Guest Editorial

Priorities for oral and dental research

Research tends to generate more questions than it answers. With many questions emanating from current research, changing patterns of disease, ever-increasing patient expectations, innovations in research methodologies and the need to investigate the possible application of new technologies in dentistry, setting priorities for future oral and dental research is increasingly challenging. That said, it is suggested that a good place to start is the WHO Global Oral Health Programme priority to address the so-called 10/90 gap – only 10% of funding allocated for oral and dental research being used to support programs designed to address the everyday problems (caries, periodontal disease, and tooth wear) which adversely affect the oral and dental health and, in turn, general health and well-being of 90% of the world population.\(^1\) This together with further research to combat oral cancer, major malformations, notably cleft lip and palate, chronic pain, and oral and dental problems experienced in old age should, it is suggested be a top priority. Linked to this priority is the pressing need to research and develop strategies to extricate the art and science of oral healthcare provision from its dental silo for full integration into general healthcare systems.

To help drive the “time to put the body back in the body” agenda, a priority is the development of systems to measure the clinical impact of oral and dental research. Possibly the best research is that which has a high academic impact and results in internationally significant, clinical outcome enhancing changes in clinical practice. In identifying this priority, the value of high quality, ground-breaking basic research is acknowledged; however, the prioritization of such research should, it is suggested, be determined in the full knowledge and understanding of the impact of pressing, basic health needs of patients and populations.

Linked to the above, the top priorities for oral and dental research should include the extension and strengthening of the evidence base for the clinical practice of oral health care provision. Where possible this should be achieved by means of high quality, randomized clinical research, leading to powerful systematic, and related high-quality reviews of contemporaneous relevance to everyday clinical practice. However, this approach is not possible, or applicable to all aspects of clinical practice; for example, determining the efficacy of novel restorative systems, many of which may be superseded by next generation products before there has been an opportunity to investigate performance and longevity in clinical service. To address such needs, priority should be given to supporting practice-based research networks and the generation and timely use of large health data sets as part of a much-needed program of engagement in “big data” research.\(^2\)

Further priorities must include the promotion of multidisciplinary and interdisciplinary research interactions, with wide, open access, dissemination of findings, which have been subjected to rigorous, peer review processes before publication. Such interactions should be prioritized to have maximum impact on underserved, low-resource communities with high levels of disease, inequalities, and related disparities. Such prioritization should concurrently ensure a maximum

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return in research investment – a goal which may be best achieved by clinical academic centers committed to both excellence in the integration of clinical academic endeavors and empowering patients to gain best possible benefit from their healthcare provision.

As there is no research without researchers and research funding, the agenda for the future success of oral and dental research must prioritize research workforce development and the availability of funding to retain and sustain the momentum of an effective research community, which can readily suffer irreparable damage if subjected to sudden, unexpected, interruption, let alone loss of funding.

Finally, in setting priorities in the context of the complex framework summarized in this editorial, goals must be realistic and realizable, mindful that research is invariably fickle: It rarely proceeds and concludes in a simplistic manner.

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