

Opinion Versus Evidence

When we read the literature, when we attend conferences, and particularly when we listen to manufacturers' marketing arguments, we are repeatedly reminded of the many opinions that exist that are not based on firm knowledge. Decision making in prosthodontics is certainly not easy, and the situation is aggravated by the rapid introduction of new materials and methods that have not been subjected to well-controlled studies.

At a recent conference on "Optimal Prosthodontics," one lecturer presented a long list of what he called "dogmas and statements" in implant dentistry. He indicated that such dogmas, when critically analyzed, are often not supported by results of controlled studies and are thus no better than personal opinions. Conflicting statements are made regarding topics such as the advantages and disadvantages of various materials, design and surface treatment of implants, abutment-to-implant connection, fit/misfit and design of the superstructure, type of prosthesis, maxillary versus mandibular restorations, and tooth-to-implant connection.

It is obvious that the situation is similar in other areas of prosthodontics. With the longer history of removable and fixed prosthodontics, one might assume that consensus would be more prevalent in these areas than in implant dentistry. However, critical reviews in conventional prosthodontics have shown that many "old truths" are merely unsupported dogmas, based more on belief than on evidence-based knowledge. In complete denture fabrication, opinions frequently differ with respect to type and material of the artificial teeth, placement of teeth for stability or esthetics, balanced occlusion or other occlusal concepts, and simple or more sophisticated jaw relation records. There is no general consensus for the essential question of whether "hopeless" teeth should be extracted or treated conservatively, mainly because of great variations in patient-related factors, but also because of different attitudes among clinicians. The choice between complete dentures, overdentures on natural teeth, or placement of implants after extraction is no longer as easy as it was a few decades ago when complete dentures were considered the only realistic alternative. The current difficulties with the increasing number of possibilities are partly a result of the lack of comparative studies and the demand to include biologic, psychologic, economic, and quality of life aspects in decision making.

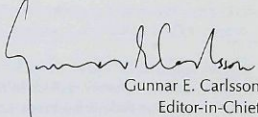
For removable partial dentures there has always been a multitude of principles, designs, materials, and construction

details recommended that have confused many clinicians. Opinions among dentists about such things as how many teeth patients need, when there are indications to replace lost teeth, and the relevance of the "shortened dental arch" concept still differ greatly. For example, there are convincing studies indicating that most subjects adapt well to a reduced dentition, but several teachers in prosthodontics still seem to suffer from the "28-tooth syndrome," a term coined in the 1970s by Dr Levin to describe the concept that all lost teeth should be replaced.

Conflicting opinions are indeed frequent in fixed prosthodontics as well. A partial list of controversial topics includes new versus conventional materials, the abutment-to-pontic ratio (the relevance of "Ante's law"), acceptable levels of periodontal status of the abutments, the risks and possibilities of cantilevers, occlusal design, and the principles and details of materials and methods used in the clinical and laboratory phases of FPD fabrication.

Decision making in prosthodontics has become increasingly difficult with the many currently available treatment options and conflicting dogmas and statements. A harmonization of different opinions and attitudes in prosthodontics is desirable; too much effort is devoted to disputes on items that often have little influence on the clinical long-term results of prosthetic treatment. To determine a treatment plan will be even more difficult with the new products and methods that are rapidly being introduced into the dental market. It is desirable that clinicians maintain a critical attitude toward "news," however appealing the information may be. We must ask for research results and read them critically—are they published in a respected journal and are the new products or methods really better than those we have been using? To be able to answer this question, we need new knowledge based on sound clinical research.

The dental literature has become extensive, and it is difficult for any single person to cover more than a very limited part of it. Good literature reviews may be helpful. *The International Journal of Prosthodontics* will strive to present such reviews in addition to controlled studies related to various aspects of our specialty.



Gunnar E. Carlsson
Editor-in-Chief