The aim of Evidence-Based Dentistry **is to alert clinicians to important advances in the practice of dentistry and all its specialist areas by selecting from the biomedical literature those original and review articles whose results are most likely to be both true and useful. These articles are summarised in value-added abstracts and commented on by experts.**

The procedures we follow as we attempt to achieve this purpose are:

1 Detecting, using pre-stated criteria, the best original and review articles on the cause, course, diagnosis, prevention, treatment, quality of care, or economics of disorders in the foregoing fields;
2 Introducing these articles with declarative titles and summarising them accurately in structured abstracts that describe their objectives, methods, results, and evidence-based conclusions;
3 Adding brief, expert commentaries to place each summary in its proper clinical and health care context;
4 Disseminating these summaries in a timely fashion to clinicians with 90% of those summaries published within the previous two years;
5 Developing a list of journals undergoing regular review based on the proportion of articles that meet evidence-based criteria.

Criteria for review and selection for abstracting

1 *General criteria* All English-language original and review articles in an issue of a candidate journal are considered for abstracting if they concern topics important to the clinical practice of dentistry.

2 *Criteria for studies of prevention or treatment* Random allocation of the participants to the different interventions; outcome measures of known or probable clinical importance for 80% of the participants who entered the investigation.

3 *Criteria for studies of diagnosis* Clearly identified comparison groups, one of which is free of the target disorder; either an objective diagnostic standard (e.g. a machine-produced laboratory result) or a contemporary clinical diagnostic standard with demonstrably reproducible criteria for any subjectively interpreted component (e.g. report of better-than-chance agreement among interpreters). The organisers of the study should have been adequately 'blinded' so that they interpret the test without knowledge of the diagnostic standard result and also interpret the diagnostic standard without knowledge of the test result.

4 *Criteria for studies of prognosis* an inception cohort of persons, all initially free of the outcome of interest; follow-up of 80% of patients until the occurrence of either a major study endpoint or the end of the study.

5 *Criteria for studies of causation* a clearly identified comparison group for those at risk for, or having, the outcome of interest (whether from randomised, quasi-randomised, or non randomised controlled trials; cohort studies with case-by-case matching or statistical adjustment to create comparable groups; or case-control studies). There should be adequate 'blinding' of observers of outcomes to exposures and 'blinding' of observers of exposures masked to outcomes for case-control studies. Subjects should be 'blind' to what they have been exposed to for all other study designs.

6 *Criteria for studies of quality improvement and continuing education* random allocation of participants or units to comparison groups; follow-up of 80% of participants; outcome measures of known or probable clinical or educational importance.

7 *Criteria for studies of the economics of health care programs or interventions* The economic question must compare alternative courses of action; the alternative diagnostic or therapeutic services or quality improvement strategies must be compared on the basis of both the outcomes they produce (effectiveness) and the resources they consume (costs); evidence of effectiveness must come from a study (or studies) that meets criteria for diagnosis, treatment, quality assurance, or review articles; results should be presented in terms of the incremental or additional costs and outcomes incurred and realised by one intervention over another; and a sensitivity analysis should be done.

8 *Criteria for review articles* The clinical topic being reviewed must be clearly stated; there must be a description of how the evidence on this topic was tracked down, from what sources, and with what inclusion and exclusion criteria; and one article included in the review must meet the above-noted criteria for treatment, diagnosis, prognosis, causation, quality improvement, or the economics of health care programs.

9 *Evidence-Based Dentistry* will review other evidence-based journals and titles of abstracted articles appearing in these journals which are relevant to the field of dentistry will be listed.