

# **Presentation Title**

## **Evidence Based Dentistry Rounds Pharmacology/ Oral Medicine**

**6A-3**

**Justyna Chojnowski, Chris Coulter, Devin Blob, and  
Grigory Tokarev**

**9/30/2020**

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# Rounds Team

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- **Group Leader: Dr. Cimirnancic**
- **Specialty Leader: Dr. Khaled**
- **Project Team Leader: Justyna Chojnowski (D<sub>4</sub>)**
- **Project Team Participants:**
  - **Christopher Coulter (D<sub>3</sub>)**
  - **Devin Blob (D<sub>2</sub>)**
  - **Grigory Tokarev (D<sub>1</sub>)**

# Patient: NLM

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- 74-year-old
- Female
- Ethnicity
- Chief Complaint: "I want to get my teeth taken care of, because I can't take it anymore."
- Pt had a fall in (date) and damaged max anterior teeth. → had multiple consults to decide how to best treat

# Medical History

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- Current & past:
  - Conditions: high blood pressure, cardiac arrhythmia, hypothyroidism, Stage III renal insufficiency, total left hip replacement in 2015
  - Medications: aspirin, lisinopril, cholecalciferol, amiodarone, levothyroxine, amlodipine, refresh ophthalmic solution
  - Medical Consults
    - Consult sent out in May 2019 – no premed needed for hip replacement done in 2015 (longer than 2 years post-op)
  - Treatment considerations

# Dental History

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- History of extractions, root canal, and crowns and future crown planned (FCC on #30)
- Fixed prosthodontic work: anterior bridge spanning from #6-11
- Pt brushes twice a day and flosses once a day. Pt uses an electric toothbrush and utilizes a water pick

# Radiographs



# Radiographs

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- Full mouth series (BWX & PAX)
- Although all BWX and periapical radiographs could be placed on this slide, it will be hard to read.
- Recommendations:
  - Show overall FMX on this slide
  - Show necessary close-up views on separate slide(s)
  - Zoom in on, or enlarge, relevant views of areas of interest.
  - Insert arrow, or other indicator, to draw attention to findings. Correlate with list of pertinent radiologic findings.

# Radiographic Findings

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- Missing #1, #2, #7, #8, #9, #16, #17, #32
- #3 – occlusal amalgam
- #6 – PFM crown, abutment for anterior bridge
- #7 – PFM pontic
- #8 – PFM pontic
- #9 – PFM pontic
- #10 – PFM crown, abutment for anterior bridge
- #11 – PFM crown abutment for anterior bridge
- #14 – MO, DO amalgam
- #15 – occlusal amalgam
- #18 – occlusal amalgam
- #19 – PFM crown and RCT
- #30 – DO amalgam
  - #31 – occlusal amalgam



# Clinical Findings

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- 1 slide describing all clinical findings
- Clinical photos 1-2 slides
  - Relevant extraoral &/or intra-oral views
- Photos of casts 1-2 slides
  - Mounted on articulator
  - Same views as intraoral photos
    - Occlusal maxilla, mandible
    - Open, closed
      - Anterior, lateral
      - In occlusion, excursions
    - Show excursions from posterior to molar view

# Specific Findings

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- List findings specific to the Rounds discussion, 1 slide
- To enhance viewing, include close-ups of clinical photos, cast photos, radiographs, add slides as needed

# Periodontal Charting

Chart	In Progress	Tx History	Forms	Attachments/Consents	Perio	Tx Plans	Medications	Labs								
							2	1	MOBILITY							
									FURCA							
									PLAQUE							
									BOP							
		5 5 5	7 7 7	5 5 5	4 4 4				MGJ							
		6 4 3	3 2 3	4 4 4	3 2 3				CAL							
		3 3 3	3 2 3	3 1 3	3 1 2				P.D.							
		3 1 0	0 0 0	1 3 1	0 1 1				FGM							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
		0 1 0	0 0 0	0 0 0	0 0 0				0 0 0	0 0 0	0 0 0	0 0 0	2 4 3	2 3 0		FGM
		3 2 4	3 3 4	3 2 3	2 1 2				2 2 2	3 2 3	2 2 3	3 3 3	3 2 4	4 2 7		P.D.
		3 3 4	3 3 4	3 2 3	2 1 2				2 2 2	3 2 3	2 2 3	3 3 3	5 6 7	6 5 7		CAL
																MGJ
																BOP
																PLAQUE
																FURCA
																PROGNOSI
																PROGNOSI
																FURCA
																PLAQUE
																BOP
		5 5 5	5 5 5	6 6 6	5 5 5	4 4 4	4 4 4	4 4 4	4 4 4	3 3 3	4 4 4	4 4 4	5 5 5	5 5 5	5 5 5	MGJ
		4 2 4	4 3 4	3 2 3	3 2 2	3 1 2	1 1 1	1 2 1	1 2 1	1 1 1	1 1 1	1 1 2	3 2 3	3 3 3	3 2 4	CAL
		4 2 4	3 2 3	3 2 3	3 2 2	3 1 2	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 2	3 2 3	3 3 3	3 2 4	P.D.
		0 0 0	1 1 1	0 0 0	0 0 0	0 0 0	0 0 0	0 1 0	0 1 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	FGM
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 1 0	0 0 0	1 0 0		FGM
		4 2 4	3 1 3	3 1 2	3 2 3	3 1 3	2 1 3	2 1 3	2 1 2	2 2 3	2 1 3	2 2 3	3 1 4	3 2 4	3 2 4	P.D.
		4 2 4	3 1 3	3 1 2	3 2 3	3 1 3	2 1 3	2 1 3	2 1 2	2 2 3	2 1 3	2 2 3	3 2 4	3 2 4	4 2 4	CAL
		2 2 2	3 3 3	4 4 4	4 4 4	3 3 3	2 2 2	2 2 2	2 2 2	3 3 3	3 3 3	3 3 3	4 4 4	3 3 3	3 3 3	MGJ
																BOP
																PLAQUE
																FURCA
																MOBILITY

# Diagnosis

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- Diagnosis pertaining to Rounds discussion,  
1 slide

# Problem List

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- Missing teeth
- Caries
- Defective restoration
- Fractured teeth

# Clinical Question

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- Can periodontal disease be well controlled in patients taking calcium channel blockers?

# D1 Basic Science

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- **1-2 slides** (*Summarizes written report in D1 Basic Sciences Template posted in Rounds Website.*)
- **D1 Basic Science Question:**
- **Discussion:**
- **Reference citation(s):**
  - **Scholarly source(s) only**

# D2 Pathology

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- **1-2 slides** (*Summarizes written report in D2 Pathology Template posted in Rounds Website.*)
- **D2 Pathology Question:**
- **Discussion:**
- **Reference citation(s):**



# D<sub>3</sub> PICO

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- **Clinical Question:**

# PICO Format

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**P:**

**I:**

**C:**

**O:**

# PICO Formatted Question

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# Clinical Bottom Line

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# Search Background

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- **Date(s) of Search:**
- **Database(s) Used:**
- **Search Strategy/Keywords:**

# Search Background

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- **MESH terms used:**

# Article 1 Citation, Introduction

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- Citation: Authors, Title, Journal, Date, Volume, Page Numbers.
- Study Design:
- Study Need / Purpose:

# Article 1 Synopsis

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- 1-2 slides
- Method
- Results
- Conclusions
- Limitations



# Article 1 Selection

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- 1 slide
- Reason for selection
- Applicability to your patient
- Implications

# Article 2 Citation, Introduction

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- Citation: Authors, Title, Journal, Date, Volume, Page Numbers.
- Study Design:
- Study Need / Purpose:

# Article 2 Synopsis

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- 1-2 slides
- Method
- Results
- Conclusions
- Limitations

# Article 2 Selection

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- 1 slide
- Reason for selection
- Applicability to your patient
- Implications

# Levels of Evidence

- ☐ **1a** – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control Trials (RCTs)
- ☐ **1b** – Individual RCT
- ☐ **2a** – Systematic Review of Cohort Studies
- ☐ **2b** – Individual Cohort Study
- ☐ **3** – Cross-sectional Studies, Ecologic Studies, “Outcomes” Research
- ☐ **4a** – Systematic Review of Case Control Studies
- ☐ **4b** – Individual Case Control Study
- ☐ **5** – Case Series, Case Reports
- ☐ **6** – Expert Opinion without explicit critical appraisal, Narrative Review
- ☐ **7** – Animal Research
- ☐ **8** – In Vitro Research

Double click table to activate check-boxes

# Strength of Recommendation Taxonomy (SORT)

<input type="checkbox"/>	<b>A</b> – Consistent, good quality patient oriented evidence
<input type="checkbox"/>	<b>B</b> – Inconsistent or limited quality patient oriented evidence
<input type="checkbox"/>	<b>C</b> – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

Double click table to activate check-boxes

# Conclusions: D<sub>3</sub>

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How does the evidence apply to this patient?

- Consider/weigh:
  - Literature
  - Group Leader & Specialist experience
  - Patient circumstances & preferences

Based on the above considerations, how will you advise your D<sub>4</sub>?

# Conclusions: D4

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Based on your D3's bottom line recommendations, how will you ***advise*** your patient?

How will you ***help*** your patient?



# Discussion Questions

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- 1-2 slides
- List posted discussion questions
- Questions may also be from Group Leader or Specialist

# Discussion Questions

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# THANK YOU

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# General Information

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- Keep the order of slides the same as this template.
- Limit the number of slides to about 35.
- Add graphics to illustrate concepts.
- Cite references, illustrations on slides.
- Avoid crowding the slide with too much text.
- Best font size: 32.
  - Font size smaller than 24 will be difficult to read.

# General Information:

## Slide Design

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- Choose an esthetic design that enhances, and does not detract from, the presentation.
- Text should be easily readable, not crowded.
- The easiest typeface to read are **sans serif** fonts, that is, without serifs.
  - For example, Times New Roman is a **serif** typeface while Arial, Corbel and Lucida Sans are **sans serif** typefaces.

# General Information

## Presentations

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- D<sub>4</sub> Case presentation: 10 minutes
  - D<sub>1</sub> Basic Science presentation: 5 minutes
  - D<sub>2</sub> Pathology presentation: 5 minutes
  - D<sub>3</sub> PICO CAT presentation: 10 minutes
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- 30 minutes of student presentation will be followed by 10 minutes of discussion.

# Important:

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- All patient information must be de-identified
  - Radiographs
  - Images
  - Charts and odontograms
  - No names