WAUPS extends invitation to Korea congress on ultrasonic piezoelectric surgery

DAEGU, South Korea: The World Academy of Ultrasonic Piezoelectric Bone Surgery (WAUPS) is inviting dental professionals interested in the field to attend its next congress, which is to be held in Busan in South Korea from 1 to 3 May. It will be the largest event ever hosted by the organisation. The meetings on Jeju Island and in Gyeongju in South Korea and in Tokyo in Japan all saw an overall attendance of 700 each.

Congress Chairman Jung-Uk Heo has encouraged professionals to attend the congress, as it will be a great opportunity to exchange scientific information and foster friendships. He said that early bird registration ends on 31 March.

To be held at the Haeundae Grand Hotel in Busan, the event will feature distinguished speakers of international repute from Korea and overseas. Among others, the organisation has invited Prof. Dong-Seok Sohn, Chairman of the Department of Oral and Maxillofacial Surgery at the Catholic University of Daegu, to present as part of the scientific programme. Drs Cleopatra Nacopoulos (Greece), Domenico Baldi, Enzo Rossi and Ezio Gheno (all from Italy), as well as Dr Eric Park (USA), are also going to attend as international speakers.

The programme will be complemented by a number of pre-congress courses and workshops. In addition, WAUPS will hold one of the largest dental trade exhibitions in the field, presenting innovative products and offering discounts to registered participants.

The first international academy specialising in ultrasonic piezoelectric surgery, WAUPS was established in 2012.

Women chew differently

JECHEON, Korea: In a comparison of bite size, grams of food ingested per minute, chewing power and total meal duration, among other factors, researchers from Korea have found substantial differences between the sexes for each parameter. While men took larger bites and ate faster, women chewed at the same pace as men did but gave more chews per mouthful, thus increasing their meal duration significantly.

The study included 24 men and 24 women. Using electrodes attached to the skin overlying the muscles of mastication, the researchers measured bite size, chewing power, chews per gram, the total number of chews, and other factors while the participants chewed a portion of 152 g of boiled rice.

The analysis found that bite size and chewing power were significantly higher in the male than in the female participants. Eating rate was also significantly faster in men than in women. Chews per gram were significantly higher in females than in males; however, chewing speed did not differ between the sexes. Therefore, meal duration was significantly longer for women than for men.

“The results of this study clearly showed that females take smaller bites and chew thoroughly with a weaker chewing power than males, while they consume the same amount of staple food,” the researchers concluded.
Dear Reader

Daniel Zimmermann
Group Editor
Dental Tribune International

By the time you read these words, I will again be at the International Dental Show, which is taking place from 10 to 14 March in Cologne in Germany.

A regular participant since 2005, I have watched the event grow into one of the largest dental industry showcases in the world, packed with all the latest tools and gadgets to make a dentist’s heart rejoice. Its an irony that at the same time a new report has estimated that over two billion people around the world are suffering from untreated dental diseases, and it is predicted that the numbers will not improve significantly any time soon.

When one considers this in light of all the fancy technology for advanced treatment nowadays, it is clear that research and development should be directed into pursuing preventive treatments and products and that it is essential to invest in prevention.

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

The right number of dentists?

A letter from Dr Rick Olive, Federal President of the Australian Dental Association, and Len Crocombe, Chairman of the association’s Dental Workforce and Education Committee

The article “Dental migration: A forgotten perspective” (Dental Tribune Asia Pacific, 11/2014, page 10) gives an interesting account from the migrating dentist’s point of view. It discusses how to streamline dentist migration policy, but misses the main issue that the aim of immigration policy in countries such as Australia is to help ensure that Australia has the right numbers and mix of dental practitioners to address the oral health needs and requirements of its citizens. It should be asked whether it is appropriate that countries such as Australia, which can afford to train its own dental practitioners, be importing dental practitioners, many of whom come from developing countries with greater oral health needs and lower dental practitioner numbers.

A recent report from Health Workforce Australia that addressed the central question of “what is the right number in the oral health workforce and the right mix in the oral workforce to best meet changing policy and demographic requirements to 2025?” found that there are too many dentists, dental hygienists, dental therapists and oral health therapists entering the workforce in Australia to meet current and projected demand.

To quote from the report:

“Seven alternative planning projection workforce scenarios were developed, examining changes in demand, immigration, the number of graduates, productivity, an existing workforce supply in excess of demand, an existing workforce supply in excess of demand, and existing workforce demand in excess of supply. All scenarios presented the same result—that across the projection period the supply of the oral dental workforce is projected to exceed the demand.”

The worsening oversupply in the dental workforce is due to a number of factors: growth in the number of students graduating from Australian universities, changes to international student visa conditions that allow students to remain and work in Australia, a significant increase in the number of dentists entering Australia through temporary and permanent migration pathways, ease of migration through the Trans-Tasman Mutual Recognition Agreement, and an increase in intraining numbers of allied dental practitioners.

Australian graduates and migrating dentists are now finding meaningful employment difficult to achieve. Several state governments have removed dentists from their Skilled Occupation List. For these reasons, the Australian Dental Association is seeking the removal of the occupations of dentist and dental specialist from the Skilled Occupation List from the Commonwealth and remaining state governments and advises many dentists considering migrating to Australia to realistically assess their prospects of employment before they move to Australia.

An international programme of this magnitude always helps to promote professional collaboration, friendship and opportunities to share knowledge and skills among clinicians and academics in the region. With the rapid development of information and communication technology, ADA is now planning to launch an e-learning platform to provide the most cost-effective aesthetic dentistry educational opportunities to young dental professionals in Asia. This will be developed with the active participation of member countries’ key clinicians and through joint collaboration with various like-minded professional academies, dental schools and dental experts, as well as dental companies around the world.

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SAN ANTONIO, USA: Diabetic patients with poor glycaemic control may be rejected as candidates for dental implants because the condition has long been associated with adverse effects, such as slow healing and high infection risk. A new study, however, has shown that even patients with poorly controlled diabetes have a high success rate with implants after one year.

In order to evaluate the effects of glycaemic levels on implant-related outcomes, researchers at the University of Texas Health Science Center at San Antonio studied the data of 110 edentulous patients who received mandibular implant-supported overdentures.

The participants were divided into three groups: patients without diabetes, patients with controlled diabetes and patients with poorly controlled diabetes.

After a follow-up period of one year, the researchers found no significant differences between the study groups. Diabetic and non-diabetic patients had a nearly 100 per cent implant survival rate.

Participants with poorly controlled diabetes only required a longer period for the implant to heal before placing the dentures, explained Dr Thomas Oates, the interim Associate Dean for Research and Assistant Dean for Clinical Research at the university. He is also a professor and vice chairperson in the Department of Periodontics.

Overall, only two implants failed during the study period but were later replaced with new implants. These implants healed and did not fail over the course of one year.

The findings of the study indicate that the effects of hyperglycemia on implant therapy remain uncertain. In addition, they suggest that patients with compromised glycaemic control may gain important benefits from implant therapy with respect to dietary management of their diabetic condition.

However, more investigation is needed before drawing major conclusions, Oates stated.

Diabetes is one of the most common systemic conditions in the US. According to the Centers for Disease Control and Prevention, the number of Americans with diagnosed diabetes more than tripled from 5.6 million in 1980 to 20.9 million in 2011.

It is estimated that more than 90 per cent of patients with diabetes in the US have Type 2 diabetes.