

Seven Years with the *Journal of Adhesive Dentistry*: A Few Thoughts

Dear Reader,

Nine years! Indeed, it has been almost nine years since Jean-François Roulet and I had the idea during the IADR-CED meeting in Madrid to create the *Journal of Adhesive Dentistry*. We thought at that time that the fantastic rise of adhesive techniques in all specialties of dentistry would justify a Journal dedicated to this specific topic. Due to the generous cooperation of Mr. Haase from Quintessenz, our project could be realized very quickly, and already in 1999, more than seven years ago, our “baby” was born.

This journal responded to a true need, as could be seen in the fast upswing it took from the very beginning. However, this was indubitably in great part due to the enthusiasm of my colleague, Editor Jean-François Roulet. His efforts were finally rewarded last year, when the *Journal of Adhesive Dentistry* was admitted to “the hall of fame” of scientific journals by being granted an impact factor by the ISI.

For quite a while, I have not been able to devote the time to the *Journal of Adhesive Dentistry* that it requires and deserves. Furthermore, it is time to let go and give the editorship to someone more efficient in order to increase its readership.

Before writing this editorial, I “dove” into my collection of the *Journal of Adhesive Dentistry*, which has triggered some thoughts I want to share:

- Today I am devoting more daily time to the reading of scientific journals than I did 10 years ago. However, I have a feeling of growing frustration since I know that I can read only a small part of all the publications in my specific field of interest. The amount of information offered is more than abundant, and surpasses by far the assimilation capacity of the neurons, something which will not increase in the future. Seen in a larger context, analysis reveals that today, the required knowledge to become and be a dentist is much larger than it was 10 or 20 years ago. The general practitioner and the specialist alike are confronted with a mass of raw information, neither sorted out, nor put into a hierarchy, and often contradictory. This excess may confuse the reader and even mask the truth or the scientific value. As an example of this problem, I can listen to many speakers on the lecture circuit today justifying a new procedure by relying on only a small selection of papers dealing with the same topic and supporting their view. However, science and the majority of scientific publications in this field do not support the de-

scribed technique. This phenomenon is true both of the potential of self-etching adhesives to etch enamel and of the performance of fiber posts.

- This problem could be solved by increasing the competence and duties of the Editorial Board. My wish is for an Editorial Board to become a structure able to analyze, sort out, validate, and summarize scientific facts from the literature. This structure should identify controversial topics, initiate review articles, and – even better – promote consensus papers. With this new duty, the Editorial Board would act as a kind of Cochrane Library, but would inform the reader much better and significantly increase the value and credibility of our Journal. Of course, this change would require a considerable investment in time and effort on the part of the Editors and the Editorial Board members, which then could no longer be done on a voluntary basis. The Editorial structure of the *Journal of Adhesive Dentistry* must act more professionally, and as for any professional activity, an adequate remuneration is required for this scientific work on a qualitatively high level.

- The scientific community severely lacks not only evidence for most clinical procedures, but also the clinical relevance of many scientific research methods. For more than 15 years, I have contributed to or participated in conferences where the clinical relevance of in vitro experiments is discussed. Today I am forced to recognize that we have hardly evolved on this topic. My feeling is that the choice for a test method seems to be more governed by fashion or trends than by solid scientific argumentation. This is especially true for the microtensile bonding test, which has become very popular in the last ten years to determine the bond strength of materials to the calcified dental tissues. A MEDLINE search has revealed more than 150 publications in which this test was used. This test has great advantages, especially because it permits studying the adhesion to small tissue areas, and, for instance, is thus able to discriminate sclerotic dentin or root dentin. However, its application is very tricky and the interpretation of the results may be erroneous. Just recently, Loguerico et al published a paper (*J Adhes Dent* 2005;7:151-158) in which the statistical evaluation of such a test was discussed critically. The authors showed that in this test, the sample is not the statistical unit, due to lack of independence, but the tooth of which the samples were made. How many articles published during the last ten years now require a recalculation of the statistics and a critical revision of the conclusions? This could have been avoided by



a group of experts revealing this knowledge much earlier. If this expert group already existed, it could try to understand why in this test the correlation between the bonding surface area and the crosshead speed does not follow only one law. There is still a huge amount of work necessary to improve the relevance of in vitro experiments and to define the criteria for their selection.

- The quick reading of the complete volumes of the *Journal of Adhesive Dentistry* has triggered my last thought, relating to the strategy of the manufacturers of dental materials. There are multiple articles in our Journal demonstrating the inferior performance of newer dental adhesives as compared to older generations. The reports deal with bond strength, compatibility, micro- and nanoleakage, and durability of the function (resistance to degradation). Nevertheless, the trend in the industry is to develop these simplified systems to respond to the demand of the dentist for fast and easy products. But where is the interest of the patient considered? And where is the positive impact of these new products on oral health? Generally, the pharmaceutical industry develops new drugs in order to better treat and heal sick people and NOT to increase the physician's comfort! Therefore, I think it is time to stop this trend, the main objective of which

is to make treatment easier and faster at the price of a qualitatively inferior outcome. Adhesive dentistry still requires sophisticated procedures which are highly operator dependant. However, the potential high-quality results possible with adhesive techniques justify the special effort required.

These were the thoughts inspired by 7 years as an Editor of the *Journal of Adhesive Dentistry*. I am laying aside this particular task, but I am not giving up the Journal. No one abandons his/her "baby"! With Jean-François Roulet and Bart Van Meerbeek, the *Journal of Adhesive Dentistry* couldn't be in better hands. However, despite their high investment, they can't do everything alone just on a voluntary basis. It is thus my fervent hope that they may be supported in due time by a real, efficient, and professional structure able to analyze and consult.

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