## Perspectives

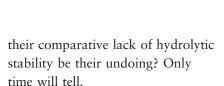
## **OLDIES BUT GOODIES**

ental products are introduced at such a fast pace that staying abreast of what's new is exceedingly difficult. Even for those of us in academics, who are fortunate enough to generally be on the cutting edge of materials developments, keeping up with the latest in dental materials and technologies is a daunting task. However, a word of caution: not all new materials and emerging technologies translate into improvements in the quality of the dental care we deliver. The "latest and greatest" products and technologies sometimes prove to be anything but. So how do we best keep up with what works and what doesn't? Good question. There are no guarantees for making this determination, but, clearly, tincture of time is an important ingredient in this important determination.

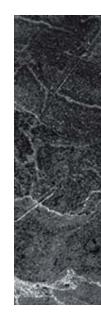
Time-proven materials and techniques are those that literally have survived the test of time, and have been shown to work, both through clinical research as well as through the rigors of actual clinical practice. A good example lies in the area of dentin adhesives. Still today, the classic multibottle materials (etchant, primer, and adhesive) used with

the wet bonding technique pioneered by Dr. John Kanca exhibit the best clinical performance based on a number of clinical trials and validated through clinical practice. One-bottle materials largely supplanted the multibottle adhesives, not because they were better, but because they were simpler. They, too, for the most part, have passed the test of time but have categorically not exceeded the performance of the classic multibottle materials.

More recently, self-etching varieties of adhesives have been introduced that have simplified adhesive dentistry even more, yet their performance to date in clinical trials still falls short of that attained by the classic multibottle systems. Only time will tell if these newer adhesives will experience formulation improvements that result in clinical performance (bond strength and durability) that rivals the classic adhesives. Certainly, these new selfetching varieties appear to be the most user-friendly versions ever introduced, which is an important element for clinical success. They also offer profound desensitization when used under bonded restorations. But will they offer comparable long-term performance, or will



My point is this: Don't be led to believe that just because a product or technology is new, that it is indeed better than existing timeproven materials or techniques. Quite often, new materials are hyped and marketed with glitzy ads and testimonials by high-profile tabloid gurus, but as the old adage goes, "the proof is in the pudding." No one can absolutely guarantee or predict clinical performance, regardless of their "star appeal" or perceived position in dentistry. Recent history is replete with specific examples of highly hyped products that proved to be miserable failures in the areas of crown and bridge materials, packable composites, and dental adhesives, for example. And for those poor souls who were swayed to buy these "latest and greatest" dental products, the cost of clinical failures



underscored the realization that in the absence of clinical validation, one assumes some degree of risk.

Clearly, evidence-based validation of products and techniques is required to make the safest choices. Clinical research is an important element in validating the efficacy of a product. But, of equal importance, is the affirmation of the utility and effectiveness of products or tech-

nologies through real-world clinical practice. All the ads and testimonials in the world cannot afford the guarantees of clinical performance. Even in vitro studies, especially those that evaluate dental adhesives, for example, cannot absolutely predict clinical performance. Ultimately, both clinical research and clinical practice are required to afford this affirmation. For that reason, don't be too quick to pursue

the latest and greatest, because the oldies, in many cases, are often still the goodies!

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