A recent study published in the Journal of Periodontology (JOP) suggests that edentulous, or toothless, adults may be more likely to have chronic kidney disease (CKD) than dentate adults. In the study, conducted at Case Western Reserve University, USA, edentulism was found to be significantly associated with CKD, indicating that oral care may play a role in reducing the prevalence of chronic kidney disease in the US population.

One out of nine Americans suffers from CKD, and millions more are at risk, according to the US National Kidney Foundation. A debilitating disease, CKD can affect blood pressure and bone health, and can eventually lead to heart disease or kidney failure.

The study examined the kidney function and periodontal health indicators, including dentate status, of 4,053 US adults 40 years of age and older. After adjusting for recognized risk factors of CKD such as age, race/ethnicity and smoking status, the results revealed that participants who lost all their teeth were more likely to have CKD than patients who had maintained their natural dentition.

While additional research is needed to fully understand why tooth loss is associated with higher prevalence of CKD, the destructive nature of chronic inflammation may play a role. Both periodontal disease and chronic kidney disease are considered inflammatory conditions, and previous research has suggested that inflammation may be the common link between these diseases. Since untreated periodontal disease can ultimately lead to tooth loss, edentulous patients may have been exposed to chronic oral inflammation.
NEW YORK CITY: At the 2008 Greater New York Dental Meeting, the new “Live Dentistry Arena” will allow attendees to feel as if they are seated right beside the world-renowned clinicians performing procedures on patients in real time. Also, this unique educational experience conducted on the exhibit floor is offered with no tuition costs.

As the first dental meeting offering such a unique experience, Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab commented, “The chance to watch dental procedures performed live—not pre-recorded or on an inert model—affords an amazing educational opportunity. We are thrilled to showcase such a unique program right on the exhibit floor during the entire four days of the exhibition at our upcoming meeting.”

Eighteen displays 60-inches in size will be strategically placed for easy viewing around the “Live Dentistry Arena” so attendees can watch some of the most highly respected educators in the world conduct these live demonstrations. No one will want to miss these procedures, which will feature the latest materials and equipment available on the market, but the arena’s capacity is limited to 300 persons and will be filled on a “first come, first seated” basis. Due to the lack of tuition costs, interested attendees should plan to arrive early to avoid disappointment, the organiser says.

At the Greater New York Dental Meeting, practitioners will be able to learn innovative procedures from some of the world’s most highly esteemed educators and get up close and personal with the latest in dental materials and equipment. Participants will acquire the techniques to upgrade their skills and gain evidence-based knowledge of dentistry.

The annual meeting has been known for its impressive array of innovative and cutting-edge educational programmes, and this year seems to be no exception. The Meeting has organised an almost unparalleled curriculum including over 300 educational programmes such as full-day seminars, half-day seminars, essays (one-hour lectures grouped by topic), hands-on workshops and a lot of other didactic options. In addition, many of the daily seminars and workshops will also be presented in Spanish and tailored to the dentistry conducted in the Latin American countries where its speakers hail from—Brazil, Mexico, Puerto Rico, and Venezuela.

The flip side of this golden ticket to dental education and information is its host city, New York City decked out in all its finery for the Thanksgiving and Christmas holiday season. The Big Apple offers something of interest for everyone during this time of year.

“There is no other city where attendees can socialise with colleagues, reap the benefits of an outstanding dental congress that features some of the most highly regarded educators in dentistry, and enjoy the eclectic and abundant mix of attractions that only the ‘Big Apple’ can offer,” Dr Edwab adds.
EUGENE, USA: Reproduction pressures and rising fertility explain why women suffered a more rapid decline in dental health than men as humans transitioned from hunter-and-gatherers to farmers and more sedentary pursuits, says a University of Oregon anthropologist. The conclusion follows a comprehensive review of records of the frequencies of dental cavities in both prehistoric and living human populations from research done around the world. A driving factor was dramatic changes in female-specific hormones, reports John R. Lukacs, a professor of anthropology who specializes in dental, skeletal and nutritional issues.

The study examined the frequency of dental caries by sex to show that women typically experience poorer dental health than men. Among research reviewed were studies previously done by Lukacs. Two clinical dental studies published this year (one done in the Philippines, the other in Guatemala) and cited in the paper, Lukacs said, point to the same conclusions and “may provide the mechanism through which the biological differences are mediated.”

A change in food production by agrarian societies has been associated with an increase in cavities. Anthropologists have attributed men/women differences to behavioural factors, including a sexual division of labor and dietary preferences. However, Lukacs said, clinical and epidemiological literature from varied ecological and cultural settings reveals a clear picture of the impacts on women’s oral health.

“The role of female-specific factors has been denied by anthropologists, yet they attain considerable importance in the model proposed here, because the adoption of agriculture is associated with increased sedentism and fertility,” Lukacs said. “I argue that the rise of agriculture increased demands on women’s reproductive systems, contributing to an increase in fertility that intensified the negative impact of dietary change on women’s oral health. The combined impacts of increased fertility, dietary changes and division of labour during the move into agricultural societies contributed to the widespread gender differential observed in dental caries rates today.”

Lukacs’ meta-analysis looked at both prehistoric anthropological and modern health records. He repeatedly found that increases in cavities go in favour of women in adulthood. Lukacs’ review found that women’s higher rates of cavities are influenced by female sex hormones, the biochemical composition and flow rate of saliva, as well as food cravings, immune response and aversions during pregnancy.

How the factors combine to contribute to higher risk of cavities in women as they age is not fully documented or understood, he wrote. “However, if hormonal and physiological factors work in an independent or additive manner, their impact on women’s oral health could be significant. The fact that women’s caries experience increases with age at a greater rate than men’s in diverse ethnic groups from different ecological and cultural settings supports this interpretation.”

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