FDI closes record meeting in India

GREATER NOIDA, India/GENEVA, Switzerland: While the official figures are still to be confirmed by the organiser in India, initial estimates suggest that the FDI World Dental Federation held its most successful annual congress ever this month. As the organisation reported in mid-September, an estimated 17,000 visitors overall attended the four-day event in Greater Noida near New Delhi, which also saw the first-ever visit by Indian President Pranab Mukherjee to the state of Uttar Pradesh.

Seventy-eight-year-old Mukherjee, who attended the opening ceremony at the India Expo Centre and Mart as guest of honour, said that his government is well aware of the poor standards of oral health in the country. Several programmes and projects conducted by his government and organisations like the Indian Dental Association are underway to raise awareness of the importance of good oral health and hygiene among different segments of the Indian population, with the FDI congress being one of them.

The ceremony also saw the launch of a new oral health campaign driven by the Indian Dental Association called “Happy Muskana”, which will be supported by dental consumables manufacturer Colgate. It will conduct volunteer-based programmes throughout the country to help raise awareness of the importance of oral hygiene in daily life among the Indian population.

On behalf of the FDI, several new policy statements were adopted by its General Assembly, including statements on oral radiation, the detection of HIV and care of HIV-infected patients, as well as prenatal and infant oral health. Furthermore, the federation announced the launch of the FDI Data Hub for global oral health, a new online source for oral health statistics and indicators. Developed under the guidance of the FDI Oral Health Atlas Task Team, it aims to provide a one-stop-shop for all information pertaining directly or indirectly to global oral health, according to the FDI.

With the launch of the new edition of its flagship publication Dental Tribune for the South Asia region at the FDI Annual World Dental Congress in Greater Noida near New Delhi, the Dental Tribune International Publishing Group is celebrating another addition to its extensive portfolio of international dental media. The new edition will cover countries such as India, Sri Lanka, Nepal, Bangladesh, Burma and Bhutan, and is anticipated to reach an audience of approximately 100,000 dentists.

“The market in this specific region has been growing in many sectors and people are constantly embracing new technologies,” said publisher Rumi Daruwalla, explaining the incentive behind the new edition. “What has really been missing, however, is a publication that offers high quality and can reach the maximum number of dental professionals.”

According to Daruwalla, Dental Tribune South Asia will be available in print and online.

New periodontitis agent discovered

The results of a recently published study from Japan indicate that ozone nano-bubble water (NBW3) is very effective against two bacteria that cause periodontitis. NBW3 is produced from ozone, which has strong antimicrobial activity against bacteria, fungi and viruses, and thus does not induce antimicrobial resistance.

Elderly benefit from web tool

A new web-based education programme, developed and trialled by researchers at the University of Melbourne, Australia, could help maintain healthy and natural teeth into older age. People who took part in the trial embraced the new technology and made positive changes to their dental care routines, the researchers said.

GSK and FDI partner

Dental consumables manufacturer GlaxoSmithKline will be the first organisation to collaborate with FDI for the comprehensive scientific training of its oral healthcare representatives under a rigorous and ongoing process, independent FDI scientists are both examining and optimizing 5 training modules that correspond with GSK’s portfolio of specialist products in oral health, dentine hypersensitivity and other areas, the company announced at the FDI Annual World Dental Congress in India.

According to GSK representatives, the three-year agreement will ensure a consistency of scientific training among the 1,500 GSK brand representatives worldwide, preparing them to communicate the science behind the company’s products in an approved, standardised way that resonates with dentistry leaders.
Techniques (mucoderm®, etc.) permit minimally invasive treatment outcome, specific principles for the augmentation should be considered. Today, soft tissue surgery together with modern materials and other modern technologies, such as the PRF-technique, aiming to further improve and accelerate hard and soft tissue healing.

Dental Tribune: Oral cancer cases are growing worldwide in double digit rates. How prevalent is the disease in the Indian population and what demographics are mostly affected?

Dr Pankaj Chaturvedi: Oral cancer currently ranks amongst the three most common cancers in India and accounts for almost 40 per cent of total cancer deaths in some areas. In most regions of the country, the condition is the second most common malignant diagnosed among men, accounting for up to 20 per cent of cancers, and is the fourth most common among women.

To make things worse, approximately 70,000 new cases are added to the already high number of oral cancer patients each year. Prevalence is highest in rural areas and vulnerable populations, such as among people with a low socio-economic status.

The most common etiological agents for oral cancer have been identified to be tobacco, alcohol, and increasingly the human papillomavirus (HPV). Does this pattern also apply to your country?

The real concern in India is tobacco as it is one of the leading causes of premature death and disability. Its use here is rather complex because it is consumed in a variety of ways, such as being smoked, chewed, and snuffed orally. Patterns of consumption also differ significantly throughout the whole country. Manufacturers of tobacco and its related products have successfully developed and implemented new marketing tactics to lure in younger demographics and make them use their products. Therefore, we are facing a major health crisis as tobacco consumption is continuously increasing amongst youth.

In addition to tobacco, established risk factors for oral cancer are the heavy consumption of alcohol, as well as the presence of an oral premalignant disease. Other contributory or predisposing factors include dietary deficiencies, particularly of vitamins A, C, and E, as well as viral infections, particularly induced by HPV which is known to boost oncogenic potential.

According to figures of the World Lung Foundation, the direct medical costs of treating tobacco-related diseases including oral cancer in India amounted to more than US$ billion in 2010/11. Do patients have general access to treatment?

As the available treatment centres are mainly located in the cities and have very few resources, patients usually have limited access to treatment. Unfavourable socio-economic determinants like low literacy and low per capita income also hinder effective disease management. Since the aetiology of oral cancer in India is predominately...
nantly tobacco-related, should prevention strategies primarily focus on people overcoming traditional habits? How realistic is that scenario in your opinion?

In the last decade, huge resources have been put into prevention as well as the control of tobacco and its related diseases. In the current scenario, prevention will hold the key for changing the age old customs and traditions into more healthy habits. This requires intervention at individual, community and national levels. Right now, there are a number of initiatives provided by the government in terms of policy making and implementation. Non-governmental organisations have also started to reach out to communities to raise awareness and refer people for early screenings. There are a lot of challenges though, that we have to deal with.

What strategies do you recommend?

Tobacco control needs ongoing commitment from all parts of society. While as an individual you have the choice to use or not to use it, society has to advocate generally for a more healthy way of life. The government’s role in this is to firmly check the production, distribution and sale of tobacco. Strict enforcement and vigilance are required to effectively implement tobacco control laws.

India’s health ministry and doctors have recently asked the Ministry of Finance to raise taxes for consumption of cigarettes and tobacco products.

“...we are facing a major health crisis...”

In your mind, could this lead to less consumption?

Raising taxes on tobacco products is certainly one of the evidence-based strategies to reduce consumption of tobacco. Promising results have been achieved in states which have already seen an increase in taxation.

Prevention first starts with awareness. Is the medical and dental profession in your country sufficiently aware of the issues related to oral cancer?

Health care professionals are the major contributors in addressing the problem in the general public. Lobbying for evidence-based policy making to the implementation and continuation of tobacco cessation services are just few of the initiatives that should be supported by them. The real challenge however is to develop a more sustainable model for remote and rural areas, where poverty and illiteracy are high and an adequate preventive health infrastructure is lacking.

How effective can oral cancer awareness campaigns be there?

Studies have demonstrated that most Indians, particularly in rural areas, are not even aware of the benefits of basic oral health measures like tooth brushing.

Owing to its diversity, traditional practices in India significantly differ. Of course, oral hygiene practices still have to be considered primitive in most parts of India but this depends largely on education and financial resources. Most people are definitely aware of the benefits of good oral health but the lack of supportive environments makes them vulnerable, so they resort to more primitive habits.

The need is to renormalise the habit, advocate for effective public health campaigns and focus on the ability to self-examine the oral cavity for early signs and symptoms of oral cancer. Community participation and involving youth to bring in change can be an effective strategy.

Thank you very much for the interview.

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Far East meets Europe in Rome

Experts from South Korea presented clinical innovations in dental implantology at annual scientific meeting of the European Association of Osseointegration

ROME, Italy: For the first time in the history of the annual scientific meeting of the European Association of Osseointegration (EAO), clinical experts from a country outside Europe have participated in a special parallel guest country session organised by the association in partnership with the Korean Academy of Osseointegration. As part of this year’s scientific congress programme, clinicians and educators from dental schools in South Korea presented on a wide range of implant-related topics including computer-guided flapless implant surgery or surgical intervention in case of peri-implantitis.

According to Prof. Bu-Kyu Lee, professor of Oral and Maxillofacial Surgery at Asan Medical Center in Seoul and director of International Affairs of the Korean Association of Oral and Maxillofacial Surgeons, the session also provided a comprehensive insight into the state of dental implantology in the Eastern Asian country.

“Expectations have been high since the EAO accepted the proposal by our Chairman Dr Je-Uk Park to host a parallel session at the 2014 congress in Rome,” he told Dental Tribune Asia Pacific in an interview. “I am sure that attendants will enjoy the knowledge that our experts, under the motto ‘Cutting edge of implant dentistry’, will bring to the table.”

Lee said that, while implantology in South Korea was considered inferior compared to Western standards not long ago, the speciality has taken a big leap forward in recent years.

“Most of what we know about implantology today has its roots in developments that began in Europe,” he said. “Now we have been given the opportunity to give something back by presenting clinical knowledge and methods which have been developed in our country and could benefit implantology worldwide.”

“It is a honour to have been invited by the EAO ahead of other important markets such as Japan or the US. We hope that the presentations have been up to par with what attendees expected in terms of content and clinical skills,” Lee added.

Dental implants have come a long way in South Korea since they were introduced to the country four decades ago. Back then, US and European products wholly dominated the still young market. Now, with 225 implants per 10,000 people, the country has one of the highest implants per capita rates in the world, ranking after Germany and Israel. According to a report published by the Korean Health Industry Development Institute, the regional market exceeded US$520 million in 2013. That year, forty South Korean companies manufactured approx. 1.2 million dental implants. Later, in June, the Korean National Health Insurance Corporation announced that it would expand the coverage of dental implants in patients aged 70 and older beginning in 2015, and those aged 65 and older in 2016; domestic competition is thus expected to increase even further.

The market saturation has recently forced many manufacturers to increasingly pursue sales markets overseas. Owing to their price advantage, implants ‘Made in Korea’ have started to gain more market share overseas.

In the Asia Pacific, a recent report by the Millennium Research Group (MRG), a market intelligence provider in Canada, has predicted that manufacturers from South Korea could dominate dental implant markets in that region as early as 2016. By that time, the total regional market is expected to exceed US$800 million.

While exports to Western countries have remained relatively slow, South Korean manufacturers like OSSTEM already rival established implant providers such as Straumann or Zimmer Dental in Asian countries like Pakistan, Malaysia and Hong Kong. Other significant market players in the region include DIO Implants, a company partly owned by DENTSPLY, as well as MegaGen and Shinbun.

Implants from Korea are also catching up in terms of clinical data, the report stated, a fact that will make them increasingly adaptable for implant specialists in that region. Manufacturers now offer seminars focusing on basic and advanced implant placement training and the advancement of restoration skills to dentists. Having recognised the increasing financial limitations provided by dental implants, a growing number of South Korean dentists has also taken part in seminar programmes that focus on how to remain competitive. This led to an increase in the number of dentists who are able to perform implant surgery procedures. Demand for implants has been also driven by a new trend among South Korean dentists to promote aesthetic treatment through dental implants.

Crowded street in Seoul, the capital of South Korea. The country has now the highest rate of dental implants per capita in the world. (DTP/Photo TungCheung)