

## References

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Editor-in-Chief

## Letters to the Editor

### Enough With "Evidence Based" Titled Articles.

Andrew L. Sonis, DMD.

In the past 12 months there have been well over 1000 articles published in the medical and dental literature with "evidence-based" in the title. However, those students of Dr. David Sackett, credited with creating the evidence-based medical model, appreciate that all articles in our journals represent some level of evidence-based medicine or dentistry.

The hierarchy of evidence as presented by Sackett ranges from personal opinion to meta-analyses of randomized clinical trials, so to include "evidence-based" in a manuscript title is meaningless. A more appropriate approach would be to identify the article by the type and level of evidence it presents, i.e., case report, cohort study, randomized clinical trial, etc.

### Things That Make You Go Hmm

Irwin M. Seidman, DDS

"I am floundering in a fluoride fog, fostered by frequent fears and fed by fragmented factual and fictitious factoids" was one of the lead statements made by Dr. Casamassimo in his recent guest editorial. He goes on to explain his frustration with the American Dental Association and its recent recommendation regarding the use of fluoridated water in reconstituting infant formulas. I, for one, applaud their action and say Bravo! Yes, I am a practicing pediatric dentist. No, I am not one of those ultras who believe that any chemical either naturally occurring or man made is the curse of the devil and will cause unmentionable harm if either applied topically or ingested. Yes, I practice using the fluoride supplementation guidelines set up in 1994 that recommend that children between the ages of 6 months and 3 years should be ingesting 0.25mg of fluoride per day. The "nursery or infant waters" in question all contain fluoride in the amount of 1mg/l. If infants, who are on formula, are taking four 8 ounce bottles a day reconstituted with optimally fluoridated water they are receiving four times more supplement than the suggested daily dose. I understand that 32 ounces is only 996 mL, but close enough. In its announcement the ADA stated that "Infants less than one year old may be getting more than the optimal amount of fluoride if their primary source

of nutrition is powdered or liquid concentrate infant formula mixed with water containing fluoride." Their suggestion is that when using a product that needs to be reconstituted, parents and caregivers should consider using water that has no or low levels of fluoride. What is the ADA asking us to do? Calculate dosages! Gee, we do it all the time; why not now?

Dr. Casamassimo says that we (pediatric dentists) are "also more realistic when it comes to compliance and the difficulty of adding still another parental decision to the complexities of preventing both early childhood caries and dental fluorosis." OK, Mom, make one of your child's bottles with nursery water and the other three without. Now the parent has to remember which bottle was which and did they give it that day or not. Why not recommend fluoride drops, two drops daily? The AAPD had a relationship with the Coca Cola Corporation. Coca Cola has the license to bottle Dannon Water which includes their nursery water. Why not help develop a product containing a lower level of fluoride that will be easier to use for younger children? No one is telling us not to recommend fluoride they are just asking us to consider how much we are using.

Fragmented factual and factitious factoids.....not in our journal....things that make you go hmm!

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