Primary Dentition

Caries in 10 Avoidable Risk Factors

According to an eight-year study from China, children with caries on their primary molars are about twice times more likely to develop caries in their permanent teeth. In 1992 and in 2000, 362 Chinese children aged 3-5 years were monitored. In 1992, 85% of the children who had had decayed primary molars showed at least one carious permanent tooth in 2000. For the children who had no decay in their primary teeth, 83% remained caries-free until at least age 12.

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DENTAL TRIBUNE
Asia Pacific Edition

Aesthetic dentistry will soon have a major impact in Asia ... An Interview with Michael J. Williams, GC Asia

GC targets different markets—Asia, Europe, USA. In what things particular do these markets differ from one another?

We have subsidiary companies in each of these areas that concentrate on different commercial strategies. Europe is the most broadly based with approximately half of the business spread between laboratory stones and investments, ceramics and acrylic crowns and bridge material. The other half is surgery items such as glass ionomers composite and impression materials. In the USA there is a great deal of focus on aesthetic dentistry and our product sales mix reflects this.

In Asia we concentrate on surgery consumables which cover a wide spectrum of traditional as well as state of the art products and techniques. This is not surprising when one considers the geographical area we cover from our base in Singapore. It stretches from India and Pakistan in the north to Australia and New Zealand in the south and everything in between.

Which regional markets do you foresee will grow most significantly over the next few years?

Without doubt China and India, the countries with the largest populations, each with over 1 billion people. Both countries have a huge and growing GDP, present supply needs and will provide many opportunities for entrepreneurial organizations prepared to invest in the future.

What upcoming trends, if any, do you see for the Asia Pacific dental market?

Aesthetic dentistry will soon begin to have a major impact in Asia. Already orthodox clinics are trialing and introducing waiting lists for treatment. One new trend will be cosmetic dentistry. Awareness of this is increasing in the more affluent countries, and the younger generation, who are fashion conscious and have disposable incomes, will demand and be prepared to pay for white and perfect smiles than their parents.

How do you qualify the Asian Pacific market and demand for continuing education programs, meetings, and congresses?

There are a number of questions here. Continuing education is difficult to expand in this region at present because the profession is generally unprepared to devote the time to attend a full-day course or meetings during a week-end. They are also reluctant to pay a reasonable fee to attend. This is in contrast to Australia/New Zealand, where it is common to spend around US$500 per day for a continuing education program for perhaps 26 specialists, or attend a more general program such as Aesthetic Dentistry, costing US$200 for the week, up to 450-500 delegates will attend. The current level of continuing education courses and seminars and high quality speakers in Asia is directly related to economic vigor.

On the question of congresses, first of all there are not many and they are second-class. Second, there are few we regard as being regional let alone international. Third, we understand that each national dental association wants to have their own annual local meeting, but let’s be clear, that’s what they are, local national meetings. We are very happy to assist and even help the organizing committee is prepared to have an open dialogue with the dental trade and be realistic about expectations and revenue to be made from such events.

Complexity of dentistry as a discipline requires more and more specialization from the dentist. In what areas of specialization do you see the biggest potential for the future?

The usual specialized areas will continue to exist, periodontal, ortho, oral surgery, etc. Two areas that will command far more attention are paediatric specialists and dental hygienists. We are sure the status of the dental auxiliary will be come more important when the profession begin, to understand the role of saliva as a preventive tool and the damage that happen when saliva stops protecting the tooth surface. It will be the auxiliary who will be able to identify such problems and find solutions to make the saliva healthy again.

How does GC’s R&D department work? Do you collaborate with individual dentists or research centers?

We probably work like every-one else and have fingers in all sorts of areas. For example, we cooperate with leading universities around the world. We talk with individual dentists and evaluate dozens of ‘fantastic opportunities or breakthroughs’ sent in to us each month. In addition, we have over 100 dedicated researchers working on specific areas that the company has decided are key to the future of the business.

How does GC stay connected to the ‘grass roots’ of dentistry through relationships with individual dentists or research centers?

In Japan we have GC Circle—a dental club with more than 30,000 active members. We organise regular programme forums and new product evaluation meetings. Each new product is supplied to members before introduction, so we have a real feel at all stages of the reaction of the profession.

Overseas we have key opinion leader groups who meet with us and we discuss anything and everything about dentistry. We have different opinion leaders for different topics.

An opinion leader is usually identified as someone who is good at his job or is always thinking about how things could be made better. It is not necessary for him to work in a university or run a 20-person dental practice.

Prevention and infection control are both very hot topics at the moment. Does GC react to developments in these areas?

As you say, they are both hot topics but for different reasons. Infection control is being brought to the fore by legislation and therefore, both manufacturers and the profession must comply with new regulations.

Are there any changes in the world of dentistry that you’d like to see occur?

Yes of course. We would like to see a vaccine that could guarantee to eliminate all dental disease. However even if it happened within the next 25 years – no one should be afraid that there would be less restorative work to perform. We have already seen how new fashions in dentistry can increase the demand for changing the dental office. Prevention is part of our philosophy, and painless diagnosis and prediction will ensure a bright future for all.

Where do you think dentistry will be in another 10 years?

Philosophers invariably get it wrong, so let me say this. Preventive dentistry will be one of the main incomedrivers in developed countries. New mechanical tools will provide quantitative, diagnostics in prevention, and new pharmacological and dental procedures will be able to be reversed. The first periodontal vaccine will be available as quantum leap towards controlling this disease.

Cosmetic dentistry, endodontics and orthodontics will grow more rapidly than other areas. The traditional dental chair and associated equipment will go through major design changes, making today’s state of the art set up as old fashioned as a model T Ford.

Thank you very much for taking the time to speak with us, Mr. Williams.

Dentists to Give Library New Fillings

Adelaide-based dentists are hoping to raise money to improve a vital resource for dental and oral health workers in South Australia and to keep up-to-date with the latest dental research and technological developments.

University libraries throughout the state are having to cut back the number of journals they receive because of increasing costs.

At the University of Adelaide’s Barr Smith Library, the number of dental journals has dropped from 79 in 1995 to just 33 in 2003.

Members of the dental profession, industry and academia in South Australia have now joined forces with the Barr Smith Library to boost the number of dental journals, and they’re seeking help from the public to do so.

The new “Filling The Shelves Appeal” was launched by University of Adelaide Chancellor Professor James McWha at the Barr Smith Library on Thursday, May 15.

Money raised by the appeal will go towards improving the state of dental research and education in South Australia.

President of the University of Adelaide’s Dental Society, Mr. Williams.

Thank you very much for taking the time to speak with us, Mr. Williams.

Janet Fuss, Senior Lecturer at the University of Adelaide’s Dental School.

“The ability of the Dental School to conduct research and to compete for funding, recruitment and development, as well as provide the latest information to students and practitioners, will be greatly enhanced by the head- derton of several journals that the University cannot currently afford,” Dr. Fuss says.

“While dentists are used to dealing with fillings of a different kind, this time around we are aiming to fill these libraries of tertiary, both in terms of hard copy materia- and online journals.

“Donations, no matter how small, will make a difference. I would personally like to see a dental library that is world class.”

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After water, tea is the second most consumed beverage in the world. New insight into the health benefits of tea suggests that a cup of tea between meals can indeed prevent periodontal disease.

All true teas come from the plant Camellia sinensis, and white, green, black, and oolong teas can all be linked to better health benefit for true tea is due to the plant's polyphenols, which provide protection against the radical damage. Polyphenols are called antioxidants, and they may prevent cancer and heart disease. White tea is the richest in antioxidants with three times the amount as found in green tea.

In addition, polyphenols can:
- block enzymes and components in the blood that cause artery blockages,
- reduce growth factors that stimulate cancer,
- block LDL oxidation,
- suppress free radical activity.

New research also shows that polyphenols can suppress the growth of cavity-causing bacteria.

As a result, the dental profession was reorganized and numbers reduced. In 1987 they numbered 1,600, but today there are only 550.

Schools’ student population, however, has increased by 500,000 since 1981. Thus, there just aren’t enough therapists to go around. And with this “shortage” is literature that therapists must do today, such as in Auckland where there are three at three or four schools.

In contrast, white tea buds are allowed to wither and then dried in the sun. Once dried, they are steamed before drying, which prevents oxidative changes in the leaves.

Dental therapists in New Zealand are trained within an existing 3 year qualification and a free brochure on periodontal disease are available by calling 1-800-FLOSS-EM or visiting the AAP’s Web site at www.perio.org.

For more information or a copy of this study, contact the AAP Public Affairs Department at +1-312-573-3243 or +1-312-573-3242.