Guideline topic: the role of the BDIZ EDI

3 questions for Christian Berger



How does the BDIZ EDI justify its active involvement in the development of guidelines at the AWMF: what evidence is available to support this, and what are the arguments in favour of a professional association specialising in implantology contributing to this process?

The AWMF guidelines are systematically developed tools to assist doctors and dentists in making decisions in specific situations. They are based on the latest scientific findings and tried-and-tested clinical practices and are designed to ensure greater safety in medicine and dentistry, whilst also taking economic considerations into account. The level of evidence in dentistry and medicine cannot be as high as in mathematics: it would, after all, be ethically unacceptable to deny half of the patients who, for example, need a new hip joint, this operation (randomised!) simply in order to generate more evidence through a "control group". As far as dentistry and implant treatments are concerned, the AWMF also calls on relevant dental scientific societies and professional associations, such as the BDIZ EDI, to cooperate. The BDIZ EDI naturally complies with this request.

The BDIZ EDI first drew up a quality guideline on implantology in 2002 and last updated it in 2019. What role does the BDIZ EDI's quality guideline play in implantology practice?

Describing the quality of implant treatment in a realistic manner has been, and remains, the BDIZ EDI's primary objective for the past 40 years; precisely because the success rates of implant treatments are usually significantly higher than in almost any other medical speciality. However, assessing the quality of dental services is no easy task and is not the same in every case, as each patient differs from the "norm". Our quality guideline is a recommendation and provides dentists specialising in implantology—and, where possible, their patients—with a benchmark that enables both to assess the work carried out. It therefore serves as a tool for self-assessment and self-evaluation. After all, only the treating dentist is familiar with the initial circumstances and the work performed, and knows their patients, including their wishes and problems. Only the dentist and their patient can assess how these contextual factors—which are, in some cases, of crucial importance for any medical procedure—have influenced the treatment outcome in question, whether positively or negatively. The criteria set out are based on the standards of dental science. This quality guideline, published in 2002, was the first attempt to define quality in implantology in Germany; it has been revised several times, further developed in 2019, and will need to be updated in the future as well.

The quality guide provides a list of six quality criteria for implantology procedures: medical history, examination, planning, patient information, prevention during treatment as well as implant surgery and prosthetics. These quality criteria are assessed and reviewed using five evaluation criteria: indication for the planned procedures, the aim of the procedures, risk factors affecting the aim, standards for the procedures to be carried out, and indicators for assessing the results. The quality guideline takes the reader step by step through these quality and assessment criteria and, at the end, provides an overview of the result categorised as A+ to C:

A+	for an outstanding result, no limitations of any kind
A	good, the result one would normally aim for
B	poor, potentially harmful
C	unsatisfactory, alternatives required

Why does the BDIZ EDI publish additional practice-oriented guides, even though formal guidelines already exist, and what specific benefits are these guides intended to bring to your colleagues?

The AWMF guidelines are drawn up in Germany; they take considerably longer than 12 months to produce and must be updated every four to five years. The European guidelines published by the BDIZ EDI address a specific topic each year that may—or may not—have already been covered in an AWMF guideline years ago. We develop these guidelines in collaboration with our European partner organisations and experts worldwide much more quickly, concisely and with a closer focus—both on research and on day-to-day practice—than would be possible with a national guideline. Nevertheless, the treating dentist receives important information that extends beyond national borders and can rely on it to provide their patients with the most up-to-date and best possible care.

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