Primary Dentition

10 Avoidable Risk Factors

Accounting for 40% of all deaths worldwide, the world’s top ten avoidable risks have been enumerated by the WHG. The risks include: underweight childhood and maternity; unsafe sex; high blood pressure; high blood pressure; tobacco; alcohol; unsafe water; sanitation and hygiene; high cholesterol; indoor smoke from solid fuels; iron deficiency and overweight/obesity.

Dental Tribune International

By Martial Godin

Imagine a place where dental care is free to anyone under 18 years of age, where primary- and secondary-school kids get yearly or bi-yearly check-ups through school dental clinics. Since their teeth begin to come in, even preschoolers can visit school dental clinics. In addition, secondary-school kids can even get free treatment from private dentists. These figures are the first steps to improving dental care in New Zealand. The study is based at the University of Bristol.

Caries in Primary Dentition

According to an eight-year study from China, children with caries on their primary molars are about three times more likely to develop caries in their permanent teeth. In 1992 and 2000, 362 Chinese children aged 3 to 5 years were monitored. In 1992, 85% of the children who had had decayed primary molars showed at least one carious permanent tooth in 2000. For the children who had no decay in their primary teeth, 83% remained caries-free until at least age 12.

www.dental-tribune.com
2 News & Opinions

“Aesthetic dentistry will soon have a major impact in Asia...”
An Interview with Michael J. Williams, GC Asia

GC targets different markets—Asia, Europe, USA. In what things in particular do these markets differ from one another?
We have subsidiary companies in each of these areas that concentrate on the needs and preferences of that region. Europe is the most broadly based with approximately half of the business spread between laboratory stones and investments, ceramics and acrylic crown and bridge materials. Other half is surgery items such as glass ionomers composite and impression materials. In the USA there is a great deal of focus on aesthetic dentistry and our product sales mix reflects this.

In Asia we concentrate on surgery consumables which cover a wide spectrum of traditional as well as state of the art products and techniques. This is not surprising when one considers the geographical area we cover from our base in Singapore. It stretches from India and Pakistan in the north to Australia/New Zealand in the south and everything in between.

Which regional markets do you foresee will grow most significantly over the next few years?
There is no doubt China and India, the two largest populations, each with over 1 billion people. Both countries have a huge and growing economy. This will provide many opportunities for entrepreneurial organizations prepared to invest in the future.

What upcoming trends, if any, do you see for the Asia Pacific dental market?
Aesthetic dentistry will soon begin to have a major impact in Asia. Already orthodontic clinics are opening with increasing waiting lists for treatment. One new trend will be cosmetic dentistry. A major part of this increase is in the decreasing affluent country, and the younger generation, who are fashion conscious and have disposable incomes, will demand and be prepared to pay for white and perfect smiles than their parents.

How do you qualify the Asian Pacific market in terms of supply and demand for continuing education programs, meetings, and congresses?
There are a number of questions here. Continuing education is difficult to expand in this region at present because the profession is generally unprepared to go the time to attend a full-day course or meetings during a weekday. They are also reluctant to pay a reasonable fee to attend this. It is in contrast to Australia/New Zealand, where it is common to spend around US$500 per day for a continuing education program for perhaps 20 specialists, or attend a more general program such as Aesthetic Dentistry, costing US$200 for the day, where up to 450 delegates will attend. The current level of continuing education courses and seminars and high quality speakers in Asia is directly related to economic viability.

On the question of congresses, firstly there are too many and they are too frequent. Secondly, there are few we would regard as being regional let alone international. Thirdly, we understand that each national dental association wants to have their own local annual meeting, but let’s be clear, that’s what they are, local national meetings. We are very happy to attend these, and we believe the organizing committee is prepared to have an open dialogue with the dental trade and be realistic about expectations and revenue to be made from such events.

Complexity of dentistry as a discipline requires more and more specialization from the dentist. In what areas of specialization do you see the biggest potential for the future of dental practice?
The usual specialized areas will continue to expand, ortho, oral surgery, etc. Two areas that will command far more attention are—paediatric specialists and dental hygienists. We are sure the status of the dental auxiliary will be more important when the profession begins to understand how the role of a specialist is one that is made apparent when saliva stops protecting the tooth surface. It will be the auxiliary who will be able to identify such problems and find solutions to make the saliva healthy again.

How does GC’s R&D department work? Do you collaborate with individual dentists or research centers?
We probably work like every one else and have fingers in all sorts of areas. For example, we co-operate with leading universities around the world. We talk with individual dentists and evaluate dozens of ‘fantastic opportunities or breakthroughs’ sent in to us each month. In addition, we have over 100 dedicated researchers working on specific areas that the company has decided are key to the future of the business.

How does GC stay connected to the ‘grass roots’ of dentistry through relationships with individual dentists or research centers?
In Japan we have GC Circle—a dental continuing education club with more than 30,000 active members. We organise lecture programs focusing on new product evaluation meetings. Each new product is supplied to members before introduction, so we have real feel at all stages of the reaction of the profession.

Overseas we have key opinion leader groups who meet with us and we discuss anything and everything about dentistry. We have different opinion leaders for different topics.

An opinion leader is usually identified as someone who is good at his job or is always thinking about how things could be made better. It is not necessary for him to work in a university or run a 20-person dental practice.

Prevention and infection control are both very hot topics at the moment. Does GC react to developments in this area, and if so, how?
As you say, they are both hot topics but for different reasons. Infection control is being promoted by legislation and therefore, both manufacturers and the profession must comply with new regulations.

Adelaide is hoping to raise money to improve a vital resource for dental and oral health workers in South Australia and to keep up-to-date with the latest dental research and technology. dentist. University libraries through-out the state are having to cut back the number of journals they receive because of increasing costs. At the University of Adelaide’s Barr Smith Library, the number of dental journals has dropped from 79 in 1995 to 33 in 2003.

Members of the dental profession, industry and academia in South Australia have now joined forces with the Barr Smith Library to boost the number of dental journals, and they’re seeking help from the public to do so.

The new “Filling the Shelves Appeal” was launched by University of Adelaide Dental School Professor James McWha at the Barr Smith Library on Thursday, May 26.

Money raised by the appeal will go towards improving the state of the art set up as old equipment will go through a more rapid turnover here. The dental office. Prevention is part of our philosophy, and painless diagnosis and prevention will ensure a bright future for all.

Where do you think dentistry will be in another 10 years?
Philosophers inevitably get it wrong, so I say me this. Preventive dentistry will be one of the main income sources in developed countries. New mechanical tools will provide quantitative, diagnosis of all sorts of problems. The key is that awareness will help be reversed. The first periodontal vaccine will be available as quantum leap forward in controlling this disease.

Cosmetic dentistry, endodontics and orthodontics will grow more rapidly than other areas. The traditional dental chair and associated equipment will go through major design changes, making today’s state of the art set up as old fashioned as a model T Ford.

Thank you very much for taking the time to speak with us, Mr. Williams.

Dentists to Give Library New Fillings

Adelaide University is hoping to raise money to improve a vital resource for dental and oral health workers in South Australia and to keep up-to-date with the latest dental research and technology, as well as provide the latest information to students and practitioners, will be greatly enhanced by the head- duction of several journals that the University cannot currently afford,” Dr. Fuss says.

While dentists are used to dealing with fillings of a different kind, this time around we are aiming to fill the shelves of the local libraries, both in terms of hard copy material and online journals.

“Through this appeal we need to raise more than $41,000 for subscriptions, which will help us to add between eight and 12 impor- tant titles to our subscription list over the next 10 years.”

Dr. Fuss says the appeal is particularly aimed at members of the dental community, but support from all members of the public will be welcome. “After all, it is the public who have the most to gain from the improved research and teaching in dentistry,” Dr. Fuss says.
Drink White Tea for Better Dental Health

Gene Therapy Offers Hope for Gum Disease

As dental professionals, we have the unique opportunity to intervene in the lives of our patients and help prevent gum disease. We can do this by providing them with information on how to maintain good oral hygiene and by referring them to specialists if their condition requires it. As patients, we also have the responsibility to take care of our own oral health. This means brushing and flossing regularly, avoiding sugary and acidic foods and drinks, and visiting the dentist for checkups and cleanings. By working together, we can prevent gum disease and ensure a lifetime of healthy teeth and gums.