

# NORDIC NEWSLETTER ON EVIDENCE-BASED HEALTH CARE

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what we find, more practitioners will find that this is not threatening, but fun and inspiring. It is not impossible.

1. Katz J. Why doctors don't disclose uncertainty. *Hastings Center Report* 1984;35-44.

## Evidence-Based Medicine in Dentistry

Asbjørn Jøkstad

As in the other health professions, evidence-based medicine (EBM) slowly permeates disciplines conventionally categorised under dentistry. Dental caries and periodontal diseases are the two dominant diseases in dentistry. The prevention and treatment of these diseases are no different from other medical problems, while the rehabilitative aspects are perhaps of little interest for other health workers. Other patient afflictions are either treated by the dentist or referred to others. Common problems are lesions in the oral soft tissues and acute or chronic pain, while seldom but critical conditions may be oral cancer and craniofacial anomalies.

"Tooth", oral, orofacial and temporomandibular joint pain, are all based on identical biochemical and physiological mechanisms in PNS/CNS as is pain that originates elsewhere. Alleviating patient pain is basically identical regardless of where pain originates. For this reason, one of the most common models for testing out new analgesics has been pain control following third molar surgery. Thus, it can be pointed out that at least in one discipline there has been a long tradition for carrying out RCTs.

An area that has been extensively studied is the preventive effect of dentifrice, topical fluoride, antiseptic, mouthwash, electric toothbrush or brushing technique on dental plaque, caries or periodontal diseases. Many well-designed clinical studies can be identified. However, the majority of the studies on these topics are biased, perhaps even with a commercial bias.

Large resources are spent in industry and academia to develop new materials and products that can be used to restore or rehabilitate teeth. The number of RCTs are, in contrast, extremely few. Many new products are continually being presented, often with little or no evidence of clinical effectiveness. Other new products are tested clinically, but under such careful circumstances and strict control regimes that the external validity of such studies is minimal. Sadly, it is common that new products still are sold on a large scale as soon as they are introduced into the market. This is perhaps the reason why manufacturers can avoid the costs of carrying out several RCTs in relevant clinical settings before they introduce their products.

The problems as described have been recognised by the profession. Several initiatives to change the situation have been made during the last decade, although not always called "evidence-based". One such important initiative was the US NIH technology assessment conference on

management of temporomandibular disorders, which was held in May 1996. In short, this single meeting, which focused on using an EBM approach to highlight the topic, resulted in a major shift in the management of TMD-patients in the US.

An oral health group was registered with the Cochrane Collaboration in June 1994 in the US. The group suffered a setback in 1996, when the co-ordinating editor, Alexia Antczak Bouckoms, was involved in a tragic accident. The group was reorganised and the editorial base transferred to Manchester with William Shaw as the new co-ordinating editor. The group now consists of a UK and a US editorial team, as well as one review group co-ordinator and one trials search co-ordinator. The group is located at the University Dental Hospital of Manchester and funded by the NHS in the UK. The oral health group has currently registered approximately 5200 oral health related references on their specialised trials register.

Also in the UK, a Centre for Evidence-Based Dentistry was organised in 1995. It is affiliated with the Institute of Health Sciences, University of Oxford, and aims to promote the teaching, learning, practice, and evaluation of evidence-based dentistry in the UK. Dr Alan Lawrence, who is the chairman, is also editor of a new journal entitled *Evidence Based Dentistry*. The journal will be a supplement to the *British Dental Journal*, and the first issue appeared in October 1998.

## Evidence-Based Public Health Nursing An educational and implementation program at The National Institute of Public Health, Oslo, Norway Ragnhild Hovengen

Evidence based nursing is little known as a concept and a method among Norwegian nurses, either in health care or in promoting health. However, research has been used to legitimise nursing as a profession, and education has been radically reformed to reflect research-based nursing. But despite the length of time that research has been on the agenda, only a moderate proportion of nurses use research as a basis for practice. Part of the difficulty is that, although nurses perceive research positively, they either cannot access the information or cannot judge the value of the studies that they find. To try to bridge the gap between nursing, research and the evidence, in 1997 we started an educational program for nurses based on how to practice evidence-based health care. The educational program aims at exploring the concept of evidence based nursing in terms of its relevance and applicability to public health nursing, health visiting, midwifery and allied disciplines relevant to the work of nursing.

- The program is 14 weeks long and is divided into themes:
- Forming questions so that they can be answered