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Biologists find ‘evolutionary bite’ in prehistoric mammals

Daniel Zimmermann

VICTORIA, Australia/SEATTLE, Wash., USA: Teeth could be one of the reasons that certain kinds of mammals were able to survive the dinosaurs. A recent discovery by researchers from Australia, Finland and the US found that the advanced shape of molars in multituberculates helped the prehistoric mammals to live through the mass extinction event that eradicated most of the earth’s wildlife more than 60 million years ago.

By analysing over 40 teeth donated by palaeontologists from all over the world through 3-D software developed by Dr Alistair Evans from Monash University near Victoria, Australia, they found that in contrast to their evolutionary relatives, multituberculates were anatomically able to consume plants that emerged approximately 90 million years ago during the late Cretaceous period. The more diversified diet not only allowed them to grow in size and number, but also gave them a significant advantage over other mammals with more primitive teeth that had to compete with dinosaurs for the same food resources.

Evans, who began his research in cooperation with University of Washington biologist Greg Wilson in 2007, told Dental Tribune Asia Pacific that the study’s findings confirm recent theories proposing that certain mammals were able to diversify while living alongside non-avian dinosaurs. He said that the findings could clarify a number of issues with regard to current knowledge about the evolutionary history of mammals but would not have any effect on theories about the evolution of man.

“We can’t really know how the history of the rest of mammals would have been different if multituberculates had not had a similar adaptive radiation. Multituberculates are on a very different branch of the evolutionary tree to humans so there would not be any direct relationship between their evolutionary history and ours,” Evans said. “Whether their evolutionary trajectory affected our long-distant ancestors is also great speculation, but it all happened a long time before humans or hominids evolved.”

According to evolutionary research, multituberculates died out approximately over 50 million years ago during the early Oligocene period. Scientists speculate that they might have been outcompeted for food by other mammals like rodents and primates, the predecessors of contemporary humans.

The Cretaceous-Tertiary extinction event that eradicated the dinosaurs is also subject to scientific speculation. Most accepted theories include the impact of a large meteor, climate change through increased volcanic activity, and the spread of viruses.
Report paints devastating picture of dental care utilisation in Australia

Daniel Zimmermann

Canberra, Australia: Findings from a telephone survey conducted by the Australian Institute of Health and Welfare (AIHW) on the use of dental services in 2008 seem to confirm the poor state of Australia’s public dental health care system. According to the report released in March by the government agency in Canberra, only 25% of patients eligible for government-funded dental care currently seek treatment in public dental clinics.

The financial burden of treatment was found to be the major reason that people did not see a dentist. Of those who actually visited a public dentist, more than 50% waited at least a year for a dental appointment, which is in line with results from a recent survey by the Government of Western Australia’s Department of Health, which found that 24,000 patients in communities around the city of Perth are currently waiting for treatment in public dental hospitals.

Most people on benefits also visited their dentists for a problem rather than a check-up and had more extractions done, the report states.

Low-income Australians who are receiving payments from Centrelink, a governmental welfare programme, are currently eligible for dental benefits through Health Care Cards. According to the latest government statistics, approximately 12% of the Australian population is estimated to fall under this category.

Generally, only every second dentate Australian reported having visited a dentist within the past 12 months. Six per cent of all adults were found to be edentulous.

Asians catch up in global research index

TOKYO, Japan: Research institutions in the Asia Pacific region have increased their output of scientific publications, new figures from the Nature Publishing Group (NPG) in Tokyo indicate. According to the annual Nature Publishing Index made public last week, researchers from the region were co-authors of one out of four papers published in NPG’s Nature research journals worldwide in 2011.

Despite the recession and March earthquake and tsunami, researchers from Japan were the most productive (involved in 10 percent of all papers), followed by contributors from China, Australia, the Republic of Korea and Singapore. An increasing output of papers by researchers in Taiwan and India was also observed, which were ranked sixth and seventh in the index, respectively, and these countries have the potential to rival Singapore next year, an NPG spokesperson said.

One in four papers published in Nature research journals had at least one co-author from the Asia Pacific region.

In addition, 14 institutions in the region have been included in the Nature Publishing Index’s Global Top 100 research institutions, with the University of Tokyo ranking highest in the region at fifth place with an annual output of 109 articles.

The index, which is updated every week, currently covers 17 research journals published by NPG. Although the Nature journals have limited coverage of clinical medicine, several papers were published last year on new technologies and techniques that could have an impact on future dental materials or treatment procedures.

The majority of papers in 2011 still came from the USA, which has seven institutions in the top ten list of research institutions, including Harvard University in Boston and Stanford University. From Europe, only the French National Centre for Scientific Research and the Max Planck Institutes in Germany made it to the top ten.
Dear reader,

Anyone who has been working in medicine for a long time has probably heard dentists referred to as “only failed medical students” or “overpaid sadistic tooth pullers.” While their medical colleagues may consider them second-class professionals, little is known about the fact that they have already left their mark in history, for good and for worse.

Did you know, for instance, that the inventor of the electric chair was Alfred P. Southwick, a dentist from Buffalo in the USA? Observing the death of a drunken man touching an electric generator in one of his hometown’s factories, Southwick became a driven advocate of capital punishment by electrocution until he died in 1899. While highly debated now and back then, his idea has the dubious honour of being one of the few inventions of the early electrical period to have survived the last century almost unmodified.

And what about art? When in 1930, American painter Grant Wood was looking for a man and woman to stand model for his most famous work “American Gothic,” he not only turned to his sister but also convinced his family dentist, Dr Byron McKeeby, to pose. Until this day, the characteristic figure wearing farmer’s clothing and holding a three-pronged hay-fork eternally looks down at visitors from a wall at the Art Institute in Chicago.

Dentists have even been involved in politics. Rumour has it that one of the reasons that British Prime Minister Margaret Thatcher had to leave office in 1989 was that her Lord Chancellor and successor John Major was not able to rally support in the Conservative’s leadership election because he was recovering from a long-scheduled dental surgery.

The first US president George Washington, who suffered from severe dental problems throughout his life, died from a peritonitis abscess that some historians think could have been caused by his dentures.

These few examples show that despite their bad reputation, dentists have always been influencing our lives to a high degree. I am wondering what their impact will be in the future apart from relieving people from pain and physical suffering through their professional skills.

Yours sincerely,
Daniel Zimmermann
Chief Editor
Dental Tribune International

“Dentists just seem to be doing fine, don’t they?”

Acrylates are everywhere

Acrylates have been around since the 1950s, when Rohm and Haas began mass production of Plexiglas, a clear and resistant glass substitute made of polymerized methacrylate. It is used extensively for windowpanes, airplane canopies, car lights and windshields, streetlamps, and so on. Numerous other acrylates have been synthesized and found applications in paints and adhesives, dental composite resins, printing inks, artificial nails, and medical devices such as contact lenses, hearing aids, and bone cement for orthopedic endoprotheses.

The salts of acrylic or methacrylic acid can be polymerized to form solid plastics which are inert and harmless. Nowadays, numerous (meth)acrylates, mostly used in dental bonding materials, printing inks, and artificial nails, are polymerized by exposure to UV light with help from a priming photoinitiator.

The monomeric building blocks are called as methacrylates and, to a lesser extent, methacylates are strong irritants, but they are also notorious aller-}

Dental surgeons, assistants, and technicians are also at risk of allergic sensitization.

Have you heard of any cases where methacrylates have caused allergic reactions in medical professionals? Please share your experiences with us at feedback@dentaltibune.com.

To the Editor
Re: “Hand-held dental X-ray devices under investigation by FDA” (Dental Tribune Asia Pacific, Vol. 10, No. 3, pages 1–2)

Thank you for providing additional information for your readers beyond what was announced by the FDA. However, your readers should know that the level of operator radiation exposure from hand-held X-ray devices varies significantly between manufacturers and equipment styles.

Also, your closing statement that “there is no greater risk than ‘standard dental radiography like CT’” is a bit misleading. CT exposes the patient to much more radiation than intra-oral radiography. Any hand-held device that has comparable exposure to CT should not be used, as lower exposure levels are easily achievable.

Clark Turren, 17.02.2012

Re: “Intraoral device manoeuvres electrical wheelchair” (Dental Tribune Asia Pacific, Vol. 10, No. 3, page 5)

Wow! I have a disabled daughter who is fully dependent (unfortunately she does not have good tongue control) but the implications are amazing! Fantastic work is being done by all involved. It would be good if it could be widely available to all income brackets and countries.

Sona, 04.03.2012

Re: “Saudi dentists receive US patent for novel soft tissue augmentation technique” (Dental Tribune Asia Pacific, Vol. 10, No. 3, page 5)

The tunnel technique has been published on by a number of sources using an acellular dermal matrix since the late 1990s. I am curious to see how someone can patent something that has been published in the past (prior art) and why the US patent office is issuing patents for techniques.

Gregor M. Kusman, 14.03.2012

Dental Tribune International welcomes comments, suggestions and complaints at feedback@dentaltibune.com
Stockport, UK: A Canadian dentist has recently made the winning bid on a porcelain crown of Elvis Presley. The affectionately named “Kings Crown” sold for £5,200 (US$8,150) and added to the dentist’s collection of celebrity dental memorabilia, in which he already had a tooth from John Lennon he bought last year from the same auction house.

Dr Michael Zuk, a general dentist from Red Deer, Alberta (Canada), purchased the crown together with a model of Elvis Presley’s teeth made for the rock-and-roll star by his former dentist, Henry Weiss, in Memphis. The crown was accompanied by five documents confirming its authenticity, including a letter from Presley’s tour manager Joe Esposito.

Prior to the auction, the crown was expected to be sold for an estimated value of £6,000 to £10,000.

Whilst it is not a real tooth, as was the case with the Lennon tooth, it is the only one in existence and we expected there to be considerable interest in this,” said Paul Fairweather of Omega Auctions.

According to Zuk’s blog, Presley used to have a gap between his teeth. He was so embarrassed by the space that he decided to have one of his front teeth crowned.

Bib holders highly infested

WITTEN, Germany: Sterilisation protocols for dental bib holders are inconsistent and can result in the presence of bacteria such as *pseudomonas* and micro-organisms, researchers from Germany have proved. In a study conducted at the Witten/Herdecke University, they found bacteria on almost two-thirds of reusable bib holders.

“The analyses of the bacterial load showed that 70 per cent of all reusable bib holders were contaminated with bacteria. The predominant colony types identified were staphylococci and streptococci. On several bib chains, we also found various bacterial rods, *pseudomonas*, fungi and other types of cocci,” said Prof. Stefan Zimmer, lead investigator of the study and scientific director at the Witten/Herdecke University. “Although the bacteria found in this study were all non-pathogenic, in principle reusable bib holders can cross-contaminate dental patients.”

The bacteria found on the bib holders do not usually cause disease in healthy people, but can be a threat to immunosuppressed patients, as well as young children and the elderly, who often have compromised immune systems. Bacteria from an unsterilised bib holder can enter the body when a patient touches the bib holder or her neck after a dental visit and then rubs an eye or touches the mouth.

Cross-contamination can also occur when a bib chain is splattered with saliva, plaque, blood and spray from the mouth, when it catches onto hair and accumulates the wearer’s sweat, make-up or discharge from neck acne, and if the dental worker applies a dirty bib chain with her gloved hands before the examination or cleaning.

Several other studies have found similar results. Three US studies found unacceptable levels of microbial contamination on dental bib holders, including *pseudomonas*, *E. coli* and *S. aureus*, the most common cause of staph infection.
GÖTTINGEN, Germany: Researchers investigating YouTube have suggested that the potential of the online video-sharing platform and similar social media sites as means of dental education is highly underdeveloped. In a study, they found that it could hold important implications for dental professionals, as well as dental education staff.

Owing to an increasing integration of multimedia sources into professional and academic education, Dr Michael Knösel, an orthodontic specialist, and his team from the University of Göttingen, assessed the value of videos on YouTube related to dentistry. Using different search parameters, they discovered that there is wide variety of material available on YouTube with high educational value.

Two assessors with an academic background evaluated 60 videos in the general category “ Albania” and 60 videos in the “Education” category. The results were first sorted “by relevance” and later by “most viewed”.

According to the researchers, the informational value of videos in the general category was perceived as generally poor, whereas the most viewed videos in the educational category had the highest educational value. Videos in this category were concerned with oral surgery and implantology, preventive dentistry, general dentistry, as well as aesthetic dentistry and orthodontics. Five videos were considered to be entertaining rather than educating.

Videos in the educational category were mostly uploaded by practitioners but also by academic institutions and dental companies. The majority of videos in the general category, which were aimed at entertainment generally, were mostly posted by patients and laypersons, but there was also a significant percentage of videos with a commercial purpose and posted by dental manufacturers.

The assessors said that videos in the educational category depicted an optimistic view on dentistry, whereas those in the general category tended to be rather negative. They found that between 68 and 93 per cent of the videos represented dentistry accurately, and videos in the general category were inaccurate in this regard.

The researchers recommended that more academic institutions acknowledge YouTube as an effective supplementary medium for education. Currently, there are only a few dental schools that run their own YouTube channels. The University of Michigan’s School of Dentistry, for example, initiated its channel more than three years ago and recently surpassed seven million viewers.

“YouTube and similar social media websites offer new educational possibilities for dentistry, but are currently both underdeveloped and underestimated regarding their potential value. Dentists should also recognize the importance of such websites in relation to the formation of public opinion about their profession,” the researchers stated. “We would therefore like to encourage educators to make greater use of this medium, to work to improve the quality of videos, and to demand that contents are updated on a regular basis.”

Study recognises the value of YouTube for dentists
Daniel Zimmermann

CINCINNATI, Ohio & BOCA RATON, Fla., USA: Owing to slowing revenue growth, consumables manufacturer Procter & Gamble has to cut US$10 billion in costs by the end of the fiscal year 2016. The restructuring plans made public at the Consumer Analyst Group of New York conference in February involve shedding thousands of jobs in the nonmanufacturing workforce, as well as lower spending in areas like marketing or materials.

Despite the plans, hiring new staff in emerging markets like China will continue, the company behind the Crest toothpaste brand said.

P&G intends to expand its global toothpaste business significantly in the future by targeting emerging markets, particularly in Latin America. CEO Robert McDonald said that he expects Crest sales in markets like Brazil to grow to double digits this year.

P&G has been manufacturing Crest-branded toothpaste since 1955. While it is available in many countries worldwide, most recently in Belgium and the Netherlands, it still lags behind other market players like Colgate and Unilever in terms of market penetration.

The Cincinnati company recently introduced its new Crest Pro-Health Clinical oral health product line to selected markets, which it claims helps to reduce plaque significantly. New additions to the Crest 3D White collection of award-winning products, Crest3D White Glamorous White Toothpaste and Crest 3D White Intensive Professional Effects Whitestrips, were also launched during New York Fashion Week last month.

In total, P&G reported US$82 billion in net sales last year, a 4.1 per cent increase from 2010. Gross margins in the same period decreased by almost 2 per cent, which the company said was due to lower customer spending and increasing costs for commodities.

DT

LONDON, UK/SHANGHAI, China: One of China’s premier dental shows has been acquired by B2B communications provider UBM in London. Along with DenTech in Shanghai, the UK-based company also announced to have purchased equity stakes worth US$30 million in three other premium trade shows in Asia and Europe focusing on furniture, renewable energies and airport development.

UBM’s Asia division in Hong Kong currently organises more than 150 events throughout the continent with focus on China and India. Once the acquisition of DenTech has been finalised next month, it will own 70 per cent of the newly formed joint venture company called Shanghai UBM ShowStar Exhibition. The remaining 30 per cent will be held by ShowStar, the company that owned DenTech previously.

Inaugurated in 1994, the show has become one of the largest exhibitions for dental materials and equipment in China. It rivals with Sino-Dental in Beijing and other exhibitions in Guangzhou, Xian and Nanjing in the booming Chinese dental market.

In 2011, ShowStar reported revenues of US$5.6 million and the attendance of 14,000 visitors. Both parties said that the joint venture is intended to strengthen DenTech’s position as an international trade show globally.

According to ShowStar figures, 10 per cent of the participants in last year’s show came from abroad.
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NCD strategy must address oral diseases

“The quest for prevention and control of NCDs would not be complete without addressing oral diseases,” FDI told the WHO Executive Board, meeting in Geneva from 16 to 20 January 2012.

In an intervention on 19 January, FDI called upon WHO to take four specific actions regarding oral health and NCDs, first, to ensure that oral diseases are incorporated into NCD programmes and included in national health planning, and second, to include oral diseases at the same level as the four main NCDs in the Global NCD Monitoring framework, its indicators and targets.

FDI’s third recommended action is to add a target related to reducing days at school or work missed due to oral diseases, which would also address wider determinants of health and general development. Finally, it called upon WHO to develop and agree a set of optional and more comprehensive oral health targets and indicators for which global oral health community can make precise proposals.

FDI strategy

FDI’s intervention at WHO follows its successful bid along with the sustained efforts of a number of other governmental and non-governmental stakeholders, to have oral diseases specifically referred to in the Political Declaration on the Prevention and Control of NCDs agreed at the United Nations Summit in September 2011. The Declaration’s Article 19 notes that oral and eye diseases pose a major health burden for many countries, and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases.

Monitor 

Since that time, FDI has intensified its contacts with WHO and attended key events such as the World Conference on Social Determinants of Health held in Rio de Janeiro from 19 to 22 October. Further, FDI attended an informal dialogue with NGOs last December as part of the preparatory process for the January consultation. There, FDI emphasised the need for oral health indicators, with the need to identify targets for children.

Later, on 21 December 2011, Drda Silva and Executive Director Dr Jean-Luc Eiselé, met with key WHO executives to discuss the sustainability of the WHO oral health programme in the light of a 20% cutback in WHO, which, Dr da Silva conceded might indeed have an impact on the oral health budget. He emphasised, nonetheless, that “It's up to FDI, not WHO, to develop and formulate the oral health message! It’s FDI's role to influence the WHO’s agenda on the topics that we feel are crucial.”

Its presence and statement at the January WHO Executive Board very much reflects FDI's intention of doing so.

Post-UN Summit

In its resolution (ESB15.47), issued following the Executive Board Meeting, WHO urged Member States to implement the UN Political Declaration and draw upon the policies, strategies, programmes and interventions, and tools recommended by WHO.

Further, WHO urged Member States to strengthen their commitment to implementing non-communicable disease programmes and participate fully in the WHO-led process of developing a comprehensive global monitoring framework, including a set of indicators.

Key requests

The resolution, co-sponsored by Australia, Benin, Costa Rica, Kenya, Norway, Russia, Switzerland and the US, was introduced to encourage WHO to have a clear timeline for the actions required of it by the Political Declaration. It calls for action in 11 areas, including requests to WHO Director-General Dr Margaret to submit a substantive progress report on the development of a framework, including a set of indicators and targets, to the sixth World Health Assembly in May 2012 and complete the work on the global monitoring framework, including a set of targets and indicators, based on a Member State consultation held before the end of 2012.

The current Global Action Plan on NCDs expires next year. The next will run from 2013 to 2020 and it is imperative for WHO to have a draft ready for consideration by the 66th World Health Assembly at its January 2015 meeting.

“Other medical professions should focus on good oral health too”

Prof Prathip Phanthumvanit, member of the World Dental Development and Health Promotion Committee, talks about dentistry in Thailand and gives his views on the dental profession, public health and NCD prevention.

Are people in Thailand conscious of oral health?

Prof Pranthumvanit: Overall, oral health among adults is quite good, even when compared with some western countries. Thailand is not so good among young children and you can see quite a lot of caries. Periodontal disease is a serious problem, but proportionately not very high among the population in general.

People do focus on the aesthetic aspect—for example, you see a lot of people wearing dental braces—and are more and more concerned about having good teeth and good oral hygiene.

Can you comment on Thailand's current success as an exporter of dental services?

We are very interested in exporting medical services—costs of dental services are not high in Thailand and the work is of very high quality. A lot of people travel to Thailand for health care, some for general health, others for oral health.

How far is the dental profession integrated with Thailand's public health sector?

Dentists in Thailand work in both the public and private sectors, with about 50% to 40% per cent—

in some countries, that figure is as low as 10 to 20 per cent — working in public health, either as health officials or in public hospitals and clinics. They are quite used to developing and delivering public information messages.

The remainder—about 50-60 per cent—are in private practice or in a private hospital or clinic and have less of an interest in public health in general and in communicating with the general public.

What should be the role of dentists in public health and NCD prevention?

In my view, it's very good for dentists to be an integral part of public health and patient care. But what about the other dental health focuses? A recent study in Scotland, described in the British Dental Journal, carried out among 10,000 people found a link between tooth brushing and incidence of heart disease—not a strong link, but evidence at least.

What can the other health professions do?

There needs to be a strong message from other medical professionals that oral hygiene is good for the rest of the body. Of course, dentists should look and see whether people smoke, offer advice and so on. But the other professions should look too, for example, when cardiologists have a consultation, maybe they could say “open your mouth... you have a problem with your oral hygiene, maybe you should visit your dentist.”...and the nurse as well.

It's a two-way process. There is increasing evidence of the impact of oral health on general health. Not just for serious things like infection, but also messages on brushing your teeth. It's very simple, but simple things can cause serious problems to the health.

Are there any encouraging signs?

I have discussed the NCD issue with other medical professions in Thailand and some of them are already looking in the mouth. Dental profession can help with people’s general health and it would very much like to see other medical professions focus on good oral health as well.

Editorial note: The opinions expressed in this interview are Prof. Phanthumvanit's own: they do not necessarily reflect the views of FDI or its World Dental Development and Health Promotion Committee.

“FDI is excited to focus on the sustainability of the NCD programme in the light of the cuts to WHO.” — Drda Silva

Bri-tish Dental Journal
Mundo a Sorrir has been working in Guinea-Bissau for over seven years to improve the oral health of the population most in need. Its main objectives are to reduce the incidence of tooth decay, improve access of the general population to information on oral health problems and to increase the knowledge of the professionals working in this area.

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Serving Guinea-Bissau and its population

One of the main objectives is to reduce the incidence of tooth decay. The project has benefitted over 25,000 people, the majority children.

In 2010, Mundo a Sorrir was the only Portuguese NGO awarded by the Starbucks Foundation—and that was of great importance for the growth of the Guinea-Bissau project.

Furthermore, in late 2011 the NGO was able to send one volunteer for a period of nine months to work as a dentist.

Work in the field

The benefits of having a dentist in the field for so long are tremendous: we believe that by the time she returns, the amount of treatment provided and activities carried out will be substantial; and therefore, the benefits to the population will be enormous.

As a consequence of the excellent work provided over these several years at an international level, several organizations have been in contact with Mundo a Sorrir in an attempt to establish local partnerships.

Moreover, in 2011, Mundo a Sorrir was invited to give a talk at the Annual meeting of the International College of Dentists and to work with an oral health consultant for a project undertaken by the International Youth Foundation in India.

Tooth extraction is no longer the only treatment option.

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Tooth extraction is no longer the only treatment option.
Aesthetic restorations in the posterior region
A case study demonstrating the adhesive cementation of ceramic onlays

Dr. Eduardo Mahn
Chile

Over years, much has been said about the benefits and longevity of amalgam restorations. In contrast, direct composites have been stigmatised as inferior materials in the posterior area. With better aesthetics and adhesion to dental tissue, however, composites offer two indisputable advantages over amalgam.

The exact same thing holds true for indirect restorations. For years, it has been argued that indirect restorations made of alloys with a high gold content are the benchmark and that indirect ceramic restorations are inferior in terms of durability. Undoubtedly, this was the case with the first generation of these materials as proven by several studies; however, there have been enormous technological advances in the field of ceramic materials and adhesive cements. For example, ceramics that are more durable and have similar optical characteristics to lithium disilicate (IPS e.max System, Ivo-clar Vivadent) have been developed. Resin cements have seen improvement with regard to adhesion to various dental materials, such as various glass-ceramics in combination with silane (Monobond-S, Ivoclar Vivadent) and metal and oxide ceramics in combination with a metal/zirconia primer. The self-etching Multilink N Primer A+B greatly simplifies the cementation process because it does not require the use of phosphoric acid. Simpler handling, universal application and improved resistance make it the most widely indicated cement for the posterior region as demonstrated in the case study below.

Case study
A classic restorative problem that we have to deal with almost every day is what to do after the removal of extensive and longstanding amalgam restorations. The original defect left by the retentive and aggressive preparation necessary for amalgam restorations, combined with the defective margins and caries adjacent to the restorations, means that generally only a minimal amount of useful dental tissue remains (Fig. 1).

During the removal of the amalgam, a rubber dam (Optra-Dam, Ivoclar Vivadent) should be used to allow better visibility and control, as well as to protect the patient from the amalgam powder generated during the procedure (Fig. 2). After removal of the restorations and any remaining caries, immediate dentine sealing was performed and a liquid resin was applied as a liner to fill the retentive areas left from the old dental tissue (Fig. 3).

The self-curing luting composite with a light-curing option is a universal cement indicated for cementing all types of indirect restorations made of metal, metal ceramic, lithium disilicate and all-ceramics (zirconia and alumina based). It offers excellent adhesion to various dental materials, such as various glass-ceramics in combination with silane (Monobond-S, Ivoclar Vivadent) and metal and oxide ceramics in combination with a metal/zirconia primer. The self-etching Multilink N Primer A+B greatly simplifies the cementation process because it does not require the use of phosphoric acid. Simpler handling, universal application and improved resistance make it the most widely indicated cement for the posterior region as demonstrated in the case study below.
We subsequently took impressions and the laboratory fabricated lithium disilicate ceramic onlays (IPS e.max Press, Figs. 4a–b). In the next session, once the fit of the restorations had been checked in the mouth, we performed etching with hydrofluoric acid for 20 seconds and silanisation with Monobond-S for 60 seconds (Figs. 5 & 6). It is important to note that water is released in the chemical reaction of silanisation and, given the hydrophobic characteristics of the luting composite, this must be fully evaporated. The next step was to mix Multilink N Primer A+B and apply it to the preparations for 15 seconds (Fig. 7). The onlay was then held close to the cavity and Multilink N applied directly onto the onlay. This step is made easier by the auto-mix syringe containing the cement, which allows direct application to the restoration. It is important to remember that curing of Multilink N cement is accelerated on contact with Multilink N Primer A+B, which was previously mixed and placed in the cavity (Figs. 8a–c).

The cement was cured for two seconds to assist the removal of any excess, while pressure was maintained on the onlay (Fig. 9). The semi-plastic excess cement was easily removed with a curette and a daquette-type sharp instrument (Figs. 10a–c). Once the excess had been removed, the restoration margins were protected against oxygen with Liquid Strip (Ivoclar Vivadent). Then final curing was done (Fig. 11).

Figure 12 shows a view of the four onlays after cementation. The ceramic onlays after polishing of the margins can be seen in Figure 13. The ceramic restorations blended seamlessly with the natural dentition owing to the aesthetic properties of the cement. The use of ceramic onlays in the posterior region is the treatment of choice in this type of treatment, in view of the durability they offer and the preservation of dental tissue made possible by adhesive cementation with materials such as Multilink N.

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“Digital technology is becoming essential”
An interview with Dr Dobrina Mollova, Managing Director of CAPP

In October, Singapore’s recently opened Marina Bay Beach Resort will become a showcase for everything related to digital dentistry when the first CAD/CAM & Computerized Dentistry International Conference opens its doors to dental professionals from all over the Asia Pacific region. Organised by the Centre for Advanced Professional Practices (CAPP) in Dubai, the congress is based on the successful concept of the CAD/CAM & digital dentistry events held in the Middle East. Dental Tribune Asia Pacific spoke with Dr Dobrina Mollova, Managing Director of CAPP, about the state of preparations and the prospects of the field in Asia.

Dr Mollova, you recently announced that the first Asia Pacific CAD/CAM & Computerized Dentistry International Conference will be held in Singapore. What is behind the decision to have another conference there?

Dr Dobrina Mollova: Our first Dubai conference held in 2006 was an unexpected success and so we were able to develop the concept further. Over the years, some of our sponsors approached us with the idea of holding a similar event in Asia Pacific. Following the interest, we decided to launch preparations 18 months ago for a conference to be held in Singapore. Since then, we have received significant support not only from the industry but also from government organisations such as the Singapore Tourism Board, who fully supports our event, and the Singapore Dental Association (SDA), who functions as the co-organiser. That is why we are confident that we will be able to transfer this concept to the Asia Pacific region successfully.

Preparations for the Singapore conference already started in late 2010. Are you on schedule?

Preparations are going very well and we will be pushing our marketing campaign after IDEM. Until now, we have been quiet as not to disturb the marketing efforts of our Singapore partners. Surprisingly, there are already many dentists from the Middle East who are coming to IDEM and who are also interested in participating in our Singapore conference.

What are the main challenges of bringing the concept to Singapore?

The growth of CAD/CAM dentistry alongside new technology, materials and equipment has seen a rapid integration into both dental offices and laboratories. Without a doubt, digital technology is becoming essential for every dental practice and laboratory. The question is: are we prepared to keep up to date with this growing industry, and are we able to implement this pool of information in our practices without the proper expertise?

This will be the main challenge for us.

Are you planning to extend the concept to other countries in Asia?

Our target is the entire Asia Pacific region, which is much larger than the market in the
Middle East. Similar to Dubai, Singapore has become a commercial hub for the entire region and, for this reason, we are inviting professionals from all over Asia Pacific to come and learn about the promising technologies in the dental industry.

According to our sponsors, there could be potential for holding a similar conference in China but we have not yet decided to go there, as we want to wait for the outcome of the conference in Singapore.

**How large is the dental CAD/CAM market in Singapore in terms of size and penetration?**

To date, we do not have meaningful statistics for Singapore. According to MarketResearch.com, however, the Japanese market for dental prosthetics and CAD/CAM devices was the largest in the Asia Pacific region in 2010, followed by the Republic of Korea. In the same year, the total Chinese and Indian markets for dental CAD/CAM grew by 7.5 per cent. The global market for CAD/CAM is experiencing double-digit growth at the moment.

Looking at Dubai, are you able to say something about the impact your conference had on the field of dentistry and how digital technology is perceived?

This is an interesting question, as I have just been through the recordings of our first conferences. There is clearly a huge difference in view of presentations, the knowledge we have gained and the technology that is available. Back in 2006, we started with only 160 participants, who were mainly dentists. Meanwhile, this number has quadrupled and includes dentists, dental technicians and dental assistants—basically, the entire dental team. An increasing number of participants are specialists, who have gradually become interested in the aspects of computerised dentistry, but at first there were only prosthodontists.

Will the Singapore conference reflect this diversity?

The congress will not be limited to dental CAD/CAM technology. Unlike our conference in Dubai, this time we want to put more emphasis on 3-D imaging systems, a technology that has shown the potential to transform diagnostics in dentistry completely. Besides treatment planning and diagnostics, the list of topics will range from the selection of materials for different indications to the use of digital technology in more traditional clinical areas like orthodontics.

Will you also offer seminars or hands-on workshops during the Singapore conference?

The main goal of this conference will be to bring a group of high-end dental professionals together to enable them to discuss and learn about these new technologies in detail. Therefore, we do not plan to offer any hands-on training at the moment unless there is a request by the industry. This does not rule out such training in the future. At the fifth CAD/CAM & Computerized Dentistry Conference in Dubai in 2011, for example, we had seven workshops, which were well received.

**How many attendees do you hope for?**

We are aiming at 400 attendees for the first conference, which in my experience is a realistic target, given the size of the market and our presence in Asia Pacific through our partners. We are already cooperating with several dental associations, while seeking new professional partners from the dental community who are eager to work with us. Owing to the enthusiasm of the SDA, we believe that we can make this event successful. Those who are interested will be able to find our flyers at the SDA booth at IDEM Singapore on 20 to 22 April 2012. They can also visit us at www.capp-asia.com or www.facebook.com/cappasianpacific.

Dr Mollova, thank you very much for this interview.
As consultants specialising in the development of medical practices, we often hear the following concerns from our clients:

"As a dentist, I am very good at what I do. But ever since I opened my clinic, I've been constantly worried. I become anxious when I see that the appointment book is empty."

"I wonder how I could stand out from the hundreds of other clinics in town."

"I spend so much time hiring and training new staff that I have no time for myself!"

Having worked in the health-care industry for over 15 years, we believe that these concerns are the last things you should be worrying about. As a specialist, your focus is to improve the health and aesthetics of your patients' teeth, and as a human being, to enjoy your life to the fullest.

So, how do you achieve this peace of mind? We would like to share The ZENSE way to success for your dental practice. This approach is based on our 30+ years of collective business management experience in the health-care industry, and in the dental field, and our practical knowledge of taking a specialist clinic from GOOD to GREAT.

The ZENSE way to success

Our approach integrates oriental wisdom into Western management principles to guide a business towards achieving its highest growth potential. It stems from these fundamental principles and beliefs.

Raising awareness: We believe that awakening—the realisation of the nature of reality—is the first necessary step to any sustainable transformation. By analysing the economics and operations of your clinic, and benchmarking it against the best industry standards, ZENSE helps you uncover the business reality confronting your practice.

Embracing holistic simplicity: We believe that the most comprehensive solutions can also be the simplest in design. By using holistic but simple frameworks and systematic processes, ZENSE is able to get to the core issues and give you powerful recommendations that will transform your business.

Excising a single-minded focus: We believe that clarity of mind and quiet but relentless determination can move any mountain. ZENSE can guide you through the execution of its recommendations and ensure focused delivery throughout the business.

Concrete solutions for your practice (Fig. 1)

1. Devising an effective marketing strategy

A marketing strategy that ensures a consistent message and experience across all of the patient touch-points with your clinic is absolutely essential.

• Who are your target patients and how will you reach them?
• What is their perception of your practice?
• Who are your direct competitors and what are their strengths?
• What are your practice’s unique selling points?

The brand of a dental practice is essentially the set of attributes, strengths and weaknesses, that your potential patients perceive. It is what your patients believe, recognise and remember about your practice. Whether it is unique or powerful enough to attract potential patients to your clinic is up to you; you need to differentiate yourself from others.

Based on our extensive industry experience, the following are fundamental to building a strong brand for your dental clinic:

- Definition of your positioning: Find out what makes your practice stand out from all other dental clinics in the market—strategically define and refine that value proposition.
- Be consistent in execution: From marketing campaigns in public media to every touch-point inside the clinic, your brand image, message and position need to be consistent across all of the practice's unique selling points.

2. Getting more (satisfied) patients (Fig. 2)

Develop a systematic, tactical approach to maximise the yield of patients as they move through the purchase cycle.

• Which channel is the most effective in bringing you new potential patients?
• Which potential patients turn into actual customers, and which do not and why not?
• How do you maximise clinic revenue from each patient?
• What percentage of your patients have been satisfied enough to refer new patients to you?

The revenue of your dental practice depends largely on how many patients you treat. As you can see from the ZENSE pathway, every step counts for increasing the flow of patients. Improvement in any and every step throughout the pathway will produce material results. In general, we work in two simple directions:

• Increase the inquiries flowing into the clinic. Inquiry is the first contact point when potential patients reach your practice. It will depend directly on how effective your marketing programmes are.
• Decrease the drop in actual customers through the clinic. Once a patient reaches your practice, it is up to you and your team to convince him to accept your therapy offer. There is no greater marketing sin than failing to close on a potential patient who has made the effort to reach out to you! At each touch-point, there are many ways to improve the yield, and every step counts. For instance, one of our clients held regular forums for potential patients. They helped to increase the consultation sign-up rate by 25 % by redesigning the forum presentation slides and coaching the physician on her presentation skills.

3. Organising for success

In our experience, physicians often feel that the burden is on them to make their practice successful. That pressure can lead to a lot of stress, but it does not need to be that way. We believe that an effective organisational infrastructure can be a great boost to your individual efforts as a physician who is focused on treating patients. We use a S-S model below to explain these relationship and implications (Fig. 3).

- What are the core values and vision for your practice, and do your staff believe in and support these?
- How do you make your staff highly capable and motivated to give 100 % of their potential to your clinic?
- Do you have clear, real-time visibility on the performance of your practice?
- What best practice systems and processes can boost your clinical work?

While this is a broad area, based on our experience, there are several success factors that will allow your practice to thrive:

- Hire the right staff with the right skills that the practice needs. Provide them with the necessary training and support. Reward them for exhibiting the desired behaviours and performance.
- Determine the shared values of the practice, making sure they are well communicated and embraced by your staff.
- Develop systems and processes earlier on to make your life easier, and your decision-making quicker. For example, a simple financial analysis system will help you know where you made money (and why) and de- cide where to direct your efforts.

In conclusion, we have a simple message for you—you can make your dental practice more successful and your life easier at the same time! At ZENSE, we believe that applying simple and practical business management principles can transform your practice, and your life.

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