

# Evidens-basert odontologi

...og kliniske retningslinjer

*Asbjørn Jokstad*

*Institutt for klinisk odontologi*

*Universitetet i Oslo*



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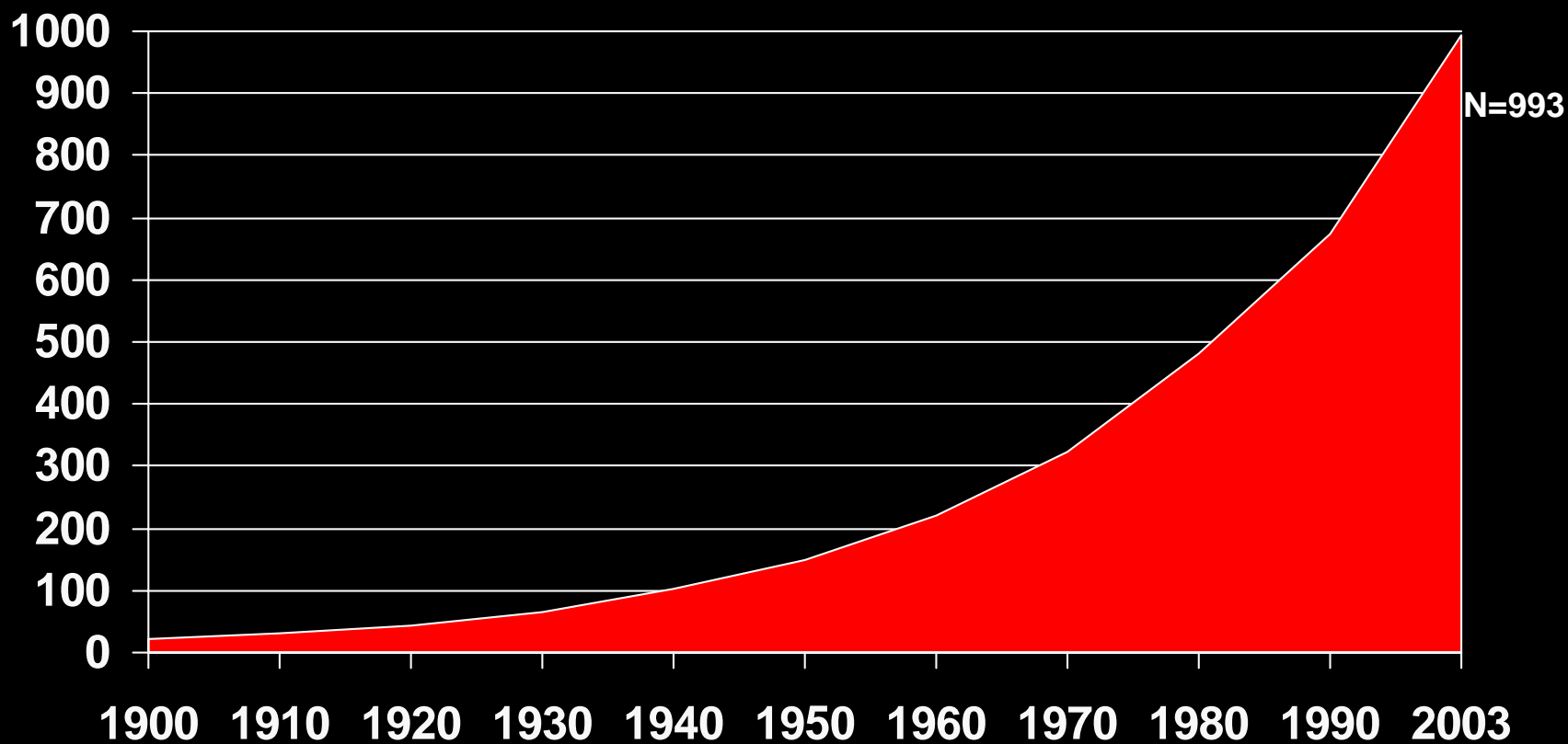
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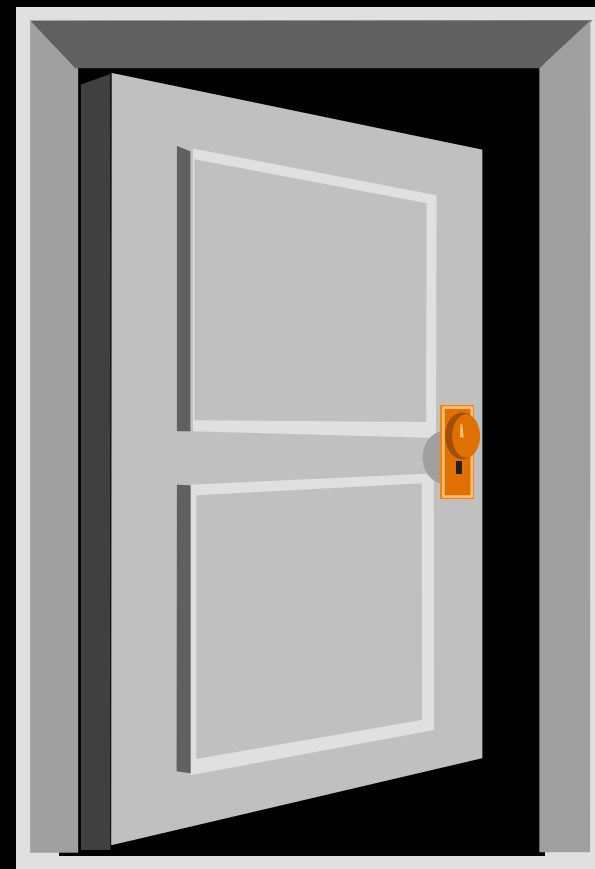


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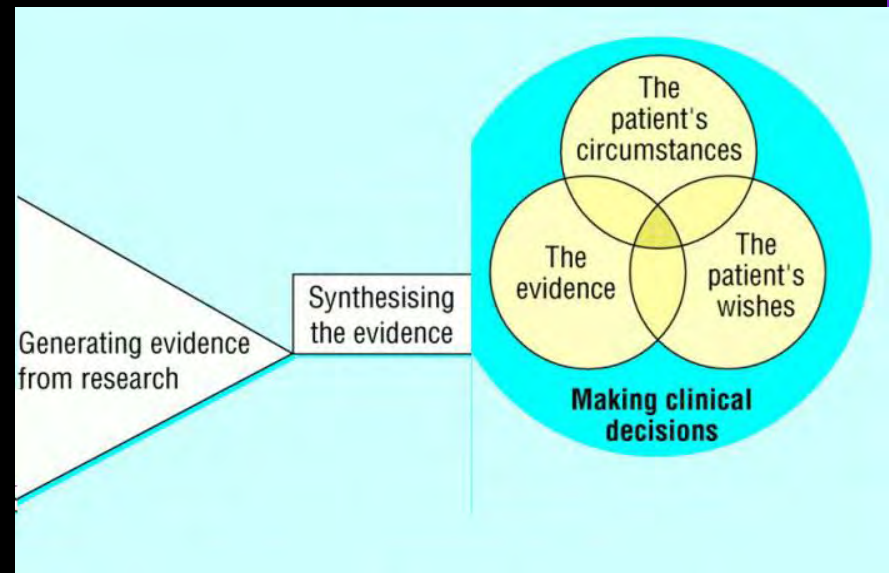
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## 1. Lære selv hvordan evidens-basert odontologi utføres


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The Centre for Evidence-based Dentistry is an independent body whose aim is to promote evidence-based dentistry world-wide. The Centre was formed in early 1995. Following a workshop on Evidence-based Dentistry held at Trondheim College, Oxford in December 1994.

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Facultad de Odontología Universidad de Valparaíso

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Valparaíso  
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**WHAT'S NEW-ANNOUNCEMENTS**  
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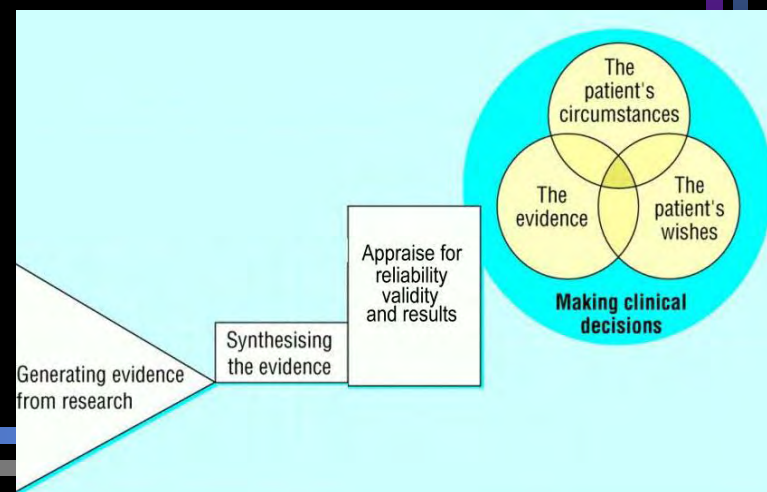




# Hvordan utøve evidens-basert praksis?

1. Lære selv evidens-basert odontologi
2. Søke og anvende evidens-baserte sammendrag utarbeidet av andre.

1. Fagtidsskrift som kritisk evaluerer primærstudier
2. Systematiske oversikter
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**A new perspective...Two steps back: Integration of the evidence-based method in a general practice residency program** 3  
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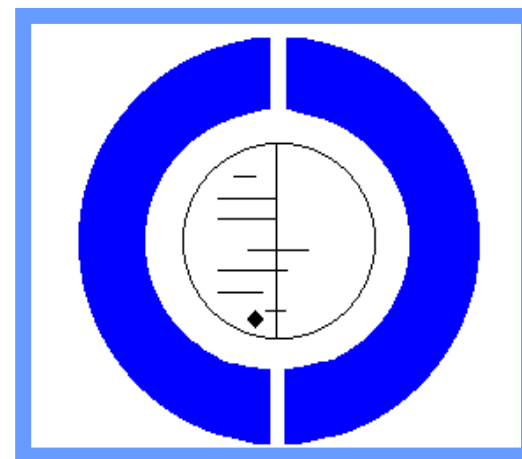
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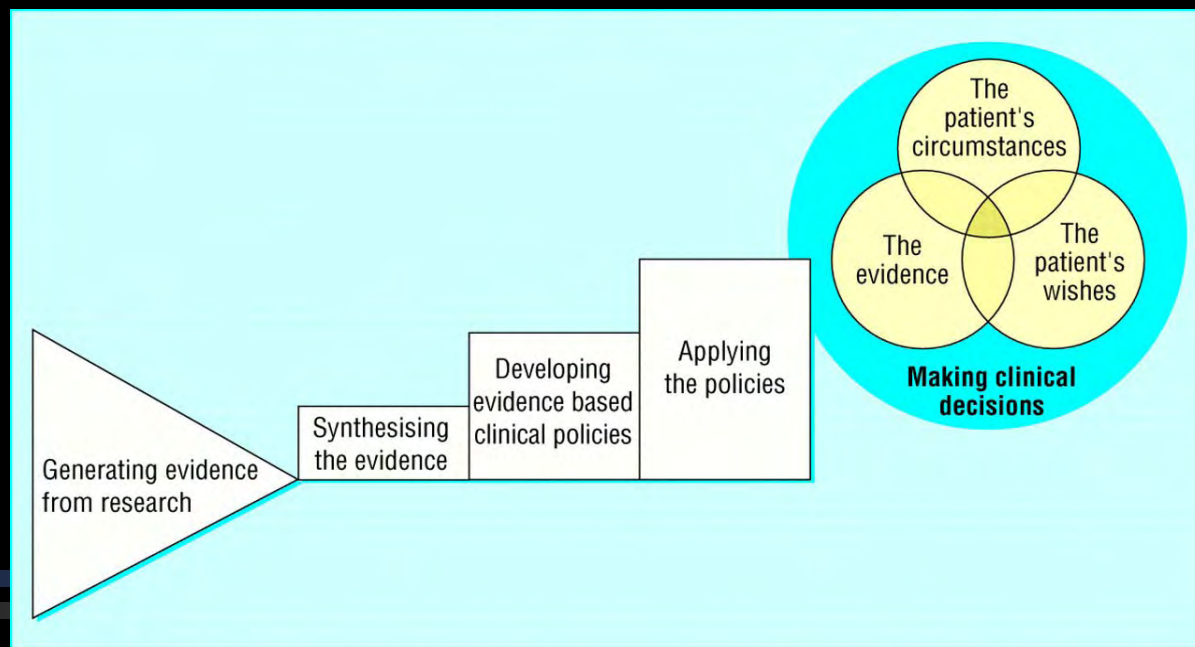
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# Hvordan utøve evidens-basert praksis?

## 3. Akseptere og anvende kliniske retningslinjer som er baserte på evidens-baserte prinsipper





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Evidensbasert

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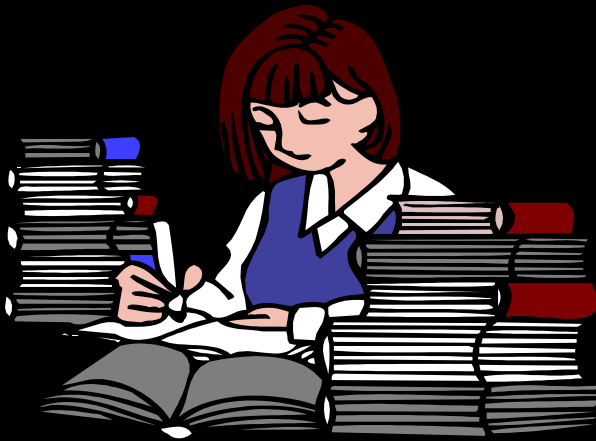
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Why do you  
remove/retain  
"wisdom teeth"?

A question of prognosis



How many reports related to wisdom tooth extraction and prognosis can be identified?





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surgery

Year	Original title	Type	Country	Source	Publish	Authors	http	ISDN	topic
2002	The removal of impacted third molars. Position paper of the South African Society of Maxillofacial and Oral Surgeons	Statement	South Africa	South African Society of Maxillofacial and Oral Surgeons.	SADJ 2002; 57(10):399-403	Erasmus F; South African Society of Maxillofacial and Oral Surgeons.	<a href="#">Abstract Medline</a>	←	surgery
2001	Guidelines in Oral and Maxillofacial Surgery	Guidelines	United Kingdom	BAOMS, The British Association of Oral and Maxillofacial Surgeons	Faculty of Dental Surgery of the Royal College of Surgeons of England		<a href="#">BAOMS</a>	←	surgery
2001	Position paper: Tissue Banking of Bone Allografts Used in Periodontal Regeneration	Review and Guidelines	USA	AAP, American Academy of Periodontology	J Periodontol 2001; 72: 834-838	Research, Science and Therapy Committee of the American Academy of Periodontology	<a href="#">AAP</a>		periodo surgery
2001	Weisheitszahnextraktion [Wisdom tooth extractions]	Guidelines and Statement	Germany/Deutschland	DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde	Dtsch Zahnärztl Z 2001; 56 (8):	Strietzel FP, Neukam FW, Hirschfelder U, Reichart PA	<a href="#">DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde</a>	←	surgery
2000	Management of Unerupted and Impacted Third Molar Teeth	Guidelines	Scotland	Scottish Intercollegiate Guidelines Network (SIGN)	SIGN Publication 43		<a href="#">SIGN</a>	←	surgery
2000	Guidelines for anxiety control and pain management in oral and maxillofacial surgery	Guidelines	USA	American Association of Oral and Maxillofacial Surgery	J Oral Maxillofac Surg 2000; 58 (10 Suppl 2): 4-7	Zuniga JR	<a href="#">J Oral Maxillofac Surg</a>		neuro psychol surgery
2000	International Research Group on Reconstructive Preprosthetic Surgery. Consensus report	Review and Guidelines	USA	International Research Group on Reconstructive Preprosthetic Surgery	Int J Oral Maxillofac Surg 2000; 29 (3): 159-62		<a href="#">OVID</a>		surgery
2000	The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth	Review and Guidelines	United Kingdom	NHS Centre for Reviews and Dissemination, University of York, UK	Health Technology Assessment 2000; Vol 4; No. 15	Song F, O'Meara S, Wilson P, Kleijnen J, Golder S	<a href="#">NHS C&amp;D</a>	←	surgery
2000	Guidance on the removal of wisdom teeth	Guidelines	United Kingdom	NICE, National Institute for Clinical Excellence, UK	NICE 2000/003a Issued: 27 March 2000	Song F, O'Meara S, Wilson P, Kleijnen J, Golder S	<a href="#">NICE</a>	←	surgery
2000	Verwendung von	Guidelines	Germany/Deutschland	DGZMK, Deutsche		Terheyden H	<a href="#">DGZMK, Deutsche</a>		infectio



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► **Complete reviews (7 out of 1519)**

- Anaesthesia for treating distal radial fracture in adults.
- Single dose dextropropoxyphene, alone and with paracetamol (acetaminophen), for postoperative pain.
- Single dose dihydrocodeine for acute postoperative pain.
- Single dose oral aspirin for acute pain.
- Single dose oral ibuprofen and diclofenac for postoperative pain.
- Single dose paracetamol (acetaminophen), with and without codeine, for postoperative pain.
- Single dose piroxicam for acute postoperative pain.

► **Protocols (3 out of 1136)**

- Antibiotics to prevent complications following tooth extractions.
- Fluoride rinses for preventing dental caries in children and adolescents.
- New** Interventions for treating trouble-free impacted wisdom teeth in adults. ←

► **Database of Abstracts of Reviews of Effectiveness (4 out of 3740)**

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## INTERVENTIONS FOR TREATING TROUBLE-FREE IMPACTED WISDOM TEETH IN ADULTS

### (Protocol)

van der Sanden WJM, Mettes TG, Verdonshot EH, van't Hof MA, Nienhuijs M, Plasschaert AJM

Date of most recent substantive update: 24 April 2002

This protocol should be cited as: van der Sanden WJM, Mettes TG, Verdonshot EH, van't Hof MA, Nienhuijs M, Plasschaert AJM. Interventions for treating trouble-free impacted wisdom teeth in adults (Protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 2002. Oxford: Update Software

### BACKGROUND

Wisdom teeth or third molars generally erupt into the mouth between the ages of 17 to 24 years ([Garcia 1989](#); [Hugoson 1988](#)). More than other teeth, wisdom teeth often fail to erupt or erupt only partially ([Hugoson 1988](#)). Impaction occurs where complete



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► **Database of Abstracts of Reviews of Effectiveness (4 out of 3740)**

► **Abstracts of quality assessed systematic reviews (4 out of 2940)**

- Prophylactic Removal of Impacted Third Molars: is it Justified? (Provisional record).
- The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth (Provisional record).
- The effectiveness of acupuncture in treating acute dental pain: a systematic review (Structured abstract).
- The use of acupuncture in dentistry: a systematic review (Structured abstract).

► **Other reviews: bibliographic details only (0 out of 800)**

► **The Cochrane Central Register of Controlled Trials (CENTRAL) (389 out of 345378)**

► **The Cochrane Database of Methodology Reviews (0 out of 15)**

► **The Cochrane Methodology Register (CMR) (0 out of 4002)**

► **About the Cochrane Collaboration (2 out of 86)**

► **Health technology assessment database (HTA) (3 out of 2838)**

- Guidance on the removal of wisdom teeth.
- Prophylactic removal of impacted third molars: is it justified?.
- The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth.

► **NHS Economic evaluation database (NHS EED) (0 out of 10255)**

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van der Sanden WJM, Mettes TG, Verdonschot EH, van't Hof MA, Nienhuijs M, Plasschaert AJM

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**BACKGROUND**

Wisdom teeth or third molars generally erupt into the mouth between the ages of 17 to 24 years ([Garcia 1989](#); [Hugoson 1988](#)). More than other teeth, wisdom teeth often fail to erupt or erupt only partially ([Hugoson 1988](#)). Impaction occurs where complete eruption into a normal functional position of a tooth is



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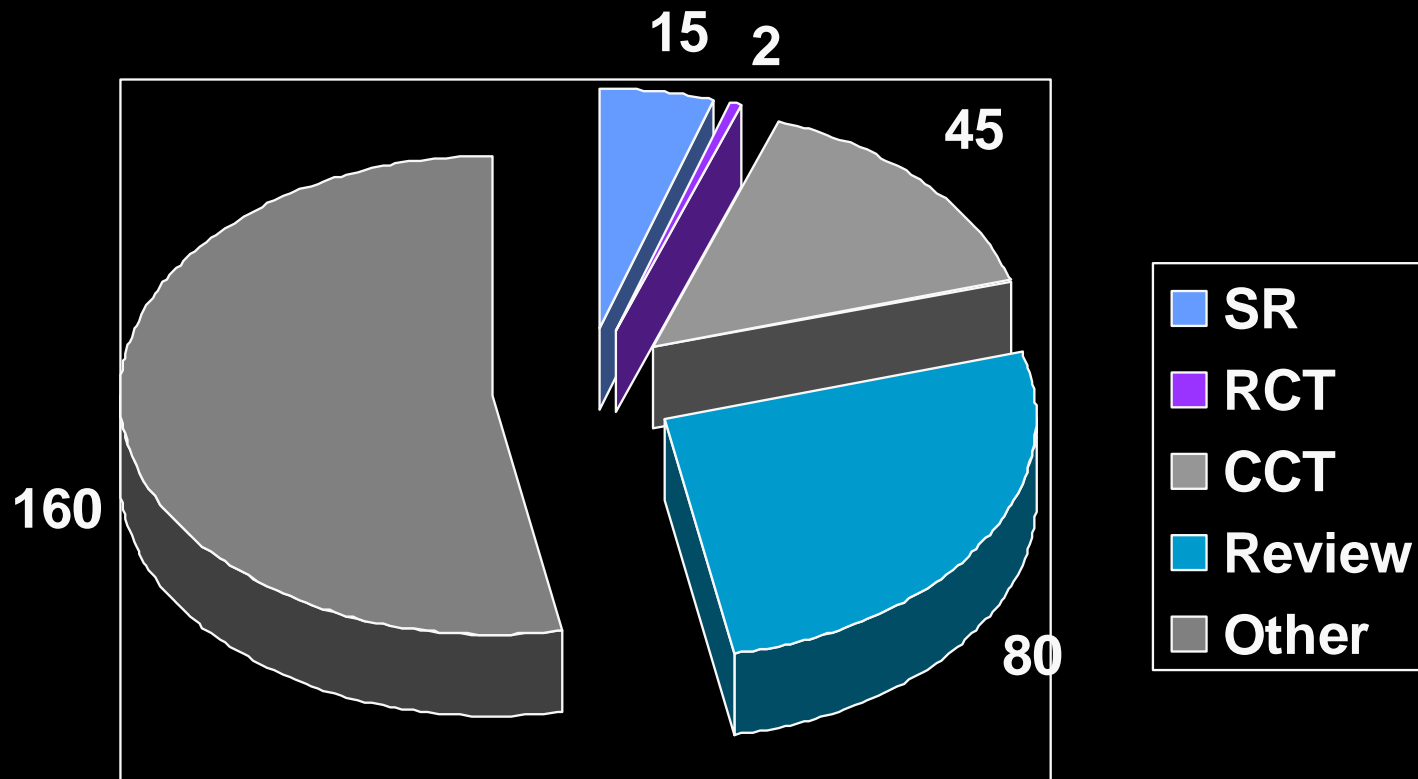
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How are these approximately 300 reports characterized according to study design?





How many reports related to the topic can be identified?

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How many reports can be excluded due to questionable methodological validity?



# Prognosis

- An inception cohort of persons, all initially free of the outcome of interest
- Follow-up of at least 80 per cent of patients until the occurrence of either a major study criteria or the end of the study
- A statistical analysis consistent with the study design.



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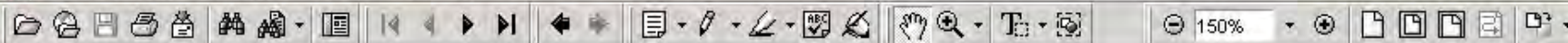
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2000

43  
SIGN Publication Number

Management of  
Unerupted and Impacted  
Third Molar Teeth

A National Clinical Guideline

please note: 25.04.2000 14:53:06  
This guideline was issued in 2000 and will be reviewed in 2002 or sooner if new evidence becomes available. Any updates to the guideline in the interim period will be noted on the SIGN website. Comments are invited to assist the review process. All correspondence and requests for



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**Rapid review**

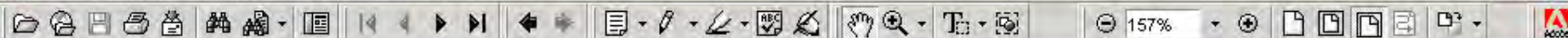
# The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth

F Song  
S O'Meara  
P Wilson  
S Golder  
J Kleijnen

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## WISSENSCHAFTLICHE STELLUNGNAHME

Deutsche Gesellschaft für Zahn- Mund- und Kieferheilkunde



2001

gegr. 1859

### Indikationen zur operativen Weisheitszahnentfernung

Operative Weisheitszahnentfernungen gehören zu den häufigsten dentoalveolären operativen Eingriffen, die in der zahnärztlichen Praxis ambulant durchgeführt werden. Die Inzidenz retinierter unterer Weisheitszähne liegt bei etwa 84 % im Alter von 20 Jahren [23].

Als Retention eines Zahnes ist das Nicht-Erreichen der Okklusionsebene nach Abschluß seines Wurzelwachstums definiert. Partiiell retinierte Zähne perforieren mit einem Kronenteil die Schleimhaut. Komplett retinierte Zähne haben keinerlei Verbindung zur Mundhöhle. Impaktierte Zähne sind vollständig von Knochen umgeben. Unter einer Zahnverlagerung oder Aberration ist die Keimverlagerung oder das Abweichen eines Zahnes von seiner regelrechten Durchbruchrichtung zu verstehen. Die Impaktion des unteren Weisheitszahnes ist meist verursacht durch Platzmangel, mangelhaftes Skelettwachstum, distalen Durchbruch der Bezahnung, vertikales Wachstum des Kondylus, eine große Kronendimension und die verspätete Reifung des unteren Weisheitszahnes. Platzmangel, Durchbruchhindernisse oder die verspätete Reifung sind meist ursächlich für Retentionen oberer Weisheitszähne, allerdings verursachen sie durch die Möglichkeit des Durchbruches nach bukkal oder distal, in seltenen Fällen auch in die Kieferhöhle, weniger häufig Beschwerden. Viele retinierte oder impaktierte Weisheitszähne werden zufällig anlässlich der Anfertigung von Panoramaschichtaufnahmen entdeckt.

Bei der Erhebung des Ausgangsbefundes sind neben den Ergebnissen der üblichen klinischen und röntgenologischen Untersuchungen insbesondere bereits vorhandene Sensibilitätsstörungen,

# Selection of papers

	DGZMK, Germany, 2001	23	SRs + Clinic trials
	NHS R&D, UK, 2000	52	RCTs + Reviews
	SIGN, Scotland, 2000	64	RCTs + CCTs
	ANAES, France, 1997	77	CCTs + Clinic trials
	BAOMS, UK, 1995	60	CCTs + Clinic trials



(total: n=171)



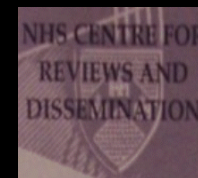
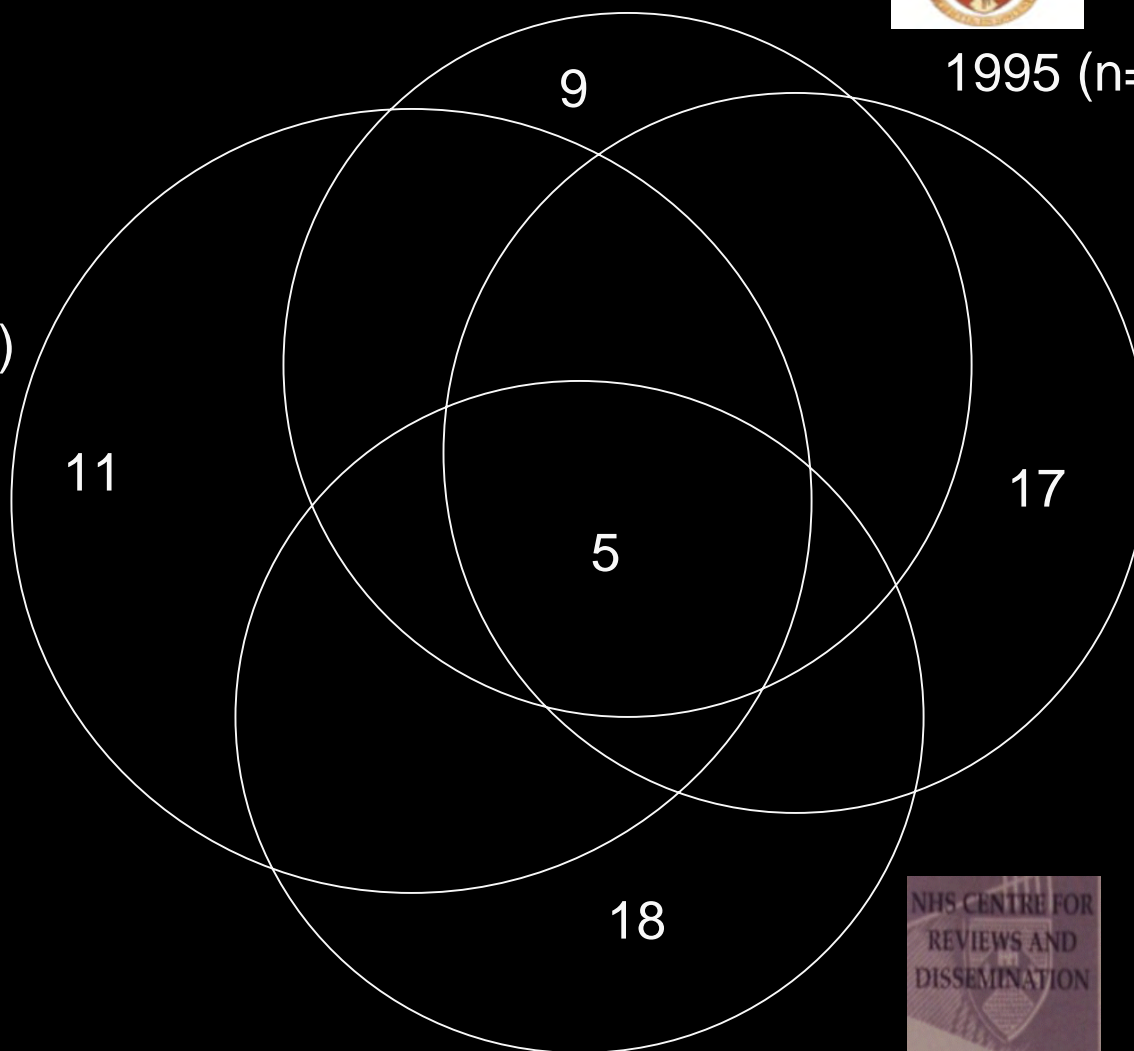
1995 (n=60)



1997 (n=77)



2000  
(n=64)



2000 (n=52)

# USA

1979: NIH  
Consensus dev.  
Conference for  
removal of third  
molars

1995: Am.Acad.Oral Med.Surg.  
Parameters of Care

1993: Am.Acad.Or.Med.Surg.  
Workshop on the managem. of  
patients with third molar teeth

1991 Am.Acad.Oral Med.Surg  
Parameters of Care

2000: SIGN  
Guidelines

1980

1990

2000

1995: Br. Assoc.Oral Med. Surg. Pilot Clinical Guidelines

1996: NHS R&D. National guidelines

Sept 1997: FacDentSurg RoyCollSurg(Eng)

1998: Effectiveness Matters 3(2)

2000: NHS R&D HTA Programme

2000: NICE  
Guidelines

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

Kerstin Knutsson<sup>1</sup>, Leif Lysell<sup>2</sup> and Madeleine Rohlin<sup>1</sup>

<sup>1</sup>Department of Oral Radiology, Faculty of Odontology, Malmö University, Malmö, <sup>2</sup>Department 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 would appear to motivate a more restrictive approach today as compared with 10 years ago. The aim of the present study was to examine dentists' decisions on the prophylactic removal of impacted mandibular third molars over a 10-year period. **Methods:** Thirty-six cases were selected so as to represent an equal distribu-

occasion. **Conclusion:** In the decisions on prophylactic removal of mandibular third molars, there has been no change over the last 10 years towards a more non-interventionist attitude. Thus, the dentists seem not to have been influenced by the evidence that this intervention is not cost-effective.

presented a considerable interindividual variation in removal rate, between 0 and 22 molars on the first occasion and between 0 and 25 molars on the second occasion. **Conclusion:** In the decisions on prophylactic removal of mandibular third molars, there has been no change over the last 10 years towards a more non-interventionist attitude. Thus, the dentists seem not to have been influenced by the evidence that this intervention is not cost-effective.

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Submitted 19 November 1999;  
accepted 8 November 2000





We have learned:

Systematic reviews and guidelines are not necessarily known to the community of dental practitioners



Who's responsibility  
to disseminate new  
research findings to  
the community of  
dental practitioners?



Who's responsibility for  
disseminating new  
research findings to the  
community of (dental)  
practitioners?

... and verify its  
implementation?

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**Rapid review**

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## NICE issues Guidance to the NHS on the removal of Wisdom Teeth

**Ref: NICE 2000/003a Issued: 27 March 2000**

NICE have today issued to the NHS their [guidance](#) on the removal of wisdom teeth. The guidance has been sent to all dentists in England and Wales and to NHS Management and concludes that:

- The routine practice of prophylactic removal of pathology-free impacted third molars should be discontinued in the NHS.
- The standard routine programme of dental care by dental practitioners and/or paraprofessional staff, need be no different, in general, for pathology free impacted third molars (those requiring no additional investigations or procedures).
- Surgical removal of impacted third molars should be limited to patients with evidence of pathology. Such pathology includes unrestorable caries, non-treatable pulp and/or periapical pathology, cellulitis, abscess and osteomyelitis, internal/external resorption of the tooth or adjacent teeth, fracture of tooth, disease of follicle including cyst/tumour, tooth/teeth impeding surgery or reconstructive jaw surgery, and when a tooth is involved in or within the field of tumour resection.
- Specific attention is drawn to plaque formation and pericoronitis. Plaque formation is a risk factor but is not in itself an indication for surgery. The degree to which the severity or recurrence rate of pericoronitis should influence the decision for surgical removal of a third molar remains unclear. The evidence suggests that a first episode of pericoronitis, unless particularly severe, should not be considered an indication for surgery. Second or subsequent episodes should be considered the appropriate indication for surgery.

The guidance has been supported by the Chief Dental Officers for both England and Wales who have written to all NHS dentists asking them to revise their practice.

### Related Topics:

- Wisdom teeth - removal (NO 1 ) (in: Technology Appraisals → Completed Appraisals)
- Press releases 2000 (in: Press Office → Press releases)

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- Preferred ways to use electronic communications with NICE
- Principles of the Quality Assurance Process for Guidance Documents
- Appraisal Consultation Document: Review: The clinical effectiveness and cost effectiveness of glitazones for the treatment of type 2 diabetes
- 2002/061 First meeting of NICE Citizens Council will discuss clinical need
- Recruitment of Interventional Procedures Project Manager
- Compilation Issue 5
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### New Zealand Guidelines - Completed

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[added in Jan 1999]


**Cardiology**

Evidence Based [Guidelines for the Management of Mildly Raised Blood Pressure in New Zealand](#)  
[added in Feb 1998]

Consensus [National Heart Foundation - Coronary Heart Failure](#)

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At any time, some general details about the network are available. If you have any queries or comments, please contact us.

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The AGREE Collaboration

September 2001

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## Grading System for Recommendations in Evidence-Based Clinical Guidelines

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

March 2000

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Takk

for

oppmerksomheten!