

## Evidence Based Dentistry

Date: Sunday 30 September  
Time: 14.00 – 17.00  
Room: Room 9, Putra World Trade Centre  
Languages: E  
Chairman: Asbjørn Jokstad, (Norway)  
For: All Interested

### Evidence based dentistry – a benefit for the general practitioner

Why is EBD a powerful tool for busy practitioners to access meaningful and relevant information in the maze of complex new materials and techniques in clinical dental practice?

How can EBD be used to solve common daily problems in general practice related to choice of therapy, value of diagnostic tests and use of clinical guidelines?

The audience is requested to raise questions and express concern in clinical dentistry before or during the presentation. A panel will do live searches to try and present answers to answer them, closing the workshop session with a panel discussion /interaction to deal with the clinical queries from the floor.

The workshop will be organised by the Centre for Evidence Based Dentistry and Informatics, Davangere, India, headed by Dr. S. Kahla. The panel discussion will also include Dr Asbjørn Jokstad (FDI Scientific Commission) and Dr Derek Richards (Director, Centre for Evidence Based Dentistry, Oxford, UK).

## HIV/AIDS, TB and Prions: Dental Perspectives

Date: Saturday 29 September  
Time: 09.00 – 12.00  
Room: Room 9, Putra World Trade Centre  
Languages: E  
Chairman: Lakshman P Samaranayake (Hong Kong)  
For: All Interested

One third of the World population has tuberculosis and the emergence of multi-drug resistant forms (MDR-TB) have complicated their management. HIV disease is spreading relentlessly and at the last count 23 million have been infected globally. Prions are recently discovered living “elements” without either DNA or RNA and cause transmissible spongiform encephalopathies in humans. All three organisms affect dental practice regimens in many and varied ways. This workshop is a forum to discuss these issues with fellow delegates from other parts of the World.

### Guidelines Database

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### Clinical Guidelines – The good and the bad

Clinical guidelines are treasured by many dentists and dental organisations, but regarded with scepticism and even as a threat against clinical freedom by others. This workshop aims to present and discuss the present contents of the FDI database of guidelines, statements and policies and explore future avenues for improving this database; further to exchange views on the worthlessness or the merits of guidelines and moreover what the role of the FDI and the FDI Scientific Commission should play in future guideline and policy developments.

The workshop and panel discussion will include Prof Elmar Reich (Chairman, FDI Scientific Commission), Dr Asbjørn Jokstad (Manager, FDI guidelines database) and Dr Derek Richards (Director, Centre for Evidence Based Dentistry, Oxford, UK).

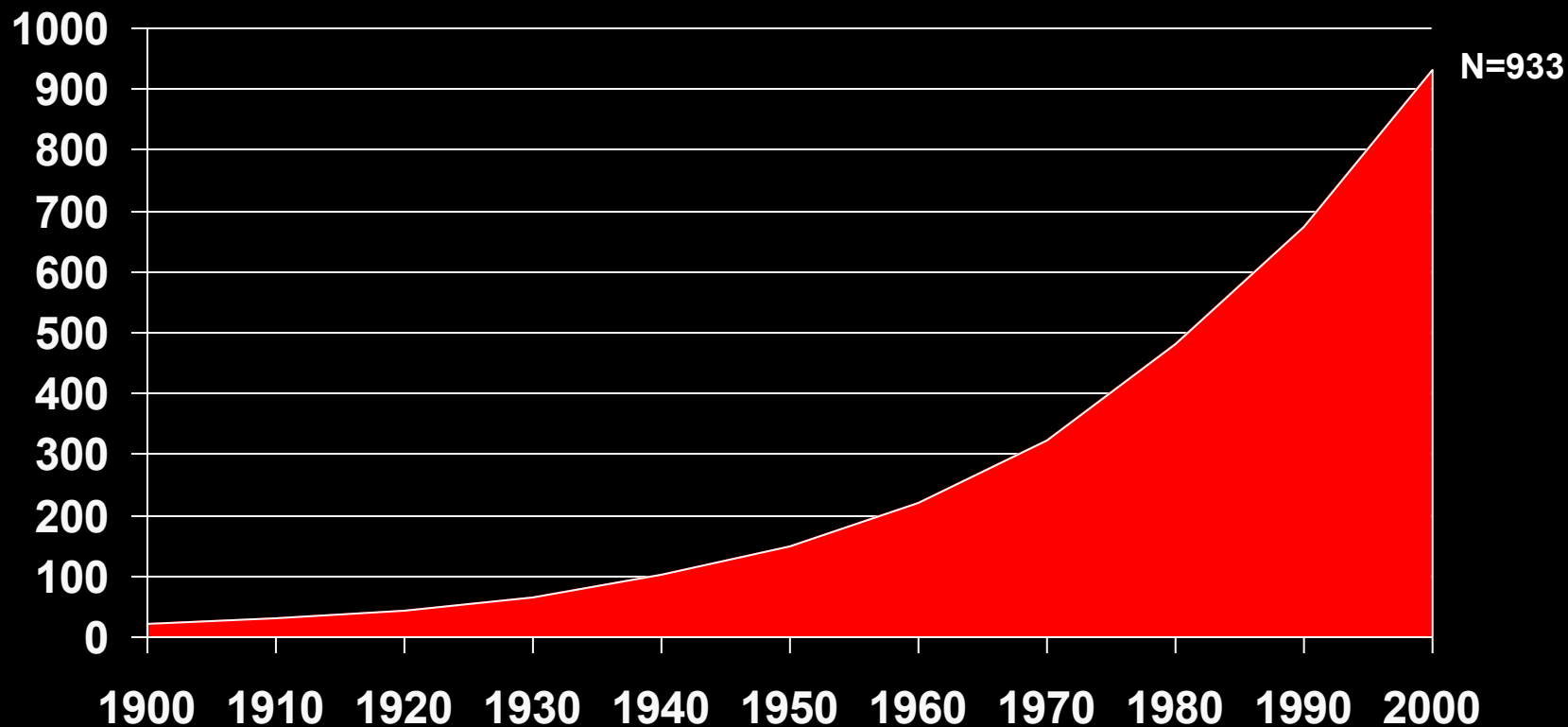
# The need for guidelines in the information age

Asbjørn Jokstad  
Institute of Clinical Dentistry  
University of Oslo

# A rapidly changing society

- The production of new knowledge is at maximum in historical context
- Rapid changes of new ideas and concepts
- Information technology has improved the potential for information transfer to everybody
- Affects us all
  - Students and teachers
  - Patients
  - Researchers

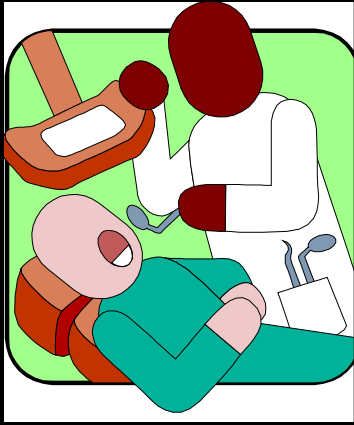
# Dental journals in circulation



Source: Ulrich's International Periodicals Directory

Where and by who is  
new knowledge in oral  
sciences created?

# The clinical practitioners



- Single handed GPs/ specialists in teams; secondary/tertiary care
- Great diversity of experience, interest and capacity
- Draw on a panoply of experience
- Pragmatism: what works - what creates problems

# The researchers



- Creates “scientific evidence”
- Formulation of ideas, hypotheses, study design, data collection
- Peer review, internal/external validity, debates within paradigms
- Report findings in probabilities, not absolutes

# The appraisers of evidence for clinical practice



- Epidemiologists, health economists, statisticians, social scientists, and clinicians
- Collect, abstract and appraise practice related knowledge
- Debates about value and balance between consensus and evidence, rigour of data and application of statistics

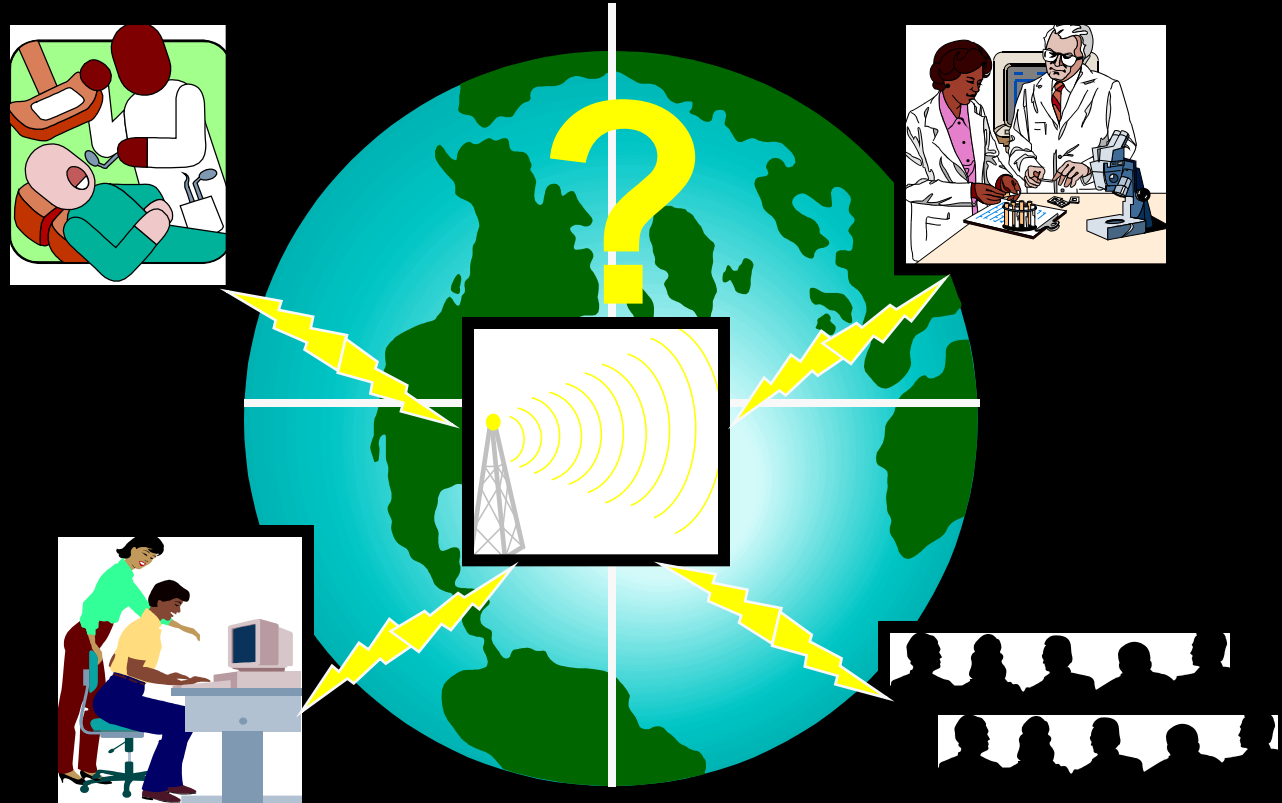


# Developers of local guidelines and protocols



- Local consensus, sometimes on national guidelines
- Clinical specialists seeking ways to influence peers

# Advancement depends on good communication



**BARRIERS:** Ignorance-Defensiveness-Arrogance

Different educational backgrounds, evaluation of best practice

Pressures, priorities, language, preoccupations

How will tomorrow's  
clinical practitioners  
be affected?

# Dentists' environment: An information overload

Advertising  
- producers  
- colleagues

Meetings/  
courses

Colleagues

WWW

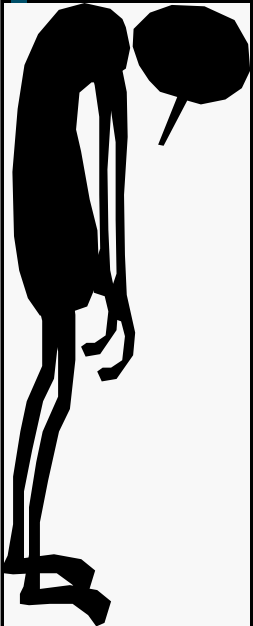
Patients & (-groups)

Popular magazines & Media

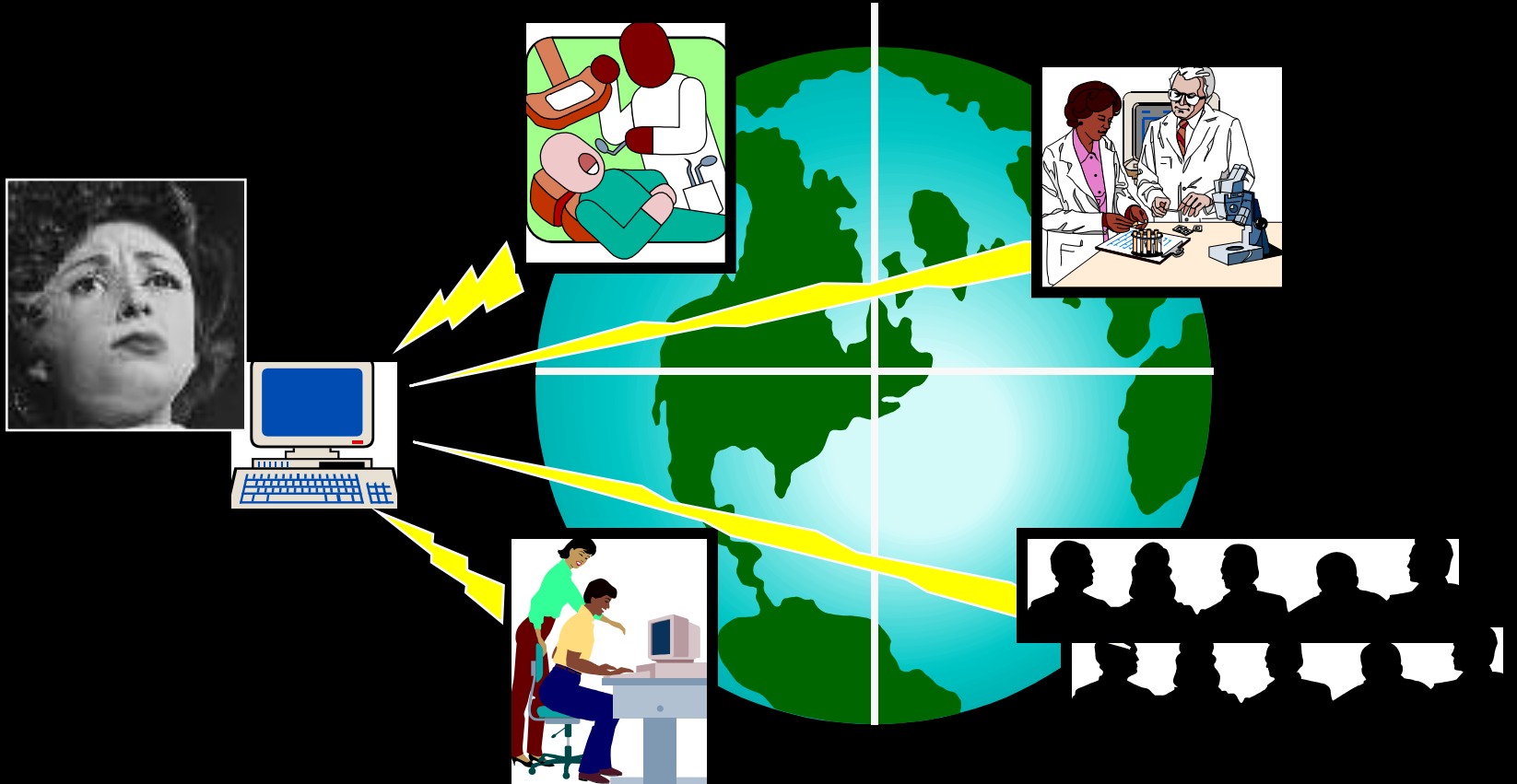
Dental  
literature

## Dental 'science'

700 journals:  
25 000 articles/y



# More knowledgeable patients:



- ✓ **Patient communication!**
- ✓ Wish to remain sound, look healthy.... young
- ✓ Competitive health providers

We need to consider not  
only the  
amount  
of information, but also  
the  
quality  
of this information

# Solution: Integrate evidence-based clinical practice

- A practical aspect
  - A strategy for solving clinical problems on a daily basis.
- An ethical aspect
  - A strategy for being reasonably certain that my advises and treatment are the best available to my patients.

How can guidelines  
be appraised for  
validity and utility?



Where can the best  
evidence based  
resources be found?



# **fdi** National and International Guidelines & Statements, Position papers, Proceedings, Systematic reviews, Meta-analyses



- [Patient issues](#)
- [Public health issues](#)
- [Precautions in the dental office](#)
- [Materials, techniques & procedures](#)
- [Specialised procedures](#)
- [Education & Scientific issues](#)
- [Dentists' world](#)

## **Patient issues**

|                                |                         |                       |                                 |
|--------------------------------|-------------------------|-----------------------|---------------------------------|
| Endocarditis                   | <a href="#">[World]</a> | <a href="#">[FDI]</a> |                                 |
| Dental erosion                 | <a href="#">[World]</a> | <a href="#">[FDI]</a> | <a href="#">[FDI statement]</a> |
| Disabled patients              | <a href="#">[World]</a> | <a href="#">[FDI]</a> |                                 |
| Emergency treatment            | <a href="#">[World]</a> | <a href="#">[FDI]</a> |                                 |
| Odontophobia, psychology, fear | <a href="#">[World]</a> | <a href="#">[FDI]</a> |                                 |
| Oral mucosal problems          | <a href="#">[World]</a> | <a href="#">[FDI]</a> |                                 |
| Saliva and oral health         | <a href="#">[World]</a> | <a href="#">[FDI]</a> |                                 |
| Temporomandibular dysfunction  | <a href="#">[World]</a> | <a href="#">[FDI]</a> |                                 |

## **Public health issues** [\[Top\]](#)