



## The bright and dark sides of evidence-based implantology

Let's start with the bright side: the impact factor scores of scientific journals for 2012 were recently released and I was pleased to observe that *EJOI* substantially improved its score, achieving an impact factor of 2.57 (position 13 out of the 82 dental journals that are currently listed). This should be considered an excellent achievement, especially considering the time frame of just 3 years. One could speculate that the quality and reliability of the evidence-based articles we publish are considered interesting enough to be cited in other publications. For instance, in this issue we present 7 randomised controlled trials that attempt to answer different questions in order to understand which are the most effective ways to rehabilitate and maintain our patients. It is our intention to go on with this policy that has been highly appreciated by other clinical researchers and clinicians.

On the dark side, there seems to be a fierce and stubborn resistance of some colleagues and other relevant players to evidence-based research. While attending numerous important dental implantology meetings worldwide, I frequently find such a negative attitude, which I find difficult to understand. Such defensive positions have a negative impact on young researchers who represent our future. I still remember a clinical oral competition of an important implant conference that I attended. I was very pleased to notice that five out of the eight competing presentations given by young researchers were of high scientific standards, all of them potentially deserving of the first prize. Unfortunately, the winner of the competition was not one of these good presentations but a study with substantial methodo-

logical flaws. I personally firmly believe that the best have to be praised according to an objective meritocratic system. It is often difficult to select the very best, as in this case with 5 good options, but the study with relevant methodological flaws should not have been praised when much better alternatives were available. Such things are difficult to understand since I cannot identify who can actually benefit from it.

Another problem is the disingenuous behaviour of a few companies when they commit to research and the results are not those that were expected, as is for instance shown by the 1-year data regarding the adjunctive treatment with light-activated therapy in the treatment of implants affected by peri-implantitis presented in this issue. The fact that companies want to promote research to evaluate whether their products work is a good and legitimate thing, but it is also good and legitimate to publish data regardless of whether the product under evaluation achieved or not its scope. In this situation, however, the tentative protective attitude of these companies can be at least partly understood, though it should not be excused or accepted.

Nevertheless, the struggle for more reliable clinical research will go on and *EJOI* wishes to provide a robust platform for disseminating results from reliable clinical trials. Luckily, many colleagues work hard to obtain robust scientific knowledge supporting the efforts of *EJOI*.

Happy reading!  
Marco Esposito  
Editor-in-Chief