Evidence–Based Dentistry (EBD)

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CONTEXT
Dentists have a responsibility to use evidence to guide practice and ensure that the management of patients is based on the best available evidence. Dentists are also responsible for avoiding techniques and technologies that have been shown to be ineffective, unsafe and unethical.

Dental practice should be based on a commitment to sound science and an ethical obligation to protect patient health. With rapidly evolving science and technology, information becomes more readily available, creating challenges for dentists to obtain, understand, evaluate and integrate this new information into daily clinical practice.

To address these challenges, dentistry and dentists require an evidence-based approach in their clinical practice and oral healthcare. This is commonly known as Evidence-Based Dentistry (EBD), and is endorsed by FDI because it helps clinicians interpret and apply the best available evidence in everyday practice.

SCOPE
The goal of practicing EBD is to help practitioners provide the best possible care for their patients. This systematic process requires the identification of a clinical question; retrieval of the most appropriate and available evidence from the scientific literature; assessment of the quality of that evidence; and subsequent use of the evidence to inform clinical practice decisions. The evidence is therefore integrated with clinical experience and other factors related to specific patient needs and preferences.¹

DEFINITIONS
EBD is an approach to oral healthcare that requires carefully integrating 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.

Available evidence will vary depending on the particular healthcare issue being addressed and the urgency demanded, with some clinical areas having little or no existing evidence base. Rapid reviews and classic systematic reviews are the foundations of healthcare decision-making, irrespective of whether they are pre-existent or developed specifically to inform a new policy or clinical practice guideline. Current systems and standards to assess the quality of evidence and grade the strength of recommendations
emphasize the need to consider the broadest range of study designs, depending on the
type of decision to be made. This way, valuable information from government agencies,
economic analysis, country or regional registries can serve in the process of formulating
recommendations. 2, 3

PRINCIPLES
The EBD process includes “the conscientious, explicit and judicious use of current best
evidence in making decisions about the care of individual patients. The practice of
evidence-based dentistry means integrating individual clinical expertise with the best
available external clinical evidence from systematic researches.”2

EBD does not provide a “cookbook” that dentists must follow, nor does it establish a
standard of care.

POLICY
FDI supports:
- The EBD approach to help clinicians interpret and apply the best available
evidence in everyday practice.
- The concept of EBD developed through the best available scientific evidence.
- The incorporation of the principles of EBD in the dental curriculum and in
  continuing professional education.

FDI recognizes that:
- Treatment recommendations should be determined by the dentist for each patient
  individually, and scientific evidence should be integrated with clinical experience.
  These should take into consideration beliefs, values, patient preferences and the
  cultural context of the local environment.
- Adopting the principles of EBD to guide development of clinical practice
guidelines will require dentists to possess the ability and means to access the
best current scientific evidence in making clinical decisions, realizing that the
quality of the available evidence can vary significantly depending on the clinical
“question of interest”.
- Barriers exist to the implementation of EBD in daily clinical practice. These
  barriers include a lack of an evidence base to certain clinical questions; a lack of
  access to evidence-based information; and for many clinical questions, a lack of
  evaluation of evidence and development of evidence-based information in a
  concise format that is useful to dentists.

REFERENCES
1. Definition of Evidence-Based Dentistry (Trans.2001:462), in ADA Policy Statement on Evidence-
Based Dentistry.