recommend (with provisos or alterations)
- Would not recommend
- Unsure

Guidelines in Dentistry

- High scores were obtained for the domains: Scope and purpose & Clarity and presentation
- Mediocre scores were obtained for the domains: Stakeholder involvement & Rigour of development
- Low scores were obtained for: Applicability and Editorial independence
- Four of the evaluated guidelines could be strongly recommended for use, three could be recommended and as many as 13 should not be recommended.
- Particularly the criteria lack of independence from sponsoring body and conflict of interest scored low.
- Very few of the guidelines contained explicit links to the scientific evidence.
- The strength of recommendations were seldom presented
