

EVIDENCE BASED MEDICINE



Dr. Szabó Enikő associate professor Dr. Varga Eszter dental specialist



Integration of the most reliable scientific evidence into clinical practice, along with clinician's experience and the expectations of the patient

Forrest JL, Miller SA, Evidence-Based Decision Making in Action: Part 2 - Evaluating and Applying the Clinical Evidence, J Contemp Dent Pract 2003 February, (4)1:42-52



Evidence Based Dentistry



Evidence Based Practice

clinical practice

decision making = complex process



integrates

best-strongest-reliable

scientific evidence



patients' expectations and wishes



individual professional experience





Result:

- ➤ re-establish function
- ➤ re-establish esthetics



 \succ patient satisfaction

> longterm success



- > targets restoring patient's health
- ➢ relies on individual professional experience of clinician
- ➤ helps everyday practice of clinician
 - based on basic and clinical research











choosing scientific evidence from numerous data available

choosing the appropriate data critical view

apply



"best" "strongest" "reliable"

scientific evidence

most valuable evidence:

scientific publication



systemic review of large numbers of studies, basic and clinical research results

meta-analysis

systematic review





scientific database



research, study results

SCIENTIFIC DATABASE

Primary scientific source

original publication of research and study

Secondary scientific source

summary of primary scientific work

DETERMINING LEVEL OF EVIDENCE

most valuable



Systemic review



www.mathematica-mpr.com-

META-ANALYSIS



systemic review of articles and uniform statistical analysis of results found

RANDOMIZED CONTROLED TRIALS



patients



treated vs control

placebo

Randomized controlled trial: (RCT) A study in which people are allocated at random (by chance alone) to receive one of several clinical interventions. One of these interventions is the standard of comparison or control. The control may be a standard practice, a placebo ("sugar pill"), or no intervention at all.

COHORT STUDY



control patient

Cohort study: For research purposes, a cohort is any group of people who are linked in some way. For instance, a birth cohort includes all people born within a given time frame. Researchers compare what happens to members of the cohort that have been exposed to a particular variable to what happens to the other members who have not been exposed.



control

Case control study: Here researchers identify people with an existing health problem ("cases") and a similar group without the problem ("controls") and then compare them with respect to exposure.

CASE REPORT



Case report: an article that describes and interprets an individual case. Case reports often describe: unique cases that cannot be explained by known diseases or syndromes, cases that show an important variation of a disease or condition, cases that show unexpected events that may yield new or useful information, cases in which one patient has two or more unexpected diseases or disorders

METHOD OF DETERMINING THE LEVEL OF EVIDENCE

Ref: based on Oxford Centre for Evidence-Based Medicine. 2009.

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		1a	reviews, meta-anlysis, meta-anlysis of RCT	randomized control trials (RCT)
		1b	good quality cohort studies	randomized control trials (RCT)
		2a	good quality controled studies	homogen cohort studies
		2b	cohort studies	
		3	case controled studies	
		4	case reports	professional opinions

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	Arch Phys Med Rehabil (3)	•	Translation from unconventional 5' start sites drives tumour		reliability of neuropathic pain screening: R Badgett				
	Biochem Biophys Res Commun (10)		initiation.	connects s	ystematic review to questionnaire report.				
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	Fertil Steril (1)		Hip joint biomechanics during gait in people with and without symptomatic femoroacetabular impingement.		en familial Parkinson's disease & protein mutation?				
	Gastroenterology (3)		Gait Posture. 2016.	Jan 12	ummarizes critique of genetics study. bit.ly/2ijrx0b				
	J Allergy Clin Immunol (3)		 Rates and risk factors of injury in CrossFit: a prospective cohort study. 						
	Kidney Int (1)		J Sports Med Phys Fitness. 2017.	critiques re bit.ly/2iNCT					
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Evidence Based Practice

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Which surface treatment gives better results when cementing indirect composite restorations?



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Effect of surface treatment and aging on bond strength of composite resin onlays. Cura M, González-González I, Fuentes V, Ceballos L. J Prosthet Dent. 2016 Sep;116(3):389-96. doi: 10.1016/j.prosdent.2016.02.016.

<u>Effect of indirect composite treatment microtensile bond strength of self-adhesive resin cements.</u> Fuentes MV, Escribano N, Baracco B, Romero M, Ceballos L. J Clin Exp Dent. 2016 Feb 1;8(1):e14-21. doi: 10.4317/jced.52754.

<u>Effects of different surface treatments on bond strength of an indirect composite to bovine dentin.</u> Poskus LT, Meirelles RS, Schuina VB, Ferreira LM, da Silva EM, Guimarães JG. Indian J Dent Res. 2015 May-Jun;26(3):289-94. doi: 10.4103/0970-9290.162884.

Shear bond strength of a self-etched resin cement to an indirect composite: effect of different surface treatments. Harorli OT, Barutcugil C, Kirmali O, Kapdan A. Niger J Clin Pract. 2015 May-Jun;18(3):405-10. doi: 10.4103/1119-3077.151783. PMID: 25772927

indirect composite resin bonding: effect of various surface treatments. Kirmali O, Barutcugil C, Harorli O, Kapdan A, Er K. Scanning. 2015 Mar-Apr;37(2):89-94. doi: 10.1002/sca.21183.

Effects of **surface** treatment on micro shear bond strength of two **indirect composites**. Moezizadeh M, Ansari ZJ, Fard FM. Journal of Conservative Dentistry. 2012; 15(3):228-232

Further research in the bibliography of the articles found:

Evaluation of new methods for composite repair. Swift EJ Jr, LeValley BD, Boyer DB. Dental Materials. 1992; 8(6):362-5

Effect of a silane coupling agent on composite repair strengths. Swift EJ Jr, Cloe BC, Boyer DB. Am J Dent. 1994; 7(4):200-2

Surface treatment of indirect resin composite surfaces before cementation. Hummel SK, Marker V, Pace L, Goldefogle M. J Prosth Dent. 1997

Effects of grit blasting and silanization on bond strength of a resin luting cement to Belle GlassHP indirect composite. Ellakwa AE, Shortall AC, Burke FJ, Marquis PM. Am J Dent. 2003

Surface conditioning of a composite used for inlay/onla restorations:effect on muTBS to resin cement. Valandro LF, Pelogia F, Galhano G, Bottino MA, Mallman A. J Adhes Dent. 2007

Effect of three surface treatments on the adhesive properties of indirect composite restorations. D'Arcangelo C, Vanini L. J Adhes Dent. 2007

Effect of hydrofluoric acid etching on shear bond strength of an indirect resin composite to an adhesive cement. Hori S, Minami H, Minesaki Y, Matsumura H, Tanaka T. Dental Mat J. 2008

Only those articles were excluded, where only the abstract was available

Effects of **surface** treatment on micro shear bond strength of two **indirect composites**. Moezizadeh M, Ansari ZJ, Fard FM.

Journal of Conservative Dentistry. 2012; 15(3):228-232

Study protocol: Gradia/SignumPlus **composite** discs were bound to Panavia (etch&rinse) dual-curing **composite cement**. Shear bond strength was studied.



Gradia Signum Plus	37% Ph + silane	Al2O3 50µm 2mm 80PSI 10 sec + silane	ErCrYS 0/5W 25m 140 μs 20Hz	V J ec	ErCrYSGG 1W 50mJ 140 μsec 20Hz	ErCrYSGG 2W 100mJ 140 μsec 20Hz		
Gradia	Al	2O3 + silar	ne	Why is there a difference? Possibly the difference is in				
Signum Plus	ErCrY	SGG/1W/	50mJ	filler content, but does no [.] say.				

Effects of different surface treatments on bond strength of an indirect composite to bovine dentin.

Poskus LT, Meirelles RS, Schuina VB, Ferreira LM, da Silva EM, Guimarães JG. Indian J Dent Res. 2015 May-Jun;26(3):289-94. doi: 10.4103/0970-9290.162884.

Study protocol:

150 **dentin** discs were prepared from bovine teeth. Cavity was prepared thena semi-direct **composite** disc was made into the cavity. Final polimerization was carried out in photopolimerizating chamber. Dentin discs were tretaed: 37% orthophosphoric acid 15 sec, then application of **activator**, then primer, then catalyst. The composite discs were cemented in the cavity by RelyX Arc dual-curing cement.



No trea mer	t-	Al2O3 50µm 20mn 2 Bar 10 seo	50µm 20mm 2 Bar	10% HF 90 sec	10% 90 se + silar	ec	4	Al2O3 + 10% HF		Al2O3 + 10% HF + silane	
96% ethanol		hanol + ilane	Al ₂ O ₃ + ethanol	Al ₂ O ₃ + ethanol + silane	24% H2O2		+		O3 O2	Al ₂ C + H ₂ O + silan	2

- silane after air abrasion does not significantly change adhesion
- silane after HF significantly changes adhesion
- HF treatment does not increase shear bond strength, it softens matrix
- % is important, 10% here is too much
- ethanol, H₂O₂ treatment of air abraided surface increases adhesion

Effect of surface treatment and aging on bond strength of composite resin onlar Cura M, González-González I, Fuentes V, Ceballos L. J Prosthet Dent. 2016 Sep;116(3):389-96. doi: 10.1016/j.prosdent.2016.02.016.

Study protocol: Filtek Z250 **composite** discs were cemented to each other by RelyX Ultimate dual-curing composite **cement**. Surface treatment was preformed only on one disc. Shear bond stength was determined between composite disc and cement after 24h and 6 months aging.



Al2O3 27µm 10mm 0,25MPa 10 sec + adhesive	Al2O3 27µm 10mm 0,25MPa 10 sec + silane + adhesive	Al2O3 27µm 10mm 0,25MPa 10 sec + adhesive w/silane	r si tre	ooche- nical licate atment + hesive	Triboche- mical silicate treatment + silane + adhesive	Triboche- mical silicate treatment + adhesive w/silane		
24h	Al ₂ O	3 + adhesive		Al ₂ O ₃ + adhesive w/silane				
6 months		3 + adhesive w/silane	9	Tribo	ochemical + a w/silane	dhesive		

Adhesive w/ silane: authors think that success is not due to silane, but MDP monomernek. A monomer, that inhibits the degredation of hybrid layer.

Effect of hydrofluoric acid etching on shear bond strength of an indirect resin composite to an adhesive cement. Hori S, Minami H, Minesaki Y, Matsumura H, Tanaka T. Dental Mat J. 2008

Study protocol: Estenia C&B **composite** discs were cemented to each other with dualcuring Panavia composite **cement**. Surface treatment was preformed on both discs. Shear bond strength was determined between both discs and cement after 24h aging.





According to authors an only 1% HF treatment for 5 min is better than air abrasion. Reason is that in glass filled composites deeper porus are created by acid etch, than by abrasion. Silane treatment did not significantly increase bond strength.

SUMMARY OF RESULTS FOUND

Al ₂ O ₃ + S ErCrYSG	Al ₂ O ₃ + adh	Al ₂ O ₃ + S adh	Tribo + S adh	Al ₂ O ₃ + eth	Al ₂ O ₃ + eth + S	Al2O3 + H2O2 + S
G 1W/50mJ		1% HF 5 min			3	3

CONCLUSION

- studied surfaces are not the same: composite-composite/dentincomposite
- used adhesive technique is not same: etching time, adhesive type
- > articles mostly use one type of composite
- filler types are not distinguished
- microporus is made by:

airabrasion - removes matrix

HF acid - removes glass and ceramic filler particles

tribochemical treatment - creates silicate coating

- these are in vitro studies: evidence level is low
- more meticulously planned studies and clinical studies are needed

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