Dear Sir,

Clinical practice guidelines on emergency management of acute apical periodontitis and acute apical abscess. Evidence-based Dentistry 2004; 5:7–11

As the authors of the guidelines and the systematic reviews upon which they were based,^{1,2} we thank Glenny and Simpson for their comprehensive reviews and comments³ about our work. Here, we comment on three of the issues raised: consumer input into guideline development; quality assessment of primary studies included in reviews; and implementation of guidelines.

We agree that consumer input into guideline development is important and should not be overlooked. Patients should be active partners in decisions about their health and wellbeing and, for this reason, patient values and preferences are central to evidence-based care. Both the Scottish Intercollegiate Guidelines Network and the Cochrane Collaboration value the input of consumers. Empowered consumers will enhance, not threaten, the development of reviews and guidelines.

The debate over the most appropriate method for quality assessment of primary studies that are included in systematic reviews continues without resolution at the present time. The question is whether a quantitative scoring system such as the Jadad tool⁴ should be used, or whether a checklist approach is more valuable. Although we chose to use the validated Jadad scoring system, we modified it slightly to account for the fact that some trials (for example, those involving surgical interventions) could not be double-blinded. We supplemented that with a checklist to further assess other important attributes of randomised controlled trials, including power-based sample size estimates, intent-to-treat analyses and the proportion of dropouts and withdrawals. With both methods, we found that the limiting factors in assessing the quality of the included studies were missing, and that there were incomplete data and ambiguous reporting of methods and outcomes in the primary studies. For the most part, requests to primary study authors for further clarification were not successful. We believe that the solution to this (inherent) problem with such retrospective research is for journal editors to demand that the reporting of clinical trials in dentistry adhere to the standards of the CONSORT statement.⁵ Until that time, quality assessments of any kind will be less than satisfactory.

Finally, Glenny and Simpson both discussed the applicability of our guidelines and have identified a weakness. That was the lack of an implementation strategy and an evaluation plan to assess the

dissemination, uptake and, ultimately, the impact of the guidelines on oral healthcare practice and patient outcomes. Passive methods for the dissemination of guidelines will not promote the translation of research evidence into clinical practice. If practice is not enhanced by clinical practice guidelines, then the reason for creating them becomes obscure.

The development of clinical practice guidelines in dentistry is an evolving process. Critical appraisal of guidelines as they are published, using a sound evaluation instrument such as AGREE — as was carried out by Glenny and Simpson — informs clinicians and consumers about the quality of a guideline but, perhaps more importantly, provides valuable information for guideline developers for future endeavours.

Yours faithfully,

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Susan Sutherland

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Correction

We thank KG Issacson for bringing to our attention an error that appeared in the definitions of acute apical abscess (AAA) and acute apical periodontitis (AAP) in Clinical practice guideline on emergency management of acute apical periodontitis (AAP) in adults. *Evid Based Dent* 2004; 5:7 and Clinical practice guideline on treatment of acute apical abscess (AAA) in adults. *Evid Based Dent* 2004; 5:8.

The definitions should be:

Acute apical abscess Peri-apical infection resulting from an untreated nonvital pulp

Acute apical periodontitis Peri-apical inflammation resulting from an untreated nonvital pulp

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