An Increasing Population with Special Needs

An interview with Prof Luc Martens, Belgium, about special care dentistry in daily practice

Daniel Zimmermann & Claudia Salverda
Dental Tribune International

Marijuana A Cancer Risk

John Hoffman
Dental Tribune International

Antibiotics Against Sinus Infections
A study in the Journal of the American Medical Association regrets that antibiotics and other routinely prescribed medicines do little to cure sinus infections. The study, led by Dr lan Williamson of the University of Southampton in England, found that patients suffering from facial pain and runny noses with mucus usually improve within two weeks, regardless of whether they take steroid nose sprays, the antibiotic amoxicillin or a placebo. The study appears to confirm previous findings in studies on children, and its authors say the use of antibiotics for acute sinusitis should be reconsidered. Recent studies also show that sinus infections can be caused by viruses, fungal infections and allergies as well as bacteria, and antibiotics are not always able to treat bacterial sinus infections because they may not reach the sinus.

Microscope Dentistry
AMED is an international association of restorative microdentistry, periodontal microsurgery, micro-endoendontics, microprosthodontics, implant microsurgery and associated disciplines. They held their 8th Annual Meeting & Scientific Session from 8-10 November.

Intraoral Piercings
Body piercing, ubiquitous in the Third World, has only recently attained popularity in Western society and includes intraoral sites. Complications may range from immediate postoperative pain or infection to damage to tooth and periodontal tissues.

Dental Protection

Trends & Applications

Meetings & More

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Dear Reader,

This December marks my fifth year handling the Dental Tribune Asia Pacific Edition as a Managing Editor for Dental Tribune International (DTI). I am honored to have had the opportunity to oversee the development of this newspaper from a mere three editions in 2005 to the ten editions it does now. Over the years I’ve had the pleasure of working with and getting to know my many license partners around the globe as they launched their editions and sought my assistance on editorial matters within the DTI network.

It has been a delight to meet all of our readers over the years as well—either at dental events or via e-mail, phone and fax. The biggest debt I owe, however, is to the authors featured within our pages who have given freely of their time and knowledge, and have educated me about the world of dentistry. To each and every one of you I give my heartfelt thanks for your time and patience.

Like all things in life, change is inevitable, but it is something I have always welcomed due to the new opportunities it brings. Beginning in January 2008, Daniel Zimmermann will take over as Managing Editor. I know of no more capable within the DTI network of guiding this publication into its sixth year and effecting the positive changes that you will soon see within these pages.

I will happily remain a part of the DTI network as I take on expanded duties for DT America as the Group Editor for a team of five editors and one staff writer. DT America joined the DTI network in 2006 with a DTU U.S. weekly edition and the specialty editions of ‘Implantologie’ and ‘Ortho Tribune’. As the DTI network continues to grow and meet the needs of our most important ally—our readers—I hope you will continue to send us your feedback about how we are doing no matter which edition you read.

I wish you every bright and hopeful thing as the calendar year comes to a close, and send you my sincere wishes for good health and a peaceful spirit in the year ahead.

Namaste,

Robin Goodman
Group Editor
Dental Tribune America LLC
December 2007

A Letter from the Editor

In this context we can consider blind people as visually impaired, deaf people as hearing impaired. We talk also about learning impaired, and also ‘geriatric’ patients can be considered as patients with impairments. None of these groups likes to be considered as handicapped! Disability is then defined as a loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. In this context, the mentally retarded, autistic people, syndromes, cerebral palsy and also dementia can be considered as patients with disabilities. Since then the term ‘handicap’ was banned from documents.

What kind of special needs do patients of different groups have when they consider dental treatment?

One of the major special needs is the basic need for optimal oral hygiene. A lot of disabilities are accompanied with minor or major self-dexterity, which means that daily brushing must be performed by caregivers. Further, it depends on functional problems such as clenching and palate, spraying and cranial noises disorders; nutritional problems like mixed food and in between meals; drug administration such as those of chronically diseased children or those with epilepsy, which a certain patient must take daily. Dental accessibility has or develops a certain special need. Myofunctional therapy, psychological disorders, increased preventive measurements, development of individual devices, social strategies, etc are some examples of special needs that patients have.

How can dentists meet those needs?

One of the major goals should be that every general dentist show some affinity for these patient groups, and if not, that he refers to a colleague who does or to a specific centre for special care dentalistry. The dental treatment of an autistic patient can perfectly be done in the private practice if the dentist is aware of certain ‘rules’ dealing with autism.

A patient with Down syndrome can perfectly be treated in the private practice if the dentist knows something about the presence of shortened roots and potential periodontal breakdown, and if he is aware of potential cardiovascular problems. Any wheelchair patient can be treated in a regular dental office as long as the facilities are accessible by wheelchairs.

Furthermore, a lot of special needs groups live in homes, institutions or are hospitalized. There is a real duty for dentists to fulfill the special dental care these people need. In my personal opinion, Special Care Dentistry is for all general dentists who show affinity for these patients and who are willing to get trained in order to learn recognition of special needs, and to get skilled in their special care when needed.

Major demographic changes are changing social structures in the developed world. There will be more and more elderly patients with special needs in the future. What does that mean for the daily practice?

Indeed the elderly group is one of the future, increasing special needs groups as life expectancy increases. But again, one has to distinguish when elderly people need special dental care. Nowadays we talk about vulnerable elderly, persons 65 or older, who are at high risk of functional decline or even death, and frail elderly, persons with an unstable disability in which even the smallest event may affect his or her ability to function daily. These particular groups, will not be considered the dentist in the private practice, but general dentists will probably be consulted on site in homes and institutions.

What can dental professional do to prepare themselves for this?

The dental profession should at least be aware of the existence of special need groups and consequently of the need for special care. Taking into account life expectancy—also for those with chronic diseases—the dental profession should be aware of an increasing population with special needs. In this respect it is great that the FDI adopted a Policy Statement on the oral and dental care of people with disabilities (2005).

In order to deliver basic knowledge to all dentists, special care dentistry should become part of the dental curriculum worldwide. Furthermore, it is clear that at a certain point, really special skills are needed and that specialized practitioners will be needed. Policy towards a recognized specialty for a limited number of practitioners is strongly recommended. Furthermore, health policy makers must realize that optimal oral health is a basic right for every human being and optimal oral health determines quality of life!

(End)

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