Blood pressure and periodontitis

By DTI

GUANGZHOU, China: Treatment of periodontitis significantly lowered blood pressure among Chinese patients at risk of developing high blood pressure, according to a preliminary study. The research was presented at the American Heart Association’s Scientific Sessions 2017, a premier global exchange of the latest advances in cardiovascular science for researchers and clinicians.

The study compared blood pressure levels after standard and intensive treatment for periodontal disease among 107 Chinese women and men aged 18 years and older with prehypertension and moderate to severe periodontitis. Through random assignment, half of the participants received standard treatment and half received intensive treatment. One month after treatment, systolic blood pressure was nearly three points lower in participants receiving intensive treatment, but no significant difference was observed in diastolic blood pressure.

Three months after treatment, systolic blood pressure was nearly eight points lower and diastolic blood pressure was nearly four points lower in the same patient group.

Six months after treatment, systolic blood pressure was nearly 15 points and diastolic blood pressure was almost ten points lower in these patients. “The present study demonstrates for the first time that intensive periodontal intervention alone can reduce blood pressure levels, inhibit inflammation and improve endothelial function,” said study lead author Dr Jun Tao from the University in Guangzhou.

Dental benefits

After plans to terminate the Australian Child Dental Benefits Schedule (CDBS) in 2016, the government finally decided that it was to be saved and increased efforts to raise public awareness of the benefits programme. Apparently, this has paid off. According to new figures disclosed by Department of Health official Mark Cormack, 89,714 children had utilised the CDBS by September this year. According to Cormack, this is a higher number than the same time last year, although he did not provide actual September-to-September data for comparison of the 2016/2017 period. In total, 1,036,920 children out of about 2,500,000 available to claimed their dental benefits in 2016, the figures further showed.

In new research, intensive treatment of periodontitis was associated with a significant decrease in blood pressure among patients at risk of developing high blood pressure.

Anti-cariogenic herb

A research team from China and the Netherlands has found that extracts of the Chinese herb Galla chinensis demonstrated anti-cariogenic properties. The herb inhibited dental caries by favourably shifting the demineralisation/remineralisation balance of enamel and curbing the biomass and acid formation of dental biofilm.

Five million patients

Align Technology has announced that its five millionth Invisalign patient has begun treatment. “It’s very rewarding to see how rapidly Invisalign treatment is growing around the world. I can’t believe our first ‘million’ took ten years to achieve, while our fifth ‘million’ only took one year,” said Joe Hogan, Align Technology President and CEO.

Long waiting times

DARWIN, Australia: Unreasonably long waiting times in public dentistry have been an issue in Australia for some time. Now, new figures disclosed in a senate estimates hearing in Canberra in October show that the problem worsened in most states in 2016, especially in the Northern Territory. Here, the waiting period increased dramatically from 30.8 months to 45.7 months—almost four years—in just a year.

According to a report by the NT News, the national average waiting time in 2016 was 12.05 months, with Victoria having the second longest wait in the country with 16 months and Western Australia the shortest with 2.5 months. Compared with the previous year, the figures show deterioration of the situation in most states. Waiting times increased in Victoria (from 12.77 to 16.00), New South Wales (from 12.02 to 14.60), the Australian Capital Territory (from 5.36 to 5.95) and South Australia (from 12.45 to 14.70).
By DTI

KUALA LUMPUR, Malaysia: Malaysia’s new Dental Bill 2017, which had its first reading in Parliament on 27 November, will see significant changes made to the regulation of the dental profession and the organisational structure of the dental workforce. Among other measures, the bill aims to appoint the Malaysian Dental Council and the Malaysian Dental Therapist Board to control and regulate the profession. The existing dental council, established under the Dental Act of 1971, will consequently be dissolved.

The council will have the power to approve or reject the registration applications of dental practitioners and specialists. The Dental Therapist Board will register and issue certificates to dental therapists and postgraduate dental therapists based on the conditions and restrictions of the new law and will be responsible for regulating the registration examinations and ethical and professional conduct of the professionals in the group.

The imminent revision of the regulatory framework comes as no surprise, as the country has seen a string of incidents related to fake dentistry practices and persons delivering dental services and treatments without valid licensing. In this regard, the Dental Act 2017 aims to ensure the safety of dental patients and maintain high standards of dentistry in the country. The proposed law will also empower the council and the board to conduct disciplinary proceedings and impose punishment on their members who violate the conditions and terms that are set out in the bill, reflectingly reported. According to the news website, the current legislation does not allow for disciplinary action to be taken against illegal dentists or unregistered practitioners who work in registered practices.

While the Malaysian Dental Association (MDA) has welcomed the first reading of the new bill, the association has also raised concerns that stricter regulations might cause unwanted limitations to the profession, the New Straits Times reported. Therefore, MDA President Dr Ng Woon Yung stressed that any clause that limits the freedom of practice of dentistry by the general dentist will reduce the accessibility of many dental procedures by the general public, especially in the rural areas, resulting in monopolies driving up prices. This may cause less informed members of the public to resort to illegal dentistry that will ultimately endanger their health.

The Malaysian Dental Council and the Malaysian Dental Therapist Board will control and regulate the profession, and the existing dental council will be dissolved. The new bill aims to ensure the safety of dental patients and maintain high standards of dentistry. The proposed law will empower the council and the board to conduct disciplinary proceedings and impose punishment on their members.

Changes in legislation

By DTI

TOKYO, Japan: Almost 20,000 visitors celebrated the latest in dentistry in Tokyo in November. Held at Tokyo Big Sight, the city’s international exhibition centre, the Tokyo Dental Show featured more than 190 local and international manufacturers and dealers. Among the many new products introduced to the Japanese market was the first issue of Dental Tribune Japan.

Together with Yoshimatsu Teraoka, representative of Dental Tribune International (DTI) in Japan, delegates from the company’s head office attended the trade show not only to meet clients, but to introduce DTI’s new publishing partner in Japan, Medical Net. DTI and the listed Tokyo based company officially joined forces already in July. In October, the first issue of Dental Tribune Japan was launched, which reaches 20,000 dentists and 10,000 dental hygienists in Japan.

“Japan is the third-largest economic power in the world and there are many good dental companies in the country,” commented Medical Net President and Chief Operating Officer Yuji Hirakawa. “We want to be a bridge between Japan and the rest of the world.”

Complementing the launch of the Japanese-language edition, DTI Business Development Manager Claudia Salwiczek-Majonek said: “Our partners here in Japan have not only published an outstanding first edition of Dental Tribune Japan, but also perfectly represented DTI at the Tokyo Dental Show. We are very proud to be partnering with Medical Net and have high expectations for the launch of our entire portfolio, including our www.dtstudyclub.com education platform, in this thriving and promising market.”

Among the many other exhibiting companies that presented their products and services at the two-day event were Aisai Roegen, Dentiply Simya, GC, Ivoclar Vivadent, KaVo Kerr Group, Kuraray Noritake Dental, Mokuda Dental, Morita, Nishika, NSK, Osada, Planmeca, SHOFU, Sunstar, Takara Belmont, Tokuyama Dental, Tokyo Giken and Yoshida Dental.

At the show, two trends in dentistry were obvious. One was the ongoing advancements in the digital field, with ever more precise dental tools, such as intra-oral scanners, milling machines and devices for a digital workflow, showcased at the industry exhibition. The second indicated a longer-term transformation of the profession. While prevention and preservation have conventionally been a part of dentistry, there is an increasing shift towards these two aspects becoming the foundation of dentistry—not least owing to population ageing, a phenomenon especially prevalent in Japan. This change was mainly providing treatment to implementing a more holistic approach to oral healthcare was evident at the Tokyo event.

First Dental Tribune Japan issue

By DTI

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ASIA PACIFIC NEWS

Malaysia: Dental Bill 2017 proposes stricter regulation

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Dental Tribune Asia Pacific Edition | 12/2017

IMPRINT

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Published by DT Asia Pacific Ltd.

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Almost all Myanmar mouth cancer patients chew betel quid, study finds

By DTI

TOUNGOO, Myanmar: A study has found that almost all of the mouth cancer patients investigated used smokeless tobacco in the form of betel quid, researchers have reported at the European Society for Medical Oncology Asia 2017 Congress, held in Singapore from 17 to 19 November.

This observational study investigated the lifestyle behaviours of head and neck cancer patients that may have contributed to their disease. The cross-sectional study was conducted in the medical oncology unit of Toungoo General Hospital in 2016. All head and neck squamous cell carcinoma (HNSCC) patients who came to the hospital for treatment were included in the study. Participants were asked about their habits regarding betel quid chewing, smoking and alcohol consumption. Of the 107 cancer patients who visited Toungoo hospital that year, 67 (22 per cent) had HNSCC and were included in the study. Participants were asked about their habits regarding betel quid chewing, smoking and alcohol consumption. Of the 107 cancer patients who visited Toungoo hospital that year, 67 (22 per cent) had HNSCC and were included in the study. The mean age was 59.2 years (range: 36–81 years) for men and 58.7 years (range: 19–86 years) for women. The most common cancer site was the oral cavity (34.3 per cent), followed by the larynx (15.4 per cent), oropharynx (11.9 per cent), hypopharynx (10.4 per cent), lip (4.5 per cent) and nose (1.5 per cent).

Regarding lifestyle habits of the entire study population, 20 patients (30 per cent) chewed betel only; 19 patients (28 per cent) chewed betel and smoked tobacco; 19 patients (28 per cent) chewed betel, smoked tobacco and consumed alcohol. Two patients smoked tobacco and drank alcohol, two smoked tobacco only, two had none of the risk factors, and information was unavailable for three patients. All oral cavity cancer patients were betel quid chewers. Of the 67 cancer patients, 48 per cent smoked tobacco and 44 per cent consumed alcohol. The majority (87 per cent) of mouth cancer patients said they held betel quid in the buccal cavity most of the time.

Lead author Dr Khin Khin Nwe, a medical oncologist at the Toungoo General Hospital, said: “According to previous studies the incidence of oral cancer, also called mouth cancer, in Southeast Asia has been disturbingly high for many years. It has also been shown that smokeless tobacco use is common in this region—for example, in Myanmar more than 50 per cent of men use betel quid. Commenting on the topic, Dr Makoto Tahara from the National Cancer Center Hospital East in Chiba in Japan, said: “Given the number of health issues associated with chewing betel quid, particularly oral cancer and precancerous conditions such as leukoplakia and oral submucous fibrosis, understanding ways to reduce betel quid chewing is of global public health importance. In the last decade, betel quid has been classified as a group 1 carcinogen by the International Agency for Research on Cancer.”