Evidence-Based Dentistry

Julie Frantsve-Hawley, RDH, PhD
Director, Research Institute and Center for Evidence-Based Dentistry
American Dental Association

Evidence

Patients needs & preferences

Clinical Expertise
Then....
Now....
Information Overload
Evidence-Based Dentistry

Evidence

Clinical Expertise

Patients needs & preferences
Evidence-based dentistry (EBD) is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.
Levels of Evidence

(IA) Systematic Review

(IB) 1+ RCT

(IIA) 1+ controlled study without randomization

(IIB) 1+ quasi-experimental study

(III) Non-experimental descriptive studies (i.e. comparative, correlation, cohort and case-control studies)

(IV) expert committee reports or opinions or clinical experience of respected authorities
What is an RCT?

- Population
  - Intervention
    - Outcome
  - Control
    - Outcome

Root Canal Treatment

Randomized Controlled Trial
Will using a parachute save lives?

- People in Airplane
  - Jump with parachute
    - Survival
  - Jump w/o parachute
    - Survival


• CONCLUSIONS: This study provides no convincing evidence that periodontal disease is associated with preeclampsia risk among Thai women.
Data Analysis

• Qualitative Analysis
  – Discussion of individual designs and outcomes
  – If study designs are so different that data cannot be combined

• Quantitative Analysis
  – Preferred
  – Meta-Analysis (Forest Plot)
  – Publication bias (Funnel Plot)
  – Heterogeneity
Thrombolytic Therapy

Individual RCT and Overall Meta-analysis Results
Odds Ratio (Log Scale)

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Patients</th>
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<td>1972</td>
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<td>1987</td>
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<td>1988</td>
<td>1395</td>
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Overall 20,138
DR. BENJAMIN SPOCK

BABY AND CHILD CARE

The most widely recommended handbook for parents ever published—Authoritative, illustrated, indexed

Over 19,000,000 copies sold
Comparison: Prone vs non-prone sleeping position

Outcome: SIDS

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment</th>
<th>Control</th>
<th>OR (95% CI Random)</th>
<th>OR (95% CI Random)</th>
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<td>Hauck 2003</td>
<td>149 / 260</td>
<td>91 / 260</td>
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Total (95% CI)

2741 / 4239 | 3671 / 11369

Test for heterogeneity chi-square=183.52  df=24  p<0.00001

Test for overall effect z=9.85  p<0.00001
Meta-analysis is a quantitative approach to evaluate multiple studies

- Increase sample size
  - Evaluating multiple small studies
- When studies disagree
  - Magnitude
  - Direction
- Enhance scientific credibility
- Using statistical methods to combine the results of different studies
PubMed comprises more than 21 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher websites.
PubMed Clinical Queries

Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use PubMed directly.

Clinical Study Categories

Category: Therapy
Scope: Broad

Sample Results of Clinical Study Category Query

Filter citations to a specific clinical study category and scope. These search filters were developed by Haynes RB et al.

Systematic Reviews

Sample Results of Systematic Reviews Query

Filter citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. See related sources.

Medical Genetics

Topic: All

Sample Results of Medical Genetics Query

Filter citations to topics in medical genetics.
Sources of Pre-appraised Evidence

- Summaries of Systematic Reviews
- Guidelines/recommendations
Summaries of Systematic Reviews

- A short (1-2 page) summary of a systematic review
- Critical appraisal
- Clinical Applications (some)
- Time saving
- Usually a single author, but peer reviewed
• Recommendation by an expert panel
• Based on the best evidence available
• Multiple systematic reviews and/or clinical studies
• Critical appraisal
• Implications for practice
Benefits of Using Pre-Appraised Evidence

- Fast, simple, efficient
- Combines the search and appraisal processes
- Utilizes appraisals completed by “experts”
• **Where can I find summaries?**
  – EBD.ADA.org
  – JADA
  – Database of Abstracts of Reviews of Effects (DARE)
  – Bandolier
  – Evidence-based Dentistry (Nature Publishing Group)
  – The Journal of Evidence-based Dental Practice (Elsevier)

• **Where can I find Guidelines?**
  – EBD.ADA.org
  – Guidelines.gov
  – National Institute for Health and Clinical Excellence (NICE)
  – Scottish Intercollegiate Guidelines Network (SIGN)
• Over 1700 systematic reviews
• Each is 6-200 pages long
Critical Summaries

- 600-800 words
- Summarizes a systematic review
- Clinical implications
Moderately favorable survival rate for implant-supported single crowns

Critical Summary Prepared by: Leonard Shapiro DDS, MS

A Critical Summary of:
A systematic review of the 5-year survival and complication rates of implant-supported single crowns


Published Date: 5/13/2009

Clinical Questions:
A) What is the 5-year survival rate of implant-supported single crowns? B) What is the incidence of biological and technical complications?

Review Methods:
The authors conducted a comprehensive search of 1 electronic database (1985 to July 2006), manual searches of the bibliography and hand searches of several journals in both English and German. The search yielded a total of 26 articles, 21 prospective and 5 retrospective, respectively. Two independent reviewers screened the titles and abstracts and included studies that a) had a mean duration of follow-up of at least 5 years b) were published in English or German c) had clinical examination at follow-up d) reported details of the superstructure characteristics and e) combined findings for implant supported FPD’s and single crowns but allowed data extraction for the single crowns group.

Main Results:
Survival of single crowns was defined as crowns remaining in situ with or without modifications. Biologic complications were defined as the disturbances to function of the implant due to biologic processes while technical complications were defined as mechanical damage to implants, implant components and/or superstructures. The 26 studies compared a total of 1553 implants in patients ranging in age from 13 to 94 years. Drop-out rates varied from 0% to 30%. 11 of the 26 studies had variable individual patient observations periods ranging from 1 to 15 years. The 5-year survival rate of implant-supported crowns was 95.8%. Based on thirteen studies, the authors reported a 5-year survival rate of 94.5% for single crowns supported by implants (n = 534). From 7 studies, they reported a 4.2% higher 5-year survival rate for metal ceramic crowns over all-ceramic crowns. None of these 7 studies actually performed a comparative study between the two materials. Peri-implantitis was the most frequent biological complication that occurred in 9.7% of the implants. Marginal bone loss exceeding 2mm was seen in 6.3% of all implants cases. Reports of technical complications included screw loosening (12.7%), loss of retention (5.5%), fracture of veneer (4.5%) and rarely fracture of other components.
WELCOME TO A WEBSITE FOR EVIDENCE-BASED DENTISTRY (EBD)
Dental science information for the public. This Website has summaries of dental research findings. Explore this site, and talk to your dentist about what you find here. Together, you can make decisions about your best treatment options or ways to protect your oral health.

What is EBD

PLAIN LANGUAGE SUMMARY
A plain language summary is an easy-to-read, one-page write-up that summarizes the key points of a systematic review.

ADA.ORG
Resources from the American Dental Association, America’s Leading Advocate for Oral Health
Read more

PATIENT RESOURCES
Additional sources for oral health information and research.
Read more

HIGHLIGHTS
- What is Evidence-Based Dentistry?
- Plain Language Summaries
- Patient Resources
- ADA Seal of Acceptance
- Evidence-Based Dentistry on ADA.org
- ADA.org for the Public
Motivational Interviewing may help smokers stop

Plain Language Summary Prepared by: Hoda Abdellatif BDS, MPH, DrPH

A Plain Language Summary of:
Motivational interviewing for smoking cessation

Background

Key terms

Motivational Interviewing: a way to help people change their habits. It has helped people quit drinking, stop using drugs and eat more healthy foods. It is abbreviated below as MI.

Cigarettes are the number one reason in the world that otherwise healthy people become sick. Smokers have many choices when trying to quit. They can use medications or try programs that don’t use medications. Recently, Motivational Interviewing (MI) has been looked at as a way to help people kick the habit. Motivational Interviewing has helped people quit drinking and taking drugs. It also has been used to help people make changes in their weight, diet and exercise habits. The authors of this review wondered if MI could help people stop smoking.

They reviewed 14 studies that used MI to help people stop smoking. They defined MI as one to four sessions during which someone talked to smokers about quitting. For example, they could have talked about having mixed feelings about quitting -- wanting to quit but worrying that they would miss smoking. Or they might have looked at how sure the smoker was that he or she could quit. The sessions lasted from 15 to 45 minutes.

The authors wanted to answer several questions. They wanted to know how many people helped by MI would still be off cigarettes six months after the program ended. They also wanted to see how many people, who had stopped smoking after the program, picked up the habit again. Finally, they tried to determine whether MI was harmful in any way, compared to usual care or brief advice on quitting.

Authors' findings

The authors found that the 14 studies they looked at were very different. The studies used different approaches. For
WELCOME TO A WEBSITE FOR EVIDENCE-BASED DENTISTRY

A practical resource for scientific evidence

Looking for answers? We provide systematically assessed evidence as tools and resources to support your clinical decisions: A practical approach to integrating evidence into your patient care!

About EBD

ADA CLINICAL RECOMMENDATIONS

Tools that provide guidance and assist you with clinical decision making. Read more

- Fluoride Supplements
- Oral Cancer Screening
- Reconstituting Infant Formula
- Sealants
- Topical Fluoride

RESOURCES

Additional support for evidence-based practice. Read more

- ADA Library: Member Access for Cochrane Reviews
- Cochrane Library
- JADA
- PubMed

SYSTEMATIC REVIEWS & SUMMARIES

A database of studies on dental and oral health topics along with concise, user-friendly summaries. Read more

- Adjusting the pH of lidocaine for reducing pain on...
- Lamotrigine for acute and chronic pain
- Smoking cessation interventions among Hispanics in...

HIGHLIGHTS

- APPLY NOW! - EBD Champions Conference July 28-30
- ADA/Forsyth Advanced EBD Course - September 19-23
- Access Chairside Guides to ADA Clinical Recommendations
- Clinical Recommendations on Reconstituting Infant Formula
- Clinical Recommendations on Fluoride Supplements
- ADA Members: Access Cochrane Systematic Reviews Here!
- Subscribe to the EBD website for automatic content updates
Levels of Evidence

(IA) Systematic Review

(IB) 1+ RCT

(IIA) 1+ controlled study without randomization

(IIB) 1+ quasi-experimental study

(III) Non-experimental descriptive studies
     (i.e. comparative, correlation, cohort and case-control studies)

(IV) expert committee reports or opinions or clinical experience of respected authorities
Strength of Recommendation

A = Category I Evidence

B = Category II Evidence or extrapolated from category I evidence

C = Category III Evidence or extrapolated from category I or II evidence

D = Category IV Evidence or extrapolated from category I, II, or III evidence
Evidence-based clinical recommendations for the use of pit-and-fissure sealants
A report of the American Dental Association Council on Scientific Affairs

Jean Beauchamp, DDS; Page W. Caufield, DDS, PhD; James J. Crall, DDS, ScD; Kevin Donly, DDS, MS; Robert Feigal, DDS, PhD; Barbara Gooch, DMD, MPH; Amid Ismail, BDS, MPH, MBA, DrPH; William Kohn, DDS; Mark Siegal, DDS, MPH; Richard Simonsen, DDS, MS
**Use of Pit and Fissure Sealants: Evidence-Based Clinical Recommendations**

**Levels of evidence and strength of recommendations:**
Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

Correlate these colors with the text below.

- **A** Recommendation based on higher levels of evidence
- **B**
- **C**
- **D** Recommendation based on lower levels of evidence
Use of Pit and Fissure Sealants: Evidence-Based Clinical Recommendations

Levels of evidence and strength of recommendations:
Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

Correlate these colors with the text below.

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<tr>
<th>Color</th>
<th>Levels of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Recommendation based on higher levels of evidence</td>
</tr>
<tr>
<td>B</td>
<td>Recommendation based on lower levels of evidence</td>
</tr>
<tr>
<td>C</td>
<td>Recommendation based on moderate levels of evidence</td>
</tr>
<tr>
<td>D</td>
<td>Recommendation based on lower levels of evidence</td>
</tr>
</tbody>
</table>

Should I consider sealants for my patients?

<table>
<thead>
<tr>
<th></th>
<th>Consider sealants for prevention when there is no lesion but tooth or individual is at risk¹</th>
<th>Consider sealants to limit progression in early non-cavitated lesions</th>
</tr>
</thead>
</table>
| Children | Primary teeth (D)  
                       Permanent teeth (B)                                         | All teeth (B)                                                       |
| Adolescents | Permanent teeth (B)                              | All teeth (B)                                                       |
| Young Adults | Permanent teeth (D)                           | All teeth (B)                                                       |
| Adults   | Permanent teeth (D)                           | All teeth (D)                                                       |

Monitor periodically and reapply as needed (D) (Change in caries susceptibility can occur)
Screening for Oral Squamous Cell Carcinomas

In patients reporting for routine dental care, screening for oral cancer provided by dentists, is one component of the patient evaluation to detect any oral abnormality.

Reconstituted Infant Formula and Enamel Fluorosis:
Evidence-based Clinical Recommendations

Levels of evidence and strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

Reconstituted Infant Formula

The American Academy of Pediatrics recommends that infants be fed formula or breast milk for at least 6 months and continued as tolerated up to 2 years of age.

Recommendations for infants who are 6-12 months old:
- Continue use of liquid or powdered concentrates for infant formula (E)
- Use ready-to-feed formula or liquid milk products in place of formula during periods of illness (E)

Fluoride can be added to infant formula at a level of 1 ppm if the infant's fluoride exposure is determined to be inadequate. Infants fed formula should have no other fluoride intake. Infant formula should be provided directly to the infant by the caregiver in a baby bottle.

Risk Group/Age

<table>
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<tr>
<th>Caries Risk (see box for risk factors)</th>
<th>&lt; 6 years</th>
<th>6–18 years</th>
<th>18+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Patient may not receive any additional benefit*</td>
<td>Patient may not receive any additional benefit*</td>
<td>Patient may not receive any additional benefit*</td>
</tr>
<tr>
<td>Moderate</td>
<td>Varnish every 6 months</td>
<td>Varnish or Fluoride gel every 6 months</td>
<td>Varnish or Fluoride gel every 6 months</td>
</tr>
<tr>
<td>High</td>
<td>Varnish every 6 or 3 months</td>
<td>Varnish every 6 or 3 months or Fluoride gel every 6 or 3 months</td>
<td>Varnish or Fluoride gel every 6 or 3 months</td>
</tr>
</tbody>
</table>

*Fluoridated water and fluoride toothpastes may provide additional benefit.

Levels of evidence and strength of recommendations: Each recommendation is based on the best available evidence. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

Practitioners are encouraged to evaluate all potential fluoride sources and conduct a caries risk assessment before prescribing fluoride supplements.

Levels of evidence and strength of recommendations: Each recommendation is based on the best available evidence. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

| Dietary Fluoride Supplements Schedule for Children at High Caries Risk |
|---------------------------------|-------------------|-------------------|-------------------|
| Age (Years)                     | Fluoride Concentration in Drinking Water (ppm)*           |
|                                 | <0.3             | 0.3-0.6           | >0.6              |
| Birth to 6 months               | None (D)         | None (D)          | None (D)          |
| 6 months to 3 years             | 0.25 mg/day (B)  | None (D)          | None (D)          |
| 3 to 6 years                    | 0.50 mg/day (B)  | None (D)          | None (D)          |
| 6 to 16 years                   | 1.0 mg/day (B)   | 0.50 mg/day (B)  | None (D)          |

*1 ppm = 1 million parts per million
## Resources

The following links open in a separate browser window. You may need to disable your pop-up blocker for these links to work properly.

### Organizations
- Association of State and Territorial Dental Directors: Guidelines, Recommendations and Evidence-based Practices Resource Links
- Centre for Evidence-Based Dentistry
- Cochrane Collaboration
- DSM-Forsyth Center for Evidence-Based Dentistry
- Evidence-Based Practice Centers—Agency for Healthcare Research and Quality
- Evidence-Based Medicine Resource Center
- International Centre for Evidence-Based Oral Health (UCL Eastman Dental Institute—London, UK)
- Oxford Centre for Evidence-Based Medicine
- University of York NHS Centre for Reviews and Dissemination: Database of Abstracts of Reviews of Effects (DARE)
- NIDCR Dental Practice-Based Research Networks (PBRNs)

### Critical Appraisal and Evidence Analysis
- **Appraisal Tools**—Critical Appraisal Skills Programme (Public Health Resource Unit, UK)
- **AMSTAR** (Assessment of Multiple Systematic Reviews)
- **Grading of Recommendations, Assessment, Development and Evaluation (GRADE) Working Group Publications**
- **PRISMA Statement**
- **CONSORT Statement** (Consolidated Standards of Reporting Trials)
- **Critical Appraisal Tools** (Centre for Evidence-Based Medicine, UK)
- **Critical Analysis Tools** (SUNY Downstate)
- **Critical Appraisal Tools** (International Center for Allied Health Evidence)
- **Meta-analysis of Observational Studies in Epidemiology (MOOSE): A Proposal for Reporting**
- **Evidence-Based Medicine Toolkit** (University of Alberta)

### Clinical Recommendations/Guidelines
- ADA Evidence-Based Clinical Recommendations
- National Guideline Clearinghouse
- National Institute for Health and Clinical Excellence (NICE)
- NHS Evidence
- CDC Division of Oral Health
- Scottish Intercollegiate Guidelines Network
- Agency for Healthcare Research and Quality (AHRQ)

### Journals
- Bandolier
- Evidence-Based Dentistry
- Evidence-Based Medicine Online
- Journal of the American Dental Association
- Journal of Evidence-Based Dental Practice

### Systematic Reviews
- Cochrane Oral Health Group
- PubMed systematic review search page
- AHRQ Evidence-based Practice Center (EPC) Reports

### Tutorials
- Introduction to Evidence-Based Dentistry (Boston University)
- Evidence-Based Clinical Practice Tutorial (Miner Library, University of Rochester Medical Center)
- Evidence-Based Medicine: Finding the Best Clinical Literature (University of Illinois at Chicago)
- Introduction to Evidence-Based Medicine (Duke University Medical Center Library and Health Sciences Library, UNC-Chapel Hill)
- PubMed Tutorial
- Evidence-Based Medicine Tutorial (SUNY Downstate Medical Center)
- Evidence-Based Dentistry Resource Guide (Virginia...
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<td>FriendFeed</td>
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<td>Friendster</td>
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To recruit practitioners to be local community leaders helping their peers implement EBD
• “Thank you for the privilege and honor to participate in this meeting, one of the best I’ve attended and one that I believe will produce a lot of fruit in academia, education, research, and practice.”

• “I really enjoyed this experience and initiation into being a champion for EBD. There are high expectations for me to disseminate this information in my dental school, component societies and study clubs. I feel this has been a good preparation for me to go home and start working on this.”

• “Excellent program. The passion in the presenters has to be contagious!”
“Best course I’ve had.”

Evidence-Based Dentistry Course

September 19-23, 2011

"Perhaps the best course of my dental career."

"Highly recommend the program . . . a great means of extending the practice of EBD."
“Then we’ve agreed that all the evidence isn’t in, and that even if all the evidence were in, it still wouldn’t be definitive.”
Thank you

ebd.ada.org
mobile.ebd.ada.org