US election results not favoured by dentists
Seventy per cent think a McCain presidency would have been better for the profession

Benjamin Fisk

Dental Tribune

Leipzig, Germany/NAN FRANCISCO, CA, USA: According to a recent survey, US dentists might be disappointed by the Democratic win in the US elections last month. Two out of three dentists surveyed in a poll by dental practice marketing resource The Healthy Dentist said that former Republican nominee John McCain would be a better president for dentists. One in six favoured Barack Obama, while the remainder said there would be no difference between the two.

Illinois Senator Barack Obama won the recent US presidential election against John McCain by 565 to 173 votes. He will take office from incumbent president George W. Bush in January next year. In a Democrat radio address in November, he announced the development of a plan that will create 2.5 million jobs by 2011 — “a plan big enough to meet the challenges we face that I intend to sign soon after taking office.” He has also promised to expand federally funded health care for lower income children and other groups.

Many poor and lower-middle class families in the US do not receive adequate care, in part because most dentists want customers who can pay in cash or have private insurance. The lack of dental care is also not restricted to the poor and their children, recent data show. Experts on oral health say that about 100 million Americans have no access to care. Most dentists, however, believe that a Republican would have been better for the economy. “Due to higher taxes by Obama, there will be less money to spend on dentistry,” griped a Louisiana dentist. “Obama will be a disaster, raising costs for employers and decreasing patient service,” agreed a New Jersey dentist. “There will be less elective cosmetic services as the economy goes downhill!”

Dentists were concerned about tax issues. “Obama is a classic Robin Hood Democrat: tax the people who work to create wealth, and redistribute it to the masses,” said a Florida dentist. “The last thing I need is higher taxes,” said a California periodontist.

Australia, NZ consider fluoridation

Bart Le Blanc

Barton, Australia/WELLINGTON, New Zealand: Australia and New Zealand are considering approving the voluntary addition of fluoride to bottled water. Reports went public after Coca-Cola Amatil and the Australian Dental Association quarrelled over a print advertising campaign that was adding fluoride to bottled water and that the organisation approved the sale of bottled water containing added fluoride, it will be a voluntary permission allowing manufacturers to add fluoride under the conditions of the Code.

Food Standards Australia New Zealand has now released a report for public comment that proposes amending, the Australia New Zealand Food Standards Code. Should the organisation approve the sale of bottled water containing added fluoride, it will be a voluntary permission allowing manufacturers to add fluoride under the conditions of the Code.

More nurses for Malaysia

Malaysia has signed a MOU with 24 institutions in the country, in which these institutions agree to use Ministry of Health facilities for nursing, dental, and health sciences education programmes. Through the agreement, the ministry hopes to improve the nurse/patient ratio to 1 : 200 by 2015.

Bad breath linked to cancer

New research from Japan has found that the bacterium Helicobacter pylori, a main cause of stomach ulcers and cancer, lives in the mouths of some people who have bad breath but no signs of stomach illness. The bacterium is carried by over 90 per cent of people in the developing world.
Malnutrition and weak oral health trouble Aussie nursing homes

Australian Associated Press

RHODES, Australia: According to a study in the Australasian Journal of Ageing, malnutrition is rife in Australian nursing homes, affecting half of its residents. Nursing specialists are calling for an overhaul of the nutritional care of vulnerable elderly people after survey results indicated that only 9.5 per cent of elderly people in nursing homes are well nourished. The nutritional assessment of more than 550 high-care residents in eight aged care facilities in Queensland found 45 per cent moderately and 6.5 per cent severely malnourished.

Residents’ dental health, which is known to influence general health, was also found to be poorly recorded, with oral assessments of ten outdated. The situation will be the best improved with advanced staff training and a greater focus on dietary intake, the researchers suggest. “Most causes of malnutrition (in nursing homes) are modifiable and central to improving this is greater staff awareness, better assessment skills of care staff and adequate overall management of nutritional care,” they write.

The study also showed that older patients and those requiring the most care were the most malnourished. The research team, lead by Queensland University of Technology, also found that only 15 per cent of the malnourished residents had been seen by a dietitian, and only 29 per cent were receiving supplements.

These high percentages are perhaps due to responsibility for daily nutritional care, such as assistance with meals, supplements, and monitoring of food intake, falling largely onto care staff, with little intervention by management or external healthcare practitioners. The study also showed that staff awareness of the importance of nutrition on resident outcomes was inconsistent.

Dr Marius Steigmann, Implantology, Germany
Prof. Dr Rudolph Slavicek, Function, Austria
Prof. Dr Georg Meyer, Restorative, Germany
Dr Ziv Mazor, Implantology, Israel
Dr Edward Lynch, Restorative, Ireland
Prof. Dr I. Krejci, Conservative Dentistry, Switzerland
Dr Howard Glazer, Cariology, USA
Dr George Freedman, Esthetics, Canada

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German Publications

SALISBURY, UK: Twenty-four basic sets of dental equipment and portable chairs are helping newly qualified dental nurses set up mobile health clinics in Cambodia, the UK-based organisation Dentaid has announced. These nurses will be trained to provide extractions, scaling, anaesthetic, and simple Atraumatic Restorative Treatment (ART), which is ideal for taking into health centres in rural communities in the country who may not have electricity or running water. They can also identify conditions, such as oral cancer, and refer patients on for further treatment.

Dentaid has received funding of £14,400 (US$21,455) for this project from the NeelSikha of Jubilant Dentail Care in London. It is hoped that this will be the start of a long-standing relationship with the training school, as there will be nurses graduating each year who require equipment to take out into the community, Dentaid officials told Dental Tribune. The Cambodian Ministry of Health supports the continued training, as the nurses are considered an essential and valuable asset for these rural areas where dentists are almost non-existent.


Dentaid supports nurses in Cambodia

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Dear reader,

“It’s about time”

Daniel Zimmermann

By now, everyone knows that our 44th President will be Sen. Barack Obama (D-IL). Having won a projected 353 electoral votes (270 are needed to win), the Senator can also boast that he received over 50 per cent of the popular vote (about 52.6 per cent). He is the first Democrat to win, the Senator can also boast that he received over 50 per cent (about 52.6 per cent). He is the first Democrat to win the presidency in 28 years, and we are not just talking about the West. In dentistry, we are already experiencing these developments and we are not just talking about technology. In most Asian countries, the majority of dentists are only professionally educated, but also eager to stay up-to-date with the latest technological developments in the field. They also have state-of-the-art equipment at their disposal. Nowadays you will probably find more dental practices with the latest equipment and more treatment options in Singapore or Shanghai than you will in a practice in New York, Sydney, or Auckland. In addition, local manufacturers, especially those from China, are constantly gaining more market shares, not only in their domestic markets, but also internationally.

A Wall Street Journal article recently said that more and more insurers and employers in the United States are mandating their clients and staff medical or dental treatment in countries abroad (see also Medical Tourism: A new option for patients in the US. Dental Tribune Asia Pacific, 9(2008)8-8). This shows that, even in the US, more people are increasingly considering the Asian continent a rising superpower in general, and particularly, in dental health care. Asian dentists should be aware of this. They could soon be on the forefront of shaping the future of the profession.

Recently, a report by the US National Intelligence Council made it into headlines around the world, forecasting that the current financial crisis on Wall Street is just the first phase of a global economic reordering, with the United States in decline and countries like China and India competing for more influence in a multipolar world. Global wealth was also seen as shifting from the developed West to the energy-rich Gulf States and rising in Africa and Asia, a rising centre of manufacturing and service industries.

With a new presidential agenda in the United States, it might be hard to predict what is going to happen in the years to come. Maybe Barack Obama will become a great president who will help markets to re-establish and sustain America’s post-cold war role. Perhaps he will be hindered by the political and financial constraints that the politics of his predecessor leaves behind. More predictably, whatever the outcome of his politics, he won’t have much to play with on the international field. In dentistry, we are already experiencing these developments and we are not just talking about technology. In most Asian countries, the majority of dentists are only professionally educated, but also eager to stay up-to-date with the latest technological developments in the field. They also have state-of-the-art equipment at their disposal. Nowadays you will probably find more dental practices with the latest equipment and more treatment options in Singapore or Shanghai than you will in a practice in New York, Sydney, or Auckland. In addition, local manufacturers, especially those from China, are constantly gaining more market shares, not only in their domestic markets, but also internationally.

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Successful implant treatments

Although Implant Studies go back 40 years, implants are a relatively recent development in dentistry and have only really been commercially available for the past ten to fifteen years. Many dentists practicing today completed their initial training before implants began to feature in general practice. Nevertheless, it is important in the context of overall public oral health as well as for the individual patient that this treatment option is available when it represents the optimum response for tooth replacement.

There are a number of training routes open to those seeking to expand their knowledge and skills in implant dentistry. A formal, university course provides the ideal but spaces are limited, and working practitioners may be deterred by financial and time constraints. I personally found that formal training suited my purpose better than the other courses available.

For those whose responsibilities preclude full-time study, part-time courses offer a viable alternative and include mentoring programmes, where a fellow professional with the appropriate experience offers guidance throughout the training process and during the novice period. Designers can also approach implant suppliers, such as Bioloxtrons, whose representatives can provide hands-on training and deliver training in the safe and effective clinical application of their products and protocols.

The most valuable time is spent planning the proposed implant treatment. My own experience has shown that the value of abusing all available information and professional experience is vital, thus implanting practitioners should expose themselves to as much implant dentistry as possible, starting with a solid understanding of the anatomy and progressing to more complex surgical procedures. Doing this rapidly improves both technique and confidence.

For those considering a career as an implant specialist, the best advice is to undertake a dedicated, institution-based training course; for GDPs merely wishing to add a new dimension to their existing practice, the part-time option is likely to be more cost-effective and practical introduction. Whatever the choice, all dentists today have a responsibility to acquire sufficient knowledge of implants to inform their patients and, to be able to refer them to the appropriate specialist if they lack the prerequisite knowledge to perform the treatment themselves.

Janet Kopenhaver

Dental Tribune Asia Pacific Edition

Dr Stephen Salt

Contact Info

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Gates urges rich countries not to cut health aid

NEW DELHI, India: Microsoft founder Bill Gates is worried the global financial crisis could last two to three years, and might drive rich countries to cut back on spending on health aid for the developing world. Echoing comments made last week by UN chief Ban Ki-Moon, the billionnaire philanthropist said the world’s poorest people will suffer the most during the economic slowdown and any “strong voice” was needed to keep them a global priority.

“We certainly are concerned that one of the rich world governments could either reduce their increase or even cut back the amount they spend on these issues,” Gates said in India’s capital. “We have to admit that getting that generosity gets even more challenging when there’s tough economic times.”

Gates said he expected the United States to undergo a period of “economic contraction” for two to three years, as a result of a meltdown in the housing market and heavy consumer debt. Gates was optimistic about the newly elected American president Barack Obama’s efforts to tackle global health issues, saying Obama has “shown a lot of interest” and would “drive improvements in those areas.”

Gates was on a visit to India on behalf of his charitable foundation to tackle health issues, focusing on polio eradication and fighting HIV/AIDS. Meeting with Indian health officials and polio experts, Gates said he was confident polio could be successfully eradicated, with India leading the way. Gates called for increased government spending on health and urged Indian health officials to consider using innovative approaches, such as injection vaccines, to tackle the crippling disease. While a lot more expensive and trickier to administer, the injected IPV vaccine could be used in addition to oral vaccines to stop the spread of polio in high-risk areas.

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Oral vaccines have not proven to be as effective in India as elsewhere, a problem which some researchers suspect is down to poor sanitation and a higher presence of other diseases that stop the vaccine working properly.

A world effort to beat polio has succeeded in slashing the number of cases by 99 per cent over the past two decades, but the disease is still endemic in India, Pakistan, Afghanistan, and Nigeria. The Bill and Melinda Gates Foundation has contributed more than US$17 billion in grants since it began in 1994, and has given hundreds of millions of dollars in a global campaign to eradicate polio.

Study claims Australia low on dental workers

BRUCE, Australia: Australia will be facing a shortfall of dental workers, a new report by the Australian Dental Association (ADA) says. The number of graduates from local universities is expected to double in the next six years, compared to the past two decades, but the resultant demand will probably be too great for the public sector’s current resources. In March the Government announced it would take high-cost dental services out of the scope of Medicare, but this move was blocked in September by the Coalition in Australia.

Dr Matthews also warned if dental services were to come under Medicare, the resultant demand would probably be too great for the public sector’s current resources. In March the Government announced it would take high-cost dental services out of the scope of Medicare, but this move was blocked in September by the Coalition in Australia.

The Philippines aims for the improvement of oral health in schoolchildren

LEIPZIG, Germany: The Filipino government has recently launched a new programme to promote better oral health in the country’s public schools. The initiative is part of the Arroyo Administration’s Health Education Reform Order that aims to integrate preventive health measures in the education curriculum. It will be supported by companies, such as Colgate-Palmolive, which has agreed to donate more than P70 million (US$1.4 million) worth of toothpaste, toothbrushes, and oral health education materials to first-grade students.

The Philippines is one of the Third World countries with the most alarming child dental problems. According to the Department of Education’s recent National Oral Health Survey of six- and twelve-year-old public schoolchildren, over 95 per cent of first-graders and nearly 80 per cent of sixth grade students in public schools suffer from tooth decay. The Department’s Health and Nutrition Center has blamed the problem on poor eating habits and a lack of proper oral care education.

“The survey results illustrate how little regard we give to oral hygiene,” Education Secretary Jesulyn.”

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Lagus also appealed to the country’s dental professionals to support the programme. Noting that Filipinos only visited a dentist as a last resort, he said, “As dental professionals, you can change that perception.” He described the programme as a “creative way to encourage student participation in a worthy project that addresses two important concerns of our time — oral health and environmental protection.”

Lapus told the newspaper that “preventive education is sorely needed in the country’s public schools. The initia...

Study claims Australia low on dental workers

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Perfect finish for Glass Ionomer, Composite & Temporary restorations

BEAUTY & BRAWN
New health information system in the UAE

Health official told patient safety, a Ministry of medical care and ensure patients to be connected via an online network by 2011 to improve the country’s information system for the United Arab Emirates, hospitals and clinics in the country. An online information network will connect health facilities in Dubai (picture) and other Emirates until 2011, Photo: haider.

The network aims to exchange and access to medical and health information between patients and doctors as well as healthcare peers across the country. Patients can be treated in the most effective way by having access to their treatment results, updates and follow ups. They can also easily be transferred from one hospital to another within the UAE, even outside of the country thanks to specific agreements between the hospitals. The new system promises to avoid losing data, saving time and money, decreasing the waiting time for medical appointments but most importantly as the ability to provide international medical second opinion.

Although Warreed has a lot of advantages, it has some drawbacks. The main concerns are how to run the system in most efficient way and ensure patient safety while going through the process of implementing the customer centric data system. At the 5th annual Healthcare Expansion Congress Middle-East, organised by naseba, e-health application in the region, the importance of information at the point of care, patient safety and cancer management were the hottest issues discussed.

Patient safety is and should continue to be the most important consideration for delivering patient care while implementing the new system. A certain element of risk from human errors always remains but we should certainly be able to address avoidable and often costly mistakes, noted Raj Singh, healthcare solutions consultantEOLUME, Hitachi Data Systems. "The reliability of IT health information systems coupled with advances in technology such as RFID and Finger Vein Biometrics can help improve patient safety quite significantly. The most important consideration for improving patient safety still relies, however, on the healthcare providers who need to ensure they build out the best care practices with correct patient identification throughout their healthcare workflows and processes," he added.

Saudi Arabia is the first country in the Middle East region, to have implemented the eICU programme, patented by VISICU, which combines early warning software and remote monitoring to connect off-site critical care physicians and nurses to ICU patients at all times. The eICU Program provides an alternative way to deliver high-quality critical care when specialist resources are limited. The eICU vision is to have centralised intensivist physicians & critical care nurses—round-the-clock in an eICU Center—to help bedside teams watch over their sickest patients and to prioritise and guide interventions.

The evidence is growing that eICU Programs are having a proven impact on saving lives, reducing complications as well as the length of patient stays, especially in the countries where people have limited and unequal resources in healthcare services.

Mohammed Abd Al Ahl, the head of Radiology from the Ministry of Health mentioned that the system of e-health facilitate will enable both patients and doctors across the country to make quick and well-informed decisions as well as ensuring the quality of treatment. At this point, training the staff on the new implementations, upgrading and maintaining the data base are vital factors for the sustainable safety of patients.

Patients with cleft lips or palates require continuing multidisciplinary care

CHAPEL HILL, NC, USA: A greater number of specialised or centralised care options may be needed for adults with cleft lips or palates because these patients continue to face health and psychological problems that often require the assistance of more than one specialist, a new study has revealed. These patients include those continuing their care from childhood and others seeking new advice or intervention, according to authors Cher Bing Chuo, Yvonne Searle, Alison Jeremy, Bruce M. Richard, Ian Sharp, and Rona Slator. Their article, The Continuing Multidisciplinary Needs of Adult Patients with Cleft Lip and/or Palate, appeared in the October 2008 issue of The Cleft Palate-Craniofacial Journal, published by the American Cleft Palate-Craniofacial Association.

“Some adult patients of all ages and all cleft types continue to have problems related to their cleft lip and/or palate and want intervention for those problems,” according to the authors. The most common problem is persistent nasal deformity. Other issues include problems related to hearing, speech, teeth, and social life, plus concerns about social skills and social withdrawal.

The study examined patients who have been treated at adult multidisciplinary cleft clinics in the West Midlands in the UK since June 2000. The researchers reviewed the number and nature of the patients’ problems and the types of treatment they required in 2004. A total of 145 patients were seen in the adult cleft clinic. Of those, 55 patients attended as part of their continuing care. Ninety were newly referred as adults to the cleft service. Patients ranged in age from 15 to 70 years and, on average, had three clinical problems each.

“Intervention for the patients reviewed in this study included varied types of surgery, dental rehabilitation, psychological assessment and support, and speech assessment and therapy,” the authors said. The variety of interventions indicates that the “problems of adults with cleft lip and/or palate may be changing,” according to the authors.

“Our study supports the need for a specialist multidisciplinary cleft clinic to provide continuing care for patients who have a history of cleft lip and/or palate,” they added.
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Men drive cosmetic trends in the UK

Penny Palmer
DT United Kingdom

LONDON, UK: According to the British Academy of Cosmetic Dentistry (BACD), more and more men are opting for cosmetic dental treatment. Men, who used to account for 28 per cent of all veneers, now account for nearly a third of all procedures. Similarly, men used to account for less than a fifth of all orthodontics. They now represent almost a quarter, with 400 cases this year.

Bridges are another procedure that has become more popular with men, who used to account for 42 per cent and now are edging ever closer to women at 46 per cent. Overall, orthodontics (which includes both visible ‘train track’ as well as invisible and removable braces) has boomed in popularity, with the number of cases more than tripling since 2006.

Women are still the big spenders on cosmetic dentistry, accounting for 61 per cent of all procedures. Women also still account for the majority of whitening procedures.

The top five procedures for men in 2007

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White fillings (back teeth)</td>
<td>12,352</td>
</tr>
<tr>
<td>Crowns-Inlays-Onlays</td>
<td>11,888</td>
</tr>
<tr>
<td>Veneers</td>
<td>4,568</td>
</tr>
<tr>
<td>White fillings (front teeth)</td>
<td>3,856</td>
</tr>
<tr>
<td>Whitening</td>
<td>1,764</td>
</tr>
</tbody>
</table>

Source: British Academy of Cosmetic Dentistry

Oral bacteria bring in the taste

Scientists in Switzerland have reported that bacteria in the human mouth play a role in creating the distinctive flavours of certain foods. They have found that these bacteria actually produce odours from odourless components of food, allowing people to savour fruits and vegetables fully.

In the study, published in the recent issue of the Journal of Agricultural and Food Chemistry, author Christian Starkenmann and colleagues have argued that some fruits and vegetables release characteristic odours only after being swallowed. In order to prove this, sensory tests were performed on 50 panelists, to evaluate the odour intensity of odourless sulphur compounds and the volatile sulphur compounds—known as thio—that are released from the odourless compounds, which are found naturally in grapes, onions, and bell peppers. Participants instantly perceived the aroma of the thio, but took 20 to 50 seconds to perceive the scent of the odourless sulphur compounds.

While scientists have previously reported that volatile compounds produced from precursor odourless compounds found in certain foods are responsible for this ‘retroaromatic’ effect, the details of this transformation were not fully understood. The authors conclude that it is the mouth bacteria’s ability to free thio that helps modulate long-lasting flavours.

Stem cells from monkey teeth stimulate growth of brain cells

Dr James Goodnik, dentist and BACD board member, “These results show that men have become more accepting of cosmetic treatments in general—reflecting the importance we now place on a healthy smile. The advent of new procedures, such as the removable adult braces and more realistic-looking veneers, which require much less drilling, also means people are less likely to choose invasive and irreversible treatments.”

Dr David Bloom, dentist and president of the BACD, added, “This audit has highlighted some very exciting trends, such as an impressive increase in the number of orthodontic cases. This could well be a backlash against the dramatic smile ‘overhauls’ popularised in the number of orthodontic cases. This could herald a more subtle, and indeed cost-effective, approach to cosmetic dentistry by the industry as a whole. It’s also interesting to note the overwhelming preference for less invasive treatments, such as onlays, which are porcelain fillings to cover part of the tooth, over crowns, which involve drilling to achieve full coverage.”

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ATLANTA, GA, USA: Researchers at the Yerkes National Primate Research Center, Emory University, USA, have discovered dental pulp stem cells can stimulate growth and generation of several types of neural cells. Findings from this study suggest dental pulp stem cells show promise for use in cell therapy and regenerative medicine, particularly therapies associated with the central nervous system.

Dental stem cells are part of adult stem cells, one of the two major divisions of stem cell research. Adult stem cells have the ability to form many different types of cells, promising great therapeutic potential, especially for diseases such as Huntington’s and Parkinson’s diseases. Already, dental pulp stem cells have been used for regeneration of dental and craniofacial cells.

Yerkes researcher Anthony Chan, DVM, PhD, and his team of researchers placed dental pulp stem cells from the teeth of a rhesus macaque into the hippocampal areas of mice. The dental pulp stem cells stimulated growth of new neural cells, and many of the new neural cells formed neurons. “By showing dental pulp stem cells are capable of growing cells that produce fat, cartilage and bone, our study demonstrates the specific therapeutic potential of dental pulp stem cells and the broader potential for adult stem cells,” said Chan.

Because dental pulp stem cells can be isolated from anyone at any age during a visit to the dentist, Chan is interested in the possibility of dental pulp stem cell banking. “Being able to use your own stem cells for therapies would greatly decrease the risk of cell rejection that we now experience in transplant medicine,” said Chan.

Chan and his research team next plan to determine if dental pulp stem cells from monkeys with Huntington’s disease can enhance brain cell development in the same way dental pulp stem cells from healthy monkeys do.
Message from the president

I am sure that every practicing dentist sincerely believes that they are members of a respected health profession. But the oral health care environment is changing rapidly and I wonder how the public views dentists, whether they focus on spa services, tooth whitening and travel packages for dental tourism. Being portrayed as a provider of services in the marketplace.

than just compete for health care dollars in the marketplace. It is essential that the public perceives dentistry as a profession and not merely as a vocation or trade.

I believe that the true measure of a national dental association is in ensuring that dentists are able to conduct themselves as health care professionals rather than simply suppliers of services. The formula for success is not a simple one and I have observed what is required for dentists to work together with professionals to improve the health of their fellow citizens rather than just compete for health care dollars in the marketplace.

Recently, I had the firsthand experience in observing the operations of two of the FDI’s largest members, the Associação Brasileira de Odontologia and the American Dental Association, and also two of our smaller members, the Chilena Dental Association and the Croatian Dental Society. I witnessed several common elements in their success in supporting dentistry as respected and ethical providers of evidence-based health care in very different environments.

Students are the energy and lifeblood of new ideas that will cause us to constantly re-evaluate what we do and why we do it. In the four associations I visited, students are welcomed into the profession with the respect that allows their enthusiasm and new ideas to have a positive impact. The specialty groups in these countries are major contributors to scientific knowledge and capabilities for lifelong learning.

Working in the interests of dentists means working in the public interest and maintaining the licensing or regulatory authority ensures this. The ability of a national association to maintain good government relations does not mean that the government is a partner in everything we do, but that the government always considers the views of a national association when making decisions that will impact the health of its population. This is a difficult goal to achieve, but a common feature of the most successful associations.

For associations that manage to present dentists as the ethical and compassionate health care providers that we strive to be, the support of the dental industry follows easily. A good relationship with the dental industry is not simply transactional but meets the needs of both industry and professionals in their mutual quest to improve oral health. The best associations seek out the true professionals in the industry as partners in health promotion.

The alternative to a strong national dental association may well be an unprofessional environment, where dentists compete for patients by each representing their own version of ethical and appropriate practice. With limited prospects for support in areas such as continuing education, evidence-based issues management and public communications and member support initiatives, it is easy to imagine a once respected profession being viewed as simply another purveyor of services. Ethical practice should be defined by our best collective efforts and not by the self-interest of a few individuals.

Although it is unfortunate that the existence of a strong national association is still only a dream in some countries, the FDI offers help to remedy this situation. Our Head office staff, senior officers, Communications and Member Support Committee and established FDI associations all have the interest and ability to help a fledgling association become the main source of support for the dental profession. Assistance with association management, organisation of continuing education programs, policy statements and member services such as tobacco cessation strategies are just a few of the areas where we can help.

Even in countries where dentists have long benefited from their dental associations, enthusiastic, hard work and commitment are required to maintain the momentum to preserve dentistry as a profession.

Congratulations to thousands of colleagues worldwide who work to provide excellent services of professional associations for practicing dentists. To those functioning without the support of a strong dental association, we can help—please ask us!

Dr Burton Conrad
FDI President

FDI sponsors CE programme in Francophone Africa

Current Therapies in Periodontal Health

Dr Yameogo Joachim, President of the FDI's Oral Health Promotion Commission in Ouagadougou, Burkina Faso.

The CE programme was presented in the form of a two-day workshop, titled “Current Therapies in Periodontal Health”. The workshop was held at the Burkin Faso central television channels and press.

During the congress, the Scientific-Practical Conference of the

FDI Treasurer attends WMA Assembly

Speaking to other health professionals on oral health and human rights

The FDI is pleased to announce the appointment of Dr Wong, Vice-President of the Federation Dentaire Internationale, to the FDI’s delegate to the World Medical Association Assembly.

Dr Wong, represented the FDI at the WMA Assembly in Seoul, Korea. The topic of this year’s four-day WMA Assembly was “Health and Human Rights”. Dr Wong made a presentation to the WMA Committee on Medical Ethics on “Oral Health and Human Rights”. The session was open to all delegates.

Dr Wong emphasised to the WMA committee and those in attendance that oral health is a basic human right. She further explained the links between oral health and general health by providing examples related to diabetes, heart disease and premature low birth weight of babies. Dr Wong also promoted the work of the FDI in its area to support oral health as a right for all through examples of the Federation’s efforts in global conferences, such as the 2004 Nairobi Conference, the promotion of fluoride and FDI’s Policy Statements.

The FDI is honoured to have been invited to the WMA Assembly and thanks Dr Wong for representing the federation. The WMA is a partner of the FDI through the World Health Prestigious Associations Alliance.
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FDI prepares for 2010 Congress in Salvador da Bahia, Brazil

Delegation including FDI President, Councillors and head office representatives visit congress site

An FDI delegation, invited by the 2010 FDI Annual World Dental Congress (AWDC) local organising committee, Associação Brasileira de Odontologia (ABO), visited the congress city during ABO’s International Dental Congress, XV CIODBA. During this preparation phase, every congress event was reviewed. After nearly a week of seeing what, where and how things happen in Salvador da Bahia, the expert committee was delighted with what they experienced and was pleased with the hospitality from the people of Bahia and their interest and willingness to help and accommodate visitors.

In addition to visiting various sites for congress activities, the FDI delegation also met with the Chief of the State Government Office, Mr Fernando Roth Schmidt, who reassured Bahia’s interest in hosting the 2010 event. “We know for sure that Salvador da Bahia is prepared to accommodate the World Dental Congress. We are happy to welcome delegates from around the world to Salvador da Bahia.”

FDI President, Dr Burton Conrod, addressing the ABO representatives during his recent visit to Salvador da Bahia, Brazil.

Plan your attendance for the 2009 AWDC in Singapore

Congress information available online

With the 2009 congress behind us, it is now time to start planning your attendance for the 2009 FDI Annual World Dental Congress in the city of Singapore.

FDI Scientific Programme

Organise your visit to the FDI congress around the scientific sessions you would like to attend. The Scientific Programme, which includes limited attendance courses and forums, is available for viewing online. Please visit: www.fdiworldental.org/microsites/Singapore/congress4.html

Get up to 20% discount with the Star Alliance network

The Star Alliance network has been appointed as the official airline network for the 2009 FDI congress. Simply call the reservation office of any participating Star Alliance member airline and quote the event code SQ01S09. Registered participants plus one accompanying person travelling to the event are automatically granted a discount of up to 20%, depending on the class of travel. For more information, please visit www.fdiworldental.org/microsites/Singapore/congress4.html.

After the congress…

Take advantage of Singapore’s proximity to other popular tourist destinations in the region by signing up for one of the post-congress excursions. Making your trip memorable, Pacific World, organiser of the post-congress excursions, has prepared trips for congress attendees to Indonesia, Thailand and Malaysia. For more information, please visit www.fdiworldental.org/microsites/Singapore/vacations/post3.html.

Singapore Climate

According to the Singapore Tourism Board, Singapore is warm and humid all year round, with only slight variations between the average maximum of 31 degrees Celsius and minimums of 27 degrees Celsius. Air-conditioning in almost all of its shops, hotels, office buildings and restaurants makes this climate ideal for those who enjoy sunbathing, swimming, sailing and other water sports. But for those who do not enjoy the tropical climate, Singapore is sheltered from the worst effects of the sun with air-conditioning in almost all of its shops, hotels, office buildings and restaurants.

2009 FDI Continuing Education programme

First stop, Malaysia

2009 will be another busy year for the FDI Continuing Education (CE) team. Twenty-five programmes have been scheduled for 2009 with the first one taking place in January in Malaysia. The Malaysian programme includes a workshop on endodontic retreatment and sessions on managing biofilms for optimal oral and systemic health and new approaches to detection and monitoring of early carious lesions. The Malaysian programme will be followed by ones in February in Cote d’Ivoire, Myanmar and Somalia.

Tsunami Dental Reconstruction Fund Grant Program

Request for Proposals (RFP)

In response to the Indian Ocean Tsunami of 26 December 2004, the ADA Foundation and the American Dental Association’s Committee on International Programs and Development created a Tsunami Dental Reconstruction Fund Grant Program to address long term oral health needs of the communities affected by this natural disaster. The Request for Proposal seeks applicants from US and non-US based organisations, who are working to rebuild oral health care initiatives and infrastructure in countries affected by the 2004 Indian Ocean Tsunami such as but not limited to: India, Indonesia, Malaysia, Maldives, Myanmar, Somalia, Sri Lanka, and Thailand. Proposals for grants will be accepted in amounts of up to USD$70,000. Grants will be awarded to support activities such as:

• The refurbishment of damaged dental facilities and infrastructure
• The construction and maintenance of a dental facility to establish continued oral health care and infrastructure in an affected area.

The costs associated with providing dental services to affected populations (equipment, supplies, transport, training).
• Community outreach to affected populations (oral health education, training, service programs).

Tsunami Dental Reconstruction Fund Grant Program

www.fdiworldental.org

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Researchers use fluorescence for detecting mercury in fish and dental fillings

PITTSBURGH, PA, USA: Researchers at the University of Pittsburgh have developed a quick and simple method for detecting mercury in fish and dental samples, two substances at the centre of public concern about mercury contamination. The technique involves a fluorescent substance that glows bright green when it is exposed to oxidised mercury, the researchers report in the current online edition of the Journal of the American Chemical Society. The intensity of the glow indicates the amount of mercury present.

Developed in the laboratory of Kazunori Koide, a chemistry professor in Pitt’s School of Arts and Sciences, the new method can be used on-site, and can detect mercury in 50 to 60 minutes for dental fillings (or amalgams) and 10 to 30 minutes for fish, Koide explained. “Our method could be used in the fish market or the dentist office,” he said. “We have developed a reliable indicator for mercury that a person could easily and safely use at home.”

The fluorescence results from the reaction of mercury ions with hydrocarbons called alkynes; the alkyne is converted into a ketone, which then creates a fluorescent molecule. Koide’s method differs from similar mercury indicators in that it withstands the oxidation process mercury samples must undergo prior to testing, Koide said.

The mercury species found in most fish and dental amalgams, such as the toxic methylmercury, must be converted into a safer variety of mercury with an oxidising agent. Other fluorescent detectors are often not compatible with samples that have been oxidised.

In testing fish, Koide and his team oxidised a piece of salmon (about the size of a fingertip) in water mixed with a chlorine solution similar to household bleach. The conversion process is safe and relatively simple, Koide said. Afterwards, the team added the alkyne solution, and the mixture glowed bright green.

The Pitt researchers also tested for mercury leaching from dental amalgam, a common tooth filling composed primarily of mercury mixed with smaller amounts of other metals. Concern exists about the mercury seeping from a filling into a person’s body and the disposal of unused amalgam by dentist offices—which is not federally regulated in the United States.

To test for leaching, the team pressed a cloth to a tooth with an amalgam filling for one minute; the sample glowed when exposed to the mercury-detecting agent. They also submerged two amalgam-filled teeth in the amino acid cysteine, to mimic sulphur-rich foods, which are thought to increase mercury seepage from amalgam. Again, the cysteine solution turned bright green when the indicator was added, suggesting that Koide’s method can also be used to monitor mercury leaching caused by sulphur-rich food.

In terms of amalgam disposal, Koide suggested that his method could be used to test dentist office waste water for mercury content on-site, without sending samples to analytical laboratories.
Novemberv. Many of the region’s nations have pursued export-led industrialisation and growth to raise living standards rapidly but are now facing a prolonged slowdown as demand from Europe and the US wanes, while the credit crunch morphs into an economic meltdown.

"In the current economic situation, the threat of much slower global trade appears to be real," said Malaysia’s Trade Minister Muhyiddin Tassin. "It is important to convince the world that expanding trade through economic integration is one of the ways to restore global economic growth."

More than 70 free-trade agreements have been concluded by the ten-member Association of Southeast Asian Nations along with China, South Korea, and Japan, with another 70 or more still being negotiated. But regional or multilateral parts are preferred for maximising trade, minimising distortions, and relieving the administrative burden on smaller developing countries with limited resources.

Nagesh Kumar, director-general of the Research and Information System for Developing Countries think-tank in India, added that Asia must seek to boost trade within the region, to reduce reliance on Western countries as demand slows and exports dwindle amid the global economic meltdown. "To make up for the losses, Asia needs to find new sources of demand," said Kumar. "Regional economic integration is the real option to pursue now with more vigour to enable it to overcome this crisis," he told The Associated Press on the sidelines of the forum.

At the same time, ASEAN and three major Asian economies—China, Japan, and South Korea—are studying an extended, proposed East Asian free-trade agreement. There are also proposals to extend it to include India, Australia, and New Zealand.

Despite concerns over a "noodle or spaghetti bowl" effect due to overlapping trade agreements, Philippines senator and trade secretary Thomas G. Aquino said the pact is crucial, as they allow countries to enter into dialogue on contentious trade issues.

"In these troubled times, the value of new and deeper FTA models is that they enlarge the menu to beyond spaghetti and noodle. They provide logical reasons, specific opportunities and productive occasions for partners to continue engaging in meaningful cooperation," he said.

India’s Kumar said a wider free-trade area incorporating both Asian giants, China and India, would be the best option, even though negotiations become more complex as the number of participants increases.

Nobel Biocare acquires BioCad and signs exclusive partnership with OptiMet

GOETHENBURG, Sweden: Nobel Biocare has signed an agreement to buy 100 per cent of BioCad Medical Inc., a leading developer of computer-aided software for prosthetics, for a total amount of EUR 26 million (US$32.5 million). With the agreement, Nobel will obtain all rights to BioCad’s trademark, brand names, innovation pipeline, R&D network, and a facility in Quebec City, Canada. Nobel will also retain the 40 employees from BioCad, a company press release stated.

Recently, the company announced the signing of an exclusive partnership with OptiMet, Optical Metrology Ltd, Israel, to offer a new generation of optical scanners with impression capturing capabilities.

According to the press release, Nobel Biocare and BioCad have developed a solution to combine the leading BioCad CAD interface with Nobel Biocare’s CAM manufacturing. The new BioCad software essentially will take the restoration process from a computer-assisted design process to a more computer automated design process, reducing and automating much of the design work done by a lab to create the digital model for a restoration.

Additional features are an intuitive user interface, new design solutions for overdentures, new design possibilities for complete dentures, crowns, bridges, wax ups and cut backs. It also comes with a comprehensive tooth library and a laser sintering production technology. The software, together with a pre optical scanner, will be launched in early 2009.

According to company officials, additional products and materials and products will also be presented at all major industry events in early 2009 and launched thereafter.

By 34 per cent in l.c. (31 per cent in Swiss Francs) compared to CHF 589 million (US$485 million). Despite the tough economic environment, the Group achieved double-digit growth in local currencies in the third quarter, outpacing the market. The overall performance was driven by sustained growth in North America, contributions from Straumann’s new generation Bone Level implant, the SLActive surface technology, and the CAD/CAM prosthetics business, the company said. While nine-month revenues in the Asia Pacific region increased by 51 per cent in l.c. (51 per cent in CHF) to CHF 75 million (US$60 million), third-quarter revenues declined in line with the slowdown in the region.

MUMBAI, India: Colgate-Palmolive India has sold its Nepal subsidiary to Everest Heavy Engineering Products for an undisclosed sum. Concurrent with the sale, the companies have signed a contract manufacturing agreement, to continue to source toothpowder from the factory in Hetauda in Nepal, thus providing for continuity of operations at the plant and exports from Nepal. All employees of Colgate-Palmolive (Nepal) Pvt. Ltd will continue their employment on existing terms and conditions under the new ownership.

LONDON, UK/BANGALORE, India: UK-based GSK Consumer Healthcare has collaborated with Kemwell, a Bangalore-based contract manufacturer of pharmaceutical products, to set up a new research and development centre in Bangalore. The centre is to cater for GSK’s global oral health-care product development projects.

MANILA, Philippines: A survey of local consumer behaviour, conducted by SPAR, a member of the Lamsuyan Corporation, makers of Hapee Toothpaste, made a steady climb to become the Philippines’ second leading toothpaste brand.

Dental Tribune to hold Berlin Masters

Robin Goodman
ID America

NEW YORK CITY, NY, USA: Dental Tribune recently announced that Berlin Masters – featuring the annual Roots Summit and Implants Summit – will be held in Berlin on June 26 and 27, 2009. As the cultural hub of modern Europe, new ranks with London, New York and Paris as one of the great cities of the world, Berlin is one of the most important cities in Europe and can cater to the most diverse tastes during the day and certainly provide enough highbrow entertainment to fully justify indulging in the city’s nightlife later. Also ranking among the worldwide top international conference locations, Berlin will be the perfect destination for dentists to enjoy the tradition of the Summit.

Located in the centre of the city, the event will take place in the Hotel Palace Berlin, one of the most renowned hotels in the German capital. Both Berlin Masters, the Roots Summit and the Implants Summit, will run parallel to one another, will feature hands-on training as well as lecture presentations from the top names in dentistry worldwide.

Dental Tribune International is inviting dental professionals to join clinicians from all over the world as they come together and learn about the latest technologies, products and innovations in the fields of endodontics and implantology. Programme details will follow in future issues of Dental Tribune.
“Our company is well equipped to provide education to dentists from anywhere in the world”

An interview with Dr McGann, Progressive Orthodontics, USA

Dr McGann

Owing to popular demand, global orthodontics education provider Progressive Orthodontics has announced the re-opening of its Singapore location in 2009. The two-year Orthodontics course, run by Dr Oliver Hen nedige and his wife Irene Hennedige, will begin on 15 January 2009 with the closing date for discounts for early registration 26 December 2008, company officials told Dental Tribune. We spoke with Dr McGann, dentist and founder of the company, about his concept of orthodontic education and what participants can expect from these courses.

Dr McGann, what are the shortfalls of orthodontic education nowadays?

The programmes outside of the universities are too short to learn comprehensive orthodontics. With only 48 days, the programme I designed is the longest, but I consider this a minimum for orthodontic education.

Then there is the problem of educators not being practical, showing only their best cases, or just the best portions of a case. The trusting patient, and has less control of his or her destiny. For them, it is 'good enough', which to me is not good enough when there is something better. I have eliminated the guesswork from diagnosis, removing bad treatment plans from the clinic. This is one reason that our orthodontic system works so smoothly in the real world.

Then there is the trend in the specialty to use customised fixed appliances. Brackets and archwires designed for the individual patient, not a 'one-size-fits-all' type approach, is what the straight archwire appliances, used for the past 55 years, are all about. The speciality has been unable to overcome the technical and distribution problems of single-patient appliances. Then there is the additional education needed for the orthodontist to diagnose which is the best appliance for a given patient and treatment situation.

There are also my personal pursuit for excellence. I have never been satisfied with good results. The results are never 'good enough'. I am looking for 100 per cent correction and I am disappointed when I do not achieve it. I pass this ethic onto my students. If I make them do a great job on their orthodontics, they'll love orthodontics, and they'll love dentistry. I call this the 'joy of ortho'.

You also offer an Internet Assisted Training (IAT) programme. How does that work, and how does it compare to the live seminar series?

With today’s technology, case histories and textbook information can be viewed over the internet in the comfort of every home in the world. There are about 500 documented case histories that have been loaded onto our website for others to review and learn by.

The review of those cases can be done more effectively at home than in a seminar setting, assuming the dentist is very disciplined. The dentist controls how fast they learn, and of course, there is less time taken away from the practice with IAT training. But there will always be a hands-on, look-over-the-shoulder type of education that is needed in orthodontics. We accomplish this in three semi-
ter at the end than the live seminar student, while the live seminar student is better at diagnosis and the technical aspects. The diligent student takes both programmes: the live seminars and the internet study. We do not charge extra for any of our seminars and students pay only once in their life. If they are great at ortho, our programme gets a good reputation, and that is how we want it.

What are the latest trends in orthodontics, and how does your programme reflect these trends?

First of all, I believe I have developed the most accurate, most predictable diagnosis system in orthodontics today, and that includes the specialty. I developed computer software over a ten-year period that allows you to know where you are going with each diagnosis before you start the case. I have created tailor-made treatment plans that enable dentists to write the most effective plan for treatment on a case-by-case basis.

I do not know of an actual ‘trend’ in the profession to technology-driven diagnosis and treatment, but we have it. I view the trend in the specialty as staying the same, it is ‘good enough’, which to me is not good enough when there is something better. I have eliminated the guesswork from diagnosis, removing bad diagnosis from the clinic. This is one reason that our orthodontic system works so smoothly in the real world.

Common orthodontic education programmes are too short, McGann says, therefore spend most of our time teaching the straight archwire appliance and no computer software used for diagnosis. But when the change was made to individual patient orthodontics, which requires a change in materials and learning computer software, we found resistance in that market. Progressive Orthodontics will only teach the way we believe is the best for the student and the treatment if they can be open enough to learn some computer software, how to diagnose a customised fixed appliance, and the many advanced methods that I have developed for treatment. This includes skeletal anchorage, corticotomy, and orthodontics without the need for orthognathic surgery.

Where in the Asia Pacific region will you offer additional courses?

We want to spread quality, comprehensive ortho education, to help general practitioners around the world. We are interested in teaching in any location that can gather a group of enthusiastic dentists of sufficient class size to manufacture the business aspect work. But we cannot service every city and town in the world. We only have 50 instructors, so regional education is the answer.

Singapore will be the centre for the Asian region, and we will be offering our complete live series in Singapore. Many other Asian students also choose to learn through our IAT concept, and in this way limit geographical concerns. In the future, based on demand, we are looking to possible Asian-based IAT courses or potentially live locations, where demand justifies expanding the resources.

Countries like China or India are fast developing mark-

ets. In the future, are you planning to offer your courses there as well?

I believe China and India have the potential to be very good markets for our courses in the future. There is a large population, and they appear to have the desire to improve their skills. As the economies in these countries continue to develop, I believe that a significant por-

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We are looking at possible Asian-based IAT courses or potentially live locations.”

I am always happy to share knowledge with anyone that wishes to learn and apply what I already know. It makes me feel good to see and feel their success. I have devoted my life to creating knowledge and sharing it with other dentists for a more enjoyable and profitable professional life. Our dentists then improve the lives of patients that may not have otherwise had access to orthodontic care. This is truly rewarding as a look back on my life.

"It’s clear that venture capital investors are still eager to put money into this emerging marketplace and, in many areas, they’re actually accelerating the pace of their investments,” said Jessica Canning, Global Research Director for Dow Jones VentureSource. “Already this year, the Business and Financial Services, Consumer Goods and Consumer Services industries—three areas closely tied to emerging economies due to their focus on retail, manufacturing, media and advertising—have set annual investment records.”

Specifically, Dow Jones VentureSource found that China’s Consumer Services industry accounted for US$267 million in investment with nine deals completed in the third quarter, up 57 per cent from the US$170 million put into 15 deals during the same period last year. Overall, through the first nine months of 2008, the industry has seen a record US$731 million invested in 37 deals. Within Consumer Services, US$143 million was invested in four deals for retail companies in the third quarter.

“Larger deals drove investment in the third quarter as the median size of a venture deal in China remained at $10 million, which is the highest on record and the most out of any region we track, including the US,” Ms Canning adds. “In the third quarter, we also saw the vast majority of deals and capital investments in China go to companies that are already generating revenues or are profitable.”

While the majority of capital, some US$634 million, went to companies that raised second or later-stage rounds, smaller early-stage deals were more prevalent. Seed and first rounds made up 65 per cent of all venture rounds in China during the third quarter, while second rounds made up 22 per cent of the deal count and later-stage rounds accounted for 15 per cent.

China investment breaks record

BEIJING and SHANGHAI, China: Venture capitalists continue to invest in Mainland China with US$964 million put into 59 deals during the third quarter, up 22 per cent from the US$790 million invested in 75 deals during the same period last year, according to new regional statistics from Dow Jones VentureSource. Through the first nine months of 2008, China-based companies have raised US$2.5 billion in venture capital, more than the previous annual record of US$2.88 billion set in 2001.

“China’s record investment numbers show that there is still strong demand for venture capital investment in China,” said Jessica Canning, Global Research Director for Dow Jones VentureSource. “Venture capitalists are continuing to invest in China, which is good news for businesses that are looking to expand their operations in this important market.”

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Ivoclar Vivadent launches new alloy Callisto CP+

SCHWAN, Liechtenstein: Ivoclar Vivadent has announced the global launch of Callisto CP+, its new palladium-containing, cobalt-based ceramic alloy, featuring low density and high strength. According to the company, the indications of Callisto CP+ range from single-tooth restorations to long-span bridges, also allowing the fabrication of implant superstructures. Because of its high strength, it can also be used in the press technique.

With Callisto CP+, Ivoclar aims to complement its alloy product range, Manfred Tauber, Product Manager Alloys, explains. He also told Dental Tribune that the situation in the dental alloy market has taken its toll on purchase prices, which have increased although the selling price remains unchanged. “With Callisto CP+, we would like to adjust to the current market situation,” he continued. “We offer this alloy at a low reference price, making the purchase price for dentists and dental technicians a predictable factor.”

Owing to the low density of 8.6 g/cm³, both the price and the quantities needed are kept at a minimum, Mr Tauber added.

www.ivoclarvivadent.com

Dental Tribune UK moves in ‘leaps and bounds’

Penny Palmer
DT United Kingdom

LONDON, UK: Dental professionals from small practices in the UK are choosing to read Dental Tribune (DT) over any other dental publication, according to a recent survey by the British Dental Trade Association (BDTA). The Dental Readership Survey, by the BDTA, found that a total of 66 per cent of DT readers are from small practices and half of the dental professionals who read DT say they read it regularly.

More than half of DT’s readers are aged between 55 and 64. This makes DT the second preferred choice for people in this age group.

Penny Palmer, editor of DTUK, said: “We have only been in the market for two years and are already moving in leaps and bounds compared to other stalwarts in the market that have been around for years.”

The survey also found that the British Dental Journal and BDJ News are the dental publications that attract the highest number of readers. A total of 66 per cent of dental professionals believe that dental publications enable them to keep abreast of what is happening in the dental industry; while 77 per cent read dental publications to gain information on the newest techniques.

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The population is ageing rapidly because of the prolonged life expectancy evident in many industrialised countries in the world. Accordingly, the number of bedridden elderly requiring systemic care in residential and nursing homes is increasing. Institutionalised, elderly individuals who need systemic care have poorer oral health than those who live independently at home. In particular, the oral hygiene of the bedridden elderly is often poor. Diminished oral health, in turn, may affect their quality of life. Moreover, changes in microbiota related to poor oral health may include an increase in the prevalence of bacteria and a decrease in the diversity of oral flora. In elderly patients a reduction in microorganism diversity is considered important for controlling oral microorganisms, including opportunistic pathogens on tooth and mucosal surfaces, and some studies have indicated that oral hygiene treatment of hospitalised elderly patients reduces the risk of nosocomial pneumonia. Thus, professional oral care may be effective for reducing nosocomial pneumonia and respiratory infections in the elderly residents of long-term care facilities.

Tooth brushing, removing of dental calculus, and oral washing are useful cleaning procedures for decreasing oral microorganisms. However, it is important to note that oral care treatment, oral microorganisms are restored for a few hours and a certain amount are retained in the oral cavity. Healthy oral bacterial flora require a certain amount of oral components and microorganisms. Oral bacterial communities, known as biofilms, consist of various species covered by species composition, surface or substratum composition, and the conditioning film that coat the surfaces on which they form. The interactions between oral streptococci and other bacteria are potentially beneficial for one or more species present in the biofilm through aggregation. Oral streptococci have been shown to compose between 60 per cent to 90 per cent of the supragingival plaque biofilm after 24 hours of colonisation. Oral streptococci are normal inhabitants of the oral cavity, which play a role in resistance to colonisation by invading species. The presence of Streptococcus mutans has been shown to have an inverse correlation with the presence of Pseudomonas aeruginosa and MRSA in the oral cavity. The growth of S. mutans is associated inversely with the carriage of pathogenic bacterial species in the oral cavity. This indicates that humans required a certain amount of multidisciplinary care to survive for the process of evolution in the oral cavity.

The use of anti-microbiological agents for oral hygiene

Dental caries and periodontal diseases are a large problem for elderly patients. The preventive measures associated with tooth loss. Several species of bacteria, including Streptococcus mutans, Staphylococcus epidermidis, and Aggregatibacter actinomycetemcomitans, are pathogens related to dental caries and periodontal disease in humans. The prevention of these diseases requires the control of these pathogens, which exist in an oral biofilm known as dental plaque. The use of antimicrobial agents has been found to be helpful for the prevention of dental caries, periodontal diseases, and pneumonia. Chlorhexidine and povidone-iodine are potent anti-microbial and chemical agents that reduce oral pathogens in the oral cavity. However, their preventive effect on the oral environment turns out to be ineffective in reducing infection by several species and strains of opportunistic pathogens on tooth surfaces and the oral environment without food residue. As a result, professional care with mucosal care and at one month after professional care with or without mucosal care, a significant difference in the number of MS was immediately shown after professional care with mucosal care and at one month after professional care with oral hygiene. In order to determine an optimal control strategy for oral pathogens, such as mutans streptococci (MS) and Candida spp., with which to maintain the oral health of the elderly, Nishiyama et al. (unpublished) examined the combined role of oral mucosal care and the physical effects of professional care, as well as the effects of mucosal care as a method of reducing MS in elderly residents of long-term care facilities. Fifty dependently living institutionalised elderly individuals (mean age: 78 ± 7.5 years old) participated in the study. After treatment using professional oral care with or without mucosal care, a significant decrease in the number of MS was immediately shown after professional care with mucosal care and at one month after professional care, but not following professional care without mucosal care (Fig. 2). No significant difference in total streptococci and lactobacilli was found in any samples in groups with infection, and the ratio of MS to total streptococci was not significant. Inhibition of opportunistic infection with Candida spp. was also observed in cases where oral mucosal treatment was used. Thus, it can be deduced that mucosal care may be more effective in controlling the number of MS on the hard tissues, such as the tooth and tongue, and opportunistic pathogen infections, such as Candida spp., are significant in the oral cavity following professional treatment. The data suggest that mucosal care is an important procedure for the prevention of dental caries and pneumonia.

Effects of systemic immunomodulating oral microorganisms in the elderly

Effects of professional oral care on oral infection in the elderly

Routine oral care in the institutionalised elderly

Regular and routine dental care may be effective in reducing the number of dental and respiratory bacteria in elderly residents of long-term care facilities. Although the effects of oral care have been reported, few studies have examined the bacterial differences of opportunistic pathogens in institutionalised elderly patients and after receiving regular dental care provided by caregivers and dental hygienists. Kobukul et al. (in press) evaluated the effects of routine oral care on opportunistic pathogens at various points after admission to a nursing home. Fifty-two elderly subjects were assigned to either a nursing home or a nursing home plus professional oral care (mean age: 80 ± 10.4 years old) participated in the study. Caregivers and dental hygienists cleaned teeth, dentures, tongue, and other oral care using both routine professional oral care procedures and home care. Regular oral care was found to be effective in reducing infection by several species and strains of opportunistic pathogens on tooth surfaces and the oral environment without food residue. As a result, professional care with mucosal care and at one month after professional care with or without mucosal care, a significant difference in the number of MS was immediately shown after professional care with mucosal care and at one month after professional care, but not following professional care without mucosal care (Fig. 2). No significant difference in total streptococci and lactobacilli was found in any samples in groups with infection, and the ratio of MS to total streptococci was not significant. Inhibition of opportunistic infection with Candida spp. was also observed in cases where oral mucosal treatment was used. Thus, it can be deduced that mucosal care may be more effective in controlling the number of MS on the hard tissues, such as the tooth and tongue, and opportunistic pathogen infections, such as Candida spp., are significant in the oral cavity following professional treatment. The data suggest that mucosal care is an important procedure for the prevention of dental caries and pneumonia.

Examples of opportunistic pathogens in the oral cavity

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Fig. 4: The effects of professional oral care on CD69+ NK cells. Amounts of CD69+ NK cells in NK cells were decreased in blood from elderly subjects (n = 8) after conventional oral care for a month, professional oral care for a month, and three months after professional oral care. The results are expressed as the mean ± standard deviations in the percentages of CD69+ NK cells. Asterisks denote significant differences between control (primary data; one asterisk, P < 0.05) or data after conventional oral care (two asterisks, P < 0.01) and data after professional oral care in the Student’s t-test with the Bonferroni correction.

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Fig. 4a: Mean percentages of total streptococci (R = 0.409, P < 0.01; Fig. 3a), species numbers of opportunistic pathogens (R = –0.516, P < 0.01; Fig. 3b), numbers of decayed teeth (R = –0.225, P < 0.05), and the amount of bridge work (R = 0.219, P < 0.05). A high proportion of CD69+ NK cells is associated with the incidence of dental caries, the number of opportunistic pathogens, and total streptococci in the oral cavity of the elderly. This suggests that determining the proportionate numbers of CD69+ NK cells may be a useful indicator of oral infection in elderly subjects.

Following daily professional oral care for a month, the activated CD69+ NK cells were measured in the institutionalised elderly. The results showed that the proportion of activated CD69+ NK cells was significantly elevated by the treatment in comparison with the primary data of activated CD69+ NK cells (Fig. 4). Therefore, it can be deduced that regular professional oral care may stimulate systemic immunity in the institutionalised elderly. This may indirectly control infection by opportunistic pathogens and the balance of the microbiological community, as well as the physical removal of bacteria in the oral cavity. However, further studies are required to explain these mechanisms.

Effects of local immunity on oral pathogens following professional oral care

We examined the amino acid residues 561–586 of Streptococcus mutans surface protein antigen (PAc) and an important region associated with the interaction between S. mutans and salivary components. The PAc (561–586) peptide has been shown to induce an antibody that inhibits the interactions of S. mutans with salivary components on tooth surfaces, which is considered important for the adherence of S. mutans to tooth surfaces. Low and high concentra
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The number of MS in PPA not detected and PPA detected elderly subjects after professional oral care. The number of MS in anti-PAc(361–386) peptide salivary IgA (PPA) not detected and PPA detected elderly subjects was measured on the tooth-surface sample at zero, one, two, three, six, and 12 months after the start of professional oral care. The results are expressed as the mean ± standard deviations of the number (Log10/ml) of MS. Asterisks indicate significant differences between zero month and other months in the Student’s t-test with the Bonferroni correction (one asterisk, P < 0.05).

Conclusion

Healthy oral microflora are ensured by professional oral care with mucosal care, which may stimulate systemic immunological activity, promote local immunological activities to oral pathogens, and play a role in the physical removal of biofilm and micro-colonies. Therefore, salivary IgA is key to controlling oral pathogens. However, little is known about how salivary IgA controls MS colonisation and infection in the oral cavity or about the components present in saliva that are anti-microbiological agents. In order to determine the best dental caries prevention strategy for maintaining oral health of the elderly, we examined the combined role of the PPA during professional oral care and in the physical effects of professional care, as well as the effects of antibody function in reducing MS in the oral cavity during short- and long-term care. Here we studied two groups of elderly patients with PPA present or absent in saliva. Thirty-nine independently living, institutionised, elderly subjects (mean age: 75.9 ± 7.5 years) participated in the study.

Following professional oral care, the number of MS decreased significantly after six months in the saliva samples from the group without PPA in comparison with the primary data, whereas in the PPA detected group, a significant decrease in the number of MS was shown immediately after professional care of one month to 12 months in the saliva samples (Fig. 5). The measurement of PPA may be used for preventive instruction at chair side in a clinical office because it provides an effective evaluation of professional oral care to indicate elderly patients at risk of caries.
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1. In vitro
2. Compared with Oral-B Triumph
3. Compared with Sonicare Elite

**References:**
Piezosurgery—precise and safe new oral surgery technique

Piezosurgery is a new and modern bone surgery technique for periodontology and implantology. Piezosurgery has therapeutic features with several advantages over conventional surgical methods. The technology enables a microscopic cut that is uniquely precise and secure, limiting tissue damage, especially to surrounding soft tissues. A selective cut is possible because of different ultrasonic frequencies, which only affects hard (mineralised) tissues, sparing fine anatomical structures. The intra-operative field remains almost free of blood. With piezo-electrical surgery techniques, bone harvesting (chips and blocks), crestal bone splitting, and sinus floor elevation can be performed easily and safely. Piezosurgery meets the high demands on the prosthodontic finalisation of dental implants. Its precision allows excellent results and tissue conservation accelerates the healing process.

Piezo-electrical surgery is a relatively new surgical technique and offers considerable advantages over conventional methods of bone surgery. Based on adjustable, two-dimensional ultrasonic oscillation, the technology offers tissue-specific cutting characteristics. With an operating frequency of 25-50 kHz, the device cuts hard tissues, while preserving sensitive soft tissues. Adjusting the working frequency settings and different tips helps to adapt the system to different surgical techniques, such as dental extraction, bone grafting, osteogenic distraction, endodontic surgery, alveolar nerve decompression, and cyst removal. In particular, dental implants often require precise osteoplastic restoration, to guarantee proper positioning. Owing to its high accuracy (micrometric cut) and tissue-conserving properties (selective cut), Piezosurgery is the method of choice for critical implant site preparations.

Sinus floor elevation

Bone ridge splitting, harvesting techniques, and sinus elevation are particularly important techniques for implantologists. Sinus floor elevation is usually the most effective therapy for augmenting the atrophic posterior maxilla with bone mass. Perforation of the Schneiderian membrane is a risk with traditional procedures during preparation of the window or during the elevation stage. Piezosurgery can reduce this risk to a minimum. An intact membrane is a precondition for stabilising the graft. Different tips are therefore available for performing various surgical procedures, to achieve an optimal result. The selective cut makes it impossible to injure the membrane while preparing the window. In practice, the osteoplasty OT5 tip is recommended for the preparation of the window in case of a thin bone wall. In cases with thick bone, the osteoplasty OT1 tip is indicated for bone reduction, and the OT5 tip thereafter for bone cutting.

After elevation of the membrane 2 mm around the limits of the window, the Piezosurgery EL2 and EL3 elevation instruments are used. The hydro-pneumatic pressure of the elements applied via the cooling solution helps to dissect the membrane (Figs. 1-5).

Bone harvesting (chips and blocks)

Bone chips with a size of 500 µm (Fig. 6) are the perfect material for osteogenic bone regeneration and show the best results. The chips serve as a guiding structure and thus facilitate bone regeneration. Piezosurgery is well suited for harvesting appropriate autogenous bone chips. Gently scratching along the surface of the bone, using osteoplasty OT1 to OT5 tips, can harvest sufficient bone chips.

Bone chips are not in any case the best material for bone regeneration. In horizontal or vertical augmentation procedures, bone chips show their limits. In these cases, bone blocks achieve better results. Classical donor areas for the blocks are the chin, linear oblique, and crista ilaca. The ostotomies have a disadvantage when using conventional procedures: the horizontal osteotomy needs a large area to be uncovered, to provide the clinician with good access to the operational site and to protect surrounding soft tissues. With Piezosurgery, this approach is easier, as the low operational amplitude of the tip requires only a small access area. The optimal cooling effect and the selective cut protected neighbour soft tissues and ensure that no injury occurs (Figs. 7-8).

Bone splitting

For the placement of dental implants, the bone splitting technique can be used in cases in which there is sufficient
bone height but insufficient bone width. In this case, Piezosurgery shows good results as well. With an osteotomy tip OT7, the bone can be separated non-traumatically (Figs. 10–12). An extension can be completed by the use of osteotomes. Piezosurgery lowers the risk of bone fractures and the bone becomes more elastic after extension. However, during bone splitting there is a risk of pressure trauma, especially in D1 bone. Therefore, Piezosurgery is also beneficial when used for preparations of dense mineralised bone.

Conclusion

With Piezosurgery, an innovative technique for dental surgery is available. It can be used as a concomitant procedure or, to some extent, to displace conventional techniques. It is especially useful for implant procedures, which demand precise actions and benefit from the high accuracy and tissue-preserving properties of this method.

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