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Opinion

Dentistry Based-Evidence Today

Julio Villanueva Maffei[1,2]* and Cristina Mebus[2]

[1]*Evidence Based Dentistry Unit, Cochrane Associated Center, Faculty of Dentistry, University of Chile, Santiago, Chile*

[2]*Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of Chile, Santiago, Chile*

***Corresponding Author:** Julio Villanueva Maffei, Evidence Based Dentistry Unit, Cochrane Associated Center and Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of Chile, Santiago, Chile.

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The term Evidence-based Dentistry (EBD) comes from Evidence-Based Medicine (EBM), primarily used by Gordon Guyatt in 1991 [1]. But it is since 1992, because of a publication of an article in the journal JAMA [2] by a group of internists and epidemiologists linked to the University of McMaster, Canada, who constitute the Evidence-Based Medicine Working Group and the term EBM acquires visibility to the professional public. In 1995 Derek Richards published in the British Dental Journal an article entitled Evidence-based Dentistry [3], which explains that it is of global interest to make health services more effective, without compromising their quality, taking into account the technological advances, demographic, among others.

However, nowadays, there are still very few health decisions that are made on basis of good evidence, due to:

- Lots of information available, more than 2,000 dental journals can be found in databases. With a large number of articles without relevant information, and we can only read a small amount of what is published daily.
- Evidence Quality, most articles published, are not reviewed with the strictness that we expect. Where, for example: publication bias, in which authors and editors prefer to publish studies with positive results, or that have a great impact on the dental community, which makes studies with negative results remain in the drawers of the researchers, these being as important as the positive ones. On the other hand, the financing of the industry, it only publishes those results that are favorable to its products.
- Dissemination of evidence, there are few dissemination methods available, which means that good evidence regarding a particular treatment becomes the norm.
- Clinical practice based on authority rather than evidence. The use of techniques and treatments based on the experience of authority rather than evidence leads us to perform treatments that are not effective or correct. Chalmers and Haynes, in Oxford's internal medicine book, give the following example: "The benefits of thrombolysis (in heart attacks) must still be proven," and these benefits have been demonstrated in numerous studies 10 years earlier.

Therefore, the EBD represents a more mature and structured step, from a conceptual and practical point of view, being its essence: how to get the application of the scientific method to the practice on dentistry. To do things rationally it is the great goal of the modern clinic and therefore, an action will be rational if it is maximally adequate to achieve the given goal, and the objective and the ways of action have been decided using the best available knowledge.

In this way, clinical activity, if rational, should use the best available knowledge on the aspects of the problem on which to decide and act. This implies, therefore, a critical and continuous evaluation of existing knowledge.

Bibliography

1. Guyatt GH. "Evidence-based Medicine". *ACP Journal Club* 114.2 (1991): A16.
2. Guyatt G., *et al*. "Evidence-based medicine: a new approach to teaching the practice of medicine". *Journal of the American Medical Association* 268.17 (1992): 2420-2425.
3. Richardson D. "Evidence Based Dentistry". *British Dental Journal* 179.7 (1995): 270-273.

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