



Each month we highlight a recent DPBRN publication, recent study results, or other important DPBRN information.

### Abstract of DPBRN Publication of the Month

#### **Practitioner, patient and carious lesions characteristics associated with type of restorative material: findings from The Dental Practice-Based Research Network JADA 2011; 142: 622-632.**

"Practitioner, patient and carious lesions characteristics associated with type of restorative material: findings from The Dental Practice-Based Research Network" appeared in the June 2011 issue of *Journal of the American Dental Association*.

In this study, the authors conducted a study to identify factors associated with the materials that dentists in DPBRN use when placing the first restoration on permanent posterior tooth surfaces. They accomplished this by recruiting 182 DPBRN practitioner-investigators who provided data on 5,599 posterior teeth with caries. Practitioner-investigators completed an enrollment questionnaire that included the dentist's age, sex, practice workload, practice type and number of years since graduation. When patients who had provided informed consent to participate in the investigation sought treatment for a previously unrestored carious surface, the practitioner-investigator recorded patient and tooth characteristics.

The results showed that practitioner-investigators used amalgam more often than they used direct resin-based composite (RBC) for posterior carious lesions. Practitioner and practice characteristics (years since graduation and type of practice); patient characteristics (sex, race, age and dental insurance status); and lesion characteristics (tooth location and surface, preoperative and postoperative lesion depth) were associated with the type of restorative material used.

The authors concluded that several practitioner, practice, and patient lesion characteristics were associated significantly with the use of amalgam and RBC: geographical region, years since dentist's graduation, patient's dental insurance status, tooth location and surface, and preoperative and postoperative lesion depth.

Go to <http://jada.ada.org/content/142/6/622.full> to read the article.

Go to <http://www.ncbi.nlm.nih.gov/pubmed/21628683> to view the PubMed abstract.

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