

What to do?

Dear Readers,

Common sense tells me that if a job is done well and carefully, the result should be of very high quality. This is true for dentistry as well. Colleagues who were treated by their peers as young dentists opted for gold inlays and had them made with high precision and great care; they know that these restorations last a long time, as long as they – as dentists – know how to control the diseases inherent to our field. I am personally one of those dentist-patients: my gold inlays, cemented in 1976, are still in situ. My last restorative interventions were in the mid 1980s, when I had a colleague bond Dicor inlays into my teeth. Although Dicor is a poor ceramic by today's standards, the inlays are still in situ and functioning well.

The materials and technologies used in dentistry have made tremendous progress in the last 30 years, and we dentists are sometimes confronted with many possible options when it comes to performing certain treatments. Then the question immediately arises as to which one is better. As a scientist, my choice should be based on scientific and, if possible, clinical evidence. However, this leads directly to the next problem: there are multiple studies which contradict each other. To obtain stronger recommendations, we need more powerful tools: systematic reviews and meta-analyses. These tools, if applied correctly, define reasonable inclusion/exclusion criteria and, when combined with sophisticated statistics for the analysis of the data, are able to provide clinicians with

relevant recommendations. This is why the *Journal of Adhesive Dentistry* invites scientists to perform such systematic reviews and publishes those with high priority.

The review on direct posterior restorations published in this issue (see pages 407 ff) is a good example of how powerful such reviews can be. For example, the use of rubber-dam is highly debated in our profession, mainly between universities, which recommend its use, and practitioners, who think they can do as good a job without it. In the argumentation, studies are cited which show there is no difference vs a few studies which show the rubber-dam's merits, with no clear result. However, the meta-analysis mentioned above makes it very clear that all studies included in the very large database showed the longevity of composite posterior restorations placed under rubber-dam to be significantly superior to that of restorations placed without it. Of course, being based on a multitude of studies, this is a very valid recommendation for the practitioner.

The *Journal of Adhesive Dentistry* will continue to publish such invited reviews. If you are interested in writing one, please let me know (jroulet@dental.ufl.edu).



Sincerely yours,
JF Roulet,
Editor in Chief