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Title: Evidence Based Dentistry

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Evidence Based Dentistry

Abstract: It has been fascinating to observe the discussions that have played out regarding evidence based dentistry. At one end of spectrum, some writers' portray evidence-based care as revolutionary new approaches to dental care that will save our profession. Other describe it time consuming process. Through this review describes the basis behind the use of evidence based dentistry.

Key- words: Evidence based dentistry, descriptive studies, analytical studies

Introduction

Evidence based dentistry is defined as integrating individual clinical expertise with the best available external clinical evidence from systemic research.¹

EBD concepts developed at McMaster University presents guidelines to determine the validity of study results and whether they can be applied to clinical practice. The foundation of EBD was laid by David Sackett.

Armed with the tools of EBD, the clinician can readily evaluate the mass of data and choose, in an educated manner what to use and what to discard.

In dentistry product testing is done in the laboratories not operations.

Using EBD is quite simple. As it Includes: Create answerable question, track down the best evidence to track down the question, Critically appraise the information, apply the results to one patients and evaluate one's performance.²

The Use of Evidence Based Dentistry in Determining Therapy:

EBD does not mean third parties will control dental practices. In fact educated dentists, understanding the literature, will be able to prevent the misinterpretation of data by commercial interests. This includes answering

EBD does not take clinical decisions out of clinicians' hands and put them into the hands of the literature. In fact opposite it true. EBD gives guidelines for clinician and relies first on clinical expertise.³

EBC does not mean the clinician need not study basic and dental material sciences. In fact the opposite is true. To evaluate the research presented, clinicians need a solid background on which to base their evaluations and decisions.³The following questions are evaluated as described in Table-1

Table-1

- Were all patients who entered the trial properly accounted for and attributed for at its conclusion?
- Were patients, their clinicians and study personal blinded the treatment?
- Were the groups similar at the start of the trial?
- Were all clinically important outcomes considered?
- Was follow-up sufficiently long and complete?
- Will the results help clinicians in caring for their patients?
- Using evidence based dentistry to evaluate the need for a diagnostic test.
- Will patient be better off as a result of the test?

People who are benefited from Evidence Based Dentistry: Includes public, who will reap the records of better care, the dentists and the Researchers.

Procedure

There are 2 aspects in clinical dentistry

1. Surgical component
2. Decision making.

There are 3 criteria's as described in Table -2

Table -2

- 1st criterion: In selecting which question to pursue is to choose questions from the patient perspective.
- 2nd criterion: Suggests that practitioner seeks evidence on questions that assist in staying current and in preparing for the next occasion.
- 3rd criterion: Choosing the question that are most likely to yield a clear answer is available to be found.

THERAPY:

It consists of Anecdote, Experience or evidence based evaluation which is evaluated based on the younger practitioner and the elder practitioner

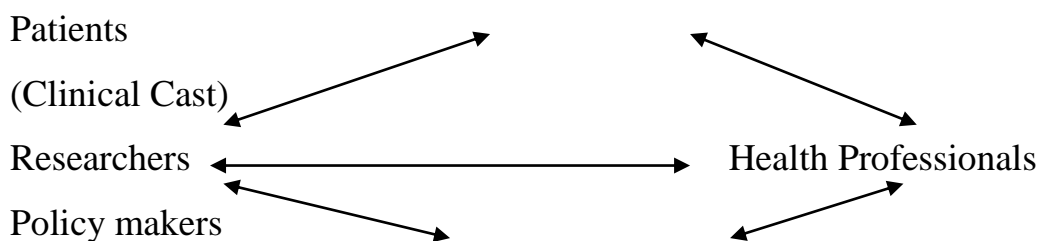
Depending on the above evaluation type of studies carried out are prospective studies and retrospective studies. ⁴

The Ethics of Experimenting in Dental Practices:

Dentists often need to make clinical decisions based on limited scientific evidence. To base a clinical dental practice on scientific evidence more efficiently clinicians must have evaluate the dental literature critically. ⁵

Conducting a research of the literature the Evidence Based Dentistry – Design Architecture consist of:

Clinical Decision Making:



Descriptive Studies: It describes the general characteristics of the distribution of diseases, particularly in relation to person, place and time.

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Analytical Studies: These studies differ from descriptive studies in that they include an appropriate comparison group that permits the testing of epidemiologic hypothesis. ⁶

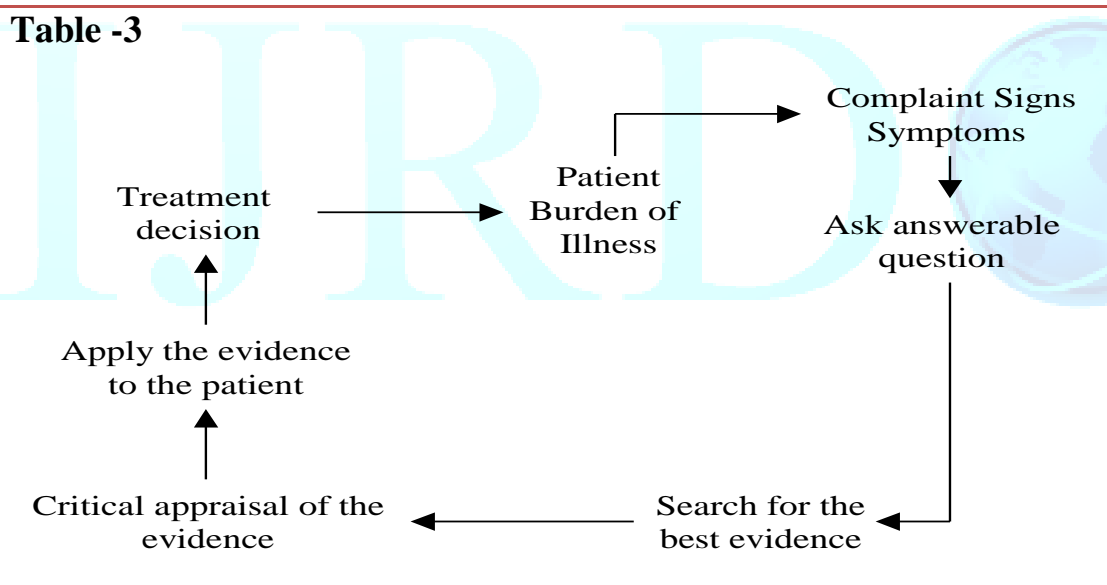
BIAS IN DENTAL RESEARCH CAN LEAD TO INAPPROPRIATE TREATMENT SELECTION

In research, as in life, bias is the enemy of truth – by R.F. Jacob. Randomized controlled trials best at bias control.

Systemic reviews of the literature includes: the overview and Meta analysis, Assessment of key elements to determine causation of risk factors in dentistry and the Biostatistician consultation for dental research. ⁷

APPLYING EVIDENCE BASED DENTISTRY TO YOUR PATIENTS:

The steps in the model of evidence-based practice:-



CONCLUSION:

With in the limits of this review, it is concluded that clinicians can safeguard the patient and themselves against the inappropriate use of weak or irrelevant evidence in the conduct of daily practice and prevents the decline in skills throughout a career with the use of evidence based dentistry.

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